NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Meeting of the Board of the ICB in PUBLIC

13 December 2024 - 09.00 – 13.00

Council Chamber Central Bedfordshire Council

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 27 September 2024 and Matters Arising e) Action Tracker f) Board Decision Planner	 Note Note Note Approve Approve Update	Chair	9.00
2.	Questions from the Public	-	Chair	9.05
3.	Resident's Story	-	Deputy Chief Medical Director	9.10
4.	Chair's report - *verbal*	Note	Chair	9.25
5.	CEO report	Note	Chief Executive	9.30
System Strategy				
6.	Strategic Priority – Dying Well in BLMK	Discuss	Chief Nursing Officer	9.40
7.	Primary Care Transformation Plan to Deliver the National Primary Care Strategy	Note	Chief Primary Care Officer	10.15
8.	Improving Health Equity and Delivering on the Denny Review	Note	Chief of Strategy & Assurance / Chief Executive, East London Foundation NHS Trust	10.35
9.	Operational Planning Process in BLMK 2025/26	Approve	Chief of Strategy & Assurance	11.05
Refreshment Break – 11.25 – 11.40				
System Assurance				
10	ICS Finance Report – Month 7 (October 2024)	Note	Chief Finance Officer	11.40

11	Audit & Risk Assurance Committee – • Chair's update • System Risks and Board Assurance Framework	Note Note & Agree	Chair, Audit & Risk Assurance Committee Chief of Strategy & Assurance	11.50
12	Quality & Performance: • Quality & Performance Committee Chair's Update • Performance Report	Note Note	Chair, Quality & Performance Committee Chief Nurse / Chief of Strategy & Assurance	12.00
13	Finance & Investment: • Finance & Investment Committee Chair's Update	Note & Approve	Chair, Finance & Investment Committee	12.10
14	Primary Care Commissioning & Assurance Committee Chair's update	Note	Chair, Primary Care Commissioning & Assurance Committee	12.15
15	Mental Health Learning Disabilities and Autism Collaborative Committee Chair's update	Assure	Chair, MHLDA Committee	12.20
16	Assertive and Intensive Community Outreach Review and Action Plan	Note	Chief Strategy Officer, CNWL / Chief of Strategy & Assurance	12.25
17	Remuneration Committee update	Note	Chair of Remuneration Committee	12.35
ICB Organisational Decisions, Governance and Assurance				
18	Corporate Governance Update	Note, Approve & Agree	Chief of Strategy & Assurance	12.40
Closing Items				
19	Communication from the Meeting	Note	Chair	12.50
20	Meeting Evaluation	Discuss	Chair	
21	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 21 March 2025
Time: 9am
Venue: to be confirmed

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
Graves	Stuart Ross	Partner Member, Board of the BLMK ICB	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				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			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 Confederation	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

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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		12/09/2024	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, Samantha Jones, COO, X Links	Aug-24	Ongoing	Declare in line with conflicts of interest policy	18/09/2024
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse, Samantha Jones, Various Management Consultancies	Mar-23	Ongoing	Declare in line with conflicts of interest policy	24/10/2023
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse, Samantha Jones, Chair of Keys Group	March '2023	Ongoing	Declare in line with conflicts of interest policy	23/10/2023
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse, Samantha Jones, Board Member, Accurx		Ongoing	Declare in line with conflicts of interest policy	18/09/2024
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	Mike	Co-Chief Executive Officer of Beds and Herts Local Medical Committee	Yes		Y			Beds & Herts LMC Ltd, Astonbury Farm, Astonbury Lane, Aston, Stevenage SG2 7EG	03/07/2017	Ongoing	Declare in line with conflicts of interest policy	06/12/2022
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				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
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				Director, Primary Care Alliance MK	01/05/2024	Ongoing	Declare conflict during discussions	26/06/2024
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

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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				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
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
Mattis	Lorraine	Associate Non-Executive Member	Yes		Y			Member Primary Care Advisory Group, NH Confederation	Jun-24	Ongoing		
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 the 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	Secondment in to 31/12/24	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	Secondment in to 31/12/24	Declare in line with conflicts of interest policy	16/05/2024

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Reckless	Ian	Chief Medical Officer, BLMK ICB (part time secondment)	Yes		Y			Director / Chair, ADMK Ltd (wholly owned subsidiary of MKUH NHS FT)	December 2017	Secondment in to 31/12/24	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	Secondment in to 31/12/24	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
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, BLMK & Northants Community Pharmacy 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	CEO, East London Foundation Trust	Yes	Y				Chief Executive, East London NHS Foundation Trust	17/05/2024	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	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

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Sunduza	Lorraine	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	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	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	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	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	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	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	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	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	CEO, East London Foundation Trust	Yes		Y			Member, Managers in Partnership (sub branch of Unision, although independent of each other)	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	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	CEO, East London Foundation Trust	Yes		Y			Named shareholder for Tower Hamlets GP Care Group			Declare in line with conflicts of interest policy	25/09/2024
Sunduza	Lorraine	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
Sunduza	Lorraine	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

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Towler	Martin	Councillor, Bedford Borough Council - Portolio Holder for Health and Wellbeing at Bedford Borough Council	No									15/11/2023
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
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
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

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 27 September 2024
Time: 09.00 – 12.15
Venue: Milton Keynes Council, Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ

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

Members:		
Dr Rima Makarem (Chair)	Chair	RM
Alison Borrett	Non-Executive Member (NEM) (*from during item 5)*	ABo
David Carter	Partner Member, NHS Trusts and Foundation Trusts *(from item 2)*	DC
Laura Church	Partner Member, Local Authorities (*until end of item 9)*	LC
Marcel Coiffait	Partner Member, Local Authorities	MC
Felicity Cox	Chief Executive Officer (CEO)	FC
Manjeet Gill	Non-Executive Member	MG
Ross Graves	Partner Member, NHS Trusts and Foundation Trusts	RG
Vineeta Manchanda	Non-Executive Member (*from during item 4)*	VM
Lorraine Mattis	Associate Non-Executive Member *(from during item 2)*	LM
Shirley Pointer	Non-Executive Member	SP
Robin Porter	Partner Member, Local Authorities	RP
Dr Ian Reckless	Chief Medical Director (CMD)	IR
Mahesh Shah	Partner Member, Primary Medical Services *(from during item 2)*	MSh
Sarah Stanley	Chief Nursing Director (CND)	SSt
Dean Westcott	Chief Finance Officer (CFO)	DW
Participants:		
Anne Brierley	Chief Transformation Officer	ABr
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils (*from during item 5)*	VH
Cllr Khtija Malik	Co-Chair, Health & Care Partnership *(from item 2)*	KM
Nicky Poulain	Chief Primary Care Officer	NP
Martha Roberts	Chief People Officer	MRO
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Cllr Martin Towler	Co-Chair, BLMK Health & Care Partnership (*remotely)*	MTo
Maria Wogan	Chief of Strategy & Assurance	MWo
In attendance:		
Kim Atkin	Corporate Governance Officer *(minutes)*	KA
Nikki Barnes	Associate Director of System & ICB Estates *(from during item 2)*	NB
Sanhita Chakrabarti	Deputy Chief Medical Director	SCh
Michelle Evans-Riches	Head of Governance	MER
Amanda Flower	Deputy Chief of Primary Care	AF
Laura MacSweeney	Corporate Governance Officer	LMS
Michelle Summers	Associate Director, Communications & Engagement *(from)*	MSu
Lorraine Sunduza *(invited attendee)*	Chief Executive Officer, East London Foundation Trust (ELFT)	LS
Lee Taylor	Associate Director Programmes, NHS England (*from during item 2)*	LT
Matthew Winn *(invited attendee)*	CEO, Cambridgeshire Community Services (CCS) *(from end of item 2)*	MWi
Dominic Woodward-Lebihan	Deputy Chief of Strategy & Assurance	DWL

There were 6 members of the public in attendance (2 in person and 4 remotely).

Apologies:		
Michael Bracey (*member)*	Partner Member, Local Authorities	MB
Sally Cartwright *(participant)*	Director of Public Health, Luton Council	SCa
Joe Harrison *(member)*	Partner Member, NHS Trusts and Foundation Trusts	JH
Dr Omotayo Kufeji (*member)*	Partner Member, Primary Medical Services	OK
Dr Sahadev Swain *(member)*	Partner Member, Primary Medical Services	SSw

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. **The Chair continues to receive comments from Provider Boards that they are not getting feedback from these meetings. Members were reminded that it is their responsibility to keep their Boards and Councils abreast of developments in the system.** 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) The minutes of the meeting held on 19 July 2024 were **approved** as an accurate record of the meeting. e) **Action 82** - it was confirmed that the Director of Children's Services, CCS, and Chief Operating Officer, BHFT, have discussed how to bring audiology teams together and are agreeing an approach. This will also dovetail with neighbouring ICB plans too. Closed. **Action 83** is not yet due and all other actions are proposed to close. 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.	
4.	**Annual Report and Accounts 2023/24** *Presented by Felicity Cox, Chief Executive Officer and Dean Westcott, Chief Finance Officer* The Annual Report and Accounts 2023/24 were approved at an Extraordinary Meeting of the Board on 26 June and submitted to NHS England on 26 June. The report illustrates that the development of collaborative working, for example, a report published by NHS Confederation on the work with Bedford Borough on housing, warm homes and health, was highlighted by NHS England as an excellent example of Good Practice. Some of the partnership working initiatives are now bringing real outcomes. For example, there has been much work around cancer, driving down child poverty and tackling rough sleeping, where there have been improvements in Milton Keynes, and it is hoped to replicate this across BLMK. Early detection cancer work, including the Barbershop work in Luton, has also been recognised. *VM arrived.* The allocation of spending of the £2.11bn in 2023/4 was presented, with 53% being attributable to acute care. Since the report was published, a new government has been elected and the Darzi Report has been published, with both indicating a commitment to the "left shift" of tackling prevention to improve healthy living and reduce the need for hospitalisation. NHSE is engaged	

	with the new government to look at financial flows and how the financial mechanisms may be re-engineered to facilitate the shift. In 2023/24, the ICB achieved its statutory financial duties to remain within the resources available. It also met the requirements of the Mental Health Investment Standard (MHIS), which is subject to a separate external audit. The auditors gave an unqualified opinion on the annual accounts and the ICS delivered a small surplus of just under £400k. Questions from the Board and from Members of the Public were welcomed. The following areas were highlighted: • significant investment in Primary Care during 2023/24, with an additional 247,564 appointments made available, More pharmacists, paramedics, prescribing nurses and other clinicians have been recruited, which has increased appointment capacity within GP practices. • the launch of Pharmacy First and cloud-based telephony to tackle the 8am rush. • BLMK was one of the first ICBs to implement the Targeted Lung Health Programme, in Luton, which has so far identified 51 lung cancers, 78% at an early stage. • Barbershop initiative in Luton has helped identify men with prostate cancer, which is particularly important in the black heritage community. • The specification for the musculoskeletal (MSK) services has been co-produced with services users to improve access and ICBs have asked to share this approach. • The first community diagnostic centre in Milton Keynes was opened with a further smaller spoke facility planned for Milton Keynes and a centre in Bedford in 2024. The ICB and partners continue to lobby for funding for a community diagnostic centre in Luton. • Partnership working was highlighted including the Denny Review, the VCSE sector, Healthwatch, Bletchley Pathfinder and Luton 2040. The Denny Review has been nominated for a Health Service Journal (HSJ) award. *MSh, NB and LT arrived.* MT wished to acknowledge that, as a result of both the Denny work and Working with People and Communities guidance, local Healthwatch and VCSE have been able to continue to build trusted relationships with communities. The Board **noted** the Annual Report and Accounts for 2023/24.	
2.	**Questions from the Public** Several questions were submitted, from a member of the public, Charlotte Summerbee, in relation to challenges related to accessing prescribed ADHD medication. Nicky Poulain, Chief Primary Care Officer, read out the questions and full answers, which can be found as an Appendix to these minutes. These will also be available on the ICB website. Additionally, the Associate Director for Pharmacy will make direct contact to discuss Charlotte's specific issues. The ICB understands how frustrating it can be when it feels that there are barriers to obtaining medication and it is working hard to try to remove those barriers. *MWi and LM arrived.*	
3.	**Resident's Story** *Introduced by Maria Wogan, Chief of Strategy & Assurance* Following on from the Annual Report presentation, the resident's story is a series of video clips, which show how the system is working to benefit people and communities. A video produced by Autism Bedfordshire to break down barriers for access to healthcare, was on Pharmacy First, which was rolled out in January 2024 to reduce pressure on primary care. The second was on welcoming spaces work with Bedford Borough to help reduce isolation. A summary version of the Annual Report will be shared with Trust Boards, Councils and all other partners, together with links to these videos and will also be available on the ICB website. In response to a concern from MSh regarding communication with pharmacies and surgeries, NP confirmed that there is a continual process of communication with pharmacies and surgeries. In particular, in Luton, pharmacies and surgeries are working together to make sure that the difficult to reach communities are being included in the upcoming flu vaccination programme.	

	MR recognised the positive work of Autism Bedfordshire and advised that the Oliver McGowan training, which is being delivered to staff across the ICB, which has resulted in 13 people with lived experience of learning disabilities and autism being employed for the first time, as trainers on the programme.	
5.	**Chair's Report (*verbal)*** *Presented by Dr Rima Makarem, Chair* The Darzi Review is a snapshot in time and confirms the known issues i.e. patients cannot see a GP easily, long waits in A&E, elective recovery is slow and community and mental health waiting lists are very long. It recognises that proportionately too much NHS funding goes on acute care, and this needs to shift to prevention and management of long-term conditions. It also reflects that the number of hospital staff has increased dramatically since 2019 and that patients are not flowing through hospitals and the system in the way that they used to. Some of the drivers for this are the austere period of NHS funding, the fact that funding has not grown in line with demand and population growth, and that capital budgets have been used to support the running costs of the NHS, in addition to the impact of the pandemic. The report states that the voice of staff and patients is not being heard, although the Chair is confident that huge progress has been made in BLMK. It recognises that there has been a period of continuous structural changes within the NHS, and more clarity is needed on the role of ICBs particularly in relation to performance management. NHS England will be responding to the Darzi Review. The ICB will be inputting into the government's 10-year plan for health and care which is expected to be published shortly, which it is hoped will focus on re-engaging staff, re-empowering patients and changing financial flows from hospitals and more into community & mental health, and primary care. There is likely to be a focus on increasing productivity, potentially capital investment and increased use of digital technology. An interim report into the Care Quality Commission (CQC) has also been published. *VH & Abo arrived.* The Chair continues to lobby and work to increase the reputation of BLMK ICB, for example: - making a video podcast, to emphasise why ICS systems exist and how working with population health and beyond the NHS is making a real difference to our population; - being a panellist at the HSJ Summit in a couple of weeks; and - Chairing a panel GIANT at a conference in December, with Joe Harrison as to how to balance with the need for long term investment in digital. MSh recommended "The Final Report of the Commission of Health & Prosperity" which talks about Britain being the sick man of Europe. "Better health is Britain's greatest uncapped route to prosperity." SSt added that the Clinical Review of the Covid Inquiry has been published and it is clear that, when looking at productivity and how to do things differently, it is important to acknowledge the health and wellbeing of staff. **ACTION 93:** MSh to share The Final Report of the Commission of Health & Prosperity and for it to be circulated. The Chair's Report was **noted**.	MSh
6.	**Chief Executive Officer's Report** *Presented by Felicity Cox, Chief Executive Officer* Taking the report as read, the CEO highlighted or updated the following: - Staff recognition and long service awards – staff appreciated the recognition of their work. It was well organised by Communications and People teams; - The NHSE annual assessment of the ICB suggested that there was a need to improve relationships across Bedfordshire, which has led to a reignition of work with local authorities, Place and the Bedfordshire Care Alliance, and a proposal is expected soon; - The ICB has increased the levels of executive governance, including the Finance and Planning Oversight Group, which meets monthly to discuss community and mental health	

services, and, fortnightly, acute services and a monthly Performance Executive which looks at areas that are not already reported to the national team;
- The Bedfordshire Hospitals Maternity Safety Summit this week was well attended, notes and actions will be distributed week commencing 7 October;
- The proposal to consult on Mount Vernon Cancer Centre and the provision of radiotherapy being relocated to either Luton or Stevenage will be going to NHS England for oversight and final assurance before going out to consultation later this year;
- There was a meeting with NHSE's Federated Data Platform national team last week and it is likely that the ICB will be the national trailblazer for the connection of social care data to NHS data; and
- The NHS 10-year plan, to which the ICB will be responding, will incorporate both health and care.

In response to a question from SP, it was confirmed that the ICB is being asked to consult on the Mount Vernon reprovision of services before capital funding is allocated. This will form part of the comprehensive spending review and there are other budget conversations particularly in relation to Reinforced Autoclaved Aerated Concrete (RAAC) hospitals and other clinical facilities that are no longer fit for purpose, such as Mount Vernon.

LM queried the key learnings from the Maternity Safety Summit. FC replied that it is important to understand that racism exists everywhere in society and is experienced by our staff. This and the diversity of our population needs to be acknowledged. SSt added that there is an offer from NHS England for an external obstetrician and midwife to support on site through the Maternity Support Sustainability System. The ICB intends also to employ Maternity and Neonatal Voice Partners, following national guidance, and they will have an equal voice in the hospital meetings.

VM declared a Conflict of Interest in relation to the Mount Vernon item – as a Board Director of Hillingdon Hospital Trust.

The Chief Executive Officer's Report was **noted**.

SYSTEM STRATEGY

7. **Our Strategies in BLMK, and Next Steps for their Development**
Presented by Maria Wogan, Chief of Strategy & Assurance & Dominic Woodward-Lebihan, Deputy Chief of Strategy & Assurance

The paper provided an analysis of current system strategies in BLMK, how they fit together and the next steps for their development. It also set out detailed plans on how it is intended to measure the impact of the work that is being done as a system, with the support of the Population Health Intelligence Unit.

Discussion

Growth
- LC considered that the "Growth" priority needs to be more focused on how to improve the health of people who are currently out of work to enable them to get back to work;
- MC queried "Growth" as a strategic priority and RM replied that all partners of the ICB are anchor institutions and large employers and the priority is how the ICS helps the local economy to grow, to give good job prospects to the population which in turn impacts on their health;
- FC added that contributing to the growth of the economic wellbeing of the population was one of the four aims of ICBs;
- RM further mentioned that there is also a sustainability seminar in November which is part of the growth priority; and
- RP stated that filling the growth gap is fundamental, as between 2010 and 2022 Luton was the number one place in the country, ahead of London, for private sector job growth, but its Universal Credit percentage was double the national average.

Resourcing
- MWi welcomed the work but noted that there are no resourcing plans for each strategy;
- MW suggested that the third principle could be amended to say that each strategy will need to explain how it will be resourced, to be delivered;

Performance Measures

	- VM felt that the performance framework for developing strategies is very helpful and suggested biannual reviews of the action plans in order to measure delivery, outcomes and impact; and SSt assured that outcome measures will only change through process transformation. ***Other*** - MG thought it to be good work in progress but that shared ownership is needed on the approach; - VH pointed out that people in more deprived areas tend to be diagnosed with a long-term condition younger and the desired outcome is to reduce the number of years people are living with long term conditions; - RP welcomed the focus on making a difference rather than just producing yet another strategy. MW clarified that it is not intended to increase the number of strategies, but, after evaluation, to retire strategies and incorporated them into the Integrated Health and Care Strategy; and - LM suggested that there could be shared learning in relation to frameworks from other ICBs. **ACTION 94**: DW-L to amend the third principle of the strategy to include how the work will be resourced. The Board: • **Agreed** the 'Strategic Framework' graphic which sets out how our system strategies align to our five strategic priorities in BLMK; • **Noted** the proposed measures for both of our system missions, our five Strategic Priorities and for two key transformation programmes (Cancer & CYP); • Subject to the adjustment to principle 3, **agreed** the five principles that will guide future system strategy development in BLMK, and the next steps to improve Board oversight of delivery and impact; and, • **Agreed** to participate in a short term, focused piece of work with system leaders to develop a clearer Strategy for our ICS Growth Priority.	DW-L
8.	**Health Services Strategy (HSS)** *Presented by Dr Ian Reckless, Chief Medical Director* Following the Board's agreement to the approach of the HSS in March 2024, there has been significant engagement during the summer and the feedback has been taken on board. ***Discussion*** - MT confirmed that Healthwatch has been actively involved, providing an organisational and resident perspective. The strategy is welcomed, particularly as it draws together nine system strategies. It is important to work with the VCSE sector to ensure that it is in resident friendly language and demonstrates what difference it will make to residents; - In response to a question by MG, IR stated that the HSS is high level and is complementary and supportive of Place and Collaborative priorities. If agreed, the addition of an appendix will give clarity and depth to the work programmes. VCSE will certainly be a part of the engagement and resourcing; - DC stressed the importance of identifying the programme leads and linking the HSS with the Infrastructure strategy. - RG stated that the structure could be replicated for other strategies and stressed the importance of engaging clinicians and professionals to ensure implementation The prominence of the Mental Health Learning Disabilities & Autism (MHLDA) Collaborative is important and suggested that principle 9 needs stronger emphasis on parity of esteem; - LSu stated that, for both mental and physical health, parity needs to be promoted and rephrasing of the priority was suggested.. There needs to be as much effort in the cultural shift as the behavioural shift;. - MWi commented that fragile services are not just in acute care, but also in the community and it was suggested changing the wording to "primarily acute services". The programme plans could refine and clarify which is just healthcare and which programmes are more broadly across the system, such as health inequalities; - ABo said there is an opportunity to link this with the growth agenda, and potential work with organisations that have been looking at supporting the mental health of their workforce; - KM added the strategy was discussed in detail at the Health & Care Partnership (H&CP). There were concerns that, particularly with the ageing population, it is imperative to break down some of the health inequalities; - RP made the following observations:	

	○ Local authorities are not mentioned as part of the engagement on page 5. ○ Strategic statement 5 – the Community Diagnostic Centre (CDC) is not just important to Luton but to South Bedfordshire who are equally underprovided/ ○ More focus on health inequalities and prevention embedded across the workstreams as key principles. ○ Strategic statement 6 – will be good to see more resource going into areas with greater health inequalities; and - In response to a question by VM on socialising with Boards and local authorities, IR stated that there has been engagement with Trust Boards, Local Authorities and community providers at different stages of the process. The strategy is high level and, if approved, can be shared with any provider Board that would like to see it. The following adjustments to the strategy were agreed: - To amend the wording re fragile services such that it does not only relate to acute services; - That parity of esteem between physical and mental health should be strongly enforced throughout the strategy; - To ensure there is a focus on the culture shift that will be needed to deliver; - Local authorities need to be included; and - To increase focus on health inequality and prevention in the key principles. The Board: • **approved** the Health Services Strategy, subject to the adjustments above. • **approved** the move into the implementation phase of the Health Services Strategy, with an expectation that more specific work programmes (with associated SMART metrics, building upon those presented in the System Strategy paper presented today) are presented back to Board for the six priority workstreams in 6 months' time. Following agreement of those work programmes, it will be published as an appendix to the Health Services Strategy will be published.	
9.	**BLMK Infrastructure Strategy** *Presented by Dean Westcott, Chief Finance Officer and Nikki Barnes, Associate Director of System & ICB Estates* The draft infrastructure strategy was discussed at the Board meeting in July, and following feedback from the meeting, the draft strategy was submitted to NHS England by the deadline. Formal feedback is expected by the end of October, although informal feedback received so far has been complimentary. There has been much engagement with partners, including through four workshops at Place held in May and feedback from these has been incorporated. Healthwatch have also been involved and discussions are planned with the VCSE. Some of the updates to the strategy include a request for capital to support rehabilitation that was discussed in July and the funding for major programmes is now clearer. ***Discussion*** - LC stated that it was an important piece of work, a great opportunity to look at estate strategically. The model in Bedford where all partners have collaborated to look at estate has been very helpful but is a challenge in terms of the availability of capital and the complexity of some of the projects around Capital Departmental Expenditure Limit (CDEL). There is an opportunity to maximise S106 contributions; - RP stated he could not support the strategy in the current form as there were some important comments made in consultation that have not been addressed. Luton has the worst health inequalities in BLMK and part of that is the lack of provision in Luton and the worst estate outside the Luton & Dunstable Hospital. The delivery pipeline in the documents is not appropriate. As drafted, it is clear that the strategy will contribute to worsening health inequalities in Luton. *LC left the meeting.* - DW agreed that there needs to be further work to build the capital pipeline to reduce the inequities. It is important to note that funding is sometimes given for specific purposes and there are rarely opportunities for significant funding for projects. There is the single year CSR at the end of this month and there will be a multiple year CSR next spring and the ICB will be working with NHSE to try to influence that; - MWi said that the conclusions in section 7 are too vague and should more clearly state that prioritisation of the pipeline needs to ensure that inequities are addressed. It is not correct to	

	state that ELFT, CNWL and CCS being hosted by another ICB is a reason for low levels of capital investment in BLMK for out of hospital services. It was challenged that community rehabilitation was not mentioned even though it has been strongly articulated verbally; - MG stated that the Finance & Investment Committee (F&I) had approved the strategy as it had to be submitted to NHS England but the title should be a "submission for the purposes of capital funding on NHS estate" rather than an "infrastructure strategy" which is far more than just NHS estate; - MC added that it is important to reimagine what is needed as well as increasing and building on what is already there. The strategy is a really important document from a public perspective and it needs to be strategically sound as the Board is accountable to it. Central Bedfordshire Council received a 4000-strong petition in relation to infrastructure needed in Leighton Buzzard. There is pressure building from the public in relation to primary care estate and access to hospital services; - VM stated that the ICB would not receive the £3bn, therefore, the transparency of the budgeting and governance around the existing pipeline was required; and - DC added that the narrative needs to be expanded for example to include the health inequalities issues in Luton, the development of Milton Keynes and, in Bedfordshire, the potential of the East West rail link and the Universal Studios development which could be used as a lever to get capital funding. - RM reminded everyone that the infrastructure has to take into account changes in patient pathways, new ways of working, equipment becoming smaller over time, more digitisation etc, rather than just assuming more of the same in the future. She is not assured that the current strategy does that. The Board **agreed** that further work should be undertaken on the strategy, to fully consider the population need and areas of deprivation where there is the worst estate. It should also identify the opportunities that may arise through developments such as Universal Studios, and how it links in to the One Public Estate as well as being closely aligned to the Health Service Strategy. The narrative then needs to be built to reflect the ambition for BLMK.	NB & DW
10.	**Utilisation of the NHS App in BLMK** *Presented by Nicky Poulain, Chief Primary Care Officer and Amanda Flower, Deputy Chief Primary Care Officer* This work is a collaboration with Joe Harrison, who, as National Director for Digital Channels, is well linked into the national team. The report highlights the variation in place trajectories and identifies the five priority actions i.e. education staff on usage, encouraging expectant mothers to use the App, repeat prescriptions, supporting practices to use the NHS App as part of their work to improve access, and Place-based launch/roadshow days. These are designed to ensure that partners, stakeholders and residents at Place can work together to realise the opportunity that the NHS App provides. ***Discussion*** - RP was concerned that a public communication campaign would not make the difference, particularly in Luton but NP confirmed that communities and Healthwatch are engaged with the process and that communication plans will be tailored to communities; - In response to a question by FC, DC stated that currently the hospitals do not have the connectivity to upload letters, but some may appear on the NHS App if a GP practice has shared them. There is no clear timeline as to when this will be possible; - NP added that there is a targeted group of 9000 pregnant women that will be communicated using the NHS App; - Some national developments to the NHS App are expected in coming months; - Staff in hospitals, surgeries and community need to be trained to promote use of the NHS App at every touchpoint; - It was recognised that it will take time for this to be fully integrated, particularly in mental health services, and there is a risk that users may be disappointed that not everything is available yet. There is a risk of patients losing confidence in the NHS App; - MT stressed the importance of managing expectations and developing trust in the NHS App whilst increasing accessibility, both in terms of connectivity but also access e.g. availability in different languages. The message should be "digital first" and not "digital only" which puts up barriers, particularly for those who are not digitally able. There needs to be consistency as to how it is applied this across providers so that the public are assured that they get a similar service. - SSt emphasised that BLMK should be prioritising the promotion of the uptake of the NHS App, as it has expanding functions and will have a positive impact for residents in managing their healthcare;	

	- MG noted the variation in utilisation of the NHS App by practices and that patients cannot access information if their practice is not enabling it; - KM added that some of the difficult to reach communities become disengaged as there are problems accessing or understanding the content on the NHS App, e.g. vulnerable groups, those who do not speak English, the autistic community, those that may not be able to read or write. Videos in different languages are essential to reach some of these residents; and - MSh added that at the point of contact, the clinician can show the patient where the NHS App will help them, they are more likely to download it. A student that was working at the pharmacy was asked to encourage all visitors to the pharmacy to download the NHS App and this significantly increased uptake. The Chair summarised that this needs to be looked at with a health inequalities lens and that there is multi-faceted approach to engagement that is tailored to different communities and needs. The example of young trainers helping to increase use of the NHS App is useful. The current functions of the NHS App should be advertised but behind the scenes the acute, community and mental health providers need to work on the connectivity to the NHS App for their services. All clinicians should be encouraged to engage with their patients with regard to using the NHS Spp. The Board **agreed** the five proposed priority next steps to increase NHS App utilisation in BLMK.	
11.	**Stay Well Winter Plan** *Presented by Anne Brierley, Chief Operating Officer* AB shared the updated Winter Plan with the Board, which focuses on the operational delivery and implementation of the learning from last year. *MC left the meeting.* - MG asked whether the projected demand on urgent emergency care is likely to significantly impact on elective care and have a knock-on effect on harm and the Elective Care Fund. DC responded that this is a daily and constant risk on elective capacity and there are initiatives to try to mitigate this, such as the recent decompression exercise and a "super autumn" initiative to try to protect that capacity. - SP added that the Bedfordshire Care Alliance (BCA) work programme is addressing urgent emergency care issues and work is now progressing well. The BCA reviewed the Urgent and Emergency Care (UEC) dynamic risk register which gives great insight into where to focus the effort. The combination of all of this work supports the work on Winter planning. The Board **noted** and **supported** the actions taken by partners to improve access to commissioned services, prevent admissions and improve UEC pathways.	
	SYSTEM ASSURANCE	
12.	**Audit & Risk Assurance Committee** **Chair Report**, *presented by Dr Vineeta Manchanda, Chair of Committee* This was taken as read. **System Risks and Board Assurance Framework**, *presented by Maria Wogan, Chief of Strategy & Assurance* The Board: • **noted** the System Risks and Board Assurance Framework update including the progress with the more detailed risk assessments undertaken with partners for the UEC and VCSE risks; and • **approved** the Risk Management Policy and Framework appended to this paper as recommended by the Audit and Risk Assurance Committee.	
13.	**Bedfordshire Care Alliance Committee Chair's Update from Meeting on 19 July 24 (*verbal)*** *Presented by Shirley Pointer, Chair of Committee* An update was given within item 11. The Board **noted** the Bedford Care Alliance Committee Chair's update.	
14.	**Quality & Performance**	

	Quality & Performance Committee Chair's Update – *presented by Shirley Pointer, Chair of Committee* This was taken as read. **Performance Report**, *presented by Sarah Stanley, Chief Nurse and Maria Wogan, Chief of Strategy & Assurance* The key issues within the Performance Report are long waits and connectivity to diagnostic challenges. Following the Maternity Risk Summit, a report with actions will be brought to the December Board. The Board **noted** the Quality & Performance Chair's update. **ACTION 95**: A report with actions following the Maternity Risk Summit to be brought to the December Board.	SSt
15.	**Finance & Investment** **Finance & Investment Committee Chair's Update**, *presented by Manjeet Gill, Chair of Committee* The report was taken as read. **ICS Finance Report Month 4 (July 24),** *presented by Dean Westcott, Chief Finance Officer* DW informed the Board that there was a further deterioration in finances in month 5. Although the position had stabilised at Milton Keynes Hospital and at the ICB, there was a further deterioration at Bedfordshire Hospitals. There have been extensive discussions this week and a financial recovery plan has been developed and agreed. The forecast for the system remains break even at year end but risks are increasing significantly. DC advised that August is a difficult month as there is a high level of annual leave, as well as the new intake of junior doctors. The current focus is on medical spend and some immediate measures have been agreed. UEC continues to be the biggest driver for overspend with the knock-on effect on using contingency areas and elective work. Traction on the new financial recovery plan in the next two months. RP, on behalf of all four councils, asked the Board to note that the crisis in social care funding for local authorities is getting substantially worse. The Board: • **noted** the Finance & Investment Committee Chair's update; and • **noted** the ICS Finance Report for Month 4.	
16.	**Primary Care Commissioning & Assurance Committee (PCCA) Chair's Update** *Presented by Alison Borrett, Chair of Committee* The main report was taken as read. The outline case for the re-procurement of integrated urgent care for BLMK was discussed at the Board seminar in June. The providers for this service, known to residents as the NHS 111 and GP out of hours service, are Herts Urgent Care (HUC) and Derbyshire Health United (DHU). BLMK is working closely with Hertfordshire & West Essex (HWE) ICB and Cambridge & Peterborough (C&P) ICB on productivity and transformation. It is proposed to align the respective contracts until 2028 to enable collaborative transformation work and the three ICBs are agreed to collectively plan and ensure provider stability and are considering two options. The PCCA Committee has reviewed the case and the options and has recommended to the Board to approve the direct award, in accordance with the Provider Selection Regime, to both HUC and DHU for a further three years until 30 September 2028. The Board: • **noted** the Primary Care Commissioning & Assurance Committee Chair's update; and • **approved** a direct award in accordance with the provider selection regime to both HUC and DHU for a further three years until 30 September 2028 to enable the full integration of urgent and emergency services for our population.	

17.	**Specialist Commissioning Team Transfer from NH England into BLMK** *Presented by Martha Roberts, Chief People Officer* MR confirmed that work continues towards the transfer of staff from NHS England with effect from 1 April 2024. The Board **noted** the report as an update on the progress and proposed transfer of staff as this is a significant addition to the ICB's workforce and responsibilities.	
18.	**BLMK Health & Care Partnership (H&CP)– 19 September – *verbal*** *Presented by Cllr Khtija Malik, Co-Chair of Partnership* KM summarised the meeting of the H&CP on 19 September with key items: - BLMK Health Services Strategy; - Cancer services across BLMK; - "A report was received on developments following the combined ICB and ICP seminar Creating a Fairer BLMK" in May; and - The next joint seminar in November will focus on "Leading for a Sustainable BLMK Health and Care System". It has been confirmed that Alistair Strathearn MP will attend the seminar as a keynote speaker. The Board **noted** the verbal update from the Co-Chair of BLMK Health & Care Partnership.	
	ICB Organisational Decisions, Governance and Assurance	
19.	**Corporate Governance Update** *Presented by Maria Wogan, Chief of Strategy & Assurance* The Corporate Governance Update report was taken as read. A number of amendments have been made to the Constitution to reflect the new model Constitution for ICBs. The reduction in quoracy for the Board, discussed at the last meeting, is included in these amendments. The Board: - **approved** the proposed amendments to the ICB's Constitution and to request NHS England for approval. - **approved** that the role of Senior Independent Director will now be known as Senior Non-Executive Member and that Alison Borrett will continue in this role until 1 April 2026; - **approved** the appointment of Manjeet Gill as the Deputy Chair of the ICB Board until 29 August 2025; - **approved** that Sarah Stanley, as the Chief Nurse as the Board's Lead for Safeguarding (all ages) including looked after children and care leavers and the Governance Handbook Decisions and functions (Appendix Q) is updated accordingly; - **approved** that the Quality and Performance Committee be delegated the authority for the approval of arrangements for statutory consultation and/or engagement in relation to proposed service change and the Scheme of Reservation and Delegation be amended accordingly; and - **noted** the use of the ICB's seal, as detailed in the report.	
	Closing Items	
20.	**Communication from the Meeting** Communications from the meeting will be written up and shared with partners. **Action 96**: MSu - Communications from the meeting to be shared with partners.	MSu
21.	**Meeting Evaluation** *Not covered due to lack of time.*	
22.	**Any Other Business** The Chair thanked Michael Bracey, Chief Executive Officer, Central Bedfordshire Council (who was absent), and his team, for their hospitality today. **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. *The meeting finished at 12.15*	

Next meeting
Date: Friday 13 December 2024
Time: 09.00 – 13.00
Venue: Milton Keynes Council Chamber

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Dr Rima Makarem	Chair	21/11/24 by email

APPENDIX - Public Question – Charlotte Summerbee

1. *What steps is the ICB taking to ensure that individuals with ADHD and other long-term conditions can access their prescribed medication promptly, particularly when there are known shortages at local pharmacies?*
2. *Can the ICB review the current GP policy regarding dispensing medication 'only in an emergency,' and provide clarity on what constitutes an 'emergency' in practice? How can this policy be made more flexible to address real-world challenges like medication shortages?*
3. *In situations where a GP has the medication in stock but refuses to dispense it due to policy restrictions, what mechanisms are in place to support patients and prevent harm resulting from delayed access to essential medication?*
4. *How does the ICB plan to ensure that its policies are aligned with its stated goals of 'prevention' and reducing 'health inequalities,' particularly in cases where rigid policies are having an adverse impact on patients' health and well-being?*
5. *What is the ICB doing to address the wider issue of NHS staff following policies in a way that may feel robotic and uncompromising, with little consideration for the human cost or the wider determinants of health?*
6. *Can the ICB provide any guidance or intervention for GPs who are in a position to dispense medication but are constrained by rigid policy language, such as the 'emergency-only' clause, which may not reflect the urgency of a patient's real-world needs?*
7. *What actions will the ICB take to prevent similar issues for other patients in the future, ensuring that they don't endure delays or denials in accessing vital medication due to policy rigidity?*

Response from Nicky Poulain, Chief Primary Care Officer

- *The first and most important thing to say is that we understand how frustrating it can be when it feels like barriers are placed between themselves and the help and support that they need. We're working hard to reduce as many of those barriers as we can.*
- *I have asked our Associate Director of Pharmacy, (Fiona Garnett), to reach out to Charlotte to discuss the specific issues she has raised with us today.*
- *Charlotte has asked seven questions, covering the following themes: access to medication (specifically but not solely for ADHD), speeding up that access and how our approach to proscribing supports our stated aims of health prevention and reducing health inequalities.*
- *I will today provide single, collated response to the questions Charlotte has asked.*

Answer:

- I want to be clear that, unfortunately, the shortage of medication for ADHD is an ongoing national supply issue. The Department of Health have a dedicated team that work at national level with suppliers to try and resolve shortages.

- As an ICB we have worked closely with our GP practices and local specialists in ADHD management and have co-produced guidance for prescribers on suitable alternatives to ADHD medications that are not available at the time of prescribing.

- Due to on the ongoing shortages there may be times when alternative medications are also not available and there are pathways for people to be referred to their ADHD specialists for advice on an alternative product if an equivalent product cannot be sourced.

- The ICB have also established WhatsApp groups that pharmacies and GP surgeries can join in each of our four Places. These are used to share information on stock shortages and when a pharmacy cannot source a medication. They can message all the other pharmacies in the group to determine if another pharmacy has the item in

stock so they can signpost the patient as appropriate. These Groups are used hundreds of times every week in BLMK.

- The Dispensing Doctors contract is a National contract that some General Practices hold that enables them to dispense to individuals that no not live near a pharmacy. The GP practice can only dispense to people that meet one of two criteria:

    - a patient satisfies the ICB or a predecessor organisation that they would have serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist; or
    - a patient is resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile (1.6 km) from pharmacy premises.

- The National Contract does not allow for an item to be dispensed by a GP practice for any other reason than when a medication is immediately necessary and all local pharmacies are closed, for example an antibiotic which is required the same day.

- The ICB are keen to support patients having timely access to prescribed medication, and local staff work hard to achieve this every day.

- I have set out some of the national challenges we face – both in terms of responding to shortages, and the contractual conditions under which medication can be supplied.

- It is our ambition that all of our residents are well supported to manage their long-term health conditions through both medical and non-medical means, and several items on the Board's agenda today – like the NHS app – are part of doing that well.

- Fiona will meet with Charlotte to ensure all her issues are discussed.

Integrated Care Board MASTER Action Tracker as at 2.12.24

Meeting in PUBLIC

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
83	19/07/2024	Strategies Priorities: Start Well	To update the Board at December meeting on the Start Well strategic priority and to bring high level strategic measures.	Sarah Breton		21/03/2025	Initially scheduled for December 24 meeting, but has been removed. Proposed for 21 March 25 Board meeting, possibly with JFP item.	**Not Yet Due**
93	27/09/2024	Chair's Report	To share The Final Report of the Commission of Health & Prosperity and for it to be circulated	Mahesh Shah		31/10/2024	Has been obtained from website and circulated.	**COMPLETE: Propose closure at next meeting (13/12/2024)**
94	27/09/2024	Our Strategies in BLMK, and Next Steps for their Development	To amend the third principle of the strategy to include how the work will be resourced	Dominic Woodward-Lebihan		31/10/2024	29/10/24 Confirmed completed.	**COMPLETE: Propose closure at next meeting (13/12/2024)**
95	27/09/2024	Quality & Performance	A report with actions following the Maternity Risk Summit to be brought to the December Board	Sarah Stanley		13/12/2024	This report was taken to Quality & Performance Committee and will be referenced in the Q&P report to the Board in December.	**COMPLETE: Propose closure at next meeting (13/12/2024)**
96	27/09/2024	Communication from the Meeting	Communications from the meeting to be shared with partners	Michelle Summers		30/09/2024	Completed.	**COMPLETE: Propose closure at next meeting (13/12/2024)**

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	10079	Strategic Data Platform	To agree the approach to procuring a hosted ICS wide strategic data platform	Board of the ICB	BLMK	21 Mar 2025	Chief Medical Director	Mark Thomas, Chief Digital and Information Officer
FUTURE	10105	Clinical Policy Development/ Process	Agree a Clinical Policy Development process	Board of the ICB	BLMK	21 Mar 2025	Chief Medical Director	Ian Reckless Chief Medical Director
FUTURE	10115	Start Well Strategic Priority	Update on Start Well Strategic Priority (presented to Board 19/7)	Board of the ICB	BLMK	21 Mar 2025	Chief Nursing Director	Sarah Breton, Associate Director Children and Maternity Commissioning
FUTURE	10117	Planning	Approve the Operational and Financial Plan 2024/25 and	Board of the ICB	BLMK	21 Mar 2025	Chief of Strategy & Assurance	Maria Wogan, Chief of Strategy & Assurance Dean Westcott, Chief Finance Officer, Martha Roberts, Chief People Officer
FUTURE	10120	Planning	Approve revised Joint Forward Plan	Board of the ICB	BLMK	21 Mar 2025	Chief of Strategy & Assurance	Dom Lebihan-Woodward Deputy Chief of Strategy & Assurance
FUTURE	10135	Health Services Strategy - plan	Approve the Health Services Strategy plan	Board of the ICB	BLMK	21 Mar 2025	Chief Medical Director	Cat Lee, Project Manager, Medical Directorate
FUTURE	10095	Environmental Sustainability	Revised Green plan	Board of the ICB	BLMK	21 Mar 2025	Chief of Strategy & Assurance	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10085	ICS Infrastructure	To approve an ICS Infrastructure Strategy.	Board of the ICB	BLMK	27 Jun 2025	Chief Finance Officer	Nikki Barnes, Head of ICB Estates

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	10092	Environmental Sustainability	ICS Climate Change Adaptation plan	Board of the ICB	BLMK	27 Jun 2025	Chief of Strategy & Assurance	Tim Simmance Associate Director of Sustainability and Growth
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	27 Jun 2025	Chief Primary Care Officer	Lynn Dalton, Associate Director - Primary Care
FUTURE	10113	Place delegation framework	Agree a framework to delegate resources and responsibility to Place	Board of the ICB	BLMK	27 Jun 2025	Chief of Strategy & Assurance	Maria Wogan, Chief of Strategy & Assurance
FUTURE	10129	Data and Digital Strategy	Review and approve Data and Digital Strategy	Board of the ICB	BLMK	27 Jun 2025	Chief Medical Director	Mark Thomas, Chief Information Officer
FUTURE	10131	People Strategy	Update on implementation of People Strategy	Board of the ICB	BLMK	27 Jun 2025	Chief People Officer	Bethan Billington, Deputy Chief People Officer
FUTURE	10133	Cancer Strategy	Review and agree Cancer Strategy	Board of the ICB	BLMK	27 Jun 2025	Chief Medical Director	Kathy Nelson, Cancer lead
FUTURE	10132	Working with People and Communities Strategy	Update on implementation of Working with People and Communities Strategy	Board of the ICB	BLMK	12 Dec 2025	Chief of Strategy & Assurance	Michelle Summers, Associate Director Communications and Engagement
FUTURE	10129	Inequalities	Annual update on implementation of recommendations from the Denny review.	Board of the ICB	BLMK	12 Dec 2025	Chief of Strategy & Assurance	Maria Wogan, Chief of Strategy & Assurance
FUTURE	10130	Health and Care Strategy	Review and approve Health and Care strategy	Board of the ICB	BLMK	27 Mar 2026	Chief of Strategy & Assurance	Dom Lebihan-Woodward Deputy Chief of Strategy & Assurance
FUTURE	10134	Learning Disability & Autism Strategy	Update on implementation of Learning Disability & Autism Strategy	Board of the ICB	BLMK	TBC	Chief of Strategy & Assurance	Maria Wogan, Chief of Strategy & Assurance

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	10128	Population Health Management Strategy	Review and approve Population Health Management Strategy	Board of the ICB	BLMK	TBC	Chief Nursing Director	Sarah Stanley, Chief Nursing Director

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 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: **5 – Chief Executive Officer's Report**

Reason for report to the Board:
For the Board to note the corporate activities that have taken place 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 27 September 2024.

2.0 Recommendations

2.1 Under item 4.9 Specialised Commissioning, the Board are asked to **agree** that the BLMK ICB Chief Executive Officer can sign the revised delegation and collaboration agreements on behalf of BLMK ICB once finalised.

2.2 The remainder of the report, members are asked to receive for **noting**.

3.0 Key Implications

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

3.1 There are no financial or workforce implications to this report. Tackling health inequalities runs through all the programmes outlined in this report. Risks are logged and managed through the specific pieces of work and the corresponding governance.

4.0 Report

4.1 **Introduction**

Since the last Board meeting in September, the Secretary of State for Health has set out more detail on the government's plans for reform. This comes on the back of the recent Darzi Report, published in September. Following on from the Darzi report the government has launched a consultation to help inform the 10-Year Health Plan (Change.NHS.uk). The ICB – as with all others – has been asked to support with resident engagement ahead of the publication of the 10 Year Plan in Spring – our approach to doing this is informed by what we learned from the Denny Review.

On 13 November, the Health Secretary gave a speech to NHS providers, setting out further information about changes to the current Operating Framework. These are:

1) **Simplify** and reduce duplication, clarifying roles and responsibilities and being clear on the place of performance management.
2) **Shift** resources, time and energy to neighbourhood health, creating momentum that makes clear the role of the provider sector in neighbourhood health and how to work with local partners.
3) **Devolve** decision-making to those best placed to make changes, clarifying the role of integrated care partnerships (ICPs) and health and wellbeing boards.
4) **Enable** leaders to manage complexity at a local level, supporting leaders with new strategic commissioning frameworks to include national best practice.

Achieving this will require everyone to work together, to fully leverage the potential of ICSs. Key messages for ICBs are:

- NHSE is a regulator and cannot delegate regulatory responsibilities to ICBs. To regulate you need to oversee performance - finance, quality, constitutional standards etc., and take action where appropriate.

- ICBs will need to refocus on strategic commissioning, and they will continue to be responsible for the planning and provision of services to a population. They will act as the system convener and are expected to plan, secure and arrange services in line with their statutory responsibilities. They will ensure the sustainability of primary care, rebuilding the provision of dentistry and community pharmacy, alongside developing strong GP practices and the wider primary care family that are attractive to newly qualifying GPs.

The thrust of the new operating model is exactly in line with the Act under which ICBs were created. We continue to work on a model which can be broadly described as earned autonomy. The emphasis is on the increased importance the new government has put on neighbourhood health (which we are delivering at place via own integrated neighbourhood teams in BLMK).

4.2 **ICB Personnel Changes**

We have announced several personal changes within the ICB recently:

Dr Rima Makarem, Chair

At the end of the calendar year, Dr Rima Makarem will step down from her role as Chair of and take up a new role as Chair of Somerset NHS Foundation Trust. We have begun recruitment for a new chair and Manjeet Gill, the Deputy Chair of the ICB, will provide interim cover until a new chair is appointed. A further update is provided in the Corporate Governance report. I know we are all grateful for Rima's huge contribution to BLMK over many years.

Nicky Poulain, Chief Primary Care Officer

After over 40 years of excellent service to the NHS, Chief Primary Care Officer and Place Director for Luton, Nicky Poulain, will be retiring at the end of April 2025. Nicky has been a constant champion for local communities, and all of us have benefited from her warmth, wisdom and expertise.

As colleagues will know there are some other changes in senior leadership of the ICB:

- Interviews for our Chief Medical Officer post took place in November. We are all grateful to Dr Ian Reckless for his leadership of the Medical Directorate until the new CMO joins us, which we hope will be by the Spring. A further update will be provided once the appointment is finalised.

- We are advertising for an interim Mental Health and Learning Disabilities and Autism (MHLDA) Director – this is a key role for us, leading the next stage of the establishment of an MHLDA Collaborative between CNWL, ELFT and the ICB.

- Anne Brierley, our Chief Operating Officer at the ICB, is unfortunately unwell and expected to be off sick until well into the new year. A note has gone to all ICB staff, Board Members and wider partners to set out the arrangements for executive leadership of the Operations Directorate Teams in the medium term.

4.3 **Winter Plan**

In September the Board heard about the ICB priorities and actions for the Winter Plan. Learning from the Denny Review highlighted that many residents do not know how to access services and where to go for help, this year's plan will focus on support at Place, preventative approaches, working with the VCSE, improving flow in hospitals and helping people to access the right services, rather than asking people to choose wisely. It is essential that we continue to collectively work to improve and utilise all Urgent and Emergency Care pathways to keep the system providing quality care through the winter. The Board welcomed the update and asked for a focus on Pharmacy First and the NHS App, and continued engagement with the VCSE to address demand upstream.

The Winter Plan was presented to the UEC Planning and Assurance Meeting on the 5 November. A UEC transformational programme plan is being developed, summarising project actions, leads, KPIs and maturity. Once complete, this will allow partners to prioritise actions that will have the greatest benefit. Assurance on the delivery of the programme plan will be through the UEC Planning and Assurance Meeting. A new escalation process commenced on the 4 November increasing the focus on flow and the number of patients with no criteria to reside any longer in hospital. This will be monitored throughout the winter for its effectiveness and changes made, as necessary. A new 'Handover 45' initiative intends to release EEAST and SCAS ambulances from Accident and Emergency departments after a maximum of 45 minutes, allowing paramedics to be dispatched to other residents waiting for care. Bedford Hospital will go live from 28 November, L&D from 11 December and MKUH on 9 December.

4.4 **Winter Campaign**

A communications plan has been developed for winter, which builds on the findings from the Denny Review and aims to support residents to access the right services. The campaign was launched on 1 November and focuses on promoting Pharmacy First, NHS111 and signposting to community programmes to tackle social isolation. Information materials have been co-produced with members of the Denny Communities including Gypsy, Roma and Traveller people and deaf residents. Information packs containing social media content, news stories and explainer videos have been shared with faith and community leaders and elected members, to share within their communities. In the first week alone, more than 380 downloads of the winter pack were recorded. A series of engagement events have also been scheduled for the coming months, which will see the communications team and partners attending community events to support local people in accessing the right services for them.

4.5 **HSJ Award Nomination – The Denny Review into Health Inequalities**

ICB and Partner representatives were pleased to attend the HSJ Awards Ceremony on 21 November, in celebration of the work on the Denny Review of Health Inequalities as a shortlisted applicant for the Reducing Health Inequalities award. Although we did not win the award, we are pleased to see our community focussed approach recognised in this way.

4.6 **ICB Staff Awards Event, 24 September 2024**

The ICB was delighted to host the inaugural Staff Awards and Long Service Recognition Ceremony in Flitwick on 24 September. Attended by almost 200 colleagues, including the Chair and Non-Executive Members, the event was an opportunity to thank staff who had made a real difference in their teams and communities, and to recognise NHS service of more than 25 years.

4.7 **ICB Target Operating Model (TOM)**

The Board have been updated through the last year on the ICB TOM programme, driven by NHSE's requirement for all ICB's to reduce their running costs by 30% by 2025/26. Because of the tough decisions made, we achieved our target of reducing our running costs by 20%. Now, in the second year of the programme, our objective is to deliver the remaining 10%.

The second phase of the programme will launch in the new year and will predominantly impact areas of the ICB not included in the first year, these are:

- Continuing Healthcare (CHC), where, in conjunction with other ICBs and CHC teams, we are focussed on achieving a new model of delivery, and improving staff retention and career pathways;
- Mental Health, Learning Disability and Autism (MHDLA), where we are focused on bringing together commissioning and transformation colleagues across CNWL, ELFT and the ICB to create a wider collaborative team to improve outcomes for residents;
- Community Care, where we are focused on developing our neighbourhood working. ICB teams will be facilitators of integrated neighbourhood working, improving the health and wellbeing of our residents thorough more effective service integration; and,
- Nursing and Quality, where we are focussed on changing our delivery model to meet new, national safeguarding guidance and better align our quality functions with the additional requirements now sitting with ICBs. This includes end of life care, frailty, and domestic homicide.

4.8 **7 October ICB Review Meeting**

The ICB Executive Team met with the Regional NHSE Team on 7 October for our quarterly review session. We focused on a number of areas, including system priorities, challenges and achievements; ICB annual assessment; performance and Winter preparedness; performance, contracting; provider challenges and actions as well as Specialised Commissioning.

4.9 **Specialised Commissioning Update**

Following the update provided at the last Board, the governance work required to expand the Specialised Services that are delegated to ICBs from 1 April 2025 is underway. This includes amending the collaboration and delegation agreements, developing a specialised commissioning strategy and commissioning framework. The governance and oversight will continue to be through the Joint Commissioning Consortium (JCC) with the regional and specialised commissioning function hosted by BLMK ICB.

The revised Agreements need to be signed by each of the member organisations to the East of England Joint Endeavour. That is the six ICBs and NHS England by the 21 March 2025.

Recommendation to the Board: To agree that the BLMK ICB Chief Executive Officer can sign the revised delegation and collaboration agreements on behalf of BLMK ICB once finalised.

4.10 **Update on Mount Vernon Cancer Centre**

The proposals to re-provide cancer services currently being delivered on the Hillingdon Hospital site to a new site at Watford, are now in the NHSE Assurance phase. The assurance phase is an important step in this major service change and should be undertaken prior to any formal consultation. The assurance process will seek to test the service change proposals in four areas and will be led by NHSE:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from stakeholders

Alongside the assurance process the pre-consultation business case is being tested for financial affordability with each ICB.

A visit to Mount Vernon was held on 8 November where members of Central Bedfordshire, Bedford Borough and Luton Overview and Scrutiny Committees met with other councillors from South-East region and London to agree how they want to work together as Joint Health Scrutiny Committee to review the proposals and consultation process.

4.11 **Milton Keynes University Hospital NHS Foundation Trust Tier 1 Cancer**

We have received formal notification that as of the 11 November the Trust's Tier 1 status now includes cancer alongside existing diagnostics and elective services. This is primarily for 62-day performance which has not seen improvement for some time. The Trust have three high volume specialities driving the number of 62-day breaches: Urology, Gynaecology and Lower Gastro-Intestinal Cancers. There is a recovery plan in place which includes additional support in pathology and imaging and increased focus on straight to test approach. This was discussed in detail at the ICB's Quality and Performance Committee.

4.12 **Leighton Buzzard**

On 5 November, the ICB was pleased to publish an update on health facilities in Leighton Buzzard. The update confirmed the service improvements already made, the possibility of additional in-year funding from NHS Property Services, and also shared the findings of the Outline Business Case for additional health services, potentially funded by the sale of land held by DHSC on Vandyke Road in the Town.

4.13 **Living Wage Accreditation**

Living Wage accreditation demonstrates our commitment to being a responsible employer. By paying the real Living Wage, we are voluntarily taking a stand to ensure our employees can earn a wage which is enough to live on. The case for becoming a Living Wage employer is backed by substantial evidence showing that income directly impacts health. As an ICB responsible for the health of a population, reducing health inequalities is a top priority. Ensuring that our own employees receive a living wage allows us to lead by example, demonstrating our commitment to fair pay and its positive effects on health. By adopting this standard, we also have the opportunity to influence and encourage our providers, many of whom employ thousands of people, to follow suit. This collective action helps promote a healthier workforce and ultimately improves health outcomes for the wider community.

BLMK ICB received Living Wage accreditation from the Living Wage Foundation in July 2024 and on 21 October 2024, I received the plaque, on behalf of the ICB, at St Andrews Church, Luton.

4.14 **Armed Forces Covenant**

The **Armed Forces Covenant** is a promise by the nation, which recognises the sacrifices made by those who serve or have served in either the regular military or the reserves, and their families. It seeks to ensure that they are treated fairly in the provision of public and commercial services; in some cases, such as those who have been injured or bereaved, it also provides special consideration. I am pleased to be able to announce that the ICB has signed up to the Armed Forces Covenant. This demonstrates our commitment to supporting those who have served, or who are currently in the armed forces, and their families.

4.15 **Members of Parliament**

In September, I updated on the new Members of Parliament I had met since their election/re-election in July. These induction meetings have been ongoing. Rima and I met with Callum Anderson MP and Emily Darlington MP. These meetings are important for hearing constituents' views, asking for Members support with key messages and projects, and discussing local ambitions to improve health services and respond to growing demand.

4.16 **Speaking Engagements**

I have spoken at the Carers in Bedfordshire AGM, the Integrated Care Delivery Forum in London, at the Kings Fund on Specialised Commissioning and at an East of England Chair's and CEO's forum on 8 November. A consistent theme in these remarks is the strength of the dynamic partnerships in BLMK, the strong foundations provided by the Population Health Intelligence Unit, and our community-led approach to tackling Health Inequalities.

4.17 **Events and Meetings**

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

11 October	**HSJ integrated Care Summit** attended by Rima Makarem.
15 October	**Executive to Executive with Bedfordshire Hospitals NHS Foundation Trust and BLMK ICB -** A productive meeting that focused on supporting financial turnaround.
15 October	**ICB Chief Executive Officer and the four Local Authority Chief Executives** The meeting focused on Better Care Fund.
17 October	**Mental Health and Housing Meeting –** ICB CEOmet with Robin Porter, CEO of Luton Borough Council and Lorraine Sunduza, CEO of East London NHS Foundation Trust to discuss the mental health and housing situation.
22 October	**NHS Leadership and Innovation** meeting attended by Felicity Cox and Steve Shepherd.
24 October	ICB CEO attended a webinar on **working together to increase the use of virtual wards.**
25 October	The Board and I attended a **Board Seminar** led by the Institute for Healthcare Improvement on 'Next steps on our system improvement journey.'
30 October	ICB CEO chaired the first meeting of the **NHS Chief Executives** to focus on system finance and performance.
5 November	FC was a **guest speaker at the Integrated Care Delivery Forum** in London, convened by Public Policy Projects (PPP) - an independent organisation that has a 25-year history of convening senior leaders and key stakeholders in health and care.
6 November	ICB CEO was invited to be a **guest speaker at a virtual event led by the King's Fund** on **'A new identity for commissioning'.**
7 November	ICB CEO attended **'Redesigning Specialised Services in the East of England'** with the regional ICBs, acute providers and NHS England. The session focused on regional scene-setting and the national financial / commissioning picture.
8 November	**East of England ICB and Provider Chief Executives and Chair event.**
8 November	Our Chief Primary Care Officer, Nicky Poulain, attended the **Luton and Bedfordshire Community Awards** which is always an uplifting event to be part of. Nicky presented the award for 'Caring Hero'.
11 November	**ICB Chairs Session** with Clare Panniker attended by Rima Makarem.
12 November	**BLMK Leaders and Chairs** attended by Rima Makarem.
14 November	**Interviews for the ICB Chief Medical Director.**
15 November	Joint ICB and ICP Seminar - **Leading for a Sustainable Health and Care System.**
19 November	**East of England Provider Collaborative Engagement Event.**
22 November	Chief Finance Officer, Dean Westcott and I met with **Councillor Adam Zerny** and **Richard Fuller MP** to discuss Biggleswade.
22 November	**ICB Chief Executive Officer and the four Local Authority Chief Executives** The meeting focused on Devolution, Population Growth, Complex Care.
26 November	**ICB Chair Quarterly call with Richard Meddings, NHS England.**
27 November	The Chair, the CFO, Lorraine Mattis and I attended the **ICS Network Conference and Dinner.**
6 December	**Bi-Monthly Executive to Executive with Milton Keynes Hospital and BLMK ICB.**
10 December	**ICB Chief Executive Officers and NHS England Executive Group meeting.**

4.18 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:

Mid-year financial information updates and actions for integrated care boards (ICBs) following DDRB pay uplifts and other 2024/25 GP contract updates: https://www.england.nhs.uk/publication/mid-year-financial-information-updates-and-actions-for-icb-following-ddrb-pay-uplifts-and-other-24-25/

NHS England about the launch of Change NHS: help build a health service fit for the future: a national conversation to develop the 10-Year Health Plan: https://www.england.nhs.uk/publication/change-nhs-help-build-a-health-service-fit-for-the-future/

Domestic abuse and sexual violence leadership update – launch of NHS England's sexual misconduct policy: https://www.england.nhs.uk/publication/domestic-abuse-and-sexual-violence-leadership-update-launch-of-nhs-englands-sexual-misconduct-policy/

Update for commissioners to enable preparation for the implementation of sensory checks in special educational settings: https://www.england.nhs.uk/publication/update-for-commissioners-to-enable-preparation-for-the-implementation-of-sensory-checks-in-special-educational-settings/

Urgent and emergency mental health care for children and young people: national implementation guidance: https://www.england.nhs.uk/publication/urgent-and-emergency-mental-health-care-for-children-and-young-people-national-implementation-guidance/

Delivering productivity through the NHS estate: https://www.england.nhs.uk/publication/delivering-productivity-through-the-nhs-estate/

5.0 Next Steps

5.1 As described in this report.

List of appendices

None

Background reading

None.

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Executive Lead: Sarah Stanley, Chief Nursing Director

Report Author: Joanna Morris, Macmillan PEoLC Transformation Lead

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

Item: **6 - Dying Well in BLMK**

Reason for report to the Board:
Board endorsement is sought for the strategic next steps for End-of-Life care in BLMK.

1.0 Executive Summary

1.1 With significant and rapid growth in the aging population, BLMK faces an increasing demand for effective, community-centred palliative and end-of-life care services. Over the next 15–20 years, the population of residents over 75 is expected to rise by over 25%, with Milton Keynes and Central Bedfordshire experiencing the highest growth rates (BLMK Joint Forward Plan 2024). This is happening against a backdrop of pressure on primary and hospital services and a regional growth rate that is nearly double the national average. As BLMK's over-50 population expands, the cohort aged over 79 is set to double in the next two decades, signalling the urgency of prioritising Palliative and End of Life Care (PEoLC) services now to meet future demand. The Quality and Performance Committee on 29 November considered a population health report on the ICS's Age Well Strategic Priority and this is attached as Appendix B to set the population health context for this report.

1.3 In May 2024, the Chief Nurse of BLMK ICB commissioned a comprehensive review of PEoLC services across BLMK, involving numerous healthcare providers, colleagues, and stakeholders. The results of this extensive review are now presented in a final report for BLMK ICB Board. Endorsement is sought to initiate actions which are essential to elevating PEoLC standards as a priority across our integrated care system.

1.4 The Terminally Ill Adults (End of Life) 2024-2025 Bill will not be part of this discussion at this stage.

2.0 Recommendation

2.1 The members are asked to **endorse** the formation of a Palliative and End of Life Care Programme Board to explore and develop the twelve recommendations as detailed in The Dying Well in BLMK Report 2024 and formally connect into the Bedfordshire Care Alliance (BCA) End of life workstream and the Milton Keynes End of Life workstream.

3.0 Key Implications

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

3.1 **Resourcing** – A goal of the report recommendations is to achieve the best health outcomes possible for the BLMK population, within the limited resources available. However, there are resourcing and redistribution implications contained within this paper but there is the potential for these to be offset by the reduction in other costs to the System.

3.2 **Health inequalities** – If the recommendations are successfully implemented, they will promote a narrowing of health inequalities and are likely to improve the end-of-life experience for the residents of BLMK.

3.3 **Engagement** – This report belongs to BLMK ICS, it has been developed in collaboration with 12 organisations. The commitments and priorities are driven by System partners. The Quality and Performance Committee reviewed the population health context for this report at its meeting on 29 November and that paper is attached as Appendix B.

3.4 **Green Plan Commitments** - The recommendations captured within this report will utilise digital first where ever appropriate which will have a positive impact for the ICB's Green Plan

4.0 Report

4.1 Palliative and End-of-Life Care in BLMK

End-of-life (EoL) and palliative care services play a vital role in the Bedfordshire, Luton, and Milton Keynes (BLMK) healthcare system, aiming to enhance the quality of life for individuals with life-limiting illnesses and their families. These services are delivered through a network of providers, including two hospital trusts, three community teams, and three hospices, all supported by primary care.

Within the BLMK community, Palliative and End-of-Life Care (PEoLC) services are further bolstered by three palliative care hubs located in Bedford Borough, Luton, and Milton Keynes. These hubs act as local coordination centres for palliative and end-of-life care. However, disparities in funding of both hubs and specialist nursing services have created challenges. These will be explored in the following section and detailed further in the accompanying paper.

The table below illustrates the distribution of the specialist palliative care clinical workforce across these providers, highlighting the significant role of hospices. However, despite their prominence, hospices represent only a small portion of the overall workforce delivering and supporting palliative and end-of-life services. Generalist care is also provided by healthcare staff across hospitals, community services, primary care, and the voluntary sector.

Staff Type	Currency	Hospice Sector	Acute Hospitals	Community Services	Totals
Consultants	WTE	1.6	2.5	1.5	5.6
Resident Doctors	WTE	6.7			6.7
Clinical Nurse Specialists	WTE	26.4	11.0	15.4	52.8
Other Qualified Nurses	WTE	64.2	3.0	2.4	69.6
Health Care Support Workers	WTE	79.00	Excluded from count as support other service areas in addition to PEoLC		79.0
Physiotherapists	WTE	3.0			3.0
Occupational therapists and Reablement leads	WTE	2.60			2.6
Totals		**183.6**	**16.5**	**19.3**	**219.3**

4.2 Palliative and End-of-Life Funding in BLMK

In the BLMK area, end-of-life care is primarily funded by the NHS, supplemented by local authority social care budgets and charitable donations. The NHS provides the majority of this funding, with the BLMK Integrated Care Board (ICB) commissioning a range of services. These include specialist palliative care in hospitals, jointly funded continuing healthcare arrangements with local authorities, and grants to the hospice sector. Additionally, the NHS supports generalist services such as general practice and community nursing, which, alongside home care providers, deliver much of the end-of-life care for individuals in their homes.

Specialist nursing care is also provided by hospices, which operate on a combination of NHS funding, charitable donations, and public fundraising. While NHS contributions are essential for their daily operations, the hospice sector faces significant funding challenges, relying heavily on charitable support to bridge gaps and sustain services.

It is important to note that ICB contracts with NHS community, primary, and secondary care organisations typically do not include explicit allocations for end-of-life care services. Instead, ICBs commission broader services that absorb the costs of end-of-life care within their overall budgets. This approach complicates the analysis of end-of-life care costs, as the lack of distinct service structures, inconsistent data standards, and varied funding mechanisms makes resource allocation and planning more challenging.

The current commissioning arrangements for palliative and specialist nursing care highlight these disparities and contribute to inequalities across the system.

4.3 Findings

The Dying Well in BLMK report (Appendix A) is a broad evaluation of palliative and end-of-life care services across a large service area. It reviews both generalist and specialist care, incorporating real feedback from colleagues and service users to identify challenges and areas of excellence within BLMK's care delivery.

While existing guidance provides clarity on service requirements for Integrated Care Boards (ICBs), this report emphasises lived experiences and practical challenges.

The report highlights critical issues in end-of-life care provision, particularly the strain that uncoordinated care pathways place on hospital capacity and urgent care services. It underscores the benefits of improved identification of palliative care patients, not just for the patients themselves but also for the broader healthcare system.

The report draws attention to the low rate of palliative care recognition within BLMK. For example, in 2023-24, only 5% of 2,603 individuals living with frailty and multiple life-limiting illnesses were identified as palliative. This group accounted for 19% of emergency admissions, with 40% ultimately dying in hospital, illustrating gaps in access to palliative support.

Improved coordination of care pathways could enhance patient experiences while reducing unnecessary hospital admissions and associated costs. For example, in 2023, BLMK recorded 64,851 unplanned palliative care bed days and 5,982 palliative care emergency admissions, enhanced pathway coordination could alleviate these pressures.

The report draws attention to inequalities in palliative care provision. In 2023-24, only 16% of cardiovascular patients who died in BLMK were registered as palliative, and nearly half died in hospital whilst in contrast, 50% of cancer patients were identified as palliative and two-thirds died at home. These disparities highlight the need for equitable access to palliative care and support.

During the review, societal barriers for us all talking about death and dying were identified as contributing to delays in initiating palliative care discussions. It was evident that these delays could on occasions lead to in inappropriate treatment decisions and it was apparent that on some occasions, personalised care plans could have led to better care. The report calls for a re-evaluation of advance planning in order to ensure more effective, equitable and compassionate care.

Significant operational challenges were also a common feature of this Review. Hubs currently function in isolation, leading to diluted effectiveness. The sharing of electronic care records across health settings is incomplete. There was evidence of service duplication, and unnecessary complexity in some areas of Continuing Healthcare (CHC) fast-track service. Staff expressed a desire to consider adopting a new approach to the storage of stock end of life medication. Challenges in access to end-of-life medications has been anecdotally cited as an area worthy of further focus.

Finally, the findings emphasise the need for a more cohesive and pragmatic approach to bereavement support with consideration to offering a more enriching offer for those considered to have the greatest need.

The 2022 amendment to the Health and Care Act, made palliative care a statutory obligation for ICBs, it represented a significant step forward but is insufficient on its own. The report emphasises the need for partners across BLMK to work collaboratively and with the community to establish a new, integrated model of care. Achieving this will require openness, thoughtful planning, and proactive change, as outlined in the Health Services Strategy (2024)

4.4 ‘Dying Well in BLMK’ Recommendations

The Dying Well in BLMK details the following 12 recommendations:

1. Consider enhancing public awareness and communication on death and dying across the BLMK population.
2. Include ‘Dying Well’ within the BLMK ICB’s strategic transformation priorities.
3. Establish a PEoLC Programme Board for BLMK with system wide representation.
4. Consider enhancing the identification and support of residents in the last 12 months of life across multiple care settings.

5. Consider establishing a streamlined Care Coordination Centre (Hub) model.
6. Consider establishing a Hospice Collaborative across BLMK, involving Willen, Sue Ryder St John's, and Keech Hospices.
7. Consider the opportunity to develop an enhanced hospice service for Milton Keynes and Bedfordshire funded through NHS continuing health care.
8. Consider implementing a system-wide approach to Advance Care Planning.
9. Consider strengthening bereavement support coordination across BLMK.
10. Consider reviewing the provision of specialist palliative care clinicians across BLMK.
11. Consider commissioning standardised community stocks of palliative care medicines across BLMK.
12. Consider developing a "virtual ward" or urgent community palliative care beds to support specialist palliative care needs at home.

4.4 Priorities for 2025/26 and Funding

To seek sign off from the ICB Board to explore and develop the twelve report recommendations through a new Palliative and End of Life Care Programme board.

To establish Palliative and End of Life Care as an ICB transformation priority.

To work alongside the BLMK long term conditions programme and the BLMK programme to improve urgent and emergency care (UEC) and support them to deliver their ambitions at pace.

To establish an ICB Palliative and End of Life Programme Board which the ICB Board is asked to endorse formally linking with the BCA end of life workstream and the Milton Keynes end of life workstream.

Through the development of a comprehensive palliative and end-of-life care programme plan system partners will explore the potential of the 12 recommendations aiming to ensure that any potential changes to public funded health services are sustainable and that they achieve the best health outcomes possible within available resources.

List of Appendices

Appendix A – Dying Well in BLMK Draft Report
Appendix B – Strategic Priority - Age Well – report considered by the Quality and Performance Committee on 29 November 2024 – this sets the population health context for the Dying Well Report

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Executive Lead: Nicky Poulain, Chief Primary Care Officer

ICS Partner Lead:

Report Author: Amanda Flower, Deputy Chief Primary Care Officer and Susi Clarke, Associate Director People Transformation

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

Item: **7 - Primary Care Transformation Plan to Deliver the National Primary Care Strategy**

Reason for report to the Board:
In previous discussions relating to Primary Care the ICB Board asked for an update on the medium-term plan in BLMK.

1.0 Executive Summary

1.1 Recent ICB Board updates pertaining to Primary Care have included:

- Progress against the ambitions of the NHSE Delivery Plan for Recovering Access to Primary Care, NHSE 2023
- Direct award of contracts under the Provider Selection Regime Process 1C for Integrated Urgent Care (111, and GP Out of Hours)
- Increasing registrations with the NHS App

1.2 This paper encompasses all five elements of Primary Care (below), setting out the next steps in BLMK to deliver the two key national strategies (as follows in 1.3).

i. General Practice
ii. Community Pharmacy
iii. Dentists
iv. Optometrists
v. Integrated Urgent Care (111, Clinical Assessment Service and GP Out of Hours).

1.3 The key national strategies informing the BLMK 'Transformation Plan to Deliver the National Primary Care Strategy' are 'Next Steps for Integrating Primary Care: Fuller Stocktake Report' (May 22) and the 'Delivery Plan for Recovering Access to Primary Care' (May 23).

1.4 This 'Primary Care Transformation Plan to Deliver the National Primary Care Strategy' attached at Appendix A describes the delivery priorities for primary care and transformation in BLMK in the context of this national strategy. The plan details 'where we are now' and 'where we want to be' for each of the five contractor groups of primary care and contains enabling actions that are captured in the delivery plan on pages 34 and 35 to 31st March 2026.

1.5 Furthermore, it articulates how the 3 fundamental shifts, below, will impact.

- hospital to community/primary care
- analogue to digital
- treatment to prevention

2.0 Recommendation

The members are asked to **note** 'The Primary Care Transformation Plan to Deliver the National Primary Care Strategy' which has been developed in partnership with and supported by the Primary Care Delivery Group and Primary Care Commissioning and Assurance Committee.

3.0 Key Implications

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

3.1 **Resourcing and Risk** - There are workforce and estate constraints across all primary care providers. Demand for primary medical services continues to be high, and we remain in a period of collective action by the BMA which may have impact on delivery. Risks associated with delivery are captured on the primary care risk register.

3.2 **Inequalities** – Improved resident experience of access to Primary Care is essential for vulnerable residents and the Denny Review will inspire this work.

3.3 **Engagement -** Primary care access listening events were held in March, April and May 2024 with residents. Further opportunities for listening and codesign with residents are being planned, and work with Healthwatch (Bedford, Central Bedfordshire, Luton, and Milton Keynes) during 2024/25 will also support provision of information and education to residents regarding the changing primary care offer.

3.4 **Colleagues consulted in developing this work**: the Primary Care Commissioning and Assurance Committee, the Primary Care Delivery Group, the four Place Boards, Practice Teams, PCN Clinical Directors, Strategic Primary Care Clinical Leads, and Place Primary Care Clinical Leads.

3.5 **Green Plan -** The implementation will utilise digital first where appropriate and we will continue to consider the commitments in the ICB's Green Plan across primary care, including in relation to the current and future estate.

4.0 Report

4.1 The 'Primary Care Transformation Plan to Deliver the National Primary Care Strategy' has been developed through dialogue with stakeholders and members of the Primary Care Delivery Group and the Primary Care Commissioning and Assurance Committee.

4.2 Feedback has been positive in response to the document which has been acknowledged as clearly describing primary care in BLMK currently, the medium-term vision, and the delivery actions that are being and will be progressed to 31st March 2026.

4.3 Case studies are used throughout the plan to illustrate some of the progress that has already been made.

4.4 Alongside the development and delivery of the plan, work with both NHSE and the NHS Confederation is progressing to capture impact and outcomes of primary care. Whilst this national work continues the ICB is acknowledged as striving forward with its local Integrated Primary Care Dashboard. The current version of the dashboard is attached as

Appendix B to this paper. Whilst current dashboard indicators do not include targets, they provide a clear illustration of the contribution primary care makes to the system informing a narrative of improvement and impact.

4.5 The annual GP Patient Survey is published annually in July. The survey provides a snapshot view of resident experience of access to primary care. In July 2024 the BLMK feedback improved across 5 domains (overall experience with practice; making contact on phone; being listened to; treated with care and concern; and experience of other services when practice is closed). However, BLMK was overall below the national average. The ambitions in the 'Primary Care Transformation Plan to Deliver the National Primary Care Strategy' seek to improve on this position to at least a level that is consistent with the national average, and ideally better.

5.0 Next Steps

5.1 The Primary Care Delivery Group and the Primary Care Commissioning and Assurance Committee will have oversight of progress in delivering the ambitions of the plan.

List of appendices

Appendix A Primary Care Transformation Plan to Deliver the National Primary Care Strategy
Appendix B Integrated Primary Care Dashboard

Background reading

Next Steps for Integrating Primary Care: Fuller Stocktake Report
Delivery Plan for Recovering Access to Primary Care

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Executive Lead: Maria Wogan, Chief of Strategy & Assurance

ICS Partner Lead: Lorraine Sunduza, Chief Executive of East London Foundation Trust (ELFT) and Denny Review Board Level Champion

Report Authors: Natasha Young, Senior Transformation Manager and Michelle Summers, Associate Director of Communications and Engagement, BLMK ICB

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

Item: **8 - Improving Health Equity and delivering on The Denny Review**

Reason for report to the Board: To provide an annual update to the Board on the progress being made to deliver the recommendations of The Denny Review

1.0 Executive Summary

1.1 On 8 December 2023, the Board agreed to implement the recommendations outlined in the landmark Denny Review (published in September 2023), after four years of system wide engagement with residents and partners. The report, since the focus of national attention, highlighted that residents who have lived experiences of health inequalities faced barriers to health and care, which then led to poor health outcomes and an increasing gap in healthy life expectancy.

1.2 Migrant people, people with learning and physical disabilities, LGBTIQ+ people, Gypsies, Roma people and Travellers, and people who live with homelessness were identified as the people and communities that experienced the greatest health inequality. The report set out four areas of action across the following areas: i) Access, ii) Communication, ii) Representation and iv) Understanding others.

1.3 The Improving Health Equity Programme, which incorporates the findings and recommendations of the Denny Review and other insights, alongside wider system health equity improvement, is transforming the culture in BLMK. We are now more than ever focussed on insight, lived experience, co-production and quality improvement as a means of tackling deep inequalities. Improving Health Equity is increasingly embedded into everything we do, and one legacy of the Denny Review is that colleagues now ask, ‘what did we learn from Denny?’ before any transformation work is undertaken.

1.4 Our BLMK partnership has made good progress in delivering against the recommendations outlined in the Denny Review and the wider Improving Health Equity programme. This paper provides an annual statement of progress on The Denny Review and sets out the priorities for the second year of our continuous effort to improve outcomes for residents.

1.5 A comprehensive progress report on the Improving Health Equity Programme, encompassing the efforts of system partners, the development of the Health Inequalities Strategy, and the inequalities investment schemes, will be presented to the ICB Board on 27th June 2025. This report will also feature the outcomes of the second 'Creating a Fairer BLMK' event to be held on 23rd May 2025.

2.0 Recommendations

2.1 The Board is asked to:

- **Note** the assurance provided in this report of the diverse ways in which system partners are responding to The Denny Review;

- **Note** the progress made specifically in delivering the seven recommendations agreed by the Board in December 2023;
- **Approve** the proposed focus of the Improving Health Equity programme in Year 2; and,
- **Note** the planned publication of an animation summarising progress.

3.0 Key Implications

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

3.1 Resourcing: In December 2023, the Board agreed to delivering a system wide response to the Denny Review with dedicated coordination support to provide system level support function for responding to the Denny recommendations in a way that builds on relevant, existing initiatives and maximises the value of the whole system.

3.2 Equality / Health Inequalities: The focus of the Improving Health Equity Programme is to improve access to health and care services for everyone.

3.3 Engagement: Extensive engagement with people and communities has continued throughout 2024 to ensure resident views continue to be heard and reflected.

3.4 Green Plan Commitments: People from disadvantaged communities experience the impact of climate change more than others. Our work to reduce inequalities will empower residents and result in communities using fewer healthcare resources – helping us to achieve the objectives set out in the Green Plan to become a net zero healthcare service.

3.5 BAF Risk: As part of our response to The Denny Review, a specific health literacy risk BAF0011 was added to the Board Assurance Framework (BAF), as agreed by the Board in December 2023. The implementation of the Improving Health Equity programme and Denny recommendations provide some controls and mitigation against this risk.

4.0 Report

4.1 At the Board meeting on 8 December 2023 the Board was asked to agree to seven recommendations to respond to the Denny Review:

1. Dr Rima Makarem to write to Reverend Lloyd Denny expressing thanks for the report and inviting him to remain involved in activity being undertaken through the year.
2. The ICB allocate dedicated resource to provide a system-level support function for responding to recommendations in a way that builds on existing initiatives, maximises the value of whole system and co-ordinates and reports on the investment in Healthwatch and the VCSE.
3. A Board level Champion should be appointed.
4. Proposals for an ICB-led system level action be prioritised by:
    a. exploring with partners the development of a system-wide translation service
    b. considering with partners the development of a new ‘what matters to you page’
    c. identifying programmes of work with support from the Institute of Healthcare Improvement (IHI)
5. Agree that feedback from the existing programmes of service visits and observations undertaken by the ICB NEMs, Trust NEDs and Healthwatch be utilised to help us understand ‘is change happening?’
6. An annual statement of progress be published to show how the system is tackling inequalities and responding to the Denny Review.

7. Sharing and learning has been undertaken across the system.

4.2 This report provides an overview of:
   a. The progress made against the Board recommendations from 2023.
   b. The work undertaken in the ICB and across the system to deliver on the recommendations from the Denny Review.
   c. An overview of the priorities for the second year of implementation.

Developing a learning culture

4.3 Learning as a system is paramount to the delivering against The Denny Review. On 22 November, The Learning Action Network (LAN), a partnership between the ICB and the Institute of Healthcare Improvement (IHI), was launched focused on preventing cardiovascular disease (CVD) by reducing hypertension given that our area has some of the poorest outcomes in the country regarding hypertension management. The LAN brings together residents from specific population groups identified in the Denny Review as experience significant inequalities from each of our four Places, clinicians from primary and secondary care and local authorities. This is an eighteen-month project, which will continue into the second year of the Improving Health Equity Programme.

4.4 Each Place leads a tailored project targeting specific population groups identified using data packs developed by AGEM and the Population Intelligence Unit within the Core20+5 framework. Virtual workshops brought together healthcare professionals, the IHI, and the ICB to discuss and refine target populations. Teams including residents are now in place to address defined cohorts, beginning with identifying issues and designing solutions to test in the New Year.

4.5 Quality Improvement and Co-Production training have been rolled out across the system and learning from the Denny review is shaping large procurements and service re-design including for musculoskeletal (MSK) services and community and mental health services.

Spotlight on actions being taken.

4.6 Responding to The Denny Review is not just about the specific recommendations but changing the way we think and work for the long term. Partners have taken decisive action, often inspired by the Denny Review, to tackle known health inequalities amongst their residents/patients. Each organisation's actions, when taken together, form the comprehensive system wide response required to transform outcomes for our most vulnerable residents. Some examples are described below:

4.7 The Bletchley Pathfinder in Milton Keynes is a neighbourhood level project in an area of high deprivation which includes working to support complex families, tackle obesity and prevent ill health. A total of £150,000 has been allocated to support this work, benefitting 30 local organisations who are working to support the local community.

4.8 As part of the local authority led programme to address inequalities, the Luton 2040 project is working to reduce poverty and increase economic opportunities in the town. This work has seen significant improvements with child poverty dropping from 45% to 39.5% and the happiness levels of residents increasingly almost two thirds.

4.9 Walking groups and voluntary sector community prescribers are helping to reduce social isolation in Central Bedfordshire, with the creation of walking groups and other community led initiatives.

4.10 The BLMK Population Health Information Unit (PHIU) is supporting BLMK's clinicians to identify people with the greatest risk of developing disease. To date, this work has helped identify more than 20 men with stage one prostate cancer in Luton and those at increased risk of hypertension in Bedford, supporting improved outcomes in healthy life expectancy.

4.11 Bedford Borough Council is working with local partners to develop a Welcoming Spaces network. Welcoming Spaces offer free, non-judgemental spaces where people can go to stay warm, connect with others or simply spend time reading a magazine or book. There are 29 sites operating currently.

4.12 Funding of £70,000 was provided to Autism Bedfordshire in 2022/23 to develop a series of short explainer videos to support autistic people in accessing healthcare. Further funding of £75,000 has been provided in 2024/25 to expand the use of the films for wider use focusing on dentistry, learning disability annual health checks, menopause, and cancer screening programmes.

4.13 BSL interpretation is being incorporated into communications, for example in communications to explain The Denny Review and the ICB is working with interpreters to develop winter messaging. Simple explainer films have also been developed to help people navigate services and access help through the winter.

4.14 Webinars have been run to celebrate Black History Month and South Asian Heritage Awareness Month and a BLMK Black Leaders Forum is currently in development to increase understanding of the many vibrant and diverse communities we serve.

4.15 A reciprocal mentoring scheme has been established across the ICB to support leaders of the future to access opportunities for development and increase understanding of the barriers that colleagues from diverse backgrounds experience in the organisation.

4.16 The women's health programme has been added to the Improving Health Equity programme. Engagement events have been held with D/deaf women, women and girls from the Roma community and Black African and Caribbean women to share decision making aids and to learn from their lived experiences.

4.17 In December 2024, the Luton Women's Health Network hosted by Lea Vale Primary Care Network will be launched, bringing together provider organisations and the VCSE. This will support women from inclusion health groups and improve access to women's services.

Transforming translation and interpretation services

4.18 In addition, £200,000 in funding has been provided to Local Healthwatch for 2024/25 to explore with partners the development of a system-wide translation service. An observational study was launched in August 2024, and Healthwatch staff are currently visiting primary and secondary care settings to experience and understand the challenges facing residents and staff in using translation and interpretation services.

4.19 Observational visits have been supported in some places by Non-Executive Directors and areas for improvement have been shared with providers. Follow up visits are scheduled over the coming weeks and the final report will be published and shared with the Board in 2025.

4.20 **The Board is asked to note the assurance provided on the diverse ways system partners are responding to the Denny Review, and the system's responses to the recommendations agreed by the ICB in December 2023.**

Improving Health Equity Programme and System Leadership

4.21 The findings from the Denny Review have been incorporated into an Improving Health Equity Programme which encompasses the efforts of system partners, the development of the Health Inequalities Strategy (including actions to support Core20+5 Framework), and the inequalities investment schemes. Lorraine Sunduza (Chief Executive Officer (CEO) of the East London NHS Foundation Trust (ELFT) is the Board Champion for this programme. From 2025 onwards, Lorraine Sunduza will chair assurance reviews on the programme three times a year to review progress and shape the future direction of the programme.

4.22 The Improving Health Equity Programme is overseen by the monthly BLMK Inequalities Leadership Group, chaired by Sarah Stanley (Chief Nurse) as the Senior Responsible Officer (SRO). This work is being supported by a matrix team working across the system to deliver against the recommendations. This group reports into the Population Health Equity Forum.

4.23 A co-ordinating function has been established in the System Transformation Team (STT) at the ICB, and they are supported by quality improvement advisors, the communications and engagement team, Healthwatch, the VCSE, members of the Inequalities leadership group and a team of system partners, who are leading their organisation's response.

Sharing scalable solutions

4.24 Learning is a key component of our response to the Denny Review, recognising that much of the work being undertaken is scalable and that there are examples of best practice across our system.

4.25 In May 2024 'Inequalities Week' culminated in the first 'Creating a Fairer BLMK' event. The week included a series of high-profile events, webinars and meetings to showcase good practice and share learning within the BLMK system. Events were held with the University of Bedfordshire to share learning from the system's research and innovation hub, senior leaders attended the national HSJ Health Inequalities Forum and webinars to help people understand Gypsy and Traveller cultures were also held.

4.26 In addition, the growing national profile of the Denny Review has led to the ICB becoming a recognised leader on inequalities and senior leaders have been invited to speak at national events including NHS Confed in Manchester, panel discussions with the Wilmington Group (HSJ), NHS Confed national chairs meeting and NHS England (regional and national events).

4.27 Findings from the report have also been shared with residents and community leaders through a series of spotlight events, which were run in Bedford Borough, Milton Keynes, Luton and Central Bedfordshire from June – November 2024.

4.28 These events have allowed for sharing of scalable ideas, seek further views from residents to validate the recommendations from the Denny Review and identify gaps that the Improving Health Equity programme may need to address as it moves into the second year of implementation.

The Health Equity Programme: priorities for implementation in Year 2

4.29 The Learning and Action Networks will continue to identify, test and refine ideas as part of their eighteen-month projects to reduce hypertension and prevent cardiovascular disease (CVD).

4.30 Focused work for year two includes the development of an options appraisal for translation and interpretation services. Following publication of the Healthwatch report in early 2025, our aim is to work with partners to determine whether there is scope for a shared system wide service and what services could be provided by AI to improve experience and access for residents.

4.31 We will support greater involvement from Non-Executive Members (ICB), Trust Non-Executive Directors and Governors to test whether improvements are making a difference to residents.

4.32 A System Insight Network will be launched in January 2025 to ensure that resident insights continue to inform policy and strategy across the ICB. The first meeting of the network will focus on prevention and feed into the Government's Change NHS: Ten Year Plan.

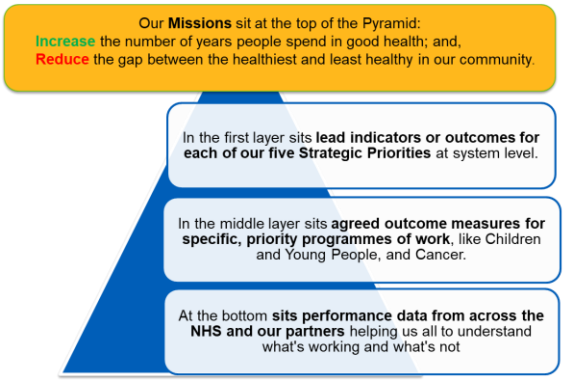
4.33 Additional areas of focus recommended at spotlight events have included female genital mutilation (FGM), visual impairment and mental health support. These will be explored further, and insights gathered from those with lived experience.

4.34 **The Board is asked to approve the above areas of focus as part of the second Year of responding to the Denny Review's findings.**

What is the impact?

4.35 The Denny Review highlights that results are needed to re-establish trust with local communities. Actions taken make a difference to people accessing health and care services, and we have prioritised communicating the action we are taking. In this first year, significant progress to respond to the recommendations and connect to communities has been undertaken, but the ICB and partners are focused on delivering tangible results to show marked improvements.

4.37 While the insight network and observational visits from partners help to understand the experience of services, we also want to evidence impact quantitively. The Data Pyramid, agreed by the Board in September as the system's new measurement framework, prioritises reducing health inequalities. One of our two system missions focuses all partners on reducing inequality in life expectancy at birth, whilst our "Reducing Inequalities" Strategic Priority now has a lead indicator: reducing gap between the ages individuals develop first LTC in those living in most and least deprived quintiles.



5.0 Next Steps

5.1 A resident facing animation summarising the first annual statement of progress will be published and shared with local communities in the coming weeks.

5.2 The ICB Team will work with system partners to further develop priorities for Year 2 including outcome measures.

5.3 In 2025, the Healthwatch report on Translation and Interpretation Services will be published. Findings and recommendations for action will be brought to the Board for consideration and approval.

5.4 On 23rd May 2025, BLMK will hold its second Joint ICB and Health and Care Partnership 'Creating a Fairer BLMK' event with our communities. This event provides a vital opportunity to share learning from all work on the Improving Health Equity Programme, from providers and Local Authorities on this agenda and accelerate our progress on this work as a system.

5.5 A comprehensive progress report on the Health Equity Programme, encompassing the efforts of system partners, the development of the Health Inequalities Strategy, and the inequalities investment schemes, will be presented to the ICB Board on 27th June 2025. This will include the outputs of the above 'Creating a Fairer BLMK' event.

List of appendices – None

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date of the meeting: 13 December 2024

Executive Lead: Maria Wogan (Chief of Strategy and Assurance & SRO Planning)

Report Author: BLMK ICB Operational Planning Group, chaired by Dominic Woodward-Lebihan

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

Item: **9 - Operational Planning Process in BLMK 2025/26**

Reason for report to the Group

(a) The Board will shape and be asked to **approve** the Operational Plan for 2025/26.

1.0 Executive Summary

1.1 Every ICB is required to submit, on an annual basis, a Financial Plan, a Workforce Plan, and an Activity and Performance Plan to NHS England. This paper summarises the BLMK approach the Operational Planning process for 2025/26 for the Board's consideration.

2.1 Recommendations

2.1 The Board is asked to **discuss** the approach to Operational Planning for 2025/26 and **indicate its initial position** on the trade-offs between financial balance and performance as described in paragraph 9.1 of the report;

2.2 The Board is asked to **note** that the ICB will need to agree an approach to the application of growth funding for 2025/26 to achieve the three shifts at the centre of the 10 Year Plan for Health & Care. It may be that the ICB allocates some of the growth monies to support transformation in these areas.

2.3. The Board is asked to **note** that a series of virtual workshops for system leaders and their teams will run Dec 2024 – April 2025 to share updates, priorities, drivers and positions. All Board Members are welcome to attend.

3.0 Key Implications

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

3.1 The Operational and Financial Plan impacts on everything the ICB and our trusts are resourced to do in BLMK. Any decisions to pause, disinvest from or withdraw services will be impact assessed, considering existing and potential future health inequalities, impacts on the BLMK Green Plan Commitments, and social value.

4.0 Report

Operational Planning: Structure & Governance

4.1 Maria Wogan is the SRO for Operational Planning in BLMK. An **Operational Planning Group**, comprising representatives from the ICB's Contracting, Performance, Finance, Workforce, Business Intelligence and Operations Teams has been stood up to coordinate the work in the ICB, with a focus on delivering well triangulated plans that improve system productivity. A lessons learned exercise was conducted at the end of last year's planning process; this has fed into arrangements for 25/26.

4.2 At a system level, the new, fortnightly **Delivering our Operational and Financial Plan Group** is chaired by the ICB Chief Executive and attended by Executives from the ICB and both acute trusts. This provides a forum for agreeing our system approach and escalating unresolved issues. Similar structures have been established with Mental Health & Community providers. These fora will be used for sector specific executive direction, escalation and sign-off during the planning process.

4.3 The **BLMK CEO Group** will continue to take items on Operational Planning until the Plan is submitted in Spring – the first of these was on 21 November. The forum is the main route (in addition to the Board of the ICB) via which Local Authorities will feed in their views. **The ICB Board**, at this meeting in December and also in March 2025, will consider the positions system leaders have reached. Last year, the Board agreed to delegate approval of the final Operational Plan to the Chief Executive due to NHSE timeframes.

4.4 At a **Regional level**, the Planning SRO is the Director of Finance. She is expected to establish a regular Regional Planning meeting for all ICBs which is attended by the ICB's Chief of Strategy and Assurance, Chief Finance Officer and Chief People Officer.

Operational Planning: BLMK Approach

4.5 The NHSE Operational Planning Guidance, which confirms the finance, performance and workforce targets that systems are expected to meet in 2025/26, has not yet been released. It is expected in December 2024, although last year was significantly delayed. In the absence of the formal guidance, it is reasonable to expect there will be a continued focus on:

- delivering a breakeven revenue finance position as a system;
- continued reductions in bank and agency staff costs balanced with delivery of the Long-Term Workforce Plan; and,
- meeting key performance targets, especially in relation to A&E 4 hour waits, waits for elective care, diagnostic six week waits, 2-week GP appointments, cancer 28-day and 62-day standard, out of area mental health placements, learning disability health checks and key prevention metrics.

System Leaders in BLMK are keen to be open with NHSE at an early stage about the likely performance impacts of reaching a breakeven financial position and are working through the detail of this position. We want to deliver a fully triangulated plan, one in which the finance, workforce and performance commitments combine to create an accurate picture of what the system can deliver within the next financial year.

An important dependency in the 2025/26 process will be the interplay with the forthcoming 10 Year Plan for Health & Care, expected in Spring, itself a response to the Darzi Review.

Our approach to how we allocate resources as a system will be guided by our developing system strategy, including the commitments in the Health Services Strategy, and the three shifts at the centre of the 10 Year Plan for Health & Care: Hospital to Community; Analogue to Digital; Sickness to Prevention. All ICBs are required to publish updated Joint Forward Plans (JFP) by 31 March 2025; our JFP will need to align with the Operational Plan.

Operational Planning: High Level Timeline

Date	Milestone
21 November 2024	BLMK CEO Group Meeting
December 2024	First BLMK Senior Leaders Planning Workshop (see 9.1)
13 December	ICB Board Meeting
Late December/January	Expected Release of NHSE Planning Guidance
06 January 2023	Separate MKJLT & BCA Strategic Leaders items focused on key areas of transformation and productivity in 2025/26
February	ICB Finance and Investment Committee Meeting
21 March	ICB Board Meeting: Update on / approval of Operational Plan (timeline TBC) and approval of updated Joint Forward Plan.
31 March	Submission of Updated Joint Forward Plan
April/May (TBC)	Expected submission of Operational Plans to NHSE, potentially delayed to align with 10 Year Plan
June (TBC)	BLMK “Close Down” Meeting with NHSE CEO & CFO .

5.0 Financial Plan

5.1 The 2024/25 Financial Plan contained significant risk and a requirement to deliver efficiency plans at a level significantly higher than achieved in the recent past (6.2%). An update on the ICB financial position is provided in the Finance Report.

5.2 The ICB will need to agree an approach to the application of growth funding for 2025/26 to achieve the three shifts at the centre of the 10 Year Plan for Health & Care. It may be that the ICB allocates some of the growth monies to support transformation in these areas.

5.3 Post Budget, it is not yet clear what capital allocations will be made available in the next financial year. The Budget announced an additional £3.1bn capital overall, for this year and next year for Health and Social Care, and specific capital projects are set to benefit including surgical hubs, radiotherapy machines, technology and digital, GP Practice upgrades and mental health crisis centres.

6.0 Activity and Performance

6.1 Our 2024/25 Activity Plan committed the system to meet almost all national targets this year. The main performance against plan challenges (as set out in the Performance Report) for 2024/25 include elective long waits, 6-week diagnostic waits, cancer 62 day waits and CAMHS access. It is expected that these areas will remain the focus for 2025/26 alongside improvements in patient access, productivity, and CDC and elective surgical hub implementation. System leaders are working through the costs associated with meeting the likely performance targets in 2025/26.

7.0 Contracts

The outcome of the operational planning process will be fed into individual provider contracts including the agreement to focus on any specific areas of transformation and improvement. This will ensure alignment between agreements made in the planning process and contractual expectations of providers, and provide a framework for partners to hold each other to account to ensure delivery of key planning requirements.

8.0 Next steps –

9.1 There are three key areas of focus driving our approach to 2025/26 Operational Planning:

- **Developing our System Approach** – We have better infrastructure in place than we did last year to support the operational planning process, including the acute, mental health and community regular meeting between ICB and Acute executive counterparts, to support consistent messaging to the system, and up to NHS England. Beyond this we also intend to establish a series of Operational Planning Workshops for senior leaders in the BLMK system. These workshops will be an opportunity to establish a better shared system understanding and to generate ideas. They will be virtual and recorded.
    a. **Timing**: These will run December – April.
    b. **Audience**: System leaders and their teams across the full BLMK system with an interest in planning, including NHS Trusts, LA, Primary Care & VCSE partners.
    c. **Purpose**: Build upon our lessons learnt from Planning for 2024/25, and achieve greater aligned understanding of key information, topics and inputs that will inform and shape Planning for 2025/26.
    d. Draft Plan – subject to feedback
        i. Session 1: BLMK System, Sub-System (BCA & MK), Place and Neighbourhood Priorities (Dec)
        ii. Session 2: BLMK Transformation Portfolio & Priority Programmes (Jan)
        iii. Session 3: National and Regional drivers / Direction of Travel (Jan – after planning guidance published)
        iv. Session 4: Financial, Activity, Workforce - Challenges and Risks (Feb)
        v. Session 5: Improving our productivity as a system / TBC (Mar)

- **Transparency about the trade-offs –** We are keen to be clear at an early stage about what we assess to be the performance implications of a breakeven financial position.

  To achieve a balanced position, there is the potential for the BLMK system to need to make difficult financial decisions about what it can continue to afford to provide. Any proposed changes to clinical services, such as commissioning a new service, decommissioning an existing service, scaling up services, scaling down services or changing parts of an existing service such as eligibility, will need to have an impact assessment and may require local authority scrutiny, public engagement or consultation and will therefore require a co-ordinated approach between the ICB and providers. The ICB has developed a Service Change Policy to guide this work.

  The Clinical Advisory Group, led by the ICB's Chief Nurse, will provide expert clinical advice as part of this process. All impact assessments must be signed off by the ICB and relevant providers.

- **Improving Productivity** – NHS productivity is key area of a focus, and one where a large amount of new data is being produced from varied sources. We are, together with Trust

colleagues, developing a stronger understanding of current productivity and opportunities for improvement. This includes a focus on speciality level data, beyond the headline metrics of Cost Weighted Activity and Value Weighted Activity. Productivity analysis will feed into the planning process to support efficiency and transformation schemes.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Finance Department

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

Item: **10 - BLMK ICS Finance Report at Month 7 (October 2024)**

Reason for report to the Board:
The Board should receive a finance update of the system for which it is responsible.

1.0 Executive Summary

1.1 This report sets out the 2024/25 BLMK ICS year-to-date financial position at Month 7, October. 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	A	G	R	G
Milton Keynes NHS FT	R	G	R	G	G	G
BLMK ICB	R	G	G	G		

1.2 NHS organisations hosted within the system are reporting a £23.7m deficit year to date against a plan of £5.1m deficit for income and expenditure. This is an overspend of £18.7m. At this stage, all organisations are forecasting break-even against plan for the year.

1.3 Without action, the system will deliver a year-end deficit. A range of actions and mitigations are already in place to recover the deficit. Further work continues across a range of areas to eliminate efficiency gaps and mitigate emergent risks.

1.4 The system has developed a system financial recovery trajectory; this includes the expected impact of specific interventions and actions; the trajectory was last updated in Month 5. At Month 7 the ICS was £2.3m adverse to the target recovery trajectory, this is largely due to the difference between the cost of pay awards and available funding and the additional costs required to support delivery of the 65ww performance target.

1.5 Bedfordshire Hospitals has developed a financial recovery plan which is now being implemented. The impact of recovery actions has seen an improvement in the monthly expenditure run rate at Month 7.

1.5 The system plan included a net unmitigated risk of £55.7m. There are new financial risks and pressures that have emerged since the plan submission, these include: enduring UEC pressures, investment required following recent CQC findings, ERF baseline adjustments, a gap in the pay award funding notified and additional costs required to support delivery of the 65ww performance target. These issues will need to be managed and successfully mitigated to deliver plan.

1.6 The system is overspent year-to-date against the capital funding allocation. This is due a timing issue in respect of the Acute Services Block at Luton site - which is running

ahead of the plan at Month 7. It is forecast to be within plan by the end of the financial year.

2.0 Recommendation

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 Risks	✓

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.

4.0 Report

4.1 The purpose of this paper is to report the Integrated Care System (ICS) financial position at Month 7 (October) 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. The latest publicly available financial information relating to Local Authority partners is included in the Appendices.

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 7 year to date net expenditure is £18.7m 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	(2.0)	(16.0)	(14.0)	0.0	0.0	0.0
Milton Keynes NHS FT	(3.1)	(4.3)	(1.3)	(0.0)	0.0	0.0
BLMK ICB	0.0	(3.3)	(3.3)	(0.0)	(0.0)	0.0
Intra ICS Organisations	**(5.1)**	**(23.7)**	**(18.7)**	**0.0**	**0.0**	**0.0**

To deliver our financial plan, the system will need to deliver it's back-phased efficiency plan and deliver other unplanned mitigations. Organisations and the system have a

range of actions in place – however whilst some risks identified at plan stage have crystallised, the system is seeing new risks emerging.

A forecast trajectory with key interventions / recovery actions and monthly targets between now and the end of the year was developed in July and updated in August, to reflect the impact of Bedfordshire Hospitals FRP. Organisations are continuing to seek additional mitigations to deliver plan. All three organisations have implemented additional scrutiny and oversight of expenditure governance, together with the development of recovery plans / mitigations.

At Month 7 the system is £2.3m adverse to the target trajectory which is largely due to pay award funding being less than the actual increase in staff pay awards. The forecast for the rest of the year assumes that this shortfall can be mitigated.

Monthly Plan Profile - by Organisation							
	M6	M7	M8	M9	M10	M11	M12
ICB	0.0	0.0	0.0	0.0	0.0	0.0	0.0
BHFT	(3.0)	(2.0)	(1.0)	0.0	0.0	0.0	0.0
MKFT	(4.1)	(3.1)	(2.1)	(1.0)	(0.1)	0.4	0.0
Totals BLMK Plan	**(7.1)**	**(5.1)**	**(3.1)**	**(1.0)**	**(0.1)**	**0.4**	**0.0**

Monthly Actuals / FOT (Reported at Month 5)							
	M6	M7	M8	M9	M10	M11	M12
ICB	(3.9)	(3.4)	(2.7)	(2.0)	(1.3)	(0.7)	0.0
BHFT	(17.0)	(14.8)	(11.8)	(8.5)	(6.0)	(3.1)	0.1
MKFT	(4.2)	(3.2)	(2.2)	(1.1)	(0.1)	0.4	0.0
Totals BLMK Actuals / FOT	**(25.0)**	**(21.3)**	**(16.6)**	**(11.6)**	**(7.4)**	**(3.3)**	**0.2**

Monthly Actuals / FOT (Reported at Month 7)							
	M6	M7	M8	M9	M10	M11	M12
ICB	(3.9)	(3.3)	(2.7)	(2.0)	(1.3)	(0.7)	0.0
BHFT	(17.0)	(16.0)	(12.7)	(10.9)	(8.0)	(4.3)	0.0
MKFT	(4.2)	(4.4)	(3.2)	(2.1)	(1.1)	(0.6)	0.0
Totals BLMK Actuals / FOT	**(25.0)**	**(23.7)**	**(18.6)**	**(15.0)**	**(10.4)**	**(5.6)**	**0.0**

Variance to Month 5 Trajectory							
	M6	M7	M8	M9	M10	M11	M12
ICB	0.0	0.1	0.0	0.0	0.0	0.0	0.0
BHFT	0.0	(1.2)	(0.9)	(2.4)	(2.0)	(1.2)	(0.1)
MKFT	0.0	(1.2)	(1.0)	(1.0)	(1.0)	(1.0)	0.0
Totals	**0.0**	**(2.3)**	**(1.9)**	**(3.4)**	**(3.0)**	**(2.2)**	**(0.1)**

Intra ICS NHS Financial Performance:

4.4 Financial performance commentary for each intra-ICS organisation is set out below.

Bedfordshire Hospital NHS Foundation Trust

Income & Expenditure

The Trust is in internal financial turnaround and has developed a financial recovery plan, to support bringing it back to break-even. It includes further recruitment and procurement controls. The Trust has entered double lock, with a process being finalised.

The key points to note at Month 7 are:

- Reports a £16m income & expenditure deficit year-to-date (YTD), worse than plan by £14m - forecast is breakeven.
- Achieved an in-month surplus of £0.7m, compared to an in-month deficit of £1.4m in Month 6.
- The in-month performance includes a shortfall between the cost of pay awards and available funding, this is assessed at £0.8m YTD (all recorded as part of in-month position due to the timing of the payment of the pay award).
- The improvement is due to: ERF overperformance; improvement in agency usage and tighter vacancy controls are.
- There are on-going issues with high need and usage of registered mental health nurses.

BHFT Income & Expenditure	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	501,850	499,939	(1,911)	860,315	888,980	28,665
Pay	(323,455)	(329,632)	(6,178)	(552,581)	(562,967)	(10,386)
Non-Pay	(180,396)	(186,338)	(5,942)	(307,734)	(326,012)	(18,278)
SURPLUS / (DEFICIT)	**(2,000)**	**(16,032)**	**(14,031)**	**0**	**0**	**0**

Efficiency Plan Delivery

Currently reporting marginally under performance on efficiency delivery 99%. Additional recovery schemes actioned in Q1 and Q2 are continuing to make a positive impact.

BHFT Efficiencies	Year to Date October 2024			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
BHFT - Recurrent	19,376	19,286	(90)	33,210	33,210	0
BHFT - Non recurrent	12,586	12,574	(12)	21,581	21,581	0
Total	**31,962**	**31,860**	**(102)**	**54,791**	**54,791**	**0**

Capital

The Trust has a challenging 24/25 capital plan, currently spending ahead of plan YTD, (due to spend on the Acute Services Block at the Luton & Dunstable site. Full year spend is being managed to remain within CDEL limit.

Additional capital for SDEC (£6m) has been approved in-year, this has been added to the plan figure in the table below.

The plan figures also include 5% over programming which was included at the start of the year. Systems are allowed to set a plan that is 5% over their capital allocation to recognise that delivery of capital schemes tends to slip in year which can result in underspending. Due to the over programming included in the capital plan, the forecast underspend shown below actually reflects a balanced position against the system capital allocation.

BHFT Capital	Year to Date October 2024			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Total Charge against Capital Allocation (before impact of IFRS16)	22,482	28,850	(6,368)	39,386	37,842	1,544
Total CDEL	32,743	39,767	(6,903)	57,359	61,068	2,291

Milton Keynes University Hospital NHS Foundation Trust

Income & Expenditure

The Trust is reporting a I&E deficit of £4.3m to the end of October, adverse to plan by £1.3m. The in-month position is a surplus of £0.3m (adverse to plan by £0.7m). The in-month performance includes a shortfall between the cost of pay awards and available funding assessed at £0.7m YTD (all recorded as part of in-month position due to the timing of the payment of the pay award).

MKUFT Income & Expenditure	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	228,792	239,556	10,764	392,998	415,486	22,487
Pay	(147,670)	(153,805)	(6,135)	(251,418)	(261,141)	(9,723)
Non-Pay	(84,183)	(90,095)	(5,912)	(141,581)	(154,345)	(12,764)
SURPLUS / (DEFICIT)	**(3,061)**	**(4,344)**	**(1,283)**	**(0)**	**0**	**0**

- Income and costs are both higher than plan with additional investments being made to generate ERF income and improve the RTT position (ERF performance is circa 138% versus the 124% plan leading to over-performance income of £11.3m which is £3.6m above plan year to date).
- Pay costs are higher than plan due to the impact of the pay award, cost of temporary staff in escalation wards and additional hours carried out to reduce elective backlogs. Bank and Agency expenditure has increased in October and is partly offset by substantive vacancies.
- Non-pay is overspent with an overspend on drugs (partially offset by income for high-cost drugs) outsourcing and clinical supplies.

Maintaining the current run-rate would lead to a deficit of £7.3m for the full year. The Trust is assuming this position to be improved through:

- Acceleration of efficiencies (lower bank and agency and procurement savings).
- Increased ERF income through productivity.
- Funding of business case for elective insourcing.
- Assume that the circa £1m pressure from the pay award is fully funded.
- Other non-recurrent measures.

Efficiencies Plan Delivery

Efficiencies have increased from £9.8m reported last month to £12.5m cumulatively due to a catch-up in quality impact sign-off (the Trust does not formally track and report schemes until they have had their quality impact approved).

MKUH Efficiencies	Year to Date October 2024			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
MKFT - Recurrent	5,411	8,580	3,169	9,275	17,292	8,017
MKFT - Non recurrent	8,484	3,959	(4,525)	14,547	6,531	(8,016)
Total	**13,895**	**12,539**	**(1,356)**	**23,822**	**23,823**	**1**

Capital Plan

The table below includes additional New Hospital Programme (NHP) enabling schemes. These schemes have MOUs signed, but allocation has not yet been received.

The plan figures also include 5% over programming which was included at the start of the year. Systems are allowed to set a plan that is 5% over their capital allocation to recognise that delivery of capital schemes tends to slip in year which can result in underspending. Due to the over programming included in the capital plan, the forecast underspend shown below reflects a balanced position against the system capital allocation.

MKUH Capital	Year to Date October 2024			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Total Charge against Capital Allocation (before impact of IFRS16)	3,866	3,866	381	16,622	15,962	660
Total CDEL	10,979	10,979	(249)	35,287	43,800	660

Integrated Care Board

4.5 The ICB is reporting a £3.4m deficit year-to-date and is forecasting a break-even position.

4.6 The table below shows the status against the key financial performance indicators for the year.

Performance Measure	YTD - Month 07			Forecast		
	Target	Actual	Variance	Target	Actual	Variance
Revenue Resource Limit	£1,424.1m	£1,427.5m	-£3.4m	£2,378.9m	£2,378.9m	£0.0m
Capital Resource Limit	£1.4m	£1.4m	£0.0m	£2.2m	£2.2m	£0.0m
MHIS Expenditure	£105.3m	£105.3m	£0.0m	£180.5m	£180.5m	£0.0m
Efficiency Savings	£15.8m	£15.9m	£0.1m	£27.1m	£29.6m	£2.5m
BPPC	>95%	93%	-2%	>95%	95%	0%

NOTE:
On target or better = GREEN
<1% away from target = AMBER
>1% away from target = RED

4.7 The financial position by commissioning programme as at Month 7 is set out in the table below:

PROGRAMME AREA	YTD - Month 07			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
Acute Services	688,800	690,027	(1,227)	1,128,733	1,130,811	(2,078)
Mental Health Services	135,412	136,466	(1,054)	231,452	231,836	(383)
Better Care Fund	21,908	21,895	13	37,557	37,559	(2)
Other Community Services	94,318	94,902	(585)	162,011	162,896	(885)
Continuing Care Services	62,054	66,537	(4,483)	105,906	112,952	(7,045)
Primary Care Co-Commissioning	114,676	115,344	(668)	193,566	196,046	(2,480)
Pharmacy, Ophthalmic & Dental Co-Commissioning	55,243	56,000	(756)	93,603	93,903	(300)
Prescribing	95,013	98,089	(3,076)	159,402	165,551	(6,149)
Other Primary Care Services	18,369	18,309	60	31,999	31,881	118
Delegated Specialised Commissioning	114,952	114,952	0	193,798	193,798	0
Other Programme Services (incl. Reserves)	13,674	5,617	8,057	24,211	5,007	19,204
Total Commissioning Budget	**1,414,420**	**1,418,139**	**(3,719)**	**2,362,239**	**2,362,239**	**0**
Running Costs	**9,723**	**9,354**	**369**	**16,672**	**16,672**	**0**
Total ICB Net Expenditure	**1,424,143**	**1,427,493**	**(3,350)**	**2,378,911**	**2,378,911**	**0**

4.8 The key points to note at Month 7 are:

Income & Expenditure

The ICB is reporting a £3.3m deficit YTD (£3.9m in Month 6) against a planned breakeven position. The forecast assumes mitigations can be delivered to achieve a breakeven financial position by year end. The ICB developed a system financial recovery trajectory in July including the expected impact of specific interventions and actions. The reported Month 7 overspend of £3.3m is in line with the internal trajectory. It reflects the demand and cost related issues for delegated primary care, prescribing and CHC. Further work takes place monthly to update assumptions and reassess the trajectory.

The position as at Month 7 by Programme is set out below:

- **Acute services** are reporting an adverse YTD position of £1.2m (£0.2m M6) mainly driven by NHS contracts variable elements that fall outside of ERF reimbursement relating to high-cost drugs (continued growth in demand for diabetes insulin pumps) and imaging.
- The ICB has received an indicative ERF allocation £37.8m, equating to 82% of the total ERF funding of £46.1m, the balance will be allocated on delivery of the target. NHSE has released performance up to M4 and internal estimates have been used to project future performance. This indicates overperformance of £27.2m YTD and £40.6m forecast including settlement of final 2023/24 over performance.
- Pressures in **mental health services** continue to relate to complex placement costs out-of-area placements or under s117 aftercare. Although reported as breakeven, significant pressures incurred by the mental health NHS providers are held at risk by the ICB. All three organisations in the MHLDA collaborative (ICB, ELFT & CNWL) are fully committed to mitigating the risk in 2024/25.
- For **community services**, activity volumes in some community contracts for ophthalmic services and IVF continue to fluctuate, however expenditure is now expected to be above plan in these budget areas for the rest of the year. Placements

spend for Acquired Brain Injury services have now increased and are forecast to overspend. This is partially offset by underperformance for MSK services and a reduction in unplanned spot placements for discharge beds.

- The **continuing healthcare budget** has been rebased on last year's outturn plus growth. This month has seen a continued deterioration in the position which is £4.5m (7.2%) overspent YTD (£2.4m at M6). This overspend is driven by growth in cases and increases in package complexity together with inflationary pressures on package costs. These pressures are forecast to continue, the ICB is reporting a £7m (6.7%) overspend for the year (£6.3m M6).
- The **delegated primary care** overspend relates to emerging pressures from the Primary Care Framework due to increased activity as well as recognising the pressure on the GP delegated budget arising from the increase in GP list sizes at a rate significantly higher than the allocation growth – the list size cost pressure is estimated to be £1.4m in-year. Plans are being developed to review the increased Primary Care Framework spend and manage costs within the delegated GP budget.
- **Prescribing** costs reported in Month 7 were significantly higher than in prior months. The current month position and forecast includes a material judgement when estimating levels of accruals for September and October as this runs two months in arrears.
- The ICB position now includes **delegated budget for specialised commissioning**.

The forecast position assumes that the following:

- Delivery of the efficiency programme of £29.6m.
- Primary Care ARRS funding to be received from NHSE offsetting costs expected to be incurred by year end of £4.7m
- Delegated GMS contract pressures of £1.4m will be mitigated.
- **The ICB is able identify additional mitigations of c£6m to mitigate other in-year risks and emergent pressures.**

Efficiency Plan Delivery

- The ICB is reporting year-to-date delivery in line with plan.
- The ICB had included £6.6m of unidentified efficiencies in its plan. However additional savings of £9.1m have been identified since the plan was set which has resulted in forecast efficiencies being £2.5m greater than plan.

Team	Year to date M07			Forecast M12		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Complex Care & Personalisation	876	848	(28)	1,179	1,128	(51)
Corporate / Finance	1,456	1,456	0	2,500	2,500	0
Digital	69	69	0	118	118	0
Elective Delivery	812	1,084	272	1,400	1,863	463
Estates	217	217	0	374	374	0
Finance	0	1,900	1,900	0	5,197	5,197
Medicines Optimisation	5,949	6,828	879	8,560	11,262	2,702
MH & LDA	918	893	(25)	1,583	2,380	797
Primary Care	1,233	1,233	0	2,446	2,446	0
Quality & Safeguarding	1,052	1,052	0	1,807	1,807	0
Strategy & Assurance	0	19	19	0	19	19
Workforce	275	264	(11)	480	476	(4)
Unidentified	2,939	0	(2,939)	6,613	0	(6,613)
Total Efficiencies	**15,796**	**15,863**	**67**	**27,060**	**29,570**	**2,510**

- Additional savings on medicines management and the budget line review have more than offset the unidentified efficiencies target that is profiled year to date.
- The ICB continues to operate in a state of financial recovery. The Financial Improvement Group (FIG) has become a recovery group meeting fortnightly to focus on specific plans, actions, and deliverables chaired by ICB CFO. It is an accountability group, so action leads will be expected to regularly report and provide updates on actions.
- The Investment Oversight Group (IVOG) is now well established and meets fortnightly, chaired by the Chief Executive Officer.
- Formation of this group has provided the architecture to pivot into NHS England's Double / Triple Lock Group if required.

Capital Plan

The ICB has been allocated capital funding of £1.7m to support GPIT, primary care estates and corporate capital. A further £0.5m of the bonus funding has been transferred to the ICB allocation.

Inter ICS NHS Financial Performance:

4.9 Providers hosted outside the system, are reporting a year to date overspend of £6.9m and are forecasting a year end overspend of £2.3m.

Surplus / (Deficit)	Year to Date			Forecast Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
CNWL	0.0	(0.1)	(0.1)	0.0	0.4	0.4
ELFT	0.0	(6.8)	(6.8)	0.0	(2.7)	(2.7)
CCS	0.0	0.0	0.0	0.0	0.0	0.0
Inter ICS Providers	**0.0**	**(6.9)**	**(6.9)**	**0.0**	**(2.3)**	**(2.3)**

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

Central & Northwest London NHS Foundation Trust (CNWL)

CNWL YTD ended Month 7 with an overspend of £0.5m split to £0.13m surplus for Milton Keynes Mental Health (MH), and £0.18m deficit for Milton Keynes Community Health (CHS).

Key drivers for the overspend in Mental Health are an increase in nursing inpatient costs due to enhanced observation where there are patients with high acuity / complexity and longer length of stay resulting in an increase in temporary staff across the Trust.

In community services the key drivers are:

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

The site's current position assumes a CIP delivery of £0.8m across MH and CHS within the year-end forecast position. However, this is underperforming YTD by 56.1% hence posing a risk to the year-end forecast position. CNWL are working with BLMK ICB on the various cost pressure areas.

East London NHS Foundation Trust (ELFT)

At Month 7 the Trust reports a £6.8m deficit position for Bedfordshire and Luton services predominantly driven by private beds £4.1m and pay pressures from bank and agency usage to manage high acuity levels and vacancies.

Month 7 key variances by area are detailed below:

- Bedford Adult MH Service is overspent by £1.6m year to date driven by Private Beds (£2.1m) and medical pay (£0.6m YTD). Inpatient wards have high acuity patients and enhanced observational needs however, this is partially offset by underspends from vacancies in other areas.
- Luton Adult MH Service is overspent by £1.7m year to date driven by Private Beds (£1.0m) and medical pay (£0.2m YTD where there is temporary staff on agency premium rates. Inpatient services also adverse (£0.5m YTD), driven by high acuity patients in Crystal and Poplars wards and enhanced observational needs.
- Bedford Community Health Service is overspent £1.2m year to date. The main cost driver is pay which is overspent by £1.0m YTD mainly attributable to the Home Teams within the community settings where there is high agency usage arising from increased activity levels and high vacancy levels.
- Primary Care is overspent by £2.2m year to date. The adverse variance is primarily driven by pay which is overspent by £2.1m YTD largely due to the use of high-cost medical agency staff, and an over-establishment of staff.
- Specialist Services (CAHMS) is overspent by £0.2m YTD mainly attributable to various non-pay expenditure overheads. Agency usage with premium rates to cover vacancies is contributing to the overspend position.

Cambridgeshire Community Services NHS Trust (CCS)

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

Service Development Funding (SDF)

4.11 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 the funding received to date and Month 7 commitments made against that funding. An additional £9m funding was received in Month 7. A review of uncommitted funding is in progress and a paper submitted to Executive - the outcome of this review will be included in next month's report.

Programme	Total Allocations £000	Committed £000	Plans in progress £000	Uncommitted £000
Primary Care	9,106	7,586	605	915
Mental Health	18,474	18,104	370	0
Ageing Well	1,327	1,323	0	4
CYP	927	845	82	0
Cancer	6,272	5,584	207	481
Diagnostics	7,042	7,042	0	0
LD & Autism	2,267	2,267	0	0
Maternity	1,536	1,533	3	0
Personalised Care	126	126	0	0
Prevention	1,387	914	379	94
Other SDF/Other pressures	2,060	1,745	315	0
TOTAL SDF	**50,524**	**47,069**	**1,962**	**1,494**

Workforce – Agency Cap Compliance

4.12 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 7 year to date spend was £3.4m above the pro-rata cap. Forecast spend has deteriorated in Month 7 from £0.6m to £1.3m above the system cap mainly on MKHFT.

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	13,118	10,392	(2,726)	20,397	17,815	(2,582)
Milton Keynes NHS FT	5,585	4,915	(670)	7,150	8,426	1,276
Total	**18,703**	**15,307**	**(3,396)**	**27,547**	**26,241**	**(1,306)**

4.13 The year-to-date variance is due to continued use of contingency areas, additional hours carried out to reduce elective backlogs and escalation.

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

No update to the Q1 position included in the month 5 version of this report.

(Public Pack) Agenda Document for Executive, 11/09/2024 18:30 (bedford.gov.uk)

Central Bedfordshire Council

Revenue Budget Monitoring Q2 (September) 2024/25 was presented to their Corporate Overview and Scrutiny Committee on 5th November (see extracts and link below):

- Children and Families forecast £3.2M overspend. This is mainly due to Staffing £1.0M (agency costs), Children in Care placements £1.3M (residential placements) and £0.5M Educational Transport (prior years invoices and average SEND route costs, including Fleet overheads, costing more than expected.
- Resources forecast a £0.2M overspend, mainly due to an overspend in Legal Services of £0.9M. The forecast overspend is partly offset by a forecast underspend in IT (£0.7M).
- Adult Social Care and Housing General Fund forecast is a £3.2M overspend. Mainly due to an overspend in Community Assessment £3.4M and Commissioning £0.3M, offset by forecast underspend in Resources (£0.3M) and Housing General Fund (£0.2M).
- Place and Communities forecast £1.4M overspend. This is mainly due to £1.4M Environment and £0.8M Development Infrastructure overspend, offset by savings in Sustainability (0.3M) and Highways (0.4M). The Environment overspend is mainly due to waste collection, increased tonnage, and Household Waste Recycling Centre (HWRC) increased costs. Development Infrastructure overspend is driven by a reduction in Planning Income.
- The table below details the full year variances by directorate:

	Year to Date - September			Full Year		
Directorate	Budget	Actuals	Variance	Budget	Forecast Outturn	Variance
	£m	£m	£m	£m	£m	£m
Chief Executive's	1.6	1.5	(0.0)	3.1	3.1	(0.0)
Resources	15.5	15.1	(0.4)	30.8	31.1	0.2
Corporate Costs	7.1	7.9	0.8	14.4	14.4	0.0
Children's Services	32.3	34.0	1.7	67.2	70.4	3.2
SCHH	49.1	50.4	1.2	98.3	101.5	3.2
Place and Communities	25.7	26.8	1.1	51.5	52.8	1.4
Public Health	(0.0)	0.2	0.2	0.0	0.0	0.0
Total Excl Landlord Business (HRA)	131.4	136.0	4.6	265.3	273.4	8.1
Contingency / Reserves					(6.6)	(6.6)
Full Year Forecast Outturn	131.4	136.0	4.6	265.3	266.8	1.5

11.2 Item A Q2 Executive - Revenue Monitoring 2024-25.pdf

11.3 Appendix A – Detailed Directorate Commentary Q2 Executive.pdf

Luton Borough Council

No update to the Q1 position included in the month 5 version of this report.

CMIS > Documents > Public Documents (luton.gov.uk)

CMIS > Meetings (luton.gov.uk)

Document.ashx (luton.gov.uk)

Milton Keynes Council

Update on Q1 savings reported to Budget & Resources Scrutiny Committee (see extract and link below), Q2 reporting expected in December:

In February 2024 Council set a budget for 24/25 that was a balanced position. In the Period 3 reporting to Cabinet, whilst most service areas of the Council were forecasted to either be on target or under budget, significant pressures were forecast in year for Childrens Services. This resulted in a forecast overspend in year of £10.082m.

Following discussions at the Corporate Leadership Team (CLT), a decision was made to use the following one-off funding to reduce the net overspend to £6.816m.

• One-off contingency (£2.647m) – Release of one-off contingency

• Term Time Only Provision (£0.339m) – Release of half of the provision made in prior year accounts, assuming this may still be needed.

• Adult Social Care Bad Debt Provision (£0.280m) – Release of a provision made in 23/24 accounts for 2 unpaid invoices from the NHS as the invoices have now been agreed for payment. (39) Item 7 2.3 CLT agreed to address the remaining forecast budget gap of £6.8m as follows:

• £0.700m of uncommitted Public Health Reserve funding will be reviewed against current general fund spending commitments.

• £4.3m of new savings are being identified by Directors, through a combination of one-off savings, and longer-term efficiency savings.

• The remaining £1.8m is planned to be met through a combination of future in year windfalls and any unused base budget contingency (after the pay award). In the event that savings of £1.8m are not achieved, the difference can be met from a draw-down of the available headroom in the GF Working Balance of up to £1.8m. The use of funding is from the GF working balance will only be used if required.

The £4.3m savings for Directors, was apportioned across the services on the basis of net expenditure, with all Directors asked to put forward proposals.

Table 1 shows the targets by Service:

Service	Saving target £m's
Adult Social Care	(1.620)
Children's Services	(1.630)
Customer and Community	(0.130)
Planning and Placemaking	(0.050)
Environment & Property	(0.650)
Resources - Retained MKC	(0.180)
Law & Governance	(0.040)
Total	**(4.300)**

(Public Pack)Agenda Document for Budget & Resources Scrutiny Committee, 13/11/2024 19:00

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

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

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

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

Committee: Audit and Risk Assurance

Recommendation: The Board are asked to **note** the issues raised by the Audit and Risk Committee on 11 October 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

- **Corporate Risk.** The Committee conducted a detailed review of all risks on the Corporate Risk Register, with a particular focus on the recently included "Incident Management and Critical Function Continuity" and "Data Security and Compliance" risks. Data security risks are coming increasingly to the fore as the use of data in transformation projects increases. Increased oversight by NHSE and the Information Commissioners Office are also exerting pressure on existing resources. Our system overall faces growing risks from a range of risk factors, including industrial action, infectious diseases, adverse weather conditions and cyber security and, particularly where multiple incidents occur contemporaneously, these can impact on the ICB's ability to react and lead. Estates risks remained a concern, particularly in view of the rapid population growth in BLMK and the lack of capital funding and the Committee recommended that a local estates strategy should be developed to manage this. The Committee made recommendations to increase oversight of the different stages of the risk monitoring process and to further develop Key Risk Indicators to provide early warning of developing risk. The Corporate Risk Register will continue to be examined in detail by the Committee on an ongoing and regular basis.
- **External Audit Recommendations from 2023/2024.** The majority of recommendations have now been actioned, with the exception of two relating to super user rights on the financial system and some services within the financial function not covered by Service Auditor Reports. The Committee were assured that controls were in place and appropriate action is ongoing to manage these.
- **Internal Audit Reporting.** The Committee were concerned that the IT Benefits Realisation Audit Report presented did not provide the required assurance in this area. The Head of Finance will liaise with internal auditors and consider options to expand the scope of this audit to deliver the required assurance and report to the next meeting. It was also resolved to keep open the Section 117 recommendations to seek additional clarity and these actions will be reviewed at the next meeting of the Committee.
- **System Risk.** The Committee examined risks on the Board Assurance Framework (BAF), with a detailed focus on Urgent and Emergency (UEC) and VCSE Sustainability risk. Good progress is being made in developing our system risks, particularly UEC risk, which has been a priority, and recommendations were made to improve the VCSE risk assessment. However, the Committee requires further assurance through additional granularity in the measurement and scoring of risks via key risk indicators and risk heat mapping before it can agree to reduce risk scores in any areas of the BAF.

ASSURE: Inform the Board where positive assurance has been received

- **Internal Audit Reporting.** The Committee received assurance that following consideration of safeguarding risk by the Quality and Performance Committee that actions had been completed and the internal audit recommendations in this area could be closed.
- **Internal Audit Annual Benchmarking Report.** Auditors advised that BLMK ICB demonstrated a good consistency in the effectiveness of risk controls in place, and thus compared favourably in our comparator set. It was recommended that a workforce audit be commenced in 2025/2026 and the Committee will consider this.
- **Implementation of new financial system ISFE2.** The Committee heard that the proposed new financial system, ISFE2, was anticipated in 2025, with NHSE due to make a decision in January on rollout. This will impose a considerable workload on the Finance Dept, but the Committee was assured that planning was robust and experienced staff were in place to manage the rollout successfully.
- **Information Governance.** The compliance burden on the ICB will increase with a considerable expansion in the assurance required under NHSE's Data Security and Protection Toolkit (DSPT). In 2025/2026 (version 7) this has been expanded to incorporate the Cyber Assurance Framework. As explained earlier in this report the assurance and compliance requirements in this area are increasing, but the Committee was assured that plans and resources are in place to manage the increase in workload this presents. Oversight of this area of risk will remain a priority for the Committee.
- **System Cyber Risk Assessment.** Some good early work has been undertaken to develop this risk, which will be revisited by the Committee for a detailed consideration once as it takes shape.

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

- **See above:** Corporate and system risks, information governance, new financial system ISFE2, data and cyber security, urgent and emergency, VCSE sustainability

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

- **Corporate Risk.** The Committee noted the excellent work made in developing the Corporate Risk Register through the dynamic risk assessment methodology and thanked those responsible for their contributions.
- **Information Governance.** The standard of reporting and the work of the team in completing the 2023/2024 DSPT is noted and appreciated by the Committee.

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 13 December 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

ICS Partner Lead: N/A

Report Author: Maria Wogan, Chief of Strategy and Assurance

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

Item: **11b – System Risk Register and Board Assurance Framework (SRR/BAF)**

Reason for report to the Board:
(a) NHSE requirement to report on system risks to Board & Board is responsible for System Strategic Risk Management

1.0 Executive Summary

1.1 This report provides an overview of the System Risk Register/Board Assurance Framework (SRR/BAF). The SRR/BAF contains 14 strategic system risks. Notably, 12 out of 14 risks are rated as HIGH, underscoring the need for focused mitigation strategies.

1.2 **Committee assurance of system risks**: Since the last Board meeting, the System CEO Group, the Finance and Investment Committee, Primary Care Commissioning and Assurance Committee and Quality and Performance Committee have reviewed the SRR/BAF risks that they are responsible for and updates from these reviews are included in the reports from these Committees. The Audit and Risk Assurance Committee (ARAC) on 11 October 2025 reviewed the full SRR/BAF and the ICB's Corporate Risk Register.

1.3 Key updates on the SRR/BAF since the last Board meeting are as follows:

BAF 003 Pressure on Urgent and Emergency Care (UEC) in the BLMK System
BAF 005 System Transformation

The risk scores for these two risks were reviewed by the ARAC in the light of the completion of a number of mitigating actions. It was agreed that despite progress made with mitigations, the evidence of the impact of the mitigations was not yet available via changes in risk indicators and therefore the risk scores should remain at 20. This decision was supported by the Quality and Performance Committee's review on 29 November.

BAF 007, 008 and 009 – the risk headings have been reviewed to more accurately describe the specific risk in response to feedback from System CEOs:

007 - Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation
008 - Impact of Population Growth on Health and Care Services Infrastructure
009 - Impact of Rising Cost of Living on Residents' and Staff Wellbeing

BAF 0010 – Partnership working – the risk description has been updated to refer to the context of the increasingly challenging financial environment for partnership working. It now reads as follows:
"In the challenging financial environment, there is a risk that the development of the ICS's public position on an issue is inconsistent with the public position of one or more partner member(s), resulting in a lack of clarity for the public and stakeholders."

The Board may wish to discuss whether the risk score for this risk should be reviewed and whether any additional mitigating actions are required. The risk is currently scored at 9 (impact moderate (3) and likelihood moderate (3))

BAF 0012 System Collaboration – the likelihood score of this risk has been raised to 3 (moderate) due to the Portfolio Tool highlighting areas of duplication and overlap between transformation projects and programmes at system and place level. An action has been added to review the portfolio of transformation work to remove duplication and overlap. The overall risk score has therefore increased to 9.

New risks:

BAF 0013 - VCSE sustainability - Impact on Delivery of ICS Strategic Priorities – this risk has been added to the SRR/BAF following discussions at VCSE Strategy Group and ARAC. Further work will be undertaken to refine the risk including the controls, actions and the development of Key Risk Indicators

BAF 0014 – Maternity Services at Bedfordshire Hospitals Foundation Trust (BHFT) – this risk has been added following discussion at the maternity risk summit in October. Work is underway to finalise the risk description, actions and allocated action owners with BHFT.

2.0 Recommendations

2.1 The Board is asked to **note** the SRR/BAF update and **agree** any changes to the SRR/BAF including additional actions or mitigations required.

3.0 Key Implications

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

Summary of SRR/BAF Risks and alignment with current and future Board agenda items – maps across to all implications above

Ref	Risk	Score	Reports on Dec Board agenda & future agendas
001	Recovery of Elective Services	20	Quality and Performance report
002	Developing suitable workforce	20	Quality and Performance Report, Finance Report
003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	20	Quality and Performance Report
004	Widening inequalities	16	Improving Health Equity Report
005	System Transformation	20	Quality and Performance report – portfolio report
006	Financial Sustainability & Underlying Financial Health	20	Finance Report
007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation	16	Seminar held 15 November – refreshed Green Plan due to Board March 2025
008	Impact of Population Growth on Health and Care Services Infrastructure	20	Infrastructure Strategy due at Board June 2025
009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	Improving Health Equity Report
010	Partnership working	9	Quality and Performance report – portfolio report
011	Health literacy - Denny Review	16	Improving Health Equity Report
012	System Collaboration	6	Quality and Performance report – portfolio report
013	VCSE sustainability - Impact on Delivery of ICS Strategic Priorities	16	Dying Well report with reference to Hospice sector
014	Maternity Services at Bedfordshire Hospitals Foundation Trust (BHFT)	16	Quality and Performance report

Resourcing: the System Risk Manager post in the ICB has been vacant since June 2024. One round of recruitment has taken place but was unsuccessful and we are currently reviewing our approach to this role. In the interim, the functions of the post are being covered by a number of colleagues but the vacancy is having an impact of the pace of this work as it requires considerable co-ordination across the system to be effective.

4.0 Report

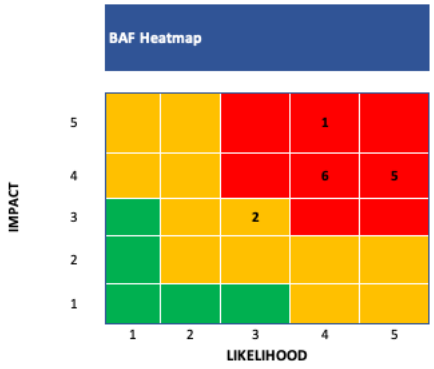
4.1 System Risk Register / Board Assurance Framework (SRR/BAF)

The SRR/BAF presently comprises 14 strategic system risks.

The graphics below illustrate that the risk profile of the ICB has been relatively unchanged for some time, which continues to suggest that external factors impacting these risks have not changed significantly. The ICB continues to focus attention on implementing necessary mitigation strategies to reduce these risks which is illustrated by the mapping of the risks to Board agenda items.

BLMK SYSTEM BOARD ASSURANCE FRAMEWORK

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services	20	→
BAF0002	Developing suitable workforce	20	→
BAF0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	20	→
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation	16	→
BAF0008	Impact of Population Growth on Health and Care Services Infrastructure	20	→
BAF0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health literacy - Denny Review	16	→
BAF0012	System Collaboration	9	↑
BAF0013	VCSE sustainability - Impact on Delivery of ICS Strategic Priorities	16	→
BAF0014	Maternity Services at BHFT	16	★



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	20	20	20	20	20	20	20				
BAF0002	20	20	20	20	20	20	20	20	20				
BAF0003	20	20	20	20	16	16	20	20	20				
BAF0004	16	16	16	16	16	16	16	16	16				
BAF0005	20	20	20	20	12	12	12	20	20				
BAF0006	20	20	20	20	20	20	20	20	20				
BAF0007	16	16	16	16	16	16	16	16	16				
BAF0008	20	20	20	20	20	20	20	20	20				
BAF0009	16	16	16	16	16	16	16	16	16				
BAF0010	9	9	9	9	9	9	9	9	9				
BAF0011	16	16	16	16	16	16	16	16	16				
BAF0012	6	6	6	6	6	6	6	6	9				
BAF0013						16	16	16	16				
BAF0014									16				

4.2 Deep Dive Programme 2024/25

The National Quality Board has recently published its Principles for Assessing and Managing Risks in Integrated Care Systems. https://www.england.nhs.uk/ourwork/part-rel/ngb/ngb-publications-for-integrated-care-systems/

Using the draft NQB guidance the ICB has convened a series of deep dives and dynamic risk assessments and further work is planned in this area, at a pace that is subject to ICB

and system capacity. The objective is to ensure that there is continuity to provide high-quality, resilient services and effectively respond to emerging challenges. The table below gives an update on this work.

Ref	Risk	Action	Date
BAF 003	Pressure on UEC in BLMK system	Completed risk assessment to be presented to the System UEC meeting January 2025 Risk assessment and predictive modelling tool to be presented to the Audit and Risk Assurance Committee	7 January 2025 31 January 2025
In develop ment	Risk of breach of Cyber Security	Further work underway with SMEs to define risk and mitigations – update at ARAC	31 January 2025
New	Provider Selection Regime for Community and Mental Health Services	Dynamic Risk Assessment workshop to be arranged	Jan-March 25
New	Benefits realisation from digital transformation	Dynamic Risk Assessment workshop	TBA
New	Estates Infrastructure	Dynamic Risk Assessment workshop	TBA

5.0 Next Steps

5.1 The SRR/BAF will be presented to:

- System CEO Group – 23 January 2025
- Part 2 - Audit & Risk Assurance Committee – 31 January 2025

5.2 Risk management communications and training to be rolled out within the ICB over next 12 months.

List of appendices

Appendix A – System Risk Register/Board Assurance Framework

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

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

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

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

Committee: Quality and Performance Committee

Recommendation: The Board are asked to **note** the issues raised by Quality and Performance Committee on 29 November 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
• **Complex Children's Placements -** Significant quality, safety and financial concerns regarding the care provision for complex children who do not meet the thresholds for Continuing Healthcare (CHC) or Child and Adolescent Mental Health Services (CAMHS) have been identified and a paper on this topic is being prepared by the ICB and Local Authority Directors of Children's Services for discussion by the Board in December. This document will provide a comprehensive overview of the risks, initial actions taken, and the broader impact assessment. This topic will be closely monitored through the Quality and Performance Committee. • **Elective, Cancer and Diagnostics** – Both Bedfordshire Hospitals NHS Foundation Trust (BHFT) and Milton Keynes University Hospital NHS Foundation Trust (MKUH) have faced waiting list pressures and challenged performance this year. NHSE placed MKUH into Tier 1 for elective and have added cancer, and diagnostics on 11 November 2024, strengthening oversight of performance recovery. MKUH recently received £600k to support diagnostic and cancer performance improvement, reflecting increased workload volumes surpassing 2019/2020 levels. Delays to the Lloyds Court Community Diagnostic Centre (CDC) had affected diagnostic performance against plan, but its opening is expected to alleviate pressures. Positively, the ICB has been invited to bid for up to £30m in capital funding, including £5m for Lloyds Court and up to £25m for a revised Luton CDC business case. • **Child and Adolescent Mental Health Services (CAMHS)** – Children and Young People (CYP) mental health performance data now only includes ASD and ADHD assessments carried out by mental health providers and not through Community services. CYP receiving help through community services are currently not recorded, although these metrics are due to be measured and reported from April 2025. As a consequence of these changes in recording, BLMK's performance appears to have dropped significantly, and current results show a month six performance of 13,425 CAMHS contacts, which is 17.2% behind the target of 16,000. The Mental Health Delivery Group held a workshop in July with providers and identified opportunities for an additional 1,870 patients, which would reduce this deficit considerably to 5.5% behind target. The Committee were assured that good progress was being made in this area and that more CYP were being seen than previously for ADHD and autism assessments, although this was not clear from the figures as they were being seen though Community Services. The Committee will continue to monitor performance in this area.

- **Performance Data / Population Health -** The Committee supported the ongoing work to develop a cohesive framework to integrate performance data, improvement measures, strategic objectives, population health, and NHS requirements (the BLMK data pyramid). Current NHS targets, such as dementia diagnosis rates, focus on compliance rather than measurable health outcomes. To address this, improvement measures are being aligned with transformation goals and outcome-based strategic changes. The ICB is exploring establishing a collaborative forum where population health, data analytics, and clinical teams can converge to triangulate insights and drive meaningful outcomes. There is a possibility that the workstream groups of the Health Services Strategy could perform this function. This will be a priority for the Committee in the coming year.
- **Dying Well in BLMK -** Keech Hospice has hosted a two-year post to undertake an assessment of palliative and end of life care across BLMK, evaluating current services against established frameworks. The findings reflect insight from system stakeholders, including the Bedfordshire Care Alliance and Milton Keynes end-of-life workstreams. The Committee provided feedback on the first draft of the report which is being presented to the public Board in December.

ASSURE: Inform the Board where positive assurance has been received

- **Maternity Services at Bedfordshire Hospitals** – Following the CQC inspection of Bedfordshire Hospitals Trust last year the services were rated inadequate, with concerns around safety and leadership. A "Safety Summit" has been held with BHFT to discuss the Improvement and Sustainability Plan, which will be overseen by the ICB. The Committee acknowledged and welcomed the progress made by BHFT in addressing the challenges previously escalated to the Board. The Committee also commended the constructive approach taken by BHFT to reach the current position and encouraged the Trust to apply learning to other quality challenges as this represents an opportunity to build on positive momentum while maintaining a focus on continuous improvement.
- **Child Death Overview Panel Annual Report 2023/24** – Child deaths were broadly stable across Bedfordshire and Milton Keynes. Obesity was a significant contributing factor in the health of both mothers and babies. The committee noted that the findings of previous reports had helped to inform the way system equality monies had been committed in this area to support improvements.
- **Learning Disabilities and Mortality (LeDeR) Annual Report 2023/24** – The Committee considered the learning from the annual LeDeR report. A robust process is now in place, with regular engagement with local authority partners and within safeguarding partnerships. Data now demonstrates trends and the focus will be on feeding back the learning gained from this into the continuous improvement process. This report will also be considered by the Mental Health, Learning Disability and Autism (MHLDA) Collaborative.

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

- **System Risk Register/BAF and Corporate Risk Register**
  - **BHFT Maternity Risk** – A new maternity risk is proposed for the System Risk Register based on the outcome of the CQC inspection and risk summit outlined above. This will be presented to the ICB Board in December for inclusion in the register.
  - The committee supported the approach to risk scoring which had been adopted by the Audit and Risk Assurance Committee. On this basis risk scoring will not be reduced until mitigating actions can be demonstrated to have had an impact on the assessed level of risk.

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

- **111 Calls Abandoned** – 111 call abandonment rates have remained stable following the withdrawal of National Support. This was a risk previously identified by the Committee and the Committee congratulated the ICB and HUC on maintaining performance and on the success of their transformation.

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Executive Leads: Sarah Stanley, Chief Nursing Director and Maria Wogan, Chief of Strategy & Assurance

Report Author: Neve Patel, ICB Head of Performance

Report to the: Board of the Integrated Care Board

Item: **12b – Quality Improvement and Performance**

Reason for report to the Committee:

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

1.0 Executive Summary

This report presents a Quality and Performance Summary to the Board. It continues: to integrate system (BAF) risks and the BLMK Portfolio Report, by drawing connections throughout the report to the transformation activity designed to improve performance and mitigate risk. A fuller report was considered by the ICB's Quality and Performance Committee on 29th November and this paper reflects the feedback the Committee gave.

2.0 Recommendation

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	✓

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 Indicators

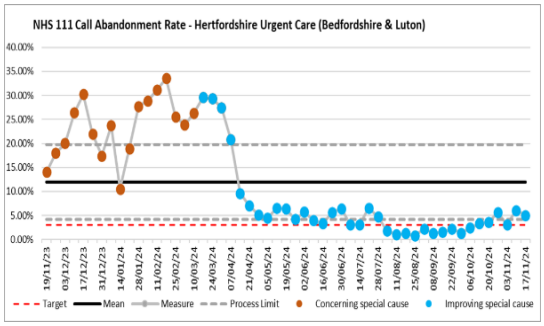
Primary, Community and Social Care - GP Shortages (*BBC News Article*)

In October, the BBC published an article listing the places with the worst GP shortages Luton and Milton Keynes were highlighted as areas with the most patients (3,033) per GP. Over the past five years, the BLMK primary care team has expanded to include roles such as clinical pharmacists, advanced practitioners, physiotherapists, and paramedics (As of 31 August, there were 3,254 wte in additional roles employed by PCNs). These professionals undertake work previously carried out by GPs allowing GPs to focus on more complex patients. These roles have been successfully adopted across the whole of Bedfordshire, Luton, and Milton Keynes.

NHS App utilisation (*update*) – Responsible Body - Primary Care Delivery Group (for Primary Care only)

M7 saw 53% of BLMK GP Patients aged 13+ registered for the NHS App (60% BLMK aspiration by June 2025), with 755,422 logins. The tables below show how BLMK compare regionally (5/6), and nationally for % of patients registered for the NHS App and number of logins. BLMK App usage has seen steady improvement since Jan 2023, however, NHSE have advised of quality issues impacting Feb-Aug 2024 data. This has resulted in a sudden drop in September usage (not yet released); the national team are working to resolve and refresh data.

NHS 111 Calls Abandoned (*update*) – Responsible Body – UEC Planning and Assurance Group / Place based variance: Bedfordshire Care Alliance

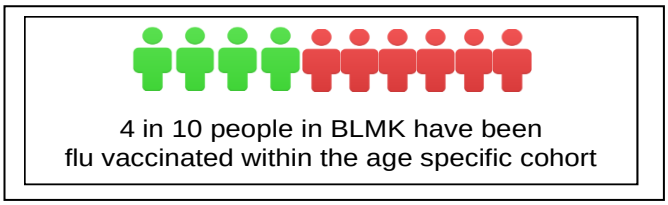


HUC has been on a stable improvement trajectory with a M6 abandonment rate of 1.61% (latest *published* data), against the 3% target. National Support was removed on the 30th of September and a small deterioration to performance is expected. HUC continues to implement measures to align capacity with demand. They now have a full complement of staff who are being trained, and alongside rota changes expected to complete in February, performance improvement is expected. The ICB and NHSE continue to monitor at monthly Performance Review Meetings. DHU (MK provider) has an abandonment rate of 2.16% in M6.

Vaccinations – Covid-19 and Flu (*update*) – Responsible Body – Primary Care Delivery Group

Covid-19 - The Autumn 2024 covid-19 vaccination programme runs from 3rd October to 31st January; national invites have been sent out via email, NHS app and SMS. By 20th November, 41.6% of the expected eligible cohort have taken up vaccinations. There is no national target and whilst nationally uptake of Covid vaccinations is reducing, BLMK uptake is fluctuating but broadly in line with the same time last year. Performance at place shows Central Bedfordshire as having the highest uptake with 52% and Luton, the lowest with 27.6%

Influenza – At week 46 (w/e 15/11) a total of 39.2% of the *age specific cohorts* (over 65, at risk aged 6m-65, aged 2-3 etc.) have been vaccinated; down by 0.9% from the same time last year (there is no national target). Performance at place shows Central Bedfordshire with the highest uptake at 44.1% and Luton the lowest at 30.9%. A total of 30% of *clinical risk cohorts* have also been vaccinated (including pregnant women, carers, and those who are immuno-supressed). This is a 2.3% improvement on the same week last year. Performance at place shows Bedford Borough with the highest uptake at 33.4% and Luton with the lowest at 25.8%.



BLMK has historical issues of vaccine uptake in certain population groups. BLMK are addressing this through increased direct engagement with GP practices specifically to improve uptake on 'at risk' people. We are actively promoting flu and COVID-19 vaccinations across BLMK with Public Health colleagues, paying particular attention to low uptake areas. Initiatives include regular press releases and social media updates; multilingual materials targeting diverse populations in lower vaccination rate areas; collaboration with local councils to supplying promotional resources; myth-busting videos tailored for underrepresented groups; and engagement through newsletters and upcoming webinars.

Additionally, there is a low risk of Mpox transmission in the UK. ICBs have been asked by UKHSA and NHSE to develop response plans for a local Mpox outbreak. The prevention team are leading on this with EPRR colleagues. There will be two locations in East of England that will hold the (limited) stock of vaccine.

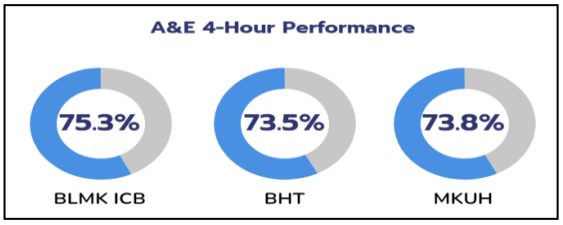
UEC Winter Plan (*update*) - Responsible Body – The UEC planning and Assurance Group

The BLMK Winter Plan is agreed following positive NHSE feedback and sign-off from the BLMK UEC Planning & Assurance group. An early warning trigger and forecasting tool has been developed. This tool will be utilised

by the System Control Centre (SCC) to give early warning of the rising risk in the system and enable mitigating actions to be taken early.

A&E 4 Hour Waits (*success*) - NHSE Constitution Measure / Operational Plan / SOF Metric (Improved – p10)

In M7 (latest *published* data) BLMK ICB continues to show performance stability but slightly underperformed against the national target of 76%, with 75.3%, and managed to secure best place in region (1/6). Both Trusts achieved similar performance with BHT at 73.5% and MKUH with 73.8%.



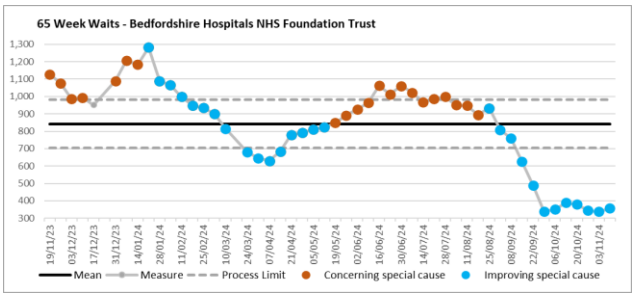
Long Waits – 78 and 65 weeks (*challenge*) - Responsible Body: Elective Leadership Group / NHSE Operational Plan / BLMK Priority Programme, portfolio report (15) Elective Transformation – p17 / NHSE SOF Metric

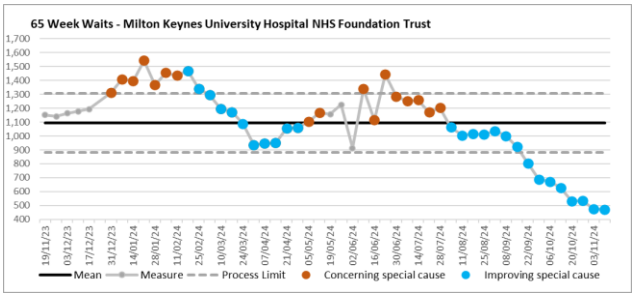
At M6, the ICB has 128 78w waits. The ICB has 1,047 65w placing us 47% over our M6 operational plan for 65w waits. BHT are over their 65w plan in M6 by 22% with 345 patients and MKUH are 34% over plan with 688 patients. Local, unpublished data for November, shows reductions at the ICB and MKUH, with BHT reducing to below their November plan.

BHT continue to mitigate with additional clinics, extra lists and out and in sourcing to support a zero long waits position by December.

MKUH, continue with oversight of planned care with support through Tier 1 monitoring. The trust is forecasting zero waits for 104 and 78 weeks by end of December. The 65w forecast has improved from the previously reported 100, to 90; further improvement is expected over December with theatres running over the Christmas period. Challenged specialities remain and include Urology, Orthopaedics, and Ophthalmology, with these expected to clear in January 2025.

Risks to delivery *for both Trusts* pertain to balancing the cancer demand with long waits recovery, workforce resilience and financial constraints.





Diagnostic Waits (*challenge*) - NHSE Constitution Measure / Operational Plan / SOF Metric

In M6 the ICB continues to be ranked as the lowest performing in region (6/6) against the 6-week standard due to the high volume of patients on the waiting list. 44% of patients waited more than 6 weeks for their diagnostic test, against the system operational target of 15% (for 2024/25).

MKUH achieved 46.6% and have been placed within NHSE Tier 1 monitoring for diagnostic performance (in addition to Elective and Cancer waits); challenged modalities include ECHO, audiology, urodynamics, NOUS and cystoscopy. To address challenges, MKUH will use additional funding from their Tier 1 placement, to support cancer recovery aimed at CT capacity, opening by the end of November; Lloyds Court CDC capacity is supporting NOUS with approximately 260 slots per week.

Both Trusts have an improvement trajectory in place and have raised financial risk associated with achieving the national target of 15% by March 2025.

BHT achieved 42.7% in M6; challenged modalities include non-obstetric ultrasound (NOUS), audiology, echocardiography, sleep studies, and gynaecology. These are driven by workforce / recruitment challenges,

backlogs in DEXA reporting and obstetric ultrasound pulling resource from NOUS due to higher clinical risk. BHT are addressing these challenges through weekend sessions, equipment purchases, capacity management and they are exploring a strategic solution to support NOUS performance.

Community Diagnostic Centre (*update*) – NHSE Operational Plan

Milton Keynes - Following a risk assessment, Lloyds Court CDC began a soft launch in October of the safe-to-use part of the building; work on remaining issues is ongoing. **Bedfordshire -** Gilbert Hitchcock House remains on track for September 2025 and the mobile MRI is operational at the Dunstable Hub. The ICB have been informed of additional NHSE funding available for CDC's, funding bids are progressing, alongside a revised business case for the Luton site.

Cancer Day Faster Diagnosis (update) - Responsible Body - BLMK Cancer Programme Board / NHS Constitution Measure / NHSE Operational Plan

The BLMK system is making overall improvement towards the 77% FDS compliance target but has dropped to 68.5% in month 6 (BHT with 67.2% and MKUH with 70.5%). Efforts are focused on challenging pathways including Gynaecology, Urology, Colorectal, Lung, and Haematology, with support from cross-cutting teams such as histopathology.

62 Day Standard (*challenge*) - NHS Constitution Measure / NHSE Operational Plan

BLMK is working towards the 62-day planning trajectory of 70% by March 2025. Performance for the ICB is stabilising with performance of 65% at M6. Both Trusts performance has fluctuated over the year, with BHT achieving 68.4% in M6 and Milton Keynes achieving 56.9%. As a result, MKUH have been placed in the NHSE Tiering 1 for Elective, Cancer, and diagnostics as of 11.11.24. In moving into Tier 1 for Cancer, MKUH have secured additional funding, in 2024/25, focused on improved diagnostic performance through funding the re-opening of a CT Scanner.

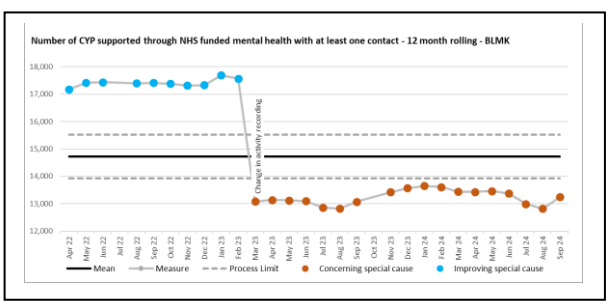
Inappropriate Out of Area placements / Bed Days – NHSE Operational Plan / NHSE SOF Metric

At M6 our ICB OOA placement *plan* reduced from 12 to 11. The ICB currently has *15 patients* placed OOA, compared to a regional average of 34 and national average of 35. Whilst the ICB is ranked 2/6 in region, we now have *four patients over our operational plan* with considerable impact on finances and patient quality. In addition, BLMK providers are navigating significant challenges, particularly around delayed transfers of care, bed pressures, patient flow and an increase in demand and patient acuity – with knock-on pressures on UEC services. Several change ideas are being considered to support reduction including long-stay clinical peer reviews, crisis resolution and home treatment reviews, a major focus on step down provision, and prevention by addressing bottlenecks preventing hospital discharges when patients are clinically ready.

CYP Mental Health Access (*challenge*) – Responsible Body: BLMK ICS MH Programme Board - NHSE Operational Plan / Core20Plus5

BLMK is under-performing on CYP access for the second consecutive year (to-date). The MH data set now only includes ASD/ADHD assessments carried out by *MH providers*, excluding *community service* assessments. Consequently, BLMK's performance *appears* to have "dropped" significantly within the EofE region. Whilst *CYP access to services remains unchanged* and they are still being seen, the change is due to ASD and ADHD assessments being primarily conducted by Community providers and activity is counted within the Community data set. NHSE have recognised this issue and noted counting and coding problems in national reporting for neurodevelopment assessments.

BLMK's performance in M6 shows 13,245 contacts, 17.2% below the M6 target of 16,000. The Mental Health Delivery Group held a workshop in July with providers to agree on an activity recovery plan, identifying opportunities for an additional 1,870 patients. Applying this to M6 would reduce the deficit to 5.5%. There is an action plan in place and the ICB is also working with NHSE on new ways of working to improve productivity.



There are significant risks to achieving the planned target and additional quantifiable activity by March 2025, including insufficient BLMK referral levels for mental health services due to high acuity cases (not all activities being countable towards the access target), national inconsistencies in counting and coding affecting benchmarking, alongside a system cost pressure for mental health.

Place Based Performance and Quality, Serious Incidents & Safeguarding

HbA1c incident – BHT - The 2 blood analysers at the Luton & Dunstable site are now operational and this is now being managed as an internal issue for BFHT. A pathway is in place with primary care for the clinical prioritisation for those patients who did not attend as part of the recall process.

Maternity CQC Inspection – BHT - Following an ICB Quality and Risk Summit held in September, the Trust has appointed a Maternity Improvement Director and programme support. Both are in post and the maternity governance review is underway. The first Maternity Improvement Board meeting was held in November, where the Quality and Risk Summit Action plan was discussed in detail. There is also a Project Initiation Document, which will commence 11 November. The Maternity Improvement Board provided a good level of assurance to the ICB and Regional colleagues that all of the immediate actions had commenced, and it was agreed that appropriately challenging deadlines for the implementation of all actions needed to be agreed by all parties. Evidence was provided of triage assessments and interventions on both sites, and both were improving with 85% on the Bedford site and 75% on the Luton site against a target of 85%.

Quality Concern – BHT - Fracture Neck of Femurs and mortality rates were raised as a concern at the BHT quality board on 30th October; they are a regional outlier with higher mortality rates at the Bedford site compared to the L&D site. There is an internal improvement plan which has been escalated to the Board for regular review, focusing on time from theatre to ward and mobilisation at day 1 post-op.

SEND Inspection - Bedford Borough Council – A SEND inspection has been held in Bedford Borough and is currently in week three of the inspection; the ICB will receive feedback and an outcome report, with next steps on completion.

Place Based Performance and Quality, Serious Incidents & Safeguarding - Milton Keynes Health and Care Alliance

Never Event – MKUH – The Trust reported a never event to their safety board; investigation and learning took place, and immediate actions were implemented, alongside a patient safety incident response framework (PSIRF) presentation & discussion.

Inspection of Local Authority Children Services (ILACS) MK– An ILAC was completed in November; the ICB awaits feedback and the outcome report. These inspections check how well local authorities help and protect children and support families to stay together; monitor the experiences and progress of children in care, including those who return home; ensure children in care find stable, loving homes, including through adoption; and track the experiences and progress of young people who have left care. Additional evaluation assesses the effectiveness of leaders and managers, their impact on the lives of children and young people, and the quality of professional practice delivered by a capable, effective workforce.

See Appendix 2 for place-based performance dashboard.

BLMK Transformation Work Program

This performance report shows a direct link between performance measures and the transformation programmes aimed at improving performance. The Portfolio Report highlights extensive change and improvement being made in BLMK, detailing portfolios, programmes, and projects within BLMK ICS.

The latest report highlights good progress, most notably at place / alliance levels, within ICB priorities; the Mental Health Learning Disabilities alliance (MHLDA) and within Financial Recovery and Efficiencies. 87 milestones are on track (improvement on last period), and the report has improved awareness of work across teams, directorates, and organisations, identifying new interdependencies.

Areas for Deep Dive or Improvement include *Breadth of ICB Work:* The report currently shows 171 programmes or projects (incomplete picture); *Utilisation of the Report:* Improve the use of the report to support system-wide discussions about priorities and resource allocation; *Detail in Highlight Reports:* more detail required in reports to support system assurance; and *Cross-Cutting Programmes:* These add complexity when they appear more than once, and the report needs to further maximise these interdependencies and remove duplication.

BLMK Oversight Framework

BLMK ICB are currently at SOF Segmentation Level 2 (Flexible Support). In the latest publication, there has been 1 indicator that improved from Amber to Green, 2 indicators improving from Red to Amber and 2 metrics deteriorating from to Green to Amber.

October metric movement across quartile ranges					
ICB	S127a A&E - % of patients managed within 4 hours	Amber to	Green	⇧	see p4 in report
BHT	S012a Cancer – Proportion of patients meeting the faster cancer diagnosis standard	Red to	Amber	⇧	see p6 in report
ICB	S029a Inpatients with a learning disability and/or autism per million head of population	Red to	Amber	⇧	see p6 in report
BHT	S068a Sickness absence rate	Green to	Amber	⇩	see workforce p9
ICB	S107a % of 2-hour Community Response referrals where care was provided within two hours	Green to	Amber	⇩	see appendix for ICB DB

13.0 Background reading

Annexes:

1. BLMK ICB Dashboard
2. Place Based Performance Dashboard
3. NHS App Practice Level Usage Chart

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

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

Recommendation: **1.** The Board are asked to **note** the issues raised by Finance and Investment Committee on 6 September 2024.
2. The Board is asked to **approve** the s75 agreements as recommended by the Committee and detailed in the report.

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

- **Section 75 agreements**
  Section 75 (S75) agreements ensure that the ICB is compliant with statute and that it is commissioning services in an integrated way through the use of delegation agreements and pooled budget arrangements, including the Better Care Fund (BCF)

  The Committee recommends the Board to **approve** the s75 agreements as follows:

Service	Parties	Value
Integrated Community Equipment (ICES) S75	Joint S75 agreement between Bedford Borough Council (BBC), Central Bedfordshire Council (CBC) and BLMK ICB for 2024/25	£3,430,444
Better Care Fund	Bedford Borough Council	£21,377,514 (total value of pooled funds)
Better Care Fund	Milton Keynes City Council	£32,027,615 (total value of pooled funds)
Joint Commissioning of Learning Disabilities	Milton Keynes City Council	£36,678,000 (total value of pooled funds)

Note: that the Central Bedfordshire Council (CBC) and BLMK ICB Section 75 for Better Care Fund is agreed at the next meeting of Finance and Investment Committee.

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

- **Month 6 Finance report**
  In Month 6, the ICB reported a £3.9m deficit year-to-date (YTD) (£3.2m in Month 5) against a planned breakeven position. The deteriorating position relates mainly to continuing health care, delegated primary care and prescribing.
  The ICB has an efficiency programme totalling £27.1m for 2024/25. Year to date the ICB is reporting delivery of £11.8m which is £1.7m below plan. The forecast for the year is delivery of £27.1m, although £3.3m is not fully identified and a further £4.2m is non-recurrent.

The ICB continues to forecast a breakeven financial position, but this is becoming more challenging as the risks relating to prescribing pressures and continuing healthcare have materialised.

- **BLMK ICS Month 6 finance**
  The ICB, Bedfordshire Hospitals and Milton Keynes Hospital are reporting a combined £25.3m (ICB £3.9m, BHT £16.7m and MKUH £4.6m) deficit year to date against a planned year-to-date deficit of £7.1m.. This is an overspend of £18.2m. At this stage, all organisations are forecasting break-even against plan for the year.

  Bedfordshire Hospitals has developed a financial recovery plan which is now being implemented. The impact of recovery actions has seen an improvement in the monthly run-rate at Month 6.

- **System Capital**
  At Month 6 the system is overspent year to date against its capital allocation. This is a timing difference due to the Acute Services Block (ASB) at the Luton and Dunstable site and maternity ward in Bedford, which is running ahead of the capital plan at Month 6. It is forecast to be within plan by the end of the financial year.

- **Medium Term Financial Modelling**
  The three NHS organisations hosted within the ICS have refreshed the system medium-term financial planning model based upon specific assumptions. The model will be updated when the latest NHS operational planning guidance, NHS allocation etc become available. The modelling shows an unmitigated financial challenge in 2025-26 of c£140m – this assumes that the in-year 2024/25 challenges can be resolved, and the financial plan can be delivered.

ASSURE: Inform the Board where positive assurance has been received

- **Finance Investment Group**
  The Finance investment Group has an important role in managing the ICB's financial position. It continues to oversee the Efficiencies Programme and growing the pipeline of efficiency schemes and since August has taken a more 'financial turnaround' approach. In addition, the Investment Oversight Group was established in August, Chaired by the ICB CEO to support enhanced grip and control of ICB finances.
- **Infrastructure Strategy**
  Following feedback at the last Board on 27 September, scoping work is underway to plan the next phase of work to develop the BLMK Infrastructure Strategy, including engagement plan and timeline.
  NHSE has provided generic feedback to all ICBs on the submitted Capital Templates explaining there was varied quality across the country, and has requested a further submission from all ICBs by 22 November 2024, ensuring detail is provided for specific areas. This will require minimal work for BLMK and the ICB will be working with system partners on the Capital Estates Oversight Group to refresh the capital template prior to submission.
- **S106 agreements funding**
  A presentation was given on s106 funding which provided context, the ICB's process for securing S106 funding in BLMK; and the application of S106 funding, which is usually allocated for specific communities. The majority of the s106 funding is available until 2030 and there are currently eleven projects underway or in planning being funded by S106 funding.
- **Contracting Update**
  The Committee received a report on the current contract position for 2024/25, the procurements currently underway and the development of the procurement pipeline for 2025/26.
- **Business Intelligence Contract Extension**
  The Committee agreed a further one-year extension to the Business Intelligence contract with NHS Arden & GEM Commissioning Support Unit (AGCSU) to June 2027, as

recommended by the Investment and Oversight Group. The contract extension is based on a number of factors including the introduction of the NHS Federated Data Platform which will potentially change the way in which information is provided and used, the continued improvements in services provided by AGEM, and the Procurement Act which is due to come into effect from 24 February 2025.

- **Procurement Act 2023**
  The Procurement Act 2023 implementation has now been delayed from October 2024 to 24 February 202. It will represent a significant overhaul of public procurement rules in the UK aimed at creating a simpler and more flexible, commercial system. This new legislation replaces the previous EU-derived procurement regulations with a more flexible and streamlined framework, intended to increase transparency, competition, and efficiency in public contracting. The Act will apply to all non-clinical arrangements within the ICB.
- **Operational Planning 2025/26**
  Lessons learnt from 2024/25 operational planning are being used to inform the approach to 2025/26 planning regime. The national guidance has not been published yet, but we have a good assessment of the areas likely to be prioritised, including a breakeven revenue position and a focus on elective waits. At a system level there is a fortnightly Delivering our Operational and Financial Plan Group which is chaired by the ICB Chief Executive and attended by Executives from the ICB and both acute trusts and a similar group is operating for mental health and community services providers. There will be an update to the November CEO group, which local authorities attend and a further reports to the ICB Board in December 2024 & March 2025, following publication of the guidance.

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

- **Financial and Contracting Risk Registers**
  Following feedback from the last Committee, more detail of the risk mitigations and actions was presented to the Committee in the financial and contracting risk registers.
  The Committee reviewed the BAF006: Financial Sustainability & Underlying Financial Health Risk, the Corporate and Directorate Financial Risk Registers and the Contracting Risk Register and felt assured that all principle risks, controls, and actions were appropriately reflected.

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

- **None**

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 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: **14 - Alert, Advise, Assure Report and Integrated Urgent Care Contract Approval to the Board of the Integrated Care Board**

Committee: Primary Care Commissioning and Assurance Committee

Recommendations:

1. The Board are asked to note the issues raised by the Primary Care Commissioning and Assurance Committee on 18 October 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
• **Primary Care Finance:** Month 5 position show a £2.6 million year-to-date (YTD) deficit, with a forecasted £6.1 million annual shortfall against budget. By Month 6, this deficit worsened, with the YTD deficit growing to £4.2 million and a forecasted £7.9 million deficit by year-end. The most significant contributors to this position are growth in GP list sizes and prescribing costs. Prescribing costs remain volatile, influenced by prescribing volumes, supply costs, and national policy. • **Dental Access Pilot Programme:** The dental access pilot intended to improve urgent dental care access commenced and utilises £1.3m of funding from 2024/25. The pilot is now being delivered by 4 providers as 4 of the original 8 were unable to proceed. The additional capacity has resulted in about 500 patients treated. The team is reviewing the service specification and is consulting with stakeholders to finalise adjustments. A relaunch is planned using expressions-of-interest to attract more providers with the goal of enhancing service impact, covering more of the system, and ensuring the investment is effectively utilised. • Primary Care Transformation Plan to Deliver the National Primary Care Strategy**:** The plan has a focus on improving integration of primary care with other health services to support and address health inequalities. Development of the plan is through a collaborative, co-production approach, incorporating feedback from various stakeholders and aims to empower residents in shaping solutions. The transformation plan has received ongoing feedback throughout its development and is being shared with the Board.
ASSURE: Inform the Board where positive assurance has been received
• **Procurements:** Both Ivel Medical Centre and Cauldwell Medical Centre are proposed to be awarded new Alternative Provider Medical Services (APMS) contracts, using Direct Award Process C. External assurance and risk mitigation measures have been addressed, including patient and community engagement, advisory input from procurement experts, and efforts to align services with national contract standards. The importance of patient participation was emphasised, and the Committee noted the improvements to local services, the positive feedback from stakeholders and patients and the importance of service continuity.

- **Flexible Commissioning and Unit of Dental Activity (UDA) Pricing:** The ICB is working to implement flexible commissioning guidance to enhance dental access. One of the initiatives involves increasing the cost to £31 per UDA across 3 practices which is pending approval. This aims to improve service delivery and access by increasing UDA availability and supporting practices.
- **Public Health and Preventative Care Efforts in Dental Care:** There is ongoing collaboration with public health to improve oral health, particularly focusing on preventative care rather than only examinations and treatment. The initiative is in early stages but aims to address underlying inequalities in oral health through targeted programmes.
- **BLMK Primary Care Access Programme (including the Primary Care Dashboard development):** The committee received an update regarding the progress against the Delivery Plan for Recovering Access to Primary Care. This NHSE programme launched in 2023 and spans four areas of transformation. Reporting to the ICB Board on progress in year 2, of the 2-year plan, is required by December 2024. Attached as Appendix A to this report is a summary of delivery in BLMK against the ambitions of the plan. The committee noted the positive progress and acknowledged the developing primary care dashboard provided a broad view of the impact of primary care transformation and delivery in the system.
- **Surgery Relocations:** The project to relocate patient services from three of the De Parys Group's premises to the Enhanced Services Centre on Kimbolton Road has progressed well. The first two stages of the relocations have been successful with the last stage scheduled for November. The project to relocate Cater Street Surgery to Kempston Health Clinic has also successfully completed. The practices services went live from their new accommodation on 30 September alongside a range of community health services. Feedback from both patients and staff has been positive.

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

- **New Risk – Prescribing of Inclisiran:** A new risk has been added to the Primary Care and Digital risk register regarding lipid-lowering therapy (Inclisiran). The previous community-based service for lipid management ceased on 31 March 2024 as programme funding came to an end. There are significant waits to access secondary care services. Work is continuing with stakeholders to find suitable controls.
- **GP Collective Action:** The national collective action remains, and the ICB Primary Care Team continues to liaise with practices and LMC to monitor any impact. There is regular reporting to NHSE.
- **Risk Register - Controls and Assurance:** Discussions about sufficient controls in place to mitigate risk. The Deputy Chief Primary Care Officer is reviewing all risk registers and will update the PCCAC.

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

- **Contract Status:** The contract reissue project was successfully completed within NHSE timescales. The recent national contract variation notice, with a 24-hour deadline, was also completed promptly and the team commended for handling these variations efficiently.

Appendix A

Summary of BLMK Progress – The NHSE Delivery Plan for

Recovering Access to Primary Care

Domain	Activity	Progress
Empower patients to self-care	83 of 84 practices have Cloud Based Telephony (1 still in progress - installation taking place on 4/12/24).	Improved experience for residents in making contact with their practice. Improved understanding of incoming call demand for practice teams to support improved capacity management and rostering.
	Launch and deliver the Primary Care Prevention Plan.	Embedding an ambitious and joined up approach to prevention within primary care settings across the BLMK footprint, as part of the Fuller neighbourhood programme of work, using a 'Making Every Contact Count' approach.
	Map all self-referral pathways to support patient access to services at the right time.	Patients can access community-based services when they need to without the need to use a practice appointment to do so. Some patients may access services via self-referral having been signposted by their practice through total triage.
	Local launch and development of Pharmacy First.	Over 33,000 pharmacy first consultations have been delivered in BLMK since January 2024. The impact from this is the opportunity for general practice teams to use their resource to see the complex patients they need to.
	Drive up resident registrations with the NHS App (currently this is 53% in BLMK, the ambition is to reach 60%)	The NHS App is increasingly utilised in a way that supports primary care access which includes booking planned appointments, viewing test results and requesting repeat prescriptions. Encouraging residents who can use the NHS App will 'free up' the telephone lines and other access routes for those who are not able to utilise digital access routes.
Implement 'Modern General Practice Access'	Undertake a proactive practice visit programme to all 84 practices in BLMK in 24/25 to provide support for transformation taking a key line of enquiry approach to review Quality and Safety; Leadership and Culture; Stakeholder Engagement; Workforce; and Activity and Outcomes Data.	Focused discussions with practice teams resulting in an agreed action plan and opportunity for further bespoke support through the training hub, engagement with the NHSE general practice improvement programme, and using established clinical lead capacity in BLMK to support specific areas of focus/challenge.
	BLMK practices have set plans for delivery of Modern General Practice Access (Triage) by 31 March 2025.	More than 50% of practices have now launched versions of 'Total Triage' with the remainder planning to launch by 31st March 2025. Early feedback is positive from both residents and the workforce. '*I barely write reviews but the new triage system is really good and better than waiting on the phone for hours to only hear no more appointments for the day. It's my second time using it since they started it and both times I've gotten an appointment for the same day. Just fill in the form and they will get back to you.'* Work is underway to capture case studies of this improvement and the impact on activity is being tracked.

		Further reading on (Total) Triage approaches can be accessed here: NHS England » Digitally enabled triage
Build capacity	There has been significant progress in recruiting and retaining multi-disciplinary teams of staff at both practice and Primary Care Network (PCN) level across BLMK. These teams bring together diverse, wide ranging expertise and skills that ensure our population receive the best care from the professional most suited to their needs.	The multi-disciplinary approach means that the number of patients per clinician (GPs, GPs in training, Practice Nurses and Direct Patient Care staff) is 971 (Aug 2024 data). In addition to these practice-based teams, there are over 490 (full-time equivalent) multi-professional staff working across their Primary Care Network to provide care to the population. Personalised Care staff* (170 FTE) work with their communities to encourage self-care and self-management, access to digital support and making best use of the resources available to them within their community/neighbourhood/place. Over 50% of activity undertaken by practice teams is delivered by professionals other than a GP. The expansion of the multi-disciplinary team is supporting improved access for the population. **Personalised Care staff = Social Prescribing Link Workers, Care Co-ordinators & Health & Wellbeing Coaches.*
Reduce bureaucracy	Clinical Interface Forums are established to support improved joint working between primary and secondary care.	Interface forums provide a regular opportunity for primary care to engage with clinicians from community and secondary care to improve pathways for residents and ensure episodes of care are completed, reducing transfer of work inappropriately. The Chief Medical Officer and Chief Nursing Officer and their teams are supporting the resolution of clinical conundrums utilising established clinical relationships.
	Continued assessment of secondary care progress in improving delivery across four key areas: • Onward referrals • Call and recall • Complete care (fit notes and discharge letters) • Points of contact	6 monthly reviews are undertaken by secondary care against the four areas and progress and issues are discussed at the Interface Forums. Executive leadership from ICB is designated to support interface improvement.

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Report Author: Dr Rima Makarem, Chair, BLMK Mental Health Learning Disabilities & Autism Collaborative Committee

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

Item: **15 - Alert, Advise and Assure Report to the Board of the Integrated Care Board**

Committee: Mental Health Learning Disabilities & Autism (MHLDA) Collaborative

Recommendations:
The Board are asked to **note** the issues raised by BLMK MHLDA Collaborative Committee on 16 October 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

- There is a separate agenda item to discuss the action plan for **Assertive & Intensive Community Mental Health Care**.

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

- **Commissioning Strategy for Support Accommodation** – There has been feedback from service users and clinical and care professionals that service users are not being proactively moved into more independent accommodation as part of their recovery journey.
- There has been good work over the last two years but there now needs to be a more strategic approach to commissioning this accommodation, consolidating schemes and streamlining services to match individual needs, coordinated procurement and good quality clinical management.
- The committee supported the strategy that was presented and the implementation of the integrated accommodation pathway to enhance care for individuals with Serious Mental Illness and gave its endorsement for the report to be shared at appropriate ICS System Leadership fora. The strategy is being taken to the Place-based partnerships and the four Local Authorities.

- **Inpatient Quality Transformation Plan** – Following NHSE's launch of the MHLDA Quality Transformation Programme, the BMK MHLDA Inpatient Quality Transformation Plan has been developed, which will improve the quality and safety of care people experience in MHLDA inpatient settings through the implementation of a new reimagined model of care.
- The focus will be on making patients feel safer, listened to and included in their care, there will be support close to home to start to address some of the challenges in terms of access inequalities. Creating the improved models and pathways is dependent on capacity, capability and resilience in local communities and community assets.
- Oversight of this work is through the Inpatient Quality Transformation Group, which reports into the Mental Health Board. CNWL and ELFT both have their own programmes of work which will dovetail into the system programmes.
- There has been wide engagement with service users and carers through the BLMK Working Together Group and priorities have been set, including peer support, induction process, improved sensory environments and enhancing training for staff around trauma informed approached and personalised care.

- The key priorities for BLMK are to progress those areas identified by service users and carers, to transform to a whole system coproduction approach, focusing on flow and reducing length of stay, improving the therapeutic nature of inpatient care, including autism- and trauma-informed, delivering on the Patient Race Equality Framework commitment and also the broader inpatient environment.

- **Winter Planning Update** – Early notification of winter funding allocations enabled early planning for winter, particularly in mental health and urgent and emergency care pathways, in collaboration with the Bedfordshire Care Alliance and the Improving System Flow Group in Milton Keynes. The Plan was being taken to the ICS Urgent and Emergency Care Assurance Group on 5 November for approval.

- **Development of the Collaborative** – Transformation work continues in each of the three organisations but there is also collaborative work to define which programmes can be brought together, bearing in mind the differences across the four populations and the wider determinants of health, where Local Authorities and VCSE are key.

- The collaborative is developing a collaborative team model and how it will provide support across BLMK and link with Place teams and the Committee will be kept informed of progress in the team's establishment.

- **Revised Terms of Reference with New Membership** – the revised Terms of Reference that had been approved at the last Board meeting, were shared, including the change to quoracy.
- Four new members have been appointed - 3 service users and an ICB NEM:
- Member gaps remain:
    - 1 Non-Executive Director from CNWL – NEDs are currently being recruited and it is hoped that the representative for MHLDA Committee will be identified before the next meeting; and
    - 1 service user/carer representative.

- **Performance Report** - The report shows that the system is performing comparatively well against national mental health priorities, although there are some risks, notably around children and young people's mental health service access. There is work with the regional team to develop plans to tackle this issue.
- The report does not currently include learning disabilities and autism; however, this is available in the ICB performance report and will be included for the next version.

- **MHLDA Risk Register –** The System Risk Register and Business Assurance Framework, showing high level risks, were shared. There are currently no specific risks for MHLDA, but the Committee needs to consider whether there are any system risks for MHLDA that need to be added.

ASSURE: Inform the Board where positive assurance has been received

- **Notes from most recent Transformation Boards** – Updates from Transformation Boards will be shared at each MHLDA meeting.
- Any areas requiring escalation from the transformation Boards will be reported to the Committee by exception and if required, reported to the ICB Board.

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

- **Finance Report** –
  At month 5, year to date, the three organisations reported £5.7m deficit to plan and the forecast is currently £8.5m deficit to plan before mitigation. When the plan was set, there was a level of unmitigated risk which was held in the ICB.

- A finance and commissioning working group was set up to establish recovery actions and mitigations. This group meets weekly has made progress in identifying mitigations on a recurrent basis, although most will be delivered in the next financial year.
- There was concern that the pressure on mental health services nationally, the Lampard and Edenfields enquiries, the assertive and intensive community outreach waiting lists and the overall financial position will worry residents and staff. There was a motion at Central Bedfordshire Council in relation to cuts in mental health services, and an invitation has been received to the Bedford Oversight & Scrutiny Committee in November.

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

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date:	13 December 2024
Executive Leads:	Richard Fradgley - Director of Integrated Care (East London NHS Foundation Trust), Ross Graves - Chief Strategy and Digital Officer (Central and North West London Foundation Trust), Maria Wogan, Chief of Strategy and Assurance, BLMK ICB
Report Author:	Liam Clarke - Deputy Director of Integrated Care (East London NHS Foundation Trust), Vicky Hancock, Deputy Director of Mental Health (Central and North West London NHS Foundation Trust), Michael Farrington - Mental Health Programme Manager (Bedfordshire, Luton and Milton Keynes Integrated Care System)
Report To:	Board of the BLMK Integrated Care Board
Item:	**16 - Assertive & Intensive Community Outreach Review and Action Plan**
Reason for report to the Board:	Report is for Board to **note**

1.0 Executive Summary

1.1 Following the conviction of Valdo Calocane (VC) in January 2024 for the killings of three people, the Care Quality Commission (CQC) was commissioned to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT). VC was under the care of NHFT between May 2020 and September 2022. The key findings were:

- Inconsistent approaches to risk assessment: Risk assessments minimised or omitted key details and did not make explicit the serious nature of risks;
- Poor care planning and engagement: including in particular the response to concerns raised by family members; and
- Problems with discharge processes: in particular discharge from mental health services to primary care in the context of lack of engagement with mental health services.

1.2 On 26th July 2024, NHS England published 'Guidance to Integrated Care Boards on intensive and assertive community mental health care' to support Integrated Care Boards (ICBs) to review their provision, working alongside local stakeholders and partners. Reviews were to be completed by 30th September 2024 and communicated to the Regional NHS England Mental Health Team. They were to be conducted in line with national guidance on providing intensive support to people with a serious mental illness. To support transparency, NHSE are asking for reviews to be presented and discussed at public ICB board meetings alongside an action plan for implementing the national guidance.

1.3 In Bedfordshire, Luton and Milton Keynes (BLMK) the review has been conducted in line with national guidance across the ICB area, in conjunction with the two NHS mental health trusts, VCSE and service users. The BLMK return was submitted as requested to the NHSE Regional Team by the deadline.

1.4 A report on the review outcome was presented to the Bedfordshire, Luton and Milton Keynes Mental Health, Learning Disabilities and Autism (BLMK MHLDA) Collaborative Committee on 16 October 2024. The key finding is that whilst we have many of the elements of assertive/intensive support in place across our two services in BLMK, following the review overall we are not fully assured that we are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up, aligned to the issued national guidance in full.

1.5 The geographies covered by our two trusts are in different starting positions:

- Milton Keynes has an Assertive Outreach Team commissioned to meet the care needs of this patient group, which is a dedicated function of the wider Community Mental Health Team.
- Bedfordshire and Luton does not have an Assertive Outreach Team/Function commissioned to meet the care needs of this patient group, as a dedicated function of the wider Community Mental Health Team. The care needs of these patients are part of the wider community mental health offer.

Whilst the set up in each area is different, both have identified gaps and opportunities to explore in order to improve their offer, alongside strengths and good practice.

1.6 ICBs are asked to:

- Present the review and an action plan to a public ICB board meeting.

NHSE will:

- Collate national trends to inform future policy and resource requirements, and communicate outcomes to the CQC and Department of Health and Social Care.
- Develop guidance on what good quality, safe care looks like for Community Mental Health services and share best practice.
- Outcomes of these reviews will also feed into wider digital actions for mental health

1.7 An initial draft action plan was presented to the BLMK MHLDA Collaborative Committee in October 2024. Following this, and aligned to the release of further NHSE guidance, CNWL, ELFT and the ICB have continued to develop this plan. This report presents a summary of the review and action plan, aligned to the requirement on ICBs to present this to a public board meeting.

1.8 It should be noted that in recent years national policy for Community Mental Health services has typically moved away from having dedicated Assertive Outreach Teams/offers, and as a result many areas moved to support these patients within wider Community Teams. The recent beginning of this focussed work for a cohort of patients' represents a potential shift in policy. National policy is likely to evolve in the coming months and there are a range of views on the best approach to take.

2.0 Recommendations

2.1 The Board is asked to **note** the report and endorse the next steps.

3.0 Key Implications

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

3.1 *Resourcing* – there may be a requirement to transform current ways of working and/or to increase resourcing to meet the national guidance in full. This will need to be considered in the context on constrained NHS funding for 25/26 and other service pressures.

3.2 *Equality/Health Inequalities* – People living with Serious Mental Illness (SMI) face one of the greatest health equality gaps in England. Their life expectancy is 15–20 years shorter than that for the general population. Work to address this inequality is part of Core20PLUS5, NHS England's flagship approach for tackling health inequalities. Patients requiring assertive/intensive outreach are likely some of our most vulnerable.

3.3 *Engagement* – there is national scrutiny and media interest in assertive and intensive outreach support. This follows the Secretary of State for Health and Social Care commissioned CQC rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT) under section 48 of the Health and Social Care Act 2008. NHSE are asking for reviews to be presented and discussed at public ICB board meetings alongside an action plan for implementing the national guidance.

4.0 Report

Background and Context

4.1 Following the conviction of Valdo Calocane (VC) in January 2024 for the killings of 3 people, the Care Quality Commission (CQC) was commissioned to carry out a rapid review of Nottinghamshire Healthcare NHS Foundation Trust (NHFT). VC was under the care of NHFT between May 2020 and September 2022. The key findings were:

- Inconsistent approaches to risk assessment: Risk assessments minimised or omitted key details and did not make explicit the serious nature of risks
- Poor care planning and engagement: including in particular the response to concerns raised by family members
- Problems with discharge processes: in particular discharge from mental health services to primary care in the context of lack of engagement with mental health services.

4.2 On the 26th July 2024, NHS England (NHSE) published the 'Guidance to Integrated Care Boards (ICBs) on intensive and assertive community mental health care'. NHSE asked all ICBs by the end of Quarter 2 2024/25 to review policies and practices regarding the care of people with Severe Mental Illness (SMI) who require treatment but where engagement is a challenge. To support local ICB reviews, NHSE has established an Expert Advisory Group (EAG), including representatives of the Royal College of Psychiatrists and Department of Health and Social Care (DHSC), to oversee the development of guidance on the provision of intensive and assertive community mental health care. The guidance covers:

- the characteristics and presentations of individuals in scope
- themes and lessons for services from severe untoward incidents
- the features of intensive and assertive community care
- how ICBs should undertake local reviews

4. 2 <u>Characteristics and Presentations of Individuals in Scope</u>

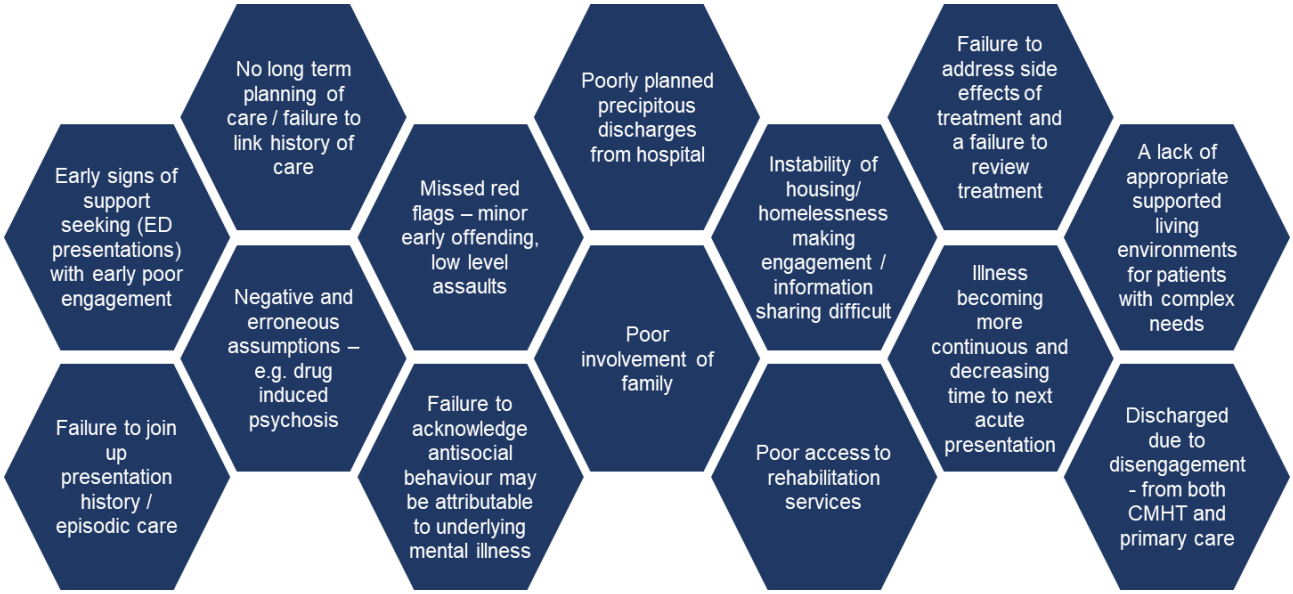
Individuals in scope of needing intensive and assertive community mental health care:

- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- Are vulnerable to relapse and/or deterioration with serious related harms associated (especially, but not limited to, violence & aggression)
- Have multiple social needs (housing, finance, self-neglect, isolation etc.)
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- Concerns may have been raised by family / carers

4.3 These are individuals who have SMI and often experience command hallucinations telling them to harm others which they feel unable to ignore or resist, or are experiencing high levels of threat due to paranoid beliefs. Not only are they feeling unsafe but those around them including staff members often report feeling worried or scared about their actions.

4.4 <u>Themes and Lessons for Services from Severe Untoward Incidents</u>

There are previous serious untoward events historical examples of care failings for people that services have failed to engage/re-engage that provide useful context for systems



4.5 <u>The Features of Intensive and Assertive Community Care</u>

The following table illustrates the key messages of intensive community care and wider community mental health provision:

Services have a duty to engage with people with SMI and their families/carers	Intensive and assertive community care requires dedicated staff	'No wrong door' approach	Continuity of care is vital	Holistic and engaging care
Lack of engagement may be a result of: ➢ the service offer not being what they want or need ➢ reflective of previous poor treatment ➢ a lack of cultural relevance or understanding ➢ the individual not recognising that they are unwell and need treatment.	Systems have a responsibility to ensure they commission the right mix of services to support the needs of their local populations. This includes a dedicated resource to provide intensive and assertive care for those individuals whose needs require it.	Community mental health services should be operating a 'no wrong door' approach and be well joined up with other statutory services and Voluntary Community Social Enterprise (VCSE) partners to identify people who might require intensive and assertive care and who are less likely to present via standard routes	An appropriately experienced and competent key worker needs to be in place for individuals; someone who knows the person well and their history to avoid missed red flags and to respond to signs of relapse.	Services should provide care that is holistic, engaging and trauma informed – helping people with the things that matter to them and using biopsychosocial formulation-based approaches to meet those needs and promote personal recovery (including substance use, finances, housing, etc.)

4.6 <u>How ICBs Should Undertake Local Reviews</u>

In support of this requested review, NHSE issued:

- A review outcome template for completion by ICBs. This was a mandated return for ICBs to complete following their review and to submit to NHSE regional teams by 30th September 2024, aligned to the national Planning Guidance for all ICBs to review their community services by Quarter 2 2024/25.
- A Community Mental Health Team (CMHT) Review Maturity Index Tool. This was a supporting document that provided national guidance to support ICBs in their own self-assessment of their current level of service provision and capacity, in relation to adequately and safely providing the function of assertive and intensive community support for people with serious mental illness.

4.7 The reviews should:

- Consider all relevant policies and practices that involve delivery of care to individuals in scope. This includes reviewing policies dedicated intensive and assertive community care teams, and core community mental health services.

- ICBs should also review governance, partnership and monitoring arrangements that support identification of individuals who might need intensive and assertive community care, and the capacity of services to provide appropriate levels of care.
- The NHS guidance suggests considering reviewing local data and intelligence on populations currently accessing services, as well as those who aren't.
- It also recommends reviewing local reports on serious incidents, patient experience (good and poor), and patient complaints.

4.8 The NHS guidance requests that the reviews report any gaps and barriers to delivering good care that they have identified.

Policy and Polarity

4.9 It should be noted that in recent years national policy for Community Mental Health services has typically moved away from having dedicated Assertive Outreach Teams/offers, and as a result many areas moved to support these patients within wider Community Teams. The recent beginning of this focussed work for a cohort of patients' represents and potential shift.

4.10 In the past, intensive community support was provided by specialist community teams like Assertive Outreach Teams. The advantages of the model were that it ring-fenced staff capacity against a clear intensive support offer. However, the disadvantage of the model is that is creates a cliff edge between those who get the support and those who do not, as well as promoting sometimes more restrictive practises. An intensive support team can only hold a limited number of people and in practice risk may occur amongst the larger number of people outside the team as the small number inside it. A key issue is how best to identify those at risk whether they are and ensure they have rapid access to more intensive support.

4.11 NHSE has signalled that national policy is likely to evolve in the coming months and there are a range of views on the best approach to take.

Review Process in BLMK

4.12 The two NHS Trusts were asked to lead a review of the assertive and intensive outreach services in their respective geographies, aligned to the guidance to ICBs and working with system partners – Central and North West London NHS Foundation Trust (CNWL) for Milton Keynes and East London NHS Foundation Trust (ELFT) for Bedfordshire and Luton. Both Trust's agreed to utilise the CMHT Review Maturity Index Tool in support of this process, to ensure a comprehensive and standardised approach across the ICB geography

4.13 The two review outputs were then combined into a single BLMK ICB review, comprising of:
- A single completed review outcome template (BLMK)
- 2x supporting completed Review Maturity Index Tools (Bedfordshire and Luton, Milton Keynes)
- A single BLMK high level action plan, adopting the national template in the Review Maturity Index

4.14 On 30th September 2024 the mandated BLMK Review Outcome Template was submitted to NHSE, in line with the national request.

Review Findings Summary

4.15 Whilst we have many of the elements of assertive/intensive support in place across our two services in BLMK, following the review overall we are not fully assured that the are able to identify, maintain contact, and meet the needs of people who may require intensive and assertive community care and follow-up, aligned to the issued national guidance in full.

4.16 The geographies covered by our two trusts are in different starting positions:

- Milton Keynes has an Assertive Outreach Team commissioned to meet the care needs of this patient group, which is dedicated function of the wider Community Mental Health Team.
- Bedfordshire and Luton does not have an Assertive Outreach Team/Function commissioned to meet the care needs of this patient group, as a dedicated function of the wider Community Mental Health Team. The care needs of these patients are instead managed as part of the wider community mental health offer.

Whilst the set up in each area is different, both have identified gaps and opportunities to explore in order to improve their offer, alongside strengths and good practice.

4.17 Similar to the providers/ICB's across the East of England region, our initial focus is reviewing our caseloads to ensure we have identified all patients against the new guidance across the two BLMK services who may require assertive/intensive support. Many of these patients will be already being actively supported through our Community Mental Health Teams/Assertive Outreach Team, however, in light of the new criteria and CQC review we need to ensure there are no further patients who are also in scope. There is also a further potential cohort of patients who are not on our current caseloads but who meet the new criteria who we will need to identify e.g. have been discharged to primary care

4.18 We then need to ensure the care and support we have in place for these patients meets their needs and identify any gaps and actions that are required. Some of these will be shorter term actions that are able to be delivered quickly and at low/no cost, however others will be longer term and have resource and funding implications. There may be patients who are not on our current caseloads who may require a more assertive offer e.g. those who have previously discharged to primary care. We will then need to review the care of all patients against their needs and to identify any further action that will be required.

Action Plan

4.19 Following submission, NHSE issued guidance to ICBs on how to develop a local action plan for Assertive and Intensive Support. This guidance and suggested actions within it have been cross referenced against the review outputs, to develop an action plan for BLMK (Appendix 1).

NHSE have advised action plans should be seen as dynamic and note that policy and standards continue to develop in this area. Both Trusts are engaged with Regional and National forums in support of this.

Requested Next Steps from NHSE Guidance

4.20 ICB and Services:

- Build on high level action plan to refine to greater detail. Action plans should provide practical steps on how local areas will address any potential gaps in provision, highlighted as part of the review process. Action plans should include short-term actions with minimal resource implications, and should also set out potential longer-term actions, which may have resource implications.
- Present review and action plan to a public ICB board meeting. This paper meets this objective.

This paper meets the above requirements.

4.21 NHSE:

- Collate national trends and use it to inform future policy and understanding of resource requirements in this area, as well as communicate the outcomes to the CQC and Department of Health and Social Care.
- Develop guidance on what good quality, safe care looks like for Community Mental Health services and share best practice. This will include a review of patient safety and the fundamentals of good quality care e.g. care coordination, patient and family engagement, risk/safety management, treatment and effective discharge (including

medication compliance and the application of the Mental Health Act including Community Treatment Orders).

- Outcomes of these reviews will also feed into wider digital actions for mental health, given that implementing digital and data tools can help with risk management for everyone within community services.

5.0 Next Steps

- The ICB will continue to work with CNWL and ELFT to refine and monitor delivery of the action plan, taking note of any further guidance that may be issued by NHSE. We will continue to engage with NHSE in the appropriate Regional and National forums.

BLMK Assertive Intensive Action Plan

This plan has been developed aligned to national guidance issued by NHSE "Developing an Action Plan for Intensive and Assertive Community Treatment – Developing a Local Action Plan". It draws from the suggested actions within that guidance and aligns these against the general principles set out and that plans are requested to align to. Additionally this has been cross-referenced against the Maturity Index Assessments.

Similar to the providers/ICB's across the East of England region, our initial focus is reviewing our caseloads to ensure we have identified all patients against the new guidance across the two BLMK services who may require assertive/intensive support. Many of these patients will be already being actively supported through our Community Mental Health Teams/Assertive Outreach Team, however, in light of the new criteria and CQC review we need to ensure there are no further patients who are also in scope. There is then a second potential cohort of patients who are not on our current caseloads who we will need to identify e.g. have been discharged to primary care

We then need to ensure the care and support we have in place for these patients meets their needs and identify any gaps and actions that are required. Some of these will be shorter term actions that are able to be delivered quickly and at low/no cost, however others will be longer term and have resource and funding implications. There may be patients who are not on our current caseloads who may require a more assertive offer e.g. those who have previously discharged to primary care. We will then need to review the care of all patients against their needs and to identify any further action that will be required

NHSE have advised action plans should be seen as dynamic and note that policy and standards continue to develop in this area. Both Trusts are engaged with Regional and National forums in support of this.

Actions	Aligned National Principles*	Target Date	Current Status
Complete NHSE national Assertive Outreach baseline submission template	11	Sept 2024	Complete
Complete Maturity Index for a baseline position	11	Sept 2024	Complete
Create action plan, combining NHSE guidance with baseline position	11	Nov 2024	Complete
Action Plan presented to BLMK Mental Health Delivery Group	11	Nov 2024	Complete
Costing of resource gap submitted to NHSE	11	Nov 2024	Complete
Final Adjustments to Action Plan	11	Nov 2024	Complete
Action Plan to be presented to ICB Public Board	11	Dec 2024	In progress
Group to be established with membership including clinical/ops, patient participation, ICB, VCSE.	5	Dec 2024	Complete

Confirm personalised risk management procedures are in place.	3	Jan 2025	In progress - Confirmed for those being care co-ordinated/with key workers. To confirm for those who are not.
All service users are assessed to see if they are eligible for intensive and assertive community treatment	4	Jan 2025	In progress – in the process of identifying eligible patients and confirming their current offer.
Ensure all service users in this group have an assigned, and appropriately experienced and competent key worker (or care coordinator)	6	Jan 2025	In progress - Care co-ordination in place generally. To ensure AI patients have a suitable offer once identified.
Ensure rapid re-referral/easy access is possible in the case a service user is discharged but requires additional support due to increasing needs.	7	Jan 2025	In progress - Confirmed in place, but to review arrangements are accessible.
Ensure all providers will be able to identify the population of people with serious mental illness where engagement is a challenge and in need of intensive and assertive community treatment.	9	Jan 2025	In progress – in the process of identifying eligible patients and confirming their current offer.
Ensure assessments and care plans are co-produced with the service user and their family or carers	10	Jan 2025	In progress - Confirmed in place, though some potential to enhance and expand this.
Ensure discharge plans include early warning signs of relapse and subsequent actions. Ensure these plans are shared with the patient, the family, detailed on the patient record, and shared with other agencies.	10	Jan 2025	In progress - Confirmed in place, though some potential to enhance and expand this.
Ensure key workers (or care coordinators) stay in contact with the service user (and their inpatient care team) during inpatient admissions	10	Jan 2025	Complete – in place
Ensure daily planning meetings and weekly MDT's take place for all service users requiring intensive and assertive community treatment	11	Jan 2025	Complete – in place
Ensure policies have been reviewed to ensure that patient family and carers are involved, particularly at times of non-engagement	11	Jan 2025	In progress - Confirmed in place, though some potential to enhance and expand this.

Eliminate ‘blanket’ policies and practices of using DNA as a reason for discharge	11	Jan 2025	Complete – in place
Ensure risk assessments are individualised and risk formulation is part of every psychosocial assessment.	3	March 2026	In progress - Confirmed in place, though some potential to enhance and expand this.
Ensure NICE recommended medication principles are followed and pharmacy expertise is available to staff supporting this cohort. Ensure Staff are following a process for people who are non-concordant with medication & process for checking and reviewing medication.	3	March 2026	In progress - Confirmed in place, though some potential to enhance and expand this.
Ensure staff have training and supervision structures to access should there be complexities around medication interventions.	3	March 2026	In progress - Confirmed in place, though some potential to enhance and expand this.
Ensure Staff working with this service user group have small caseloads.	6	March 2026	In progress – baselining exercise started to inform needs analysis
Ensure staff have access to relevant training and clinical supervision to support them to work with this service user group	6	March 2026	In progress – baselining exercise started to inform needs analysis
Ensure there is a dedicated provision in place that can support this service user group	7	March 2026	In progress – baselining exercise started to inform needs analysis
Ensure there is 24-hour access to interpreters and translation services available	7	March 2026	In progress – baselining exercise started to inform needs analysis
Ensure there is out of hours access to the service for service users that need it	7	March 2026	In progress – baselining exercise started to inform needs analysis
Ensure there are measures in place to evaluate the impact of services, including the regular reporting of appropriate outcomes	8	March 2026	Complete – confirmed in place
Ensure we are providing access to a full range of evidence-based treatment and interventions, including psychological therapies	10	March 2026	In progress – baselining exercise started to inform needs analysis

Ensure holistic support is provided, including support with housing and substance misuse	11	March 2026	In progress – baselining exercise started to inform needs analysis
Ensure clear pathways are in place to 'step up' care to services such as rehab & assertive outreach	11	March 2026	In progress – in place for current services but will require review
Ensure as part of our service offer we will need standard operation procedures/policies to support service delivery. These will also need to consider how we work with other agencies e.g. VCSE/Housing/Police etc.	11	March 2026	In progress – in place for current services but will require review
Ensure we to consider how our service considers equalities/inequalities using data to understand barriers, and how we engage with diverse communities to improve policy and practice	1	March 2026	In progress – linking this work with established trusts process

**Principles issued by NHSE to support the development of Assertive Intensive Outreach Plans:*

No	Principle
1	*Helps to reduce inequalities – Ensure that there are specific actions in place to prevent barriers to access and reduce health inequalities for this population group. Understand your local population mental health and physical health needs (including health inequalities), map the existing support available, and determine where the gaps in provision are. Ensure that support is aligned to the CORE20PLUS5 approach to reducing health inequalities.*
2	*Aligned with principles of early intervention - recognising the strong evidence for improved outcomes from early intervention approaches within EIP services.*
3	*Safe & Appropriate – action plans should detail improvements in responding to individual's needs and presentations, support people to become medically stable and detailing in care plans how to manage risk*
4	*Transparent – Individuals should understand the support they are receiving and be offered choice in the treatment provided.*
5	*Focus on co-production – Ensure that co-production is embedded within every element from service design to continued deliver.*
6	*Workforce - Ensure the workforce is equipped with the right skills and competencies to support this service user group.*
7	*Service design – Ensure that services are operating on a 'no wrong door approach' and are considering the different places individuals may present.*
8	*Outcomes and Practice Based Evidence - Embed the use of outcome measurement and feedback.*
9	*Data– Review local data on a regular basis to ensure that this population group can be identified and that appropriate data can be shared with partner organisations to ensure their needs are met.*

10	*Providing holistic and engaging care – Services should provide holistic care that is engaging, evidence based and trauma informed. This is often a complex service user group, therefore services should be well equipped to support people with co-occurring needs.*
11	Whole system approach – Services should have good integration across wider community teams, inpatient, and primary care as well as clear working protocols with housing, criminal justice, social care, local government, VCSE, and substance misuse services, and fragmented care pathways which hinder effective care delivery.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Report Author: Shirley Pointer, Chair of Remuneration Committee

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

Item: 17 - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Remuneration Committee

Recommendation: 1. The Board are asked to **note** the issues raised by Remuneration Committee on 4 October 2024.
2. The Board is asked to **note** the Workforce Race and Disability Equality Standard reports as at 31 March 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
• ICB employee turnover during the last 12 months is 22.30%, with redundancies removed this figure is lowered to 19.01% compared to a national NHS average of 11% and modelling was being undertaken to assess the length of service, reason for leaving etc. • The ICB's annual report on Workforce Race and Disability Equality Standard Reports as at 31 March 2024. The Committee raised issues regarding BME staff being successful at interview and accessing non-mandatory training. There is an action plan being implemented and the Committee requested a summary of the actions and impact analysis. It was also challenged whether targeted action would be more beneficial, than cross organisational actions, given numbers of staff were low. The WRES and WDES reports are published on the ICB website. (WRES here and WDES here)
ASSURE: Inform the Board where positive assurance has been received
• The Committee supported the Working with our patient and public voices (PPV) partners reimbursing expenses and paying involvement payments policy. • The workforce dashboard highlighted the improvement in the level of absence across the ICB. • The ICB had 8 apprentices across the organisations and 40% were from BME community. • A working group has been established by NHS Employers to oversee the NEM and Executive appraisal process. BLMK ICB is participating and contributing to this review • The national Agenda for Change and Very Senior Manager pay uplifts from 1 April 2024 were noted and proposed uplifts authorised.
RISK: Advise the Board which risks were discussed and any new risks identified
• **None**
CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding
• **None**

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 13 December 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

ICS Partner Lead: N/A

Report Author: Michelle Evans-Riches, Head of Governance

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

Item: 18 - Corporate Governance Report

Reason for report to the Board: To provide a governance update to the Board. The Board is responsible for the approval of the Governance Handbook and any amendments made to it and for approval of the Conflict of Interest Management and Standards of Business Conduct Policy.

1.0 Executive Summary

1.1 The Chair of the ICB, Dr Rima Makarem, is leaving at the end of December 2024 and the report details the arrangements for Manjeet Gill to be Acting Chair until the successful recruitment of a substantive Chair is made.

1.2 The report also details the interim arrangements for membership of Committees until the substantive Chair is appointed, which includes Vineeta Manchanda chairing the next meeting of the Mental Health Learning Disability and Autism Collaborative Committee in January 2025.

1.3 Following publication of new guidance by NHS England on the Managing Conflicts of Interest in the NHS, the ICB's Conflict of Interest Management and Standards of Business Conduct Policy has been revised and is reported to the Board for approval.

1.4 The annual review of Conflicts of Interest has been carried out with 326 of the 327 declarations received (99.70% response rate). The one outstanding declaration is being actively followed up.

1.5 The Board are asked to approve an amendment to the Quality and Performance Committee Terms of Reference to remove the approval of Evidence Based Intervention policies which will become the responsibility of the ICB Executive Group and update the Governance Handbook accordingly.

1.6 The annual assessment of all Board members to ensure compliance with the fit and proper person test (FPPT) Framework has commenced with the self-attestation sent to all Board members. The final submission to NHS England is required by 20 May 2025.

1.7 The changes to the Constitution agreed by the Board on 19 July and 27 September 2024 have been submitted to NHS England for approval.

1.8 Progress on place priorities is included in the portfolio report as part of the performance update to each Board meeting. Therefore, to avoid duplication the Partner Governance reports to the Board have ceased.

2.0 Recommendations

The Board is asked to:

2.1 **note** that Manjeet Gill will be Acting Chair from 1 January 2025, until the successful recruitment of a substantive Chair of the ICB.

2.2 **note** the interim arrangements for membership of Committees until a substantive ICB Chair is appointed and that Vineeta Manchanda, Non- Executive Member, will Chair the next meeting of the MHLDA Collaborative Committee on 9 January 2025.

2.3 **approve** the revised Conflict of Interest Management and Standards of Business Conduct Policy.

2.4 **note** the Conflict of Interest Annual review and recognises the efforts of the Corporate Governance Team in achieving a high response rate.

2.5 **agree** to amend the terms of reference for the Quality and Performance Committee to remove the approval of Evidence Based Intervention policies which will become the responsibility of the ICB Executive Group and update the Governance Handbook accordingly.

3.0 Key Implications

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

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

4.0 Report

4.1 Chair of the ICB

Dr Rima Makarem, Chair of the ICB, is leaving BLMK ICB on 31 December 2024 to take up a new role as Chair of Somerset NHS Foundation Trust. A recruitment process is underway with the assessment centre on 14 January and interviews scheduled for 22 January 2025.

The recommendation from the recruitment panel must go through the NHS England governance process and requires approval by the Secretary of State for Health and Social Care. It is anticipated that this will not be received until April 2025.

Manjeet Gill will be the Acting Chair of the ICB until a substantive appointment is made an the Chair commences their role.

The Board is asked to note that Manjeet Gill will be Acting Chair from 1 January 2025, until the successful recruitment of a substantive Chair of the ICB.

4.1.1. **Membership of Committees**

The Chair of the ICB is a member of the ICB Board, Remuneration Committee (with all NEMs), is the Chair of the Mental Health, Learning Disability & Autism Collaborative Committee and is Deputy Chair of the BLMK ICB Health and Care Partnership and the MK Health and Care Partnership.

The following interim arrangements will be in place until the substantive ICB Chair is appointed.

Role	
Chair of the Board of the ICB	Manjeet Gill, Acting Chair of the ICB
Remuneration Committee	Vacancy until substantive appointment
Mental Health Learning Disability and Autism Collaborative Committee - Chair	Vineeta Manchanda to Chair the next meeting on 9 January 2025.
BLMK ICB Health and Care Partnership – Deputy Chair	Manjeet Gill, Acting Chair of the ICB
MK Health and Care Partnership	Manjeet Gill, Acting Chair of the ICB

Membership of the Board Committees will be reviewed following the appointment of the ICB Chair in 2025.

The Board is asked to note the interim arrangements for membership of Committees until a substantive ICB Chair is appointed and that Vineeta Manchanda, Non-Executive Member, chairs the next meeting of the MHLDA Collaborative Committee on 9 January 2025.

4.2 Conflict of Interest Management and Standards of Business Conduct Policy

On 17 September 2024, NHS England issued revised guidance on Managing Conflicts of Interest in the NHS. NHS England » Managing conflicts of interest in the NHS: guidance for staff and organisations

The Conflict of Interest Management and Standards of Business Conduct Policy has been reviewed and updated in light of this guidance and is attached at Appendix A for approval. The guidance includes principles and rules in various sections which has been reflected throughout the revised policy. The following are the key changes in the policy:

Paragraph	Change
3.2	There are two categories for conflict of interests which are actual and potential, the category of perceived conflict of interest has been deleted.
3.4	Indirect Interest description has changed to "This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making. These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common-sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared."
3.9	Decision making staff of the ICB has an additional category of administration and clerical staff involved in decision making
4.4.1	In exceptional circumstances individuals can request that their interest is not published in the Register of Interests that is published on the ICB Website
6.3.6	Staff must declare an interest when they commence a new role
6.4	Requires staff have to declare interests at the beginning of a project or programme
6.8	The Provider Selection Regime regulations has been included in the procurement section
6.9 and 6.10	Revised wording regarding gifts and hospitality
6.12	New sections regarding declaration of sponsorship of events, research and posts and the requirement to maintain a register detailing all sponsorships.
6.19	requires an individual to declare shareholding and other ownership interests in any publicly listed, private or not for profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the ICB.
6.20	requires an individual to declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect

	have started or are ongoing, which are, or might be reasonably expected to, related to items to be procured or used by the ICB
6.21	Loyalty issues should be declared for example where an individual has an interest with another organisation
6.24	Managing breaches and the implications of a breach are detailed in Appendix 7 which are disciplinary, Professional regulatory, civil and criminal sanctions.

The ICB's Counter Fraud team provided by BDO has reviewed this revised policy who made minor comments that have been incorporated. It has also been reviewed by the ICB's Conflict of Interest Guardian, Vineeta Manchanda.

The Board is asked to **approve** the revised Conflict of Interest Management and Standards of Business Conduct Policy.

4.3 **Conflict of Interest Annual review**

There is a national mandate annually to review Declarations of Interest of all "decision-making" staff and others closely linked to the ICB. For this purpose, the following cohorts were asked to review their current Declaration of Interest and to either confirm that it is up to date or complete a new declaration:

- Members, participants and regular attendees of the Board of the ICB;
- Members or regular attendees of Committees of the Board of the ICB; and
- ICB "decision-making" staff, deemed to be Agenda for Change Band 8a or above.

Additionally, as best practice, the Corporate Governance Team has carried out a review of all declarations previously made by ICB staff below Agenda for Change Band 8a and forms have been requested from staff where they have not previously been available.

The cohorts and response rates are given below:

Cohort	Criteria	Total No	Closed	%
1	Board members and participants	31	31	100%
2	Committee members	82	81	98.78%
3a	8a+ ICB staff	179	179	100%
3b	8a+ on fixed term contracts	11	11	100%
3c	8a+ on secondment	8	8	100%
4a	Below 8a but previous declared interest	16	16	100%
Totals		327	326	99.70%

It should be noted that the Corporate Governance Team work closely with Human Resources to ensure that the Register of Interests is kept up to date and that Declaration of Interest forms are completed for all new starters or staff changing role. This includes staff on fixed term contracts, on secondment and contractors. The outstanding declaration from a committee member is being chased up.

The Board is asked to note the Conflict of Interest Annual review and recognises the efforts of the Corporate Governance Team in achieving a high response rate.

4.4 Quality and Performance Committee Terms of Reference EBI policies

The Quality and Performance Committee reviewed its Terms of Reference as detailed in the report from the Committee (see item 13) and has recommended to the Board to delete the approval of evidence-based intervention (EBI) clinical policies which will now be undertaken by the Executive team following the review of the policy by the Health and Care Senate. If agreed the Committee's Terms of Reference will be updated in the Governance Handbook.

The proposed deletion in paragraph 6.3.5 of the Committee's Terms of Reference is shown below:

"6.3.5 Have oversight of and approve the Terms of Reference and work programmes for the task and finish groups reporting into and/or supporting the work of the Quality and Performance Committee. ~~and, in particular, approve the evidence based intervention clinical policies recommended by the Health and Care Senate."~~

The Board is asked to agree to amend the terms of reference for the Quality and Performance Committee to remove the approval of Evidence Based Intervention policies which will become the responsibility of the ICB Executive Group and update the Governance Handbook accordingly.

4.5 **Fit and Proper Person Test**

The ICB is required to undertake an annual assessment that all Board members are compliant with the fit and proper person test (FPPT) Framework and this is overseen by the ICB Chair. 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.

All Board members were sent their self-attestation on 2 December 2024 which needs to be completed and returned by 16 December 2024.

The final submission to NHSE is on 20 May 2025.

4.6 **BLMK ICB Constitution**

The revised Constitution has been submitted to NHS England for approval. It incorporates the proposed change to the Board quoracy, that was agreed at the Board on 19 July 2024, and the updates required by the revised Model Constitution which were agreed at the Board on 27 September 2024

4.7 **Partner Governance reports**

The portfolio report included in the performance update to each Board meeting includes the progress on place priorities. Therefore, to avoid duplication the Partner Governance reports to the Board have ceased.

5.0 Next Steps

5.1 Update the Governance Handbook and Conflict of Interest Management and Standards of Business Conduct Policy and publish on the ICB website.

5.2 Deliver the Chair recruitment process.

List of documents in the reading room

Appendix A – Conflict of Interest Management and Standards of Business Conduct Policy

Background reading

None for this report.