

Meeting of the Board of the ICB in PUBLIC

21 March 2025 - 09.00 – 12:30

Council Chamber, Central Bedfordshire Council

Item No.	Item	Purpose	Executive	Timing
Opening Items				
1.0	Welcome and Introductions a) Apologies b) Quoracy c) Relevant Persons' Disclosure of Interests d) Minutes from meeting held on 13 December and Matters Arising e) Action Tracker f) Board Decision Planner	Note Note Update Approve Approve Update	Chair	9:00
2.0	Questions from the Public	-	Chair	9:05
3.0	Resident's Story - System Insights Network	-	Chief of Strategy & Assurance / Members of the Youth Parliament	9:10
4.0	Chair's Report	Note	Chair	9:25
5.0	Chief Executive Officer's Report	Note	Chief Executive Officer	9:30
System Strategy				
6.0	Directors of Public Health Annual Report 2024	Note	Directors of Public Health	9:40
7.0	Strategic Priorities: <ul style="list-style-type: none"> • Start Well – Children & Families 	Discuss	Chief Nursing Officer / Associate Director of Children, Young People and Maternity	9:55
8.0	Operational and Financial Plan 2025/26 <ul style="list-style-type: none"> • Revised Joint Forward Plan 	Discuss Approve	Chief of Strategy & Assurance Chief Finance Officer Chief People Officer Deputy Chief of Strategy & Assurance	10:10
9.0	Health Services Strategy Plan	Note	Chief Medical Officer	10:40
10.0	Transformation of Community and Mental Health - Case for Change	Discuss and Note	Chief of Strategy & Assurance Chief Primary Care Officer	10:50
Break – 11:15-11:25				
System Assurance				
11.0	Audit & Risk Assurance Committee <ul style="list-style-type: none"> • Chair's report 	Note	Chair, Audit & Risk Assurance Committee /	11:25

	<ul style="list-style-type: none"> EPRR Core Standards System Risks and Board Assurance Framework 		Chief of Strategy & Assurance / Chief of Staff	
12.0	Bedfordshire Care Alliance Committee Chair's Verbal Update	Note	Chair, Bedfordshire Care Alliance Committee	11:35
13.0	Health & Care Partnership update	Note	Chair, Health & Care Partnership	11:40
14.0	Finance & Investment: <ul style="list-style-type: none"> Finance & Investment Committee Chair's Update Section 75 2025/26 Luton Borough Council ICS Finance Report 	Note Approve Note	Chief Finance Officer / Chair, Finance & Investment Committee	11:45
15.0	Mental Health, Learning Disabilities and Autism Collaborative Committee Chair's Verbal Update	Note	Chair, Mental Health, Learning Disabilities and Autism Collaborative Committee	11:55
16.0	Primary Care Commissioning & Assurance Committee Chair's update	Note and Approve	Chair, Primary Care Commissioning & Assurance Committee	12:00
17.0	Quality & Performance: <ul style="list-style-type: none"> Quality & Performance Committee Chair's Update Performance Report 	Note Note	Chief Nurse / Chief of Strategy & Assurance/ Chair, Quality & Performance Committee	12:05
ICB Organisational Decisions, Governance and Assurance				
18.0	Remuneration Committee Chair's Update	Note	Chair, Remuneration Committee	12:15
19.0	Corporate Governance Update	Approve and Note	Chief of Strategy & Assurance	12:20
Closing Items				
20.0	Communication from the Meeting	Agree	Chair	12:30
21.0	Meeting Evaluation	Discuss	Chair	
22.0	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.

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, 2Bilys 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
Brierley	Anne	Chief Operating Officer	No									13/10/2023
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							left 31/12/24		22/06/2022
Chakrabarti	Sanhita	Deputy Chief Medical Director, Integrated Care System Clinical Lead	Yes		Y			I work clinically within Cambridge Community Services who is one of our providers	2021	Ongoing	I will withdraw myself if there is any decisions regarding CCS	12/06/2022
Chakrabarti	Sanhita	Deputy Chief Medical Director, Integrated Care System Clinical Lead	Yes	Y				I am employed by Icash which is a service provided by Cambridgeshire Community Services for two sessions a month	2019	Ongoing	Declare in line with conflicts of interest policy and exclusion from involvement in related meeting or decision-making	30/08/2023
Chakrabarti	Sanhita	Deputy Chief Medical Director, Integrated Care System Clinical Lead	Yes		Y			I attend fitters forum and other online webinars organised by Bayer and other pharmaceutical companies for professional updates		Ongoing	Declare in line with conflicts of interest policy	30/08/2023
Chakrabarti	Sanhita	Deputy Chief Medical Director, Integrated Care System Clinical Lead	Yes	Y				I work a session a week providing contraception services to The Clinic MK, a private GP practice in Milton Keynes	2010	Ongoing	Declare in line with conflicts of interest policy	30/08/2023
Chakrabarti	Sanhita	Deputy Chief Medical Director, Integrated Care System Clinical Lead	Yes	Y				I teach medical students at Buckingham Medical School one session per semester		Ongoing	Declare in line with conflicts of interest policy	30/08/2023
Chakrabarti	Sanhita	Deputy Chief Medical Director, Integrated Care System Clinical Lead	Yes		Y			I have Chaired a discussion of clinicians on endometriosis which was organised by Besins Healthcare. Besins Healthcare have organised a discussion with Lord Hunt (Labour) on Women's Health	Nov 2023	Ongoing	Declare in line with conflicts of interest policy	27/11/2023
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 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

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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 secretary) 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 & Interim Chair (wef 1/1/25)	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 & Interim Chair (wef 1/1/25)	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			Director of CNWL Holdings Limited, CNWL NHS Foundation Trust, 350 Euston Road, London NW1 3AX	Jun-24	Ongoing	Declare in line with conflicts of interest policy	22/07/2024
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			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				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
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			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

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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			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	left role 31/12/24	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	left role 31/12/24	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	left role 31/12/24	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Trustee of LifeArc	June 2023	left role 31/12/24	Declare in line with conflicts of interest policy	26/04/2023
Malik	Khtija	Co-Chair and Councillor, Luton Borough Council	Yes		Y			Governor on East London NHS Foundation Trust	2019	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
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	09/01/2025	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

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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			Member Primary Care Advisory Group, NH Confederation	Jun-24	Ongoing		
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
Patel	Priti (Neve)	Performance Lead	No									07/12/2022
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
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), Chief Medical Officer & Deputy Chief Executive, Milton Keynes University Hospital	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), Chief Medical Officer & Deputy Chief Executive, Milton Keynes University	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
Reckless	Ian	Chief Medical Officer, BLMK ICB (part time secondment), Chief Medical Officer & Deputy Chief Executive, Milton Keynes University Hospital	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), Chief Medical Officer & Deputy Chief Executive, Milton Keynes University	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

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Shah	Maresh	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	Maresh	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	Maresh	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	Maresh	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	Maresh	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
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

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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 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
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
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 Herts Faculty, 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, Equality, 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
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	Yes		Y			Governor - IFTL Trust - Heronshaw School, Wanut Tree, Milton Keynes	2022	Ongoing	Declare in line with conflicts of interest policy	03/09/2024
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

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
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
Woodward-Lebihan	Dominic	Deputy Chief of Strategy & Assurance	Yes			Y		I am a School Governor at Clifton All Saints Academy in Clifton, Shefford. I sit on the full governing body and the finance committee.	28/11/2023	28/11/2026	None expected to arise, but will remain alert to any potential conflicts and raise them in CYP discussions	12/12/2023
Woodward-Lebihan	Dominic	Deputy Chief of Strategy & Assurance	Yes			Y		Chair of Finance Committee, Clifton All Saints Academy in Clifton, Shefford.	10/07/2024	Ongoing	Declare in line with conflicts of interests policy	19/06/2024

Date: 13 December 2024

Time: 09.00 – 13.00

Venue: Central Bedfordshire Council, Priory House, Monks Way, Chicksands, Shefford SG17 5TQ

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

Members:		
Dr Rima Makarem (Chair)	Chair, ICB	RM
Alison Borrett	Non-Executive Member (NEM), ICB	ABo
Michael Bracey	Chief Executive, Milton Keynes Council - Partner Member, Local Authorities	MB
David Carter	Chief Executive, Bedfordshire Hospitals NHS Foundation Trust - Partner Member, NHS Trusts and Foundation Trusts	DC
Laura Church	Chief Executive, Bedford Borough Council - Partner Member, Local Authorities (<i>absent for part of items 8 & 9</i>)	LC
Marcel Coiffait	Chief Executive, Central Bedfordshire Council - Partner Member, Local Authorities (<i>absent for part of items 8 & 9</i>)	MC
Manjeet Gill	Non-Executive Member, ICB	MG
Ross Graves	Chief Strategy & Digital Officer, CNWL - Partner Member, NHS Trusts and Foundation Trusts	RG
Joe Harrison	Chief Executive, Milton Keynes University Hospital - Partner Member, NHS Trusts and Foundation Trusts	JH
Dr Tayo Kufeji	GP - Partner Member, Primary Medical Services (<i>until partway through item 10</i>)	TK
Vineeta Manchanda	Non-Executive Member, ICB (<i>from item 2</i>)	VM
Shirley Pointer	Non-Executive Member, ICB	SP
Robin Porter	Chief Executive, Luton Borough Council - Partner Member, Local Authorities	RP
Dr Ian Reckless	Chief Medical Officer (CMO), ICB	IR
Mahesh Shah	Pharmacist - Partner Member, Primary Medical Services	MSH
Sarah Stanley	Chief Nursing Director (CND), ICB	SSt
Dr Sahadev Swain	GP - Partner Member, Primary Medical Services	SSw
Dean Westcott	Chief Finance Officer (CFO), ICB	DW
Participants:		
Sally Cartwright	Director of Public Health, Luton Council	SCa
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Lorraine Mattis	Associate Non-Executive Member, ICB (<i>from item 4</i>)	LM
Nicky Poulain	Chief Primary Care Officer, ICB	NP
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Maria Wogan	Chief of Strategy & Assurance, ICB	MWo
In attendance:		
Kim Atkin	Corporate Governance Officer, ICB (<i>minutes</i>) - <i>remotely</i>	KA
Dr Sanhita Chakrabarti	Deputy Chief Medical Officer, ICB	SCh
Revd Lloyd Denny	Author of The Denny Review (<i>left after item 8</i>)	LD
Elizabeth Elliot	Interim Director of Public Health Luton (from January 2025)	EE
Michelle Evans-Riches	Head of Governance, ICB	MER
Simon Hardcastle	Associate Director, Quality & Safeguarding, ICB - <i>remotely</i>	SH
Ellen Heaney	Head of Compliance & Regulation, ICB	EH

Laura MacSweeney	Corporate Governance Officer, ICB	LMacS
Sue Peachey	Service Manager, iCash MK & Bedfordshire (<i>left after item 3</i>)	SPe
Dr Andrew Rochford	Chief Medical Officer, ICB from 10/3/25 – <i>in part, remotely</i>	AR
Jo Ramsey	Clinical Nurse Manager, MK, Cambridge Community Services NHS Trust (<i>left after item 3</i>)	JR
Michelle Summers	Associate Director, Communications & Engagement, ICB	MSu
Lorraine Sunduza (<i>invited attendee</i>)	Chief Executive Officer, East London Foundation Trust (ELFT)	LS
Elaine Tolliday	Clinical Director, Keech Hospice Care (<i>left after item 6</i>)	ET
Dominic Woodward-Lebihan	Deputy Chief of Strategy & Assurance, ICB	DWL

There were 14 members of the public in attendance (3 in person and 11 remotely)

Apologies:		
Anne Brierley	Chief Operating Officer (<i>participant</i>), ICB	ABr
Felicity Cox (<i>member</i>)	Chief Executive Officer (CEO), ICB	FC
Cllr Khtija Malik (<i>participant</i>)	Luton Councillor & Co-Chair, BLMK Health & Care Partnership	KM
Martha Roberts (<i>participant</i>)	Chief People Officer (<i>participant</i>), ICB	MRO
Cllr Martin Towler (<i>participant</i>)	Central Bedfordshire Council & Co-Chair, BLMK Health & Care Partnership	MT
Matthew Winn (<i>invited attendee</i>)	Chief Executive, Cambridgeshire Community Services (CCS) (<i>from end of item 2</i>)	MWi

No.	Agenda Item	Action
	Meeting Opening	
1.	<p>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.</p> <p>Members were reminded that it is their responsibility to keep their Boards and Councils abreast of developments in the system.</p> <p>a) Apologies were noted as above.</p> <p>The Chair welcomed some additional attendees to the meeting:</p> <ul style="list-style-type: none"> • Dr Andrew Rochford, Incoming Chief Medical Officer from 10/3/25 - <i>remotely</i>; • Sue Peachey, Service Manager, iCash Milton Keynes and Bedfordshire (resident story); • Joanne Ramsey, Clinical Nurse Manager, MK, Cambridgeshire Community Services NHS Trust (resident story); • Reverend Lloyd Denny (Improving Health Equity item); • Elaine Tolliday – Clinical Director, Keech Hospice Care (Dying Well); • Ellen Heaney – Head of Compliance & Regulation, ICB (<i>observing</i>); <i>and</i> • Elizabeth Elliot – Interim Director of Public Health, Luton, from January 2025. <p>The Chair thanked Ian Reckless for acting as Interim Chief Medical Officer and in particular for his lead on the Healthcare Strategy over the last few months. The Chair also thanked Sally Cartwright for her hard work within the system and announced that Elizabeth Elliott will be the Interim Director of Public Health for Luton.</p> <p>b) It was confirmed that the meeting was quorate.</p>	

	<p>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.</p> <ul style="list-style-type: none"> • No changes were identified. • Members were also asked to declare any gifts or hospitality that had been received. No declarations were made. <p>Dr Rima Makarem declared a conflict of interest in relation to agenda item 6, “Dying Well in BLMK”, due to her role as Chair of Sue Ryder who run the St John’s Hospice in Bedford.</p> <p>d) The minutes of the meeting held on 27 September 2024 were approved as an accurate record of the meeting.</p> <p>e) It was agreed to close all the proposed actions as indicated in the papers. Action 83, Start Well priority update, remains open. This was originally scheduled for December but has been postponed to March 2025.</p> <p>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.</p> <p><i>VM joined the meeting.</i></p>	
2.	<p>Questions from the Public</p> <p>A series of questions had been received from a member of the Public – Shahida Mohamed, Board Member & Treasurer of Willen Hospice.</p> <p>Sarah Stanley, Chief Nursing Director, read out the questions and full answers, which can be found as an Appendix to these minutes and also available on the ICB website.</p>	
3.	<p>Resident’s Story <i>Introduced by Dr Sanhita Chakrabarti, Deputy Chief Medical Officer</i> <i>Presented by Sue Peachey, Service & Jo Ramsey, Clinical Nurse Manager, iCash</i></p> <p>SCh declared a conflict of interest in relation to her clinical work with iCash, which provides sexual health care for women in the community and is commissioned by Public Health.</p> <p>iCash (Integrated Contraception and Sexual Health) provides all aspects of sexual and reproductive health care, including contraception, sexually transmitted infection (STI) and HIV testing and treatment. Its advisors provide information, advice and counselling to patients diagnosed with an STI, including HIV, as well as safeguarding and referring patients to other organisations as needed. Despite making up 51% of the population, women continue to struggle to get the right support from the right professional at the right time.</p> <p>A case study was presented to the Board of a woman who was symptomatic and requested a full sexual health screen. The patient had complex health issues and was bed bound, had previously been a casual sex worker with a history of abuse, had financial and housing challenges and was in a difficult home environment. iCash took a number of immediate actions which led to a multi-agency approach and good outcomes including: an emergency care package for the patient and her family, support with housing and financing of a carer, an allocated social worker for the children, safeguarding concerns being addressed for the patient and her children, and the correct health care being given.</p> <p>Key Points from Discussion</p> <ul style="list-style-type: none"> - iCash services are always fully booked, with around 60-70 appointments per day. - In terms of promoting the service and prevention, there is an outreach programme that goes out to schools and engage with young people, the service has a promotions campaign and the services are accessible 6 days a week. - Many patients present with situations of domestic and/or sexual abuse, with drug or alcohol misuse and other challenges – so close working with other agencies is important. - Recently MIND BLMK has established one of its outreach workers who attends iCash’s weekly young persons’ drop-in clinic. - SCh – as a system, the National Women’s Health Strategy talks about developing networks and one stop provision for women. Phase one of that work is starting in Luton and will then continue in Milton Keynes and Bedford. 	

	<ul style="list-style-type: none"> - SSw – safeguarding is everyone’s business. Sexual health funding, including for preventative services such as cervical screening and menopause support, have suffered through austerity, but the sexual health and family planning nurses are dedicated. The workforce is getting older and young nurses need to be attracted to this area. - MT – Historically, sexual health services were separate for adults and young people. There were dedicated education workers that concentrated on schools and preventative work. Conception rates for under 18s have reduced and VH confirmed that the rate is stable. With the move for adult and young people’s services being consolidated, MT questioned whether the services can continue to provide care to meet demand and if the resources fit for purpose. - SPe replied there is a young person’s nurse whose sole focus is young people, going into schools in Milton Keynes, running the drop-in clinic, and there is also an outreach team which goes into school assemblies, work on a 1:1 basis or in small groups. There is also chlamydia and gonorrhoea testing to under 25s. VH stated that STI diagnosis, there is a slight upward trend nationally. The three Council areas (Bedford Borough, Central Bedfordshire and Milton Keynes), iCash have around 44,000 attendances per year, and approximately 50 online tests are carried out each day. - In response to a question from MT, SCh stated that, although there was a national drive to focus more on women, but locally the decision was taken not to do that. Chlamydia testing is available to all ages and to both men and women. <p>The Chair thanked SCh, Sue and Jo for their time and for sharing this resident story.</p> <p><i>LM joined the meeting.</i> <i>SPe and JR left the meeting.</i></p>	
4.	<p>Chair’s Report (verbal) <i>Presented by Dr Rima Makarem, Chair</i></p> <p>As this was the Chair’s last Board meeting, the Chair reflected on the last 4 ½ years, the challenges of the pandemic, the cost of living crisis and political changes. She was proud that the ICS has held steady on focusing on its population and trying to make a difference for the population of BLMK. It has been acknowledged that not everybody has equal access to health care services, for a variety of reasons and the Denny Review has driven a lot of the work with and focus on those communities that have previously been difficult to engage with. The learning from the Denny Review now underpins most of the strategic work within the system.</p> <p>The Chair was confident that the good work will continue and wished the ICS and the ICB well going forward.</p> <p>The Chair’s Report was noted.</p>	
5.	<p>Chief Executive Officer’s Report <i>Presented by Maria Wogan, Deputy Chief Executive Officer</i></p> <p>On behalf of the ICB, MW wished to record thanks to Rima Makarem, for her leadership and vision, as Chair, which has been inspirational to many. Her inclusive approach and the large Board, which includes all partners, has been fundamental to building strong partnership working. Rima has also championed inequalities, supporting the Denny review which sought to address inequalities in BLMK. The Board wished her well for the future.</p> <p>The following staffing updates were given:</p> <ul style="list-style-type: none"> - Dr Andrew Rochford will be joining the ICB as Chief Medical Officer in March 2025. Thanks was expressed to Dr Ian Reckless for covering the role on an interim basis and for creating a better connection between the ICB and acute hospitals; - Nicky Poulain, Chief Primary Care Officer, will be retiring in April 2025. The executive team will be reviewing its future structure and the Board will be updated at a later date; - Anne Brierley, Chief Operating Officer, is on sick leave and executive colleagues were thanked for covering her portfolio and to Anne’s team for responding to the new arrangements; - Interviews will be taking place in January 2025 for the role of ICB Chair, which is subject to Government governance process and approval by the Secretary of State. Thanks were given to Board members who will be participating in the process either in the stakeholder or interview panels; and - Manjeet Gill will be Interim Chair until the new Chair is appointed. 	

There is a plan to expand the delegation of Specialised Commissioning from NHSE to ICBs with effect from 1 April 2025 and the ICB will be required to sign off the agreements before the next Board meeting.

The Board agreed to delegate authority to the BLMK ICB Chief Executive Officer to sign the revised delegation and collaboration agreements on behalf of BLMK ICB once finalised.

Since the Board paper was written, an opportunity has arisen to submit a business case for a Community Diagnostic Centre (CDC) in Luton. The Board has lobbied for this for a considerable time, and colleagues have worked very hard to get to this point. The business case is circa £25m and is important for the population of Luton, where there are areas of deprivation, and, if successful, will help to improve early diagnosis, and address population health growth.

The business case will go through Bedfordshire Hospitals Foundation Trust's (BHFT) governance process but will need the support of the ICB Board. The timing of submission is unlikely to align with the next Board meeting.

The previous business case will need to be amended as it is proposed to change the location to Power Court, the location of the new football stadium, and to relocate endoscopy services from hospital into the CDC.

DC considers this a very important development which will give more diagnostic capacity and be centrally located in Luton. There is positive engagement with the football club, who own the land and are keen to work together. The Chair wished to thank Melanie Banks from BHFT for her support with this project.

RP pointed out that, with the site being very close to the train station, the bus interchange and the Luton to Dunstable Busway, this will be positive news for the whole of South Bedfordshire, not just Luton.

The Board agreed to delegate approval of the CDC business case to the ICB Chief Executive Officer, who will keep the Board abreast of how the case is developing.

The Chief Executive Officer's Report was noted.

SYSTEM STRATEGY

6. **Strategic Priority – Dying Well in BLMK**
Introduced by Sarah Stanley, Chief Nursing Officer
Presented by Elaine Tolliday, Clinical Director, Keech Hospice

RM declared her conflict of interest as Chair of Sue Ryder and stated that she had had no influence or involvement in the preparation of this paper which was produced by other providers and palliative and end of life care organisations. TK declared an interest having been involved with promotional videos for Willen at Home.

In May 2024, the Chief Nursing Officer of BLMK ICB commissioned a comprehensive review of Palliative and End of Life Care (PEoLC) services across BLMK, involving numerous healthcare providers, colleagues, and stakeholders. The results of this extensive review form the basis of the report to the Board.

For clarification, palliative care is provided to people who have progressive life limiting conditions, possibly for several years, while end of life care is for those in the last year of life. The dying phase is considered to the last weeks and days of life.

SSt presented and talked to the slides (*available on the internet*).

Key Points from Discussion

- RM – thanked all involved for the huge amount of analysis and work that has been done to get to this point. The strain that is put on services due to people being looked after in the wrong settings is an issue. A good death should be accessible to everyone.

- In response to a question by LC, SSt stated to come back to next Board with a timeframe and clarity of three areas of focus. The biggest outcome would be to get the estimated 9000 people of BLMK on a palliative and end of life care register.
- SCA asked what was the ambition and if there is a recognised standard for palliative and end of life care and SSt replied that there is a link to long term conditions which form part of other transformation work across BLMK.
- RP said that he was struck by 65,000 unplanned palliative care bed days and almost 6,000 palliative care emergency admissions which must have a massive effect both on families but also financial cost to the system. He added that the system should be much more ambitious and do a burst of activity in a short time scale to try to improve outcomes for our families. SSt stated there is an opportunity to think differently.
- SP confirmed that the Quality & Performance Committee (Q&P) had reviewed the report and was happy to endorse setting up the Programme Board but not all of the twelve recommendations. There needs to be further clarity and focus on what can be done at a reasonable pace that will make a difference to the community, with measurements for benefits and outcomes. SSt added that there is a need to raise the profile of “dying well”, using communication channels like the website and use other established engagement at place to encourage cultural change.
- JH added that it would be helpful to see some benchmarking against other ICBs, for example the number of unplanned palliative care bed days and palliative care emergency admissions, to understand BLMK’s performance. This would enable good practice to be copied or to promote the practice in BLMK. SSt replied all ICBs have been asked to do this exercise and a comparison can be made.

The Board requested defined timings and milestones as to what will be delivered.

Advanced Care Planning & Education

- In response to a question by TK, *EH stated that advanced care planning will be one of the work streams. It is well known that the people who have talked about their preferences and wishes with their relative and their community are more likely to be cared for in the place of their choosing at their end of life.* SSt added it is the responsibility of any professional interacting with someone who fits the criteria to change the emphasis of care to symptom control and management and to talk about death and dying.
- RM suggested that there should be a metric that links advanced care plans to the decrease in demand for acute intervention.
- ABo recommended some form of education and communications on dying well, with input from patients with reference document for family and care providers to identify the persons wishes. The importance of talking to friends and family in relation to advanced care planning was emphasised. MSH added that People should be encouraged to do a Living Power of Attorney at an early stage. A natural opportunity to talk through these sorts of questions,
- MG stated that it would be beneficial to engage with the faith community.

Funding

- TK questioned how the Board can ensure there is adequate funding for end of life and hospice service.
- MB said there is an overlap with adult social care. While there is a long-term piece of work as to how to unlock funding from acute into community-based services such as hospices, if there is to be a high level of personalisation, as well as reinvestment in the system, there may need to be an element of self-funding for those that can afford it. Suggest that this should be fed back nationally.
- VM added that the VCSE sector plays a significant role in PEoLC and the Audit & Risk Assurance Committee (ARAC) is keen to understand the risk around sustainability of the voluntary sector.

The Board agreed.

Work Streams

- VM suggested that there should be a work stream to look at definitions, particularly “frailty” and how to manage levels of mental capacity. *SSt – there is a tool to identify levels of capacity and determine whether or not it is possible to have an appropriate conversation with a patient. This requires a lot of support to enable clinicians to feel safe to have those conversations.*

	<ul style="list-style-type: none"> - IR – Offered to work with SSt and team to understand how this work interfaces with the urgent and emergency care work stream and long term conditions, to reduce any potential duplication. <i>SSt – agree that this is important, and also to understand how they dovetail into the Bedford Care Alliance and Milton Keynes work streams.</i> - NP – Both long term conditions and frailty can be predicted, so the people can be identified. - NP – This is an area where place comes into its own. There are pockets of good practice such as the work in Luton with the University and Keech Hospice. <i>SSt – definitely not about reinventing the wheel, but invigorating some of the good work already in place and building on it.</i> - NP – we need to track variation by registered practice list. <p>Grief and Economic Impact</p> <ul style="list-style-type: none"> - RM - EoL care is not just about physical needs, but also looking after the family and supporting them with their grief, which starts long before death, in practical ways as well as physical. - SSw – It is better to die in a hospice than in hospital, where there is more time to discuss spirituality. Grief affects many people, with many people sick from work due to grief. There is no grief service. <i>SSt – we are trying to understand what how different faith groups require from us and how we can change some of our clinical practice.</i> - MSh – the Hindu like cremations to be done very quickly. There is an economic impact of delaying these as, until someone is cremated, the family cannot return to work or normal life. <p>The Board:</p> <ul style="list-style-type: none"> - endorsed the formation of a Palliative and End of Life Care Programme Board which will formally connect into the Bedfordshire Care Alliance (BCA) End of Life workstream and the Milton Keynes End of Life workstream; - agreed that “Dying Well” should be a transformation priority for the system. - requested that the Programme Board should look at funding, the links to other pathways including UEC and long-term conditions, refines the priorities and identifies a prioritisation order and considers what happens to families and communities at times of grief and bereavement. <p>ACTION 97: Present an update to the next Board meeting with a timeframe for the formation of the PEOLC Programme Board and clarity and prioritisation of the main areas of focus, taking into account all of the requests at this meeting.</p> <p><i>ET left the meeting.</i></p>	SSt
7.	<p>Primary Care Transformation Plan to Deliver the National Primary Care Strategy <i>Presented by Nicky Poulain, Chief Primary Care Officer & Dr Tayo Kufeji, Partner Member, Primary Medical Services</i></p> <p>Over the last year, the Board has received several items of aspects of Primary Care and today’s report looks holistically at the next steps across the full primary care landscape. For clarity, “primary care” refers to community pharmacists, dental, optometry and 111 whereas “primary medical practices” refers to GP surgeries.</p> <p>Primary care is the building block to integrated care and the biggest enabler for neighbourhood working. The transformation plan has three main themes: sustainability, equity and quality improvement.</p> <p>NP drew the Board’s attention to total workforce as the number of patients per GP does not represent the full story. In primary medical practices, as at October 2024, there were, 531 GPs (full time equivalent) working within the 84 practices, not including those in training. GPs in training, although not counted in these figures, are qualified doctors but are training in their specialism of general practice. There are 252 GP nurses, 152 pharmacists who, through the additional role reimbursement, which is a funding stream from the PCNs, have moved into general practice, and 637 other skilled multi professional staff in general practice in BLMK. These other multi professional staff have been funded by the additional roles reimbursement scheme, meaning that there is an additional £22m spent compared to years ago with the PCNs. This group includes physiotherapists, social prescribers and paramedics.</p> <p>BLMK is seen as exemplar with the primary care training hub and there has been a lot of work over the last year to pull together those clinicians and to look at system impact. BLMK’s Primary Care Prevention Plan has been recognised externally as very good practice and is being shared.</p>	

TK stated that this is a transformation plan of how BLMK plans to deliver the national strategy. The four key objectives are set out in Appendix A and Appendix B is a dashboard to keep track of progress. TK summarised the two key strategic aims:

Primary Care Access Programme which includes:

- Pharmacy First was launched in January 2024 and there have been 33,000 contacts, that has taken pressure of other parts of the system and directed patients to the most appropriate clinician for their need. Pharmacy First can prescribe for seven health conditions currently;
- Total Triage, where every patient contact, whether telephone, in person or digital, is assessed by a senior clinician and they are then directed to the appropriate clinician; and
- Cloud based telephony – by the end of the month, all 84 practices will have this technology to help to streamline calls and get the patient to the right person efficiently.

There are already good examples of neighbourhood working in BLMK such as the Bletchley Pathfinder, where there has been a focus on obesity and there has been excellent collaboration between primary care, the voluntary sector, other statutory organisations and the community. There is work underway to identify other areas of focus in BLMK. Population Health Management is supporting on population segmentation and work has started with the Institute for Healthcare Improvement (IHI) on hypertension management.

Transformation will take some years to embed and to see results. The three priorities for transformation are:

- continuity of care, with each patient having a named clinician,
- access - both to GP practices but also to other sectors of primary care, and
- digital integration which will lead to better neighbourhood working.

TK highlighted the challenges of sustainability (with a loss of practices and pharmacy closures), workforce recruitment, estates and the knock-on impact of elective recovery where patients need follow up appointments in primary care, which impacts capacity for the prevention work.

Key Points from Discussion

General

LC said that it was very helpful to see transformation journey as a plan on a page, detail on the challenges and the data dashboard. RP added that more clarity needed on community working within the plan.

MC – it is unclear whether the planned actions will deliver the target outcomes and asked for comparative data to be included e.g. GP per 1,000 population. NP replied that there is no clear data. The primary medical services contract is a national one, a large part of which comes under the Quality and Outcomes Framework.

Workforce

LC would welcome a broader range of metrics around vacancies, what they are and how they are being dealt with. NP replied that it is currently not possible to fill vacancies as all of the budget is being utilised.

LC stated that there seem to be differences across the four places in terms of the mix of professional and administrative staff, but with little impact on outcomes. It would be helpful to review and understand that. TK responded that all practices are set up differently but some information on where the gaps are can be provided. The Budget announcement has made it harder for practices to retain staff, with surgeries having to bear the cost of the employer's National Insurance increase. There is a lot of churn within primary care, where clinicians move around between practices, but very little additional recruitment from outside BLMK.

Estates

Local authorities are trying to support general practice estates provision but LC stated that it is not clear from the plan what the intention is for estate improvement on a larger scale. It would be helpful to see a plan on a page of *the ambitions with some timelines*. NP- *there is minimal capital in primary medical services, which is why it is so important to use publicly funded estates in the right way*. DW acknowledged that some of the projects in the pipeline could be articulated better.

Wider Impact

In response of a question by RP regarding the impact of issues in primary care on the wider system, such as at A&E, NP responded that work has been done with some of the national team about primary medical practice and the link with urgent emergency care, which can be included in the highlight report.

	<p>Digital Integration and Tools</p> <p>LM stated that digital interoperability is essential for the success of neighbourhood working. NP gave the example of a pilot of eleven community pharmacists across the four Places that could access to SystemOne. This enabled connectivity between the GP practice and pharmacist and they are being trained and encouraged to use to maximum benefit. There is no funding to extend this to additional pharmacists, which has been raised with the national team. MSh added interoperability is going to be the key to getting all clinicals talking.</p> <p>NP added cloud-based telephony was a national requirement and has been a game changer. All calls are now answered or go to answerphone, whereas previously some calls were unanswered due to insufficient bandwidth on the telephone lines. The data will need to be analysed to understand the impact fully.</p> <p>MT asked how Total Triage service is being monitored in terms of outcomes for patients as well as levels of satisfaction and how visible is the level of demand. TK replied that in his practice reviews its data for demand through digital, telephone and walk-in monthly but there is not sufficient capacity to meet all of the demand, so there is a degree of signposting. There are “committee of practice” forums where practices share best practice and support each other to find solutions.</p> <p>ACTION 98: DW to consider how estates projects in the pipeline are articulated in the Transformation Plan.</p> <p>ACTION 99: Primary Care Transformation update to be added to agenda for each meeting the next year.</p> <p>The Board noted ‘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.</p>	<p>DW KA</p>
<p>8.</p>	<p>Improving Health Equity and Delivering on the Denny Review <i>Presented by Maria Wogan, Chief of Strategy & Assurance & Lorraine Sunduza, Chief Executive Officer, East London NHS Foundation Trust & Denny Review Champion</i></p> <p><i>MC & LC left for part of this item.</i></p> <p>MW summarised that, a year ago, Reverend Lloyd Denny undertook a review of communities and marginalised groups across BLMK and the recommendations were agreed by the Board And partners committed to integrate the principles into their work.</p> <p>The four themes of the report were access, communications, representation and understanding others. The implementation actions were included in the Improving Health Equity Transformation Programme and the paper gives examples of work that is underway to address inequalities.</p> <p>The system needed to change how it works with residents to address health inequalities. An example of this was the work with the Institute of Healthcare Improvement to establish a Learning and Action Network (LAN) in each of the four Places to work with people to improve how blood pressure is managed, an area where BLMK has the worst performance system in the country. The LAN was launched on 22 November 2024 and was an excellent session with residents, clinicians and professionals from different parts of the system, all working together and learning the quality improvement approach. A resident person focus is at the heart of the programme. There will be a further LAN event next November to review progress.</p> <p>Another significant issue raised in the report was the challenges for non-English speaking residents and how better use of translation services could improve the patient experience for these residents. A report is expected early next year.</p> <p>Colleagues from the voluntary sector have been supporting the “What Matters to You” page that was discussed last year, which resonates well with the Dying Well report, and the most vulnerable people being able to share what matters to them without having to repeat multiple times.</p> <p>The focus for the second year will be on continuing with the work of the LAN, working with some of the communities that were involved with the Denny Review and the translation service options appraisal. It is hoped to do more in relation to Non-Executive Members’ involvement in challenging the system as to whether improvements are being delivered on the ground. The System and Insights Network, the first meeting of which will be in January, will also put residents’ voice at the centre of decision making.</p>	

LSu, considered the review very important as it highlighted the inequity within the system and welcomed the opportunity to step back and consider whether the current way of working lends itself to sustainable improvement over time. The LAN involves everyone in thinking about what can be done every day that will contribute over time to improvement. There is evidence that co-produced projects with those most impacted and close to the challenges are four times more likely to be successful. The IHI has been supporting BLMK in agreeing a quality improvement methodology for its approach. This helps to provide a structure to the approach but it also comes with tools that can be used every day. Residents and staff across the system are being trained, which is building system capacity for the future.

It is a skill to be able to look at data and use it to make big impactful changes for the population and LSu welcomed the leadership of MW and SSt for their support. It was pleasing to hear that the issue of inequity was considered in relation to sexual health and primary care conversations. It is important to always remember, when planning large programmes of work, to consider those communities that may be left behind and addressing how to include them.

Revd Lloyd Denny was invited to give his perspective on the ICB's response to the review and progress over the last year.

LD felt that it is always important not to lose sight of those who cannot always be part of the story in the room and that each person in the minority is a real person. He thanked the ICB and the system partners for embracing the report, which had been undertaken on behalf of the wider community who had put their trust in the system. Residents are expecting change, locally and nationally, following the election of a new government.

Residents do not always speak English, their culture and faith may be different and all of these factors need to be taken into account. Everyone should be treated with sensitivity and respect.

LD is optimistic and has seen, in Luton in particular, that residents are prepared to give the system a fair chance to deliver change to improve life for them and their families. It will take time to make the changes but there are already green shoots.

RM invited partners to give examples of some of the work that they have been doing in relation to reducing inequalities:

Luton Council – *Robin Porter, Chief Executive*

Four of the last 5 Director appointments have been representatives of the global majority, representation has been increased by 100% across senior managers over the last three years and by 50% across the whole of the organisation. The council set itself very challenging targets as part of the Black Lives Matter campaign and is on target to reach them.

In relation to eradicating poverty by 2040 in Luton, one of the Council's five priorities is fairness and social justice. In the last 12 months, a £2m grant has been attracted to help that agenda and the work of the Fairness Taskforce. In the last year, smoking prevalence has gone down from 21% to 14%. Selective licencing is a focus as, in Luton, almost one third of housing is private sector rent (PSR) and a disproportionate proportion of that PSR is taken by representatives of the global majority. Figures recently announced by the Joseph Rowntree Foundation showed that in Luton there are 5,000 fewer people in destitution than at the same time last year.

Central & North West London NHS Trust (*mental health*) - *Ross Graves, Chief Digital & Strategy Officer*

CNWL has been looking at how it is actively looking to residents and communities and using that input to shape both the planning and delivery of services. In the Lakes estate in Milton Keynes, a Community Connector role has been established to improve the connection between the local community and NHS and wider services. This involves outreach work which has borne very positive results in terms of improving engagement. CNWL has engaged directly with the local health improvement group aiming to reduce inequalities and is exploring how to make more connections with community groups and services.

As part of the Bletchley Pathfinder, MK Together commissioned a piece of work by Healthwatch to look at the experiences of people during their hospital stay and through discharge. Following on from that, a VCSE Coordinator has been commissioned to support with complex discharges

	<p>and signposting of people once they are home to ensure equity and access to information post discharge. A training package has also been commissioned by VCSE colleagues in relation to cultural competency training.</p> <p>Bedfordshire Hospitals NHS Trust – David Carter, Chief Executive Officer</p> <p>Using Artificial Intelligence (AI), a predictive tool has been developed in-house which looks at outpatients who are most likely not to attend their appointments and these patients, many of whom are from deprived communities, are contacted in advance. AI, which has been funded by the inequalities money, is being used to prioritise surgical waiting list whereby those patients most likely to deteriorate can be prioritised, with many of these patients living in deprived areas and marginalised communities.</p> <p>In relation to breast screening services, lists are being triangulated with certain registers in primary care. For examples, patients on the Learning Disabilities register, who are less likely to attend for screening, can be contacted directly and are supported to attend.</p> <p>Primary Medical Services (GPs) – Dr Sahadev Swain, GP</p> <p>The Biscott Peace and Wellbeing Centre in Luton female run clinics on a Saturday morning, to undertake menopause and cervical smears clinics and these doctors also do outreach work to increase awareness of cervical cancer and the screening programme. They also promote gardening for mental health and there is a stretching class for women only.</p> <p>MT, gave a perspective as the Board’s Healthwatch representative, considered the work of the IHI inspirational and considered that it and the work that has followed has been a great start to support long term cultural change in the system. It will help to break down barriers with the difficult to reach communities and hopefully extend their lives.</p> <p>The report is not just about the Denny recommendations but there is a need to close the loop with residents and share how we have acted against those specific recommendations, how the great work that individual providers are doing is being triangulated and measured. MW confirmed that one of the actions after the meeting is to publish an animation to summarise what has been done for residents in terms of accessibility.</p> <p>ACTION 100: MW to publish an animation to summarise what has been done for residents in terms of accessibility over the last year.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the assurance provided in this report of the diverse ways in which system partners are responding to The Denny Review; • Noted the progress made specifically in delivering the seven recommendations agreed by the Board in December 2023; • Approved the proposed focus of the Improving Health Equity programme in Year 2; and, • Noted the planned publication of an animation summarising progress. <p><i>There was a 15-minute refreshment break.</i></p> <p><i>LD left the meeting.</i></p>	MW
9.	<p>Operational Planning Process in BLMK 2025/26 <i>Presented by Maria Wogan, Chief of Strategy & Assurance</i></p> <p><i>MC & LC were absent for part of this item.</i></p> <p>Further to the paper, which sets out the ICB’s approach to NHS planning for 2025/26, MW gave the following updates:</p> <p>Planning guidance is expected to be issued before Christmas, which will set out the ICS’s financial settlement and targets. From discussions and feedback from national meetings, it is expected that the system will be expected to deliver a break-even financial plan, to reduce its expenditure on bank and agency staff and that there will be national KPIs set, with a particular focus on reducing waiting times for elective care. This is likely to be a challenging position for the system and there will be difficult decisions and choices to make, to be able to balance the financial position while delivering the outcomes for our population.</p>	

	<p>This topic will be addressed at the Board seminar on 10 January 2025. A meeting was held yesterday with NHS Chief Executives to talk about the system's approach to planning and to help to shape its approach and identify potential areas for transformation. It is hoped to identify a few big schemes that will help the system to deliver its plan. There is a further planning session next week.</p> <p>It will be important to ensure that the decisions taken in the short-term do not impact delivery of the system strategy, the vision of the ICS and the goals set out in the Health Services Strategy. There also needs to be a focus on delivering the three shifts outlined by Darzi; move from hospital to community care, transition from analogue to digital technology and shift focus from treating illnesses to preventing them</p> <p>In terms of transformation, there will be a real focus on system flow and implementing the learning from the PA Consulting report on the Better Care Fund. There will also be a review of how the system supports people with complex care needs, where there has been a 63% increase in care in the last 5 years. There are areas for potentially considerable mutual benefit for NHS and social care colleagues in both of these areas.</p> <p>The deadline for submission of plans is the end of March 2025, by which time all NHS contracts must have been signed off.</p> <p>Key Points from Discussion</p> <p>ABo requested that any further documents and information be shared before the January session, to enable the session being as productive as possible.</p> <p>In response to a question by MG on agreeing principles and approach MW replied that workshops have been set up with system leaders to build this shared understanding of the challenges and to look at opportunities. The January Board seminar will be an opportunity to shape the guiding principles and feedback will also be taken from the bottom up sessions in the next few months. Board members will be invited to planning sessions.</p> <p>VM asked if the Board seminar would have costed transformation schemes and MW responded that some areas will have been costed and there will be discussion as to how they could be transformed.</p> <p>ACTION 101: DWL to invite Board members to the Planning sessions. ACTION 102: MW to circulate PA Consulting Report and other relevant documents to Board members in advance of 10 January Board seminar.</p> <p>The Board:</p> <ul style="list-style-type: none"> - noted 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; and - noted 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. 	<p>DWL MW</p>
SYSTEM ASSURANCE		
<p>10.</p>	<p>ICS Finance Report – Month 7 (October 2024) <i>Presented by Dean Westcott, Chief Finance Officer</i></p> <p><i>TK left the meeting during this item.</i></p> <p><u>Month 7 Financial Report</u></p> <ul style="list-style-type: none"> • There had been an improvement in the run rate which was £23.7m compared to £25.3m in month 6. The combined position of ICB, BHFT and MKUH was £19m adverse to plan which was £2.3m adverse to the recovery trajectory. • There was a funding shortfall of circa £3.5m for the national pay award, which was an issue for many ICS's and representation have been made to NHSE. • In addition, premium rates were being incurred to address elective backlogs which was not covered by Elective Recovery funding and in MKUH this was a minimum of £1.4m. Discussions are underway with NHSE regarding mitigation for these costs. • Recovery actions were being undertaken, MKUH had been working with PA Consulting to identify efficiencies and BHT had a financial recovery plan that was having an impact particularly in workforce. 	

	<ul style="list-style-type: none"> • The system was on track to deliver 6% efficiencies in 2024/25 efficiencies. • Winter pressures was a risk to delivery of break-even position, particularly regarding staffing costs and reduction in elective activity due to emergency admissions. • Capital Forecast remains to achieve financial balance. • Included within the month report is the latest information for local authority positions for completeness and it was clear that local authorities continue to be under significant pressure to balance their own financial positions. <p>Month 8 There was a positive improvement of £1.8m on run rate largely driven by actions already identified. The system will be reporting £21.1m deficit with a forecast of break even at year end.</p> <p>In response to a question by ABo regarding the agility to respond to winter pressures, DW responded that the Winter Plan builds on learning from the previous year and wherever possible mitigate risk. The Urgent Emergency Care (UEC) programme group has strengthened proactive management and developed escalation processes. There is a UEC risk on the Board Assurance Framework and a predictive modelling tool has been developed.</p> <p>VM asked about the level of confidence of delivering a breakeven position and DW responded that NHSE take into consideration the system financial plans and the track record of financial delivery, which has been good in BLMK. The ICS is in the 3+ regime and there are regular meetings between NHSE, Trust Directors of Finance and ICB Chief Finance Officer. There is reasonable confidence on delivery of break-even, however, JH added that MKUH has already opened escalation beds due to increased emergency demand, particularly for patients with 'flu and children's admissions. DC added that there has also been an impact due to the change by the East of England Ambulance service to handover within 45 minutes.</p> <p>MG requested that the Finance and Investment Committee undertake a deep dive regarding the ELFT actual and variance and forecast and mitigations. In response to a question regarding Mental Health Investment Standards and development funding, DW responded that the operational planning guidance was awaited, but it was believed that Service Development Funding will be reduced and included in ICB baseline budgets but there will be greater flexibility on how this can be used. Elective Recovery Funding is likely to be capped.</p> <p>In response to a question by SP, DW stated that to achieve financial breakeven a significant amount of non-recurrent finding will be required and this will not be available in 2025/26. Any significant changes to services requires an Equality Impact Assessment and potentially public consultation.</p> <p>The Board noted the finance report and verbal update.</p>	
11.	<p>Audit & Risk Assurance Committee</p> <p>Chair's Report – <i>Dr Vineeta Manchanda</i></p> <ul style="list-style-type: none"> • The Board noted the Chair's summary report from the Audit & Risk Committee meeting held on 11 October 2024. <p>System Risks and Board Assurance Framework – <i>Maria Wogan, Chief of Strategy & Assurance</i></p> <ul style="list-style-type: none"> • The Board noted the SRR/BAF update and agreed any changes to the SRR/BAF including additional actions or mitigations required. 	
12.	<p>Quality & Performance</p> <p>Quality & Performance Committee Chair's Update – <i>Shirley Pointer</i></p> <ul style="list-style-type: none"> • The Board noted the issues raised by the Quality & Performance Committee on 29 November 2024. <p>Performance Report, <i>presented by Sarah Stanley, Chief Nursing Director and Maria Wogan, Chief of Strategy & Assurance</i></p> <ul style="list-style-type: none"> • The Board noted the Performance Report. 	
13.	<p>Finance & Investment Committee Chair's Update – <i>Manjeet Gill</i></p> <p>The Board:</p>	

	<ul style="list-style-type: none"> - approved the s75 agreements as recommended by the Committee and detailed in the report and - noted the remainder of the Chair's report of the meeting on 12 November 2024. 	
14.	<p>Primary Care Commissioning & Assurance Committee (PCCA) Chair's Update –<i>Alison Borrett</i></p> <p>The Board noted the issues raised by the PCCA Committee on 18 October 2024.</p>	
15.	<p>Mental Health Learning Disabilities and Autism (MHLDA) Collaboration Committee Chair's Update <i>Dr Rima Makarem</i></p> <p>The Board noted the issues raised by the BLMK MHLDA Collaborative committee on 16 October 2024.</p> <p>There is a separate agenda item, below, regarding Assertive & Intensive Outreach Review and Action Plan.</p>	
16.	<p>Assertive and Intensive Outreach Review and Action Plan <i>Presented by Ross Graves, Exec Co-Lead for BLMK MHLDA Collaborative, Chief Digital & Strategy Officer, CNWL</i></p> <p>NHSE requires that this review is undertaken and that an action plan is presented to a public ICB Board meeting. RG advised the Board that this was discussed at the MHLDA Collaboration meeting on 16 October 2024 and that the report and appendix shared with the Board gives a summary of the review and action plan.</p> <p>MBr asked whether colleagues from Local Authority Social Services have been given the opportunity to review and, if not, asked that they are given the opportunity to do so.</p> <p>ACTION: RG – To determine whether Social Services colleagues have had an opportunity to review the Assertive and Intensive Outreach Review and Action Plan and, if not, to give them that opportunity.</p> <p>The Board noted the review and action plan.</p>	
17.	<p>Remuneration Committee update – <i>Shirley Pointer</i></p> <p>The Board noted the update from the Remuneration Committee following the meeting on 4 October 2024.</p> <p>The Board noted the Workforce Race and Disability Equality Standard reports as at 31 March 2024.</p>	
ICB Organisational Decisions, Governance and Assurance		
18.	<p>Corporate Governance Update <i>Presented by Maria Wogan, Chief of Strategy & Assurance</i></p> <p>The Conflicts of Interest and Standards of Business Conduct (COISBC) Policy had been prepared on the basis of NHSE guidance and is brought to the Board to approve the changes. The Head of Corporate Governance had queried the removal of the perceived category with NHSE and it was recommended by NHSE that this is included.</p> <p>Following a Board decision regarding the Constitution at the meetings on 19 July and 27 September 2024, a revised Constitution had been submitted to NHSE for approval. NHSE has come back with some minor amendments and it was recommended that the Chief of Strategy and Assurance be delegated authority to make any necessary amendments and re-submit it to NHSE.</p> <p>The Board:</p> <ul style="list-style-type: none"> - approved the COISBC Policy with the inclusion of the perceived category. - noted that Manjeet Gill will be Acting Chair from 1 January 2025, until the successful recruitment of a substantive Chair of the ICB; 	

	<ul style="list-style-type: none"> - noted 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; - noted the Conflict of Interest Annual review and recognised the efforts of the Corporate Governance Team in achieving a high response rate; and - agreed 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. - Agreed to delegate authority to the Chief of Strategy and Assurance to make any necessary amendments to the NHSE Constitution and re-submit it to NHSE. 	
Closing Items		
19.	<p>Communication from the Meeting</p> <p>Communications from the meeting will be written up and shared with partners through the usual process.</p> <p>Board members and participants are asked to share information within their organisations.</p>	
20.	<p>Meeting Evaluation</p> <p>This was not covered.</p>	
21.	<p>Any Other Business</p> <p>The Chair thanked Marcel Coiffait, Chief Executive Officer, Central Bedfordshire Council and his team, for their hospitality today.</p> <p>Resolution to exclude members of the press and public:</p> <p>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.</p> <p><i>The meeting finished at 12.35</i></p>	

Next meeting

Date: Friday 21 March 2025

Time: 09.00 – 13.00

Venue: tbc

Approval of Draft Minutes by Chair only:		
Name	Role	Date
Dr Rima Makarem	Chair	30/12/24

QUESTION FROM A MEMBER OF THE PUBLIC

Shahida Mohamed, Board Member & Treasurer at Willen Hospice

Question:

I have the following questions for the ICB Board:

- 1. Does the ICB recognise the funding crisis faced by Hospices across the country and understand what this means for the viability of our local hospices?*
- 2. I understand that only 14% of Willen Hospice's total costs are funded by the ICB. How does this compare locally, regionally and nationally? And what will be done by the ICB to ensure all BLMK hospice services are allocated a fairer share of NHS resources in the future, commensurate with the contribution they make to end of life care provision.*
- 3. The report describes the unfunded Willen at Home Service as essential. Will the ICB Commit then to funding this service in the future?*
- 4. The report also makes clear that Palliative Care Hubs in Bedfordshire and Luton are NHS funded, whereas the one in Milton Keynes relies on charitable donation. Will the ICB commit to addressing this inequity, and to funding the Milton Keynes Care hub run by Willen Hospice*

Response from Sarah Stanley, ICB Chief Nurse

- Thank you for this important question which I am pleased to answer as the lead ICB Executive for Palliative & End of Life Care.
- Recognising dying and delivering personalised care and compassion for residents, their family and friends in the last few years, months and days of life is a responsibility for all within the integrated care system.
- The ICB is grateful to Willan Hospice, and all BLMK hospices, and to staff across and beyond the NHS, for the expert care they provide every day for end-of-life patients and their families.
- I will, later in this meeting, be presenting an Item on End of Life care alongside Hospice colleagues
- All hospices have been part of the review and the formation of the recommendations.
- I expect that discussion to respond in detail to several aspects of this question.
- But, in summary:
- The ICB of course recognises that there are current and future financial challenges within the Hospice sector, as there with all publicly funded services.
- Whilst the ICB does not hold information on what other systems contribute to the Hospice sector, we know from the work of Hospice UK that it varies widely across systems.
- We are aware of – and actively participating in - local and national conversations around the sustainability of the hospice sector.

- We see Willen as well as all our other hospice providers as important partners now and in the future.
- We note the issues raised, which have also been raised by the hospice Chief Executive to the ICB Chief Executive
- As can be seen from today's Board papers, we are reviewing the palliative & end of life services in BLMK and considering future requirements to ensure services as sustainable into the future – these will include consideration of the way the palliative care hub operates and also the balance between outreach services and bedded hospice care.
- Willen Hospice is an important stakeholder in working through these issues
- Without significant additional funding from government, improvement in Palliative & End of Life pathways will be delivered through improving and reforming existing pathways.
- This philosophy of co-ordinating care together as a system is at the heart of the paper the Board will discuss today.
- We look forward to working with all providers of palliative & end of life services to give the residents of BLMK good quality care at this period of their lives.

DRAFT

Board of the Integrated Care Board in Public Action Tracker as at 13.03.2025

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	13/03/2025 - Scheduled on the agenda for March's Board. Initially scheduled for December 24 meeting, but has been removed. Proposed for 21 March 25 Board meeting, possibly with JFP item.	In Progress
97	13/12/2024	Dying Well in BLMK	To present an update to the next Board meeting with a timeframe for the formation of the PEoLC Programme Board and clarity and prioritisation of the main areas of focus, taking into account all of the requests at this meeting	Sarah Stanley		21/03/2025	10/03/25 - Propose this update be presented to the June board to ensure alignment with annual cycle of business for the Quality & Performance Committee, where the Dying Well in BLMK priority is scheduled for discussion.	Not Yet Due
98	13/12/2024	Primary Care Transformation Plan to Deliver the National Primary Care Strategy	To consider how estates projects in the pipeline are articulated in the Transformation Plan	Dean Westcott		21/03/2025	10/03/25 - This action is closely aligned with the broader infrastructure strategy which is scheduled for presentation to the Board in June. Propose this update be delivered concurrently to ensure coherence and strategic alignment.	Not Yet Due
99	13/12/2024	Primary Care Transformation Plan to Deliver the National Primary Care Strategy	Primary Care Transformation Plan update to be added to agenda for each meeting next year.	Kim Atkin		31/12/2024	31/12/24 - Added to Annual Cycle of Business.	COMPLETE: Propose closure at next meeting - 21/03/2025
100	13/12/2024	Improving Health Equity and Delivering on the Denny Review	To publish an animation to summarise what has been done for residents in terms of accessibility over the last year	Maria Wogan	Michelle Summers	31/01/2025	6/1/25 Msu - there are issues to overcome regarding funding and contracting. Will update when possible.	In Progress
101	13/12/2024	Operational Planning Process in BLMK 2025/26	To invite Board members to the Planning sessions	Dominic Woodward-Lebihan		20/12/2024	31/12/24 DWL confirmed action complete.	COMPLETE: Propose closure at next meeting - 21/03/2025
102	13/12/2024	Operational Planning Process in BLMK 2025/26	To circulate PA Consulting Report and other relevant documents to Board members in advance of 10 January Board seminar	Maria Wogan		03/01/2025	31/12/24 DWL confirmed action complete.	COMPLETE: Propose closure at next meeting - 21/03/2025

**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	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	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	10105	Clinical Policy Development/ Process	Agree a Clinical Policy Development process	Board of the ICB	BLMK	27 Jun 2025	Chief Medical Director	Ian Reckless Chief Medical Director
FUTURE	10095	Environmental Sustainability	Revised Green plan	Board of the ICB	BLMK	27 Jun 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
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	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	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

**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	10129	Data and Digital Strategy	Review and approve Data and Digital Strategy	Board of the ICB	BLMK	26 Sep 2025	Chief Medical Director	Mark Thomas, Chief Information Officer
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	26 Sep 2025	Chief Primary Care Officer	Amanda Flower, Associate Director - Primary Care
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 Health Equity programme	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
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

Date: 21 March 2025

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: 5.0 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 13 December 2024.

2.0 Recommendations

2.1

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

Earlier in March, I was privileged to complete my Oliver McGowan training with a full day session with our trainers Anthony, Cosmin (leader by experience in learning disabilities) and George (leader by experience in autism). This was an excellent session working with people from across the ICB footprint. There were many moments for reflection and to connect to the purpose of our work and how we best serve local people, but also how we work with difference in our workforce too.

Across the NHS we have been facing a number of performance challenges, but it is not beyond repair. The emphasis on the need for reforms in payment systems. Consultant

contracts, and bolstering community, mental health and wider care services to alleviate hospital pressures is key. It is clear we need to be delivering and doing things differently in order to maintain high quality services that serve our population. Our operational plan for 25/26 will look to move us towards meeting this challenge as a partnership.

4.2 ICB Personnel Changes

Welcome to our new Chief Medical Officer, Dr Andrew Rochford

Andrew joined us on 10 March 2025 from the Royal Free London NHS Foundation Trust, where he worked as a consultant gastroenterologist. He has previously held senior clinical positions at Barts Health NHS Trust and NHS England. His work to deliver urgent and emergency care improvements has earned him recognition both in the UK and abroad. He has a particular interest in service improvement and was Improvement Clinical Director for the Royal College of Physicians, where his portfolio covered a broad range of services including accreditation, audit, patient safety and the Patient Carer Network.

There is an induction plan in place for Andrew to enable him to meet with our partners over the coming weeks.

We thank Dr Ian Reckless for his leadership in the development of our Health Services Strategy to set a more sustainable course for our system, with the expert voices of our clinicians at its core.

ICB Chair

The nomination for appointment to the role of ICB Chair is being processed by NHS England and the DHSC. We hope to have an outcome soon. Thank you to all our system partners who were involved in the process.

Nicky Poulain, Chief Primary Care Officer

It was announced to the Board in December that Nicky would be retiring at the end of April after over 40 years of excellent service to the NHS and ICB Chief Primary Care Officer and Place Director for Luton. This will be Nicky's last Board Meeting, and we all wish her well for the future.

Anne Brierley, Chief Operating Officer

I am sad to inform Board members that after struggling with health issues for 18 months, Anne will be leaving the ICB 31st March. I wish her well in her return to full health.

4.3 ICB Target Operating Model (TOM)

The ICB is amid a two-year programme to implement redesigned organisational structures and ways of working, to deliver on our collective ambitions for the system and to deliver the running cost 30% reduction by 2025/26 as instructed by NHS England (NHSE).

The newly developed Target Operating Model (TOM) drove the new structures implemented in Year 1 which also helped to facilitate the year 1 running cost savings. The ICB's experience, its growing system working and the challenging sustainability of services in a growing population and continued challenging financial environment mean that as the ICB has developed its thinking has evolved. TOM 2 will refine the original TOM to deliver on the system wide strategies and meet the evolving requirements placed with ICBs. TOM 2 focuses the work of the ICB to ensure that it is centred on the nationally set must dos; and our three transformation priorities for 2025/26 and beyond - Complex Care, End of Life Care, Admission Avoidance and Discharge; and connects the work of the four places.

The ICB launched its 30-day consultation on 12 March 2025. It is anticipated that the process will be completed by July 2025. The proposed structures demonstrate a reduction of 27 posts, 17 of which are existing vacancies. The principal teams impacted are Chief Executive's

Office, Nursing and Quality directorate, Strategy and Transformation directorate and Operations directorate.

4.4 **ICB Quarter 4 Review Meeting, 22 January 2025**

The BLMK ICB review meeting on January 22, 2025, discussed finances, operational planning, and service updates. Key points included concerns over capped Elective Recovery Funding, early-stage planning for 2025/26, and issues with paediatric audiology at BHFT. Proposals for Elective hubs and Luton CDC were set out, along with revenue implications. The ICB set out current thinking and approach to Community and Mental Health service procurement challenges, which region supported. Performance challenges and progress were discussed, focussing on elective wait times, diagnostic delivery and winter to date. As a system. We were thanked for our continued hard work and progress through 24/25.

4.5 **NHS Operational Planning 2025/2026**

The NHS Operational Planning process continues at pace across BLMK, with thanks to all partners involved in this work. We are focussed on delivering the balanced plan sought by NHSE England in the face of very significant financial, performance and workforce challenges. Our full system plan for 2025/26 will be submitted on 27 March, and an extraordinary Board meeting is pencilled in for the last week of March for members to consider this before it is returned. The only way the system will be able to reach breakeven is through a combination of improved productivity, progressing our three ambitious priority transformation schemes agreed by the Board in January, and by determining the services which we can no longer afford to provide. A full paper is presented to the Board in today's meeting.

We have held five system planning workshops during this year's planning process, and we hope the Board have found the regular written updates from my office to be useful. Also presented today is the updated Joint Forward Plan for 2025-30. In line with NHSE's advice, updates to the Plan are minor, with a focus on achievements during 2024/25. The Board, will be interested to see the many areas where we can evidence the difference our partnership has made, for instance a drastic reduction in emergency admissions for falls, and improving Good Level of Development scores in schools. Our strengthened approach to measuring our impact has been made possible through the efforts of our Population Health Intelligence Unit, and our growing partnership with the Institute for Healthcare Improvement. I am pleased to be writing a blog, to be published by the NHS Confed, on this this topic this month, and will share this with the Board once released.

A number of Executive Directors from system partners attended the Regional Planning event on 12 February, where we had to opportunity to share ideas for operational and financial planning with Regional and other East of England Trust and ICB colleagues.

4.6 **Elective Reform Plan**

In January 2025, the NHS launched a comprehensive reform plan for elective care services aimed at improving patient experience and reducing waiting times. The plan sets a target of treating 92% of patients within 18 weeks by March 2029. Key elements include empowering patients with digital tools, such as the NHS App, to enhance engagement and streamline bookings. Service delivery will be reformed by increasing efficiency, using surgical hubs, and expanding community diagnostic centres. The plan also aims to optimize care settings, including the use of private sector facilities to address NHS capacity constraints. Funding models, performance oversight, and clear responsibilities for NHS trusts will align with reform objectives. Progress targets include treating 65% of elective patients within 18 weeks by 2026 and delivering an additional 2 million appointments in the first year. While generally welcomed, concerns about funding adequacy, workforce capacity, and private sector integration remain significant challenges.

4.7 **Winter Workshop**

BLMK's annual System Winter Outcome Workshop is planned for the 2 May 2025, and we will be reviewing winter outcomes and learning from across the system partners. Discussions

will be held with regards to planning for next winter and ensuring we have all plans in place and mobilised pre-winter this year to avoid stepping up anything new during the busy period. One of the key themes to work through in preparation for winter is 7-day working across all system partners to enhance weekend discharges and utilise all capacity.

4.8 **Review of Bedfordshire Care Alliance and Bedfordshire Places by Carnall Farrar**

Carnall Farrar commenced the Independent Review of the Bedfordshire Places and BCA in January 2025. Feedback and interim report workshops are planned for the BCA on 20th March and for Places on the 15th April ahead of the final report publication, outcomes of which will be shared with the Board.

4.9 **Community and Mental Health Services Transformation**

A Strategic Delivery Plan has been developed setting out the key phases for the future of Community and Mental Health Services. The initial phase of the plan is the development of a BLMK Case for Change that aims to understand the needs of our population over the next decade and will help to identify our transformation priorities and guide further decisions throughout this important transformation programme. For further information, please refer to the Board agenda item on Community and Mental Health Services Transformation.

4.10 **System Insight Network**

Last year, the Board agreed to the recommendation from the Working with People and Communities Committee to evolve the sub-committee of the Board into a new System Insights Network that would hear the views of local people from across our region. On 28 January, the inaugural meeting of the System Insight Network took place, bringing together more than 100 people from across Bedfordshire, Luton and Milton Keynes. The event was attended by residents, faith and community leaders, health and care professionals, voluntary and community organisations and members of the Youth Parliament; who discussed Government's Change NHS consultation and shared their ideas on how we can shape the future of the NHS.

There were four emerging themes from the System Insight Network: patient centred care, communication and language, funding and capacity and early intervention. Feedback from the event has been shared through the national portal, together with what we heard from our engagement work from the Denny Review, Big Conversation and winter programme. A full report of what we heard at the event has been provided to the Board for discussion and members of the Youth Parliament will attend the Board meeting to share their views with Members.

The 10 Year Plan for Health and Care is due in Spring 2025. The BLMK system, supported by the System Insights Network and a wide range of findings from pre-existing engagement (including the Denny Review), has submitted its Engagement Report to DHSC as part of the Government's efforts to listen to patients, residents, partners and systems. BLMK undertook specific engagement with targeted communities in BLMK, e.g. faith groups, at NHSE/DHSC's request.

4.11 **Primary Care Estate Utilisation and Modernisation Fund for 2025/26**

£1.67m capital funding has been indicatively allocated to BLMK ICB under a *Primary Care Estate Utilisation and Modernisation Fund* for 2025/26, with highly prescriptive criteria set out by NHSE about how the funding could be used. All ICBs were required to submit an initial list of projects to NHSE for increasing clinical capacity within primary medical care with this fund by 28th February 2025. This opportunity was shared with all local practices, and the first stage of a local review has been completed to develop an initial list of schemes, with particular focus on relieving pressure for the most constrained surgeries in BLMK. Further due diligence will be carried out over the next few months, and a final proposed list of schemes will be signed off by the Primary Care Commissioning and Assurance Committee in May and will be shared with the Board in June.

4.12 **Specialised Commissioning Update**

The EoE Joint Endeavour has been developing a Commissioning Framework (CF) for delegated specialised services, to ensure there are agreed consistent principles and aligned approach, in integrating the commissioning of specialised services with those already commissioned by ICBs. The Framework has been built from JCC discussions, internal SCT review and the recent workshops on strategy and the CF with ICBs, acute providers, and partners. Five key mechanisms have been identified within the framework as part of the commissioning cycle, to support and deliver the aims of delegated commissioning, to achieve improved quality, equity of access and value. The final draft will be signed off by the JCC on 5 March 2025.

The planning process for 2025/26 is underway, with the finalisation of the governance documents for 2025/26, Delegation Agreement, Collaboration Agreement, updated JCC Terms of Reference, strategic corporate risk matrix, and completion of the Safe Delegation Checklist all going to the JCC for finalisation on the 5 March. In addition, the JCC will review the contract planning approach for both acute specialised services, and mental health specialised services, along with the financial principles and assumptions for 2025/26.

4.13 **Update on Mount Vernon Cancer Centre**

Following the update at the last Board meeting, the NHSE assurance process is ongoing. The pre-consultation business case has been completed, it outlines the case for change, supports the strategic direction, and presents the financial modelling for the long-term sustainability of the service. In preparation for the public consultation, a consultation document and engagement plan are in development. Considering the potential impact on BLMK cancer pathways, work is underway to assess the travel and access challenges faced by BLMK residents when accessing Mount Vernon Cancer Centre. ICBs will be asked to support the proposals to move to public consultation once the assurance phase has been concluded.

4.14 **NHS England Announcement – Amanda Pritchard**

Amanda Pritchard formally notified the NHS England Board on 25 February 2025 of her decision to stand down as chief executive at the end of this financial year. Amanda has been Chief Executive since August 2021 and chief operating officer since 2019. Sir James (Jim) Mackey will be taking over as Transition CEO of NHS England, working closely with Amanda during March before taking up post formally on the first of April. Jim has previous experience of national leadership within the NHS – notably during his previous tenure as chief executive of NHS Improvement.

Subsequently, Steve Powis, Medical Director announced he will retire in the summer and Chief Financial Officer, Julian Kelly, Chief Operating Officer, Dame Emily Lawson, and Chief Delivery Officer, Steve Russell, have informed the Board and their teams that they will also stand down in the coming weeks. It has also been announced that across Department of Health and Social Care and NHSE, a 50% reduction in staffing costs will be made.

4.15 **Positive New Stories**

There have been a number of published stories highlighting the good work of system partners and benefits for our residents: numbers of patients on waiting lists at our hospitals have fallen, we have provided more emergency dental appointments and GP appointments for local patients, utilisation of Pharmacy First has increased, the Unscheduled Care Co-ordination Hub (UCCH) is having a positive impact and there are new options for care and treatment outside of hospital at the Enhanced Services Centre at Bedford Health Village.

The news articles are linked here:

[Local NHS waiting lists fall, new figures show - Bedfordshire, Luton and Milton Keynes Integrated Care System](#)

[Thousands more emergency dental appointments to be made available in Bedfordshire, Luton and Milton Keynes - Bedfordshire, Luton and Milton Keynes Integrated Care System](#)

[New data show more GP appointments on offer for local patients - Bedfordshire, Luton and Milton Keynes Integrated Care System](#)

[Pharmacy First consultations up by 60% as winter illnesses bite - Bedfordshire, Luton and Milton Keynes Integrated Care System](#)

[NHS prevents over 1,800 emergency responses by treating patients closer to home - Bedfordshire, Luton and Milton Keynes Integrated Care System](#)

<https://blmkhealthandcarepartnership.org/patients-to-get-more-services-outside-hospital-as-bedford-practice-moves-three-sites-to-new-single-location/>

4.16 **Speaking Engagements**

The ICB Chief Executive Officer spoke at the Community of Improvement event on 22 January, hosted by NHS England as part of the East of England Population Health Equity Community of Improvement Webinar Series. The focus was on how healthy homes can reduce health inequalities in the East of England.

4.17 **Events and Meetings**

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

7 January	The ICB Chief Executive Officer attended for New Year gathering with the Bedfordshire Chief Executives Forum. Hosted by Bishop of Bedford, Richard Atkinson and Chief Constable of Bedfordshire Police, Trevor Rodenhurst.
8 January 28 March	The ICB Chief Executive Officer and Chief Nursing Officer met with Kate Broadhurst, Chief Executive of Willen Hospice to have an initial discussion how the ICB will work with Willen Hospice in 2025/2026. It is planned to have a further discussion after the publication of the NHS planning guidance and allocations.
27 January	The ICB Chief Executive Officer was interviewed by Zoe Tidman, Health Services Journal, on the main focus for the ICB over the coming year.
30 January	The ICB Chief Executive Officer, Chief Finance Officer and Place Director held a follow up meeting with Richard Fuller MP, Councillors Adam Zerny and Mark Smith to discuss estates matters in Central Bedfordshire.
31 January	The ICB Chief Executive Officer met with Alistair Strathern MP to discuss primary care estates and other Constituency matters.
4 February	The ICB Chief Executive Officer held an introduction meeting with Melanie Craig, the new Chief Operating Officer at Sue Ryder.
6 February	The ICB Chief Executive Officer attended the Luton Muslim Health Alliance Launch and Dinner dedicated to celebrating our shared mission of promoting health and well-being within our communities.
11 February	As part of LGBT History Month, the ICB Chief Executive Officer had the privilege of introducing Richard Angell OBE, chief exec of the Terrance Higgins Trust to present a talk on HIV and the British LGBT Community 1982- 2025
13 March	NHS Leadership Event focused on 2025/26 Planning
14 March	NHS Confed Leadership Interview

4.19 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:

This guidance outlines the principles and core components that underpin all neighbourhood multidisciplinary teams for children and young people. To be read alongside the 2025/26 planning guidance: <https://www.england.nhs.uk/publication/guidance-on-neighbourhood-multidisciplinary-teams-for-children-and-young-people/>

This guidance supports consistent application of waiting times rules and guidance: <https://www.england.nhs.uk/publication/national-elective-access-policy/>

2025/26 priorities and operational planning guidance:

<https://www.england.nhs.uk/publication/2025-26-priorities-and-operational-planning-guidance/>

How NHSE will support ICBs and providers to deliver what the NHS is being asked to do through the Mandate from government and the 2025/26 priorities and operational planning guidance:

<https://www.england.nhs.uk/publication/our-new-operating-model-supporting-you-to-deliver-high-quality-care-for-patients/>

This guidance sets out the revenue finance and contracting frameworks for 2025/26:

<https://www.england.nhs.uk/publication/revenue-finance-and-contracting-guidance-for-2025-26/>

2025/26 integrated care board (ICB) allocations for core services, primary care medical, and

running cost allowance: <https://www.england.nhs.uk/publication/allocation-of-resources-2025-26/>

This guidance outlines the requirements for the planning and delivery of the Better Care Fund

(BCF) for 2025 to 2026: <https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2025-26/>

Under the terms of the NHS Act 2006, amended by the Health and Care Act 2022, NHS England is required to assess the performance of each integrated care board (ICB) and publish a summary of the outcomes of its assessments. This report does so for 2023/24, the first full year of ICBs being

in operation: <https://www.england.nhs.uk/publication/annual-assessment-of-integrated-care-boards-2023-24/>

Sets out how the NHS will reform elective care services and meet the 18 week referral to treatment standard by March 2029: <https://www.england.nhs.uk/publication/reforming-elective-care-for-patients/>

5.0 Next Steps

5.1 As described in this report.

List of appendices

None.

Background reading

None.

Date: 21 March 2025

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

ICS Partner Lead: Vicky Head, Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes

Report Author: Vicky Head, Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes

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

Item: 6.0 Director of Public Health Annual Reports for Bedford Borough, Central Bedfordshire and Milton Keynes, 2024: Population, health and healthcare use across BLMK, 2023 to 2043

Reason for report to the Board: ICB Board to consider the Public Health Annual report.

1.0 Executive Summary

- 1.1 The 2024 Director of Public Health (DPH) Annual Reports for Bedford Borough, Central Bedfordshire and Milton Keynes focus on population change to 2043 and the potential impact on health and healthcare utilisation. The Annual Reports are based on analysis by the Population Health Intelligence Unit (PHIU), which covers BLMK, and while this paper includes links to the three Annual Reports, the data presented in this paper cover BLMK.
 - 1.2 The DPH Annual Reports are brought to the ICB Board for information.
 - 1.3 The PHIU forecasts suggest the population of BLMK will grow by 25% between 2023 and 2043 and growth is forecast in nearly all age groups across all areas. If people carry on making use of healthcare at the same age and sex-specific rates as today, by 2043 BLMK's population will generate:
 - 34% (1.55 million) more primary care (GP/practice nurse) consultations per year
 - 34% (550,000) additional outpatient attendances per year
 - 27% (93,000) more visits to A&E per year
 - 38% (37,000) more emergency admissions per year
 - 39% (52,000) more elective (planned) admissions per year
 - 1.5 While overall population growth is contributing to this increase, the ageing population is critical. Types of healthcare activity that are most commonly used by older people will see the greatest rise.
 - 1.6 Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach and to make the healthcare system more efficient. Even if these are achieved, however, it is difficult to see how they could mitigate activity increases on this scale without also requiring additional investment in healthcare staffing capacity and infrastructure.
- ## 2.0 Recommendations
- 2.2 The members are asked to **note** the Annual Reports and data for BLMK and consider the implications for BLMK.

3.0 Key Implications

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

- 3.1 The forecasts presented in the Annual Reports highlight significant increases in healthcare utilisation across BLMK by 2043, which, if not mitigated, will have major resourcing implications in terms of healthcare capacity and finance.
- 3.2 Forecasts suggest the proportion of the population from ethnic groups other than White will increase in the future; these minority groups can experience health inequalities and services will need to ensure they are accessible and culturally appropriate. Any impact on healthcare access resulting from insufficient capacity will likely have the biggest impact on populations with higher levels of deprivation.
- 3.3 The Annual Reports have been presented at the Bedford Borough and Central Bedfordshire Health and Wellbeing Boards and the Milton Keynes Health and Care Partnership. The data has been discussed with the ICB Executive and at the ICB Quality and Performance Committee.
- 3.4 This work does not directly address the Green Plan commitments but highlights the challenge in relation to lowering resource use, reducing waste and eliminating greenhouse gas emissions given the anticipated increases in population and healthcare activity.

4.0 Report

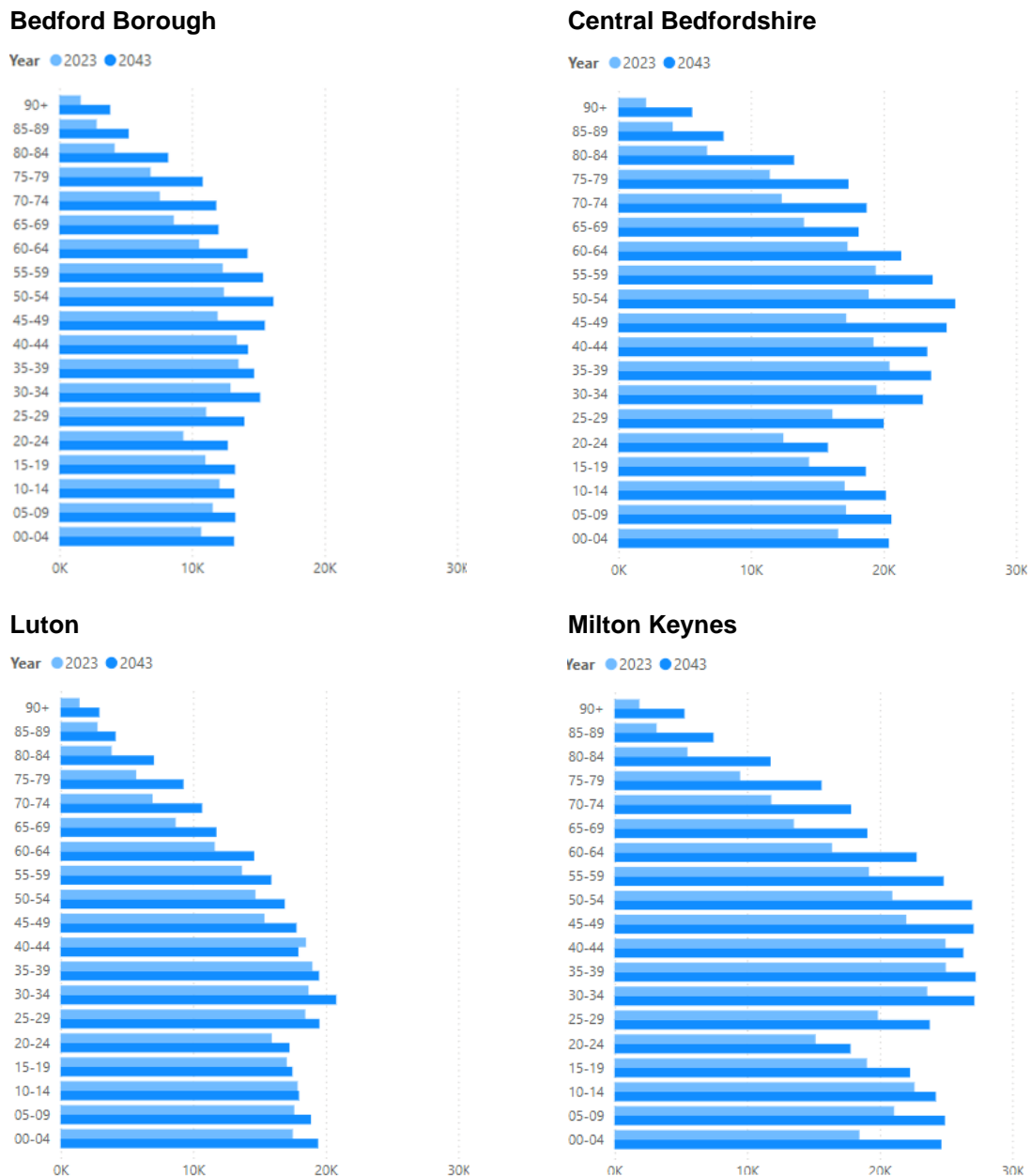
- 4.1 Directors of Public Health are required to publish an Annual Report on the health of their population. This is an opportunity to highlight population health trends or to take a deeper look into a subject of public health relevance locally. The 2024 DPH Annual Reports for Bedford Borough, Central Bedfordshire and Milton Keynes focus on population change to 2043 and the potential impacts on health and healthcare utilisation. These three councils share a DPH and public health service. The Executive Summaries from the Annual Reports are included in the appendix to this paper and the full reports are available online:
<https://bedford.jsna.uk/director-of-public-health-reports/>
<https://centralbedfordshire.jsna.uk/director-of-public-health-reports/>
<https://miltonkeynes.jsna.uk/director-of-public-health-reports/>
- 4.2 The Annual Reports are based on analysis by the Population Health Intelligence Unit, which covers BLMK, therefore this paper to the Board presents comparable data for BLMK.
- 4.3 The BLMK ICS has been, and is expected to continue to be, among the fastest growing areas in England. BLMK ICB have invested in the development of a Population Health Intelligence Unit in order to develop local analytical capacity and foster data-driven decision making. A core part of the PHIU's initial focus has been on developing our ability to look ahead: how do we expect the population to change, what do we know about changing patterns of disease, and how might we expect healthcare use to change in the future. Predictions of this sort will inevitably never be 'right', but this work can provide a helpful sense of the direction and scale of change we are faced with.
- 4.4 Population projections produced by the Office for National Statistics are trend-based, which means they assume that previous trends will continue into the future. These projections can

underestimate growth in areas with high levels of housebuilding or with other local factors influencing changes. The PHIU have therefore worked with colleagues in Luton Borough Council to develop a set of population forecasts for BLMK based on the most appropriate local assumptions. For Bedford Borough, Central Bedfordshire and Milton Keynes, the forecasts are housing-led, which means they are consistent with planned levels of housebuilding. The Luton forecast is based on a 'high migration scenario', which best reflects known patterns of in-migration to the Borough.

4.5 The PHIU forecasts suggest the population of BLMK will grow by 25% between 2023 and 2043. This compares to 15% in the ten years between 2011 and 2021. Forecast growth is highest in Central Bedfordshire at 31%, followed by Bedford Borough (28%) and Milton Keynes (27%), with lowest growth forecast in Luton (14%).

4.6 Growth is forecast in nearly all age groups across all areas. Luton is forecast to have lowest growth in working-age groups and will continue to have a younger age profile. The number of people aged 65 and over is forecast to increase by 63% across BLMK overall, with the highest percentage growth in Milton Keynes (70%), followed by Bedford Borough (64%), then Central Bedfordshire (60%), with the lowest percentage growth in Luton (56%).

Figure 1: Current and forecast population by age and local authority, 2023 and 2043



- 4.7 The population is forecast to become more ethnically diverse, with the proportion of people from ethnic groups other than White rising from 28% to 32%.
- 4.8 In 2023, the four most common recorded health conditions were hypertension (15% of the population), anxiety (15%), depression (11%) and musculoskeletal conditions (10%). The rising number of older adults in the population means that by 2043 the prevalence of hypertension is forecast to increase to 18% and MSK to 12%. Depression and anxiety are not expected to increase in prevalence. While cardiovascular disease, cancer, chronic kidney disease and dementias are less common, as they are strongly associated with ageing they will show notable increases in prevalence over this time.
- 4.9 While the population is forecast to grow by 25%, if people carry on making use of healthcare at the same age- and sex-specific rates as today, by 2043 BLMK's population will generate:
- 34% (around 1.55 million) more primary care consultations per year
 - 34% (around 550,000) additional outpatient attendances per year
 - 27% (around 93,000) more visits to A&E per year
 - 38% (around 37,000) more emergency admissions per year
 - 39% (around 52,000) more elective (planned) admissions per year

Figure 2: Forecast percentage increase in population & healthcare activity, 2023-2043

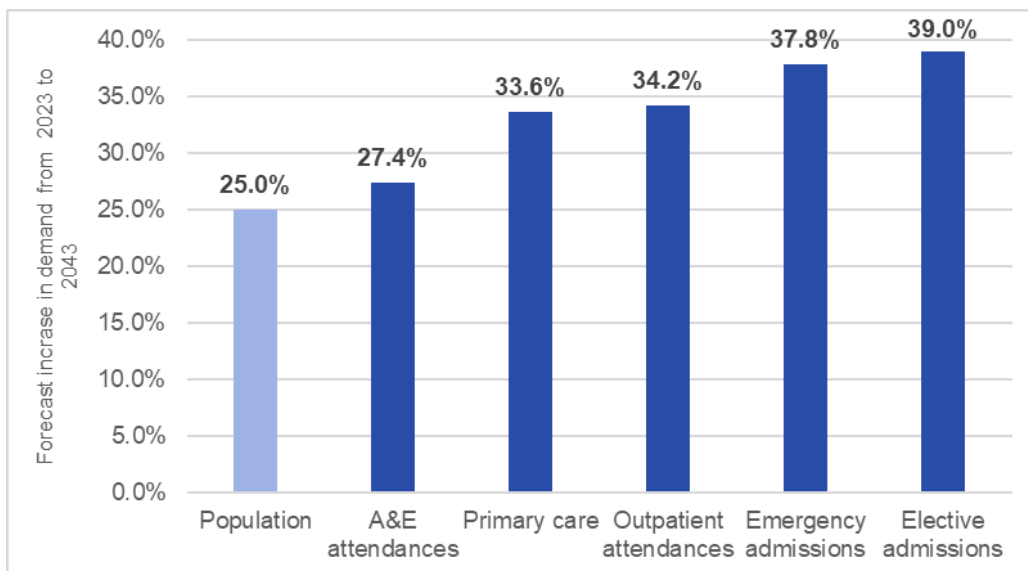
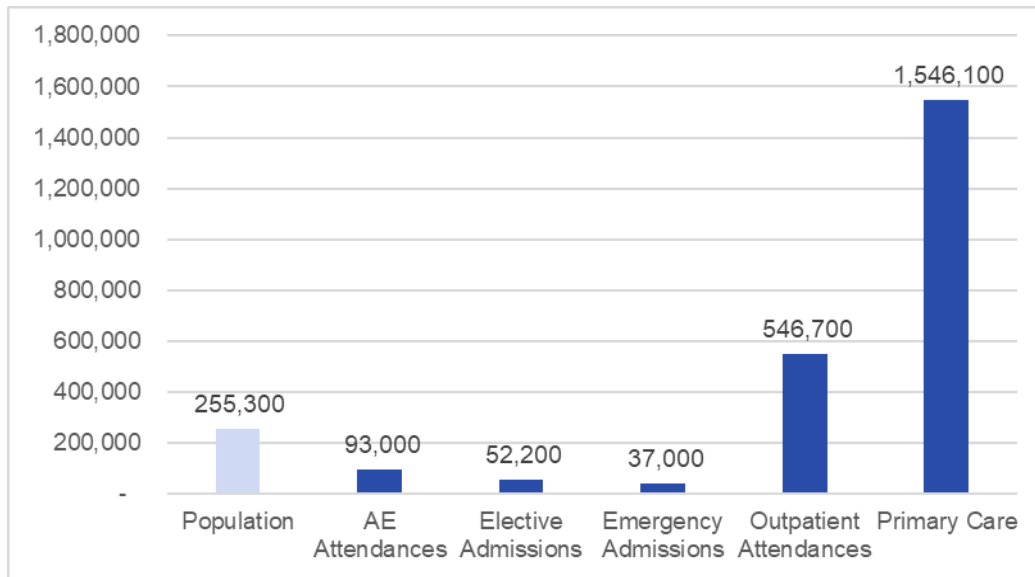
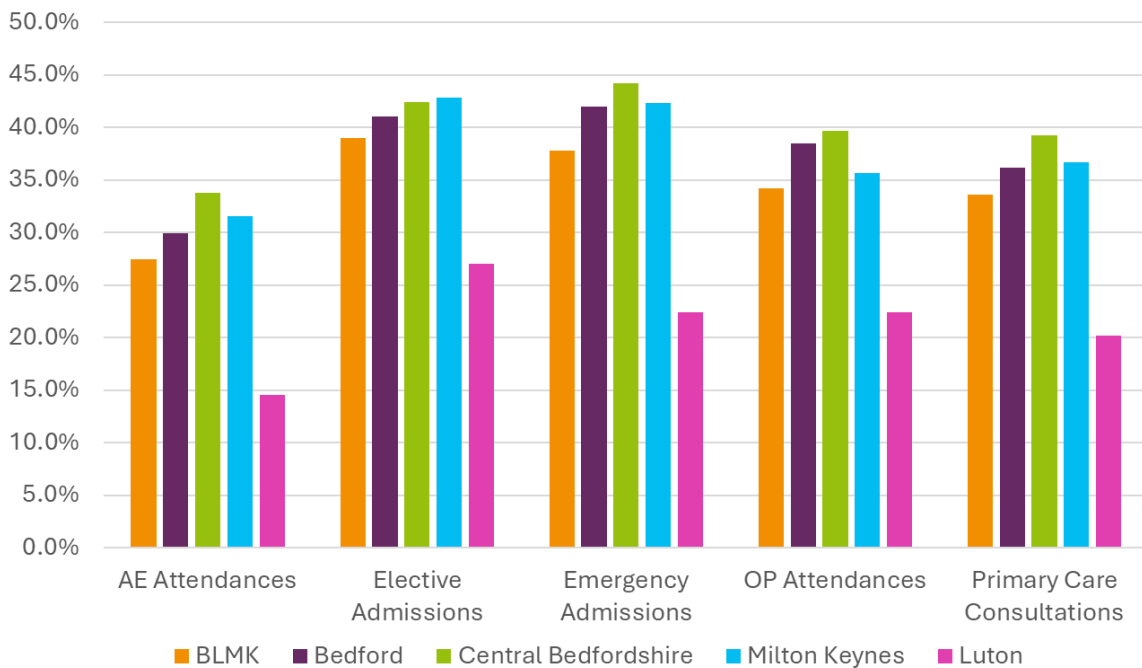


Figure 3: Forecast absolute increase in population & healthcare activity, 2023-2043



4.10 The younger age profile and lower forecast population growth for Luton mean that the increase in activity for health services is markedly lower.

Figure 4: Forecast % increase in healthcare activity by local authority, 2023-2043



4.11 While overall population growth is contributing to the forecast increase, the ageing population is a critical factor. The majority of people driving this increase are already resident in our population. Population ageing means that the use of healthcare in the future will increase more than the population overall. Types of healthcare activity that are most commonly used by older people will see the greatest rise. Only A&E attendances will rise more in line with the overall population increase.

4.12 Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach to build a healthier population and to make the healthcare system more efficient. Even if both these are achieved, however, it is difficult to see how they could

mitigate activity increases of this scale, without also requiring investment in additional healthcare staffing capacity and infrastructure.

- 4.13 Although the wider public sector and societal effects are not the focus of the Annual Reports, it is evident that the impacts of population growth and ageing will reach beyond the NHS to social care and the wider public and voluntary sectors.

5.0 Next Steps

- 5.1 The next steps for the PHIU are to look at condition-specific forecasts of patient numbers and healthcare need. In depth work on cancer, MSK and mental health is underway.
- 5.2 The data summarised in this paper are available to ICS colleagues to support strategic planning and will underpin implementation of the ICB's Health Services Strategy.
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List of appendices

- Appendix A – Bedford Borough DPH Annual Report 2024 - Executive Summary
Appendix B – Central Bedfordshire DPH Annual Report 2024 - Executive Summary
Appendix C – Milton Keynes DPH Annual Report 2024 - Executive Summary

Appendix A: Bedford Borough DPH Annual Report 2024 - Executive Summary

The Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System has been, and is expected to continue to be, among the fastest growing areas in England. The BLMK Integrated Care Board have invested in the development of a Population Health Intelligence Unit in order to develop local analytical capacity and foster data-driven decision making. A core part of the PHIU's initial focus has been on developing our ability to look ahead. This Annual Report shares some of the outputs of this work for Bedford Borough: how do we expect the population to change, what do we know about changing patterns of disease, and how might we expect healthcare use to change in the future? Predictions of this sort will inevitably never be 'right', but they can provide a helpful sense of the scale of change we are faced with.

Based on plans to build 1,305 dwellings per year to 2041, Bedford Borough's population could increase from around 190,500 in 2023 to around 244,500 by 2043. This is 54,000 more people - a 28% increase. The highest percentage increase will be in older people, with a 105% rise in over 85s and 72% rise in over 75s. The ethnic diversity of the population is also expected to continue to grow.

In 2023, the four most common recorded health conditions were: hypertension (16.5% of the population), anxiety (15.8%), depression (12.6%) and musculoskeletal conditions (11.0%). The rising number of older adults in the population means that by 2043 the prevalence of hypertension will increase to 19.4%, followed by anxiety (15.7%), MSK (13.2%) and then depression (12.5%). While cardiovascular disease, cancer and chronic kidney disease are less common, they will show notable increases in prevalence over this time.

While the population is forecast to grow by 28%, if people carry on making use of healthcare at the same age- and sex-specific rates as today, by 2043 Bedford Borough's population will generate:

- 36% (around 300,000) more primary care consultations per year
- 39% (around 100,000) additional outpatient attendances per year
- 30% (around 20,000) more visits to A&E per year
- 41% (around 11,000) more elective (planned) admissions per year
- 42% (around 6,000) more emergency admissions per year

While overall population growth is contributing to this increase, the ageing population is also an important factor. The majority of people driving this increase are already resident in our population. Population ageing means that the use of healthcare in the future will increase more than the population overall. Types of healthcare activity that are most commonly used by older people will see the greatest rise. Only A&E attendances will rise more in line with the overall population increase.

Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach to build a healthier population and to make the healthcare system more efficient. Even if both these are achieved, however, it is difficult to see how they could mitigate activity increases of this scale, without also requiring investment in additional healthcare staffing capacity and infrastructure.

The full Annual Report is available here: <https://bedford.jsna.uk/director-of-public-health-reports/>

Appendix B: Central Bedfordshire DPH Annual Report 2024 - Executive Summary

The Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System has been, and is expected to continue to be, among the fastest growing areas in England. The BLMK Integrated Care Board have invested in the development of a Population Health Intelligence Unit in order to develop local analytical capacity and foster data-driven decision making. A core part of the PHIU's initial focus has been on developing our ability to look ahead. This Annual Report shares some of the outputs of this work for Central Bedfordshire: how do we expect the population to change, what do we know about changing patterns of disease, and how might we expect healthcare use to change in the future? Predictions of this sort will inevitably never be 'right', but this work can provide a helpful sense of the scale of change we are faced with.

Based on plans to build 2,320 dwellings per year to 2043, Central Bedfordshire's population could increase from around 305,800 in 2023 to around 400,300 by 2043. This is over 94,000 more people - a 31% increase. The highest percentage increase will be in older people, with a 118% rise in over 85s and 60% rise in over 65s. The ethnic diversity of the population is also expected to grow, although Central Bedfordshire will remain less ethnically diverse than the England average and considerably less diverse than surrounding areas.

In 2023, the four most common recorded health conditions were: hypertension (16.4% of the population), anxiety (16.3%), depression (11.8%) and musculoskeletal conditions (11.4%). The rising number of older adults in the population means that by 2043 the prevalence of hypertension is forecast to increase to 19.0%, followed by anxiety (16.3%), MSK (13.4%) and then depression (11.7%). While cardiovascular disease, cancer and chronic kidney disease are less common, they will show notable increases in prevalence over this time.

While the population is forecast to grow by 31%, if people carry on making use of healthcare at the same age- and sex-specific rates as today, by 2043 Central Bedfordshire's population will generate:

- 39% (around 500,000) more primary care consultations per year
- 40% (around 170,000) additional outpatient attendances per year
- 34% (around 30,000) more visits to A&E per year
- 42% (around 18,000) more elective (planned) admissions per year
- 44% (around 11,500) more emergency admissions per year

While overall population growth is contributing to this increase, the ageing population is also an important factor. The majority of people driving this increase are already resident in our population. Population ageing means that the use of healthcare in the future will increase more than the population overall. Types of healthcare activity that are most commonly used by older people will see the greatest rise. Only A&E attendances will rise more in line with the overall population increase.

Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach to build a healthier population and to make the healthcare system more efficient. Even if both these are achieved, however, it is difficult to see how they could mitigate activity increases of this scale, without also requiring investment in additional healthcare staffing capacity and infrastructure.

The full Annual Report is available here: <https://centralbedfordshire.jsna.uk/director-of-public-health-reports/>

Appendix C: Milton Keynes DPH Annual Report 2024 - Executive Summary

The Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System has been, and is expected to continue to be, among the fastest growing areas in England. The BLMK Integrated Care Board has invested in the development of a Population Health Intelligence Unit in order to develop local analytical capacity and foster data-driven decision making. A core part of the PHIU's initial focus has been on developing our ability to look ahead. This Annual Report shares some of the outputs of this work for Milton Keynes City: how do we expect the population to change, what do we know about changing patterns of disease, and how might we expect healthcare use to change in the future? Predictions of this sort will inevitably never be 'right', but they can provide a helpful sense of the scale of change we are faced with.

Based on plans to build an average of 1,943 dwellings per year to 2043, Milton Keynes City's population could increase from around 294,200 in 2023 to around 372,400 by 2043. This is 72,200 more people - a 27% increase. The highest percentage increase is likely to be in older people, with a 105% rise in people aged 85 and over and a 72% rise in those aged 75 and over. The ethnic diversity of the population is also expected to continue to grow.

In 2023, the four most common recorded health conditions were: anxiety (15.6% of the population), hypertension (14.3%), depression (11.3%) and musculoskeletal conditions (9.5%). The rising number of older adults in the population means that by 2043 the prevalence of hypertension will increase to 17.4%, to overtake anxiety (15.5%), followed by MSK (12.0%) and then depression (11.2%). Furthermore, although cardiovascular disease, cancer and chronic kidney disease are less common, they will show notable increases in prevalence over this time.

While the population is forecast to grow by 27%, if people carry on making use of healthcare at the same age- and sex-specific rates as today, by 2043 Milton Keynes City's population will generate:

- 37% (around 510,000) more primary care consultations per year
- 36% (around 215,000) additional outpatient attendances per year
- 32% (around 26,000) more visits to A&E per year
- 43% (around 16,000) more elective (planned) admissions per year
- 42% (around 13,000) more emergency admissions per year

While overall population growth is contributing to this increase, the ageing population is also an important factor. The majority of people driving this increase are already resident in our population. Population ageing means that the use of healthcare in the future will increase more than the population overall and that the types of healthcare activity that are most commonly used by older people will see the greatest rise. Only A&E attendances will rise more in line with the overall population increase.

Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach to build a healthier population and to make the healthcare system more efficient. Even if both these are achieved, however, it is difficult to see how they could mitigate activity increases of this scale, without also requiring investment in additional healthcare staffing capacity and infrastructure.

The full Annual Report is available here: <https://miltonkeynes.jsna.uk/director-of-public-health-reports/>

Date: 21 March 2025

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

ICS Partner Lead: Nicola Ainsworth and Elizabeth Elliot, Joint Acting Director of Public Health, Luton Council

Report Author: Nicola Ainsworth and Elizabeth Elliot, Joint Acting Director of Public Health, Luton Council

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

Item: 6.1 – Luton’s Annual Public Health Report 2024

Reason for report to the Board: (e) other – for information, feedback and comment.

1.0 Executive Summary

1.1 The Annual Public Health Report (APHR) is the statutory report that all Directors in England must produce to provide valuable insights and recommendations on improving the public health of the local population. Luton’s 2023 report builds on the Luton a Marmot Town APHR which focused on the generic approach to Luton’s Health Equity Town approach.

This year’s report gives an update on actions undertaken since the last report was published and the general direction of travel for Luton. The report tabled is a **draft** and will be edited and designed for accessibility and sharing across Luton’s health equity system.

In addition to this, it highlights the complexity of tackling health inequalities and addresses where the inequalities exist within Luton by drawing attention to key indicators. The report is split into six sections – why being a Marmot Place is important, Section two focuses on an update on the health equity system successes and actions; Section three describes communication and capacity building; Section four is the principal and current focus for Luton. Section five and six describe the evaluation findings on the initial implementation of the Marmot approach and Luton’s next steps.

1.2 The draft report presented to this Board is for information and discussion across system leaders. The Board should **note** that inequalities in health still remains a major challenge for Luton and that our approach requires all partners to support action.

Also, monitoring our journey requires key indicators that are common across the system. The eight Marmot policy areas are not fully aligned to public health indicators, namely policy area seven which states “Tackle racism, discrimination and their outcomes” and this will need further discussions with partners to agree how this is constructed and rolled out for collective measure.

2.0 Recommendations

2.1 The members are being asked to note Luton’s draft Annual Public Health Report 2024 content for enhancing the health equity work in Luton and sharing best practice within BLMK and wider networks.

3.0 Key Implications

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

- 3.1 The draft APHR highlights the effectiveness of place-based actions to improve health equity. However, resourcing in terms of capacity, skills and finances have remained a challenge. Luton would benefit from a collaborative review of how resources could be more efficiently deployed in order to implement the key actions agreed. Of note, Luton has benefited from additional financial input via core20plus5 funding at Place. This has enabled agreed strategic action from partners across the health equity system and health and quality of life benefits are being realised.
- 3.2 A key action going forward noted in the draft APHR is the embedding of operational sub-groups which support joined up working and keeps the system focused on agreed priorities. This is formally overseen by the Health Equity Town Board. However, the net zero and health sub-group has been paused in order to review actions and ensure they are realistic and do not duplicate across Luton and BLMK.
- 3.3 The APHR, once published, will be shared with system leaders within Luton. This includes Luton's Place Board, the Health Equity Town Board, and partners management and governance meetings. The implementation of the strategic actions are led by Public Health but is the responsibility of all partners as highlighted in the draft report attached.

4.0 Report

- 4.1 Being a Marmot Place or Health Equity Town (HET) is important as it shows Luton's commitment to addressing health inequalities. The HET approach supports the delivery of Luton's Population Wellbeing Strategy and Luton's 2040 vision. There are key data and insights that show Luton's health needs, but they also highlight the complexity of tackling health inequalities. For example, Luton Social Progress Index shows a strong correlation between social outcomes and economic outcomes.
- 4.2 The Health Equity System is the collective name given to partners and stakeholders who come together to improve health equity. The role of the system is to:
- Set targets for health inequalities
 - Extend anchor approaches as part of a partnership
 - Develop the indicators and oversee their implementation
 - Engage with communities
 - Ensure governance
 - Undertake research and sharing of good practice
- 4.3 Partnership working has been through numerous methods, however Luton has focused on priority areas, where partners can focus action. The Marmot sub-group Business, Employment, Skills and Health, have undertaken a project called Change, Grow, Live and Community Led Initiatives, have led to our commissioned treatment and recovery services collaborating with to assist all service users in accessing employment and training opportunities.

- 4.4 Other updates include the Children & Young People and Health sub-group working with partners to implement a Quality Improvement project to improve access to income. The group includes input from Luton Supporting You colleagues and Luton Citizens Advice. Change ideas have been agreed and workshops for roll out and implementation are continuing.
- 4.5 This year's report includes activity on neighbourhood working and partnering with Luton's Fairness Taskforce to communicate actions and garner support from Luton's community groups.
- 4.6 Of note, the draft report showcases our monitoring tool. We have developed a set of public health indicators complementing the eight Marmot policy areas. Indicators are now contained within an online tool using Power BI. This tool enables a review of the indicator of choice across Luton's twenty wards. The indicators highlighted in the report are a start and Luton will build on this.
- 4.7 These indicators show that Luton disparities are mainly correlated with socio-economic factors. Areas that are most deprived are likely to see differences in outcomes. However, there are complexities which require further investigation to fully articulate how the inequality exists. For example, areas such as Central ward where there is high claimant counts but conversely there are high levels of education show the importance of understanding inequalities at a local level.
- 4.8 To gauge the early impact of the health equity town launch and early actions, an evaluation exercise was conducted with system leaders. Key findings showed that whilst partnerships were strong – engaging private sector stakeholders and Luton's community could be enhanced. Recommendations from the report showed that ensuring governance structures are robust and that capacity building occurs across Luton's workforce. Furthermore, addressing all the Marmot policy areas in order to measure progress is needed.

5.0 Next Steps

- 5.1 The Health Equity Town Partnership Board oversee the strategic actions. Next steps will be monitored by the Board and key actions will be implemented. These include reviewing some of the indicators to ensure that they cover all eight of the Marmot policy areas and utilising Luton's Power BI tool to support visualisation. Implementing the recommendations from the evaluation report and communicating activities, best practice, engagement opportunities and learning through the microsite, newsletters and roll out of the Health Equity Town Prize 2025.

List of appendices

Appendix A – Draft Luton Annual Public Health Report 2024

Date of the meeting: 21 March 2025

Executive Lead: Sarah Stanley, Chief Nursing Director

Report Author: Sarah Breton, Associate Director, Children and Maternity Commissioning

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

Item: 7.0 Start Well Priority: Governance, outcome metrics and ICB strategic priority area of children's complex care – Progress report

Reason for report to the Committee

- (a) Follow up report from report presented to ICB Board on 19 July 2024.
- (b) Report on the action from the ICB Board on 13 December 2025

1.0 Executive Summary

- 1.1 In July 2024 the Board asked that the governance for the Children and Young People's Transformation Board be reviewed and this paper proposes an enhanced governance board with clear reporting via the BLMK Quality and Improvement Committee to this Board. The proposed scope of the transformation board is extended to include delivery of the Health Services Strategy (Children and Families Programme), the Local Maternity and Neonatal System transformation programme and the innovative work on women's health with a focus on before and between pregnancy. This new Board will be known as the BLMK Children Families, Women and Maternity (CFWM) Transformation Board.
- 1.2 The Board, when it met in July, were keen to see the development of system level strategic outcome measures to better allow BLMK to measure and assess the impact of its interventions. In September, the Board agreed that Good Level of Development Scores would serve as the lead indicator for the overall Start Well priority. This paper, in line with the commitments made in the Health Service strategy, proposes to the Board the more detailed outcome measures sought.
- 1.3 In December 2024 the Board heard evidence from the Chief Nursing Officer and four Directors of Children's Services that children and young people most impacted by childhood trauma were not getting the best outcomes with needs often not being met early enough. The Board challenged the leaders to come together and identify the mechanisms to address the challenges by April 2025. This has been achieved and work commenced and is also one of the three ICB strategic programme priorities, complex care, for 2025/26.

2.0 Recommendations

- 2.1 The Board is asked to **discuss** the proposal for a new BLMK Children Families, Women and Maternity Transformation Board.
- 2.2 The Board is asked to **comment on** the draft strategic outcome measures for children, young people and maternity.
- 2.3 The Board is asked to **note** the progress on the action from ICB Board on 13 December 2024 on children and young people most impacted by trauma and resulting in needs (both health and social care) and outcomes for these young people not being met.

3.0 Key Implications

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

- 3.1 The proposals in this paper have been co-produced with system partners including some of the Parent Carer Forums.
- 3.2 The proposals take a life course approach to start well by covering from pregnancy to adulthood and by doing so provides a focus on reducing inequalities and prioritising metrics that will focus on vulnerable groups of children, families and women.
- 3.3 Some of the improvements required will need significant system changes, reducing variation, providing a consistent evidence-based offer, improving productivity and integrating locally within the joint resources of system partners.
- 3.4 This work does not directly address Green Plan commitments but in planning our work programmes, we will need to take green plan commitments into account. We know from our engagement on the Green Plan that sustainability is an important concern for our young people, and they should be actively engaged in developing an environmentally sustainable service offering.

4.0 Report

Strategic outcome metrics

- 4.1 In July 2024 the Board received a report on progress with key work programmes of the BLMK Children and Young People’s Transformation Board (CTB). At that meeting members asked that high-level strategic outcomes measures were developed to demonstrate the impact of that work programme. Supported by our partnership with the Institute for Healthcare Improvement, we are committed to learning from national and international best practice in understanding and demonstrating the impact of our interventions. The BLMK Data Pyramid is our model for doing this and at the September Board meeting it was agreed that Good Level of Development Scores would be the Start Well lead indicator.
- 4.2 There has now been further work to develop metrics and these have been co-produced with partners and will underpin the work programme of the new BLMK CFWM Board, setting out the difference the programme makes over the longer term (5-10 years). These are detailed below:

Priority	Measure	BLMK Baseline														
<p>All babies are born healthy</p> <p>A good inequalities outcome as if related to modifiable behaviours both prenatally and antenatally e.g smoking and diet as well as quality of maternity care and wider determinants of health.</p>	<p>Infant mortality</p> <p>There are small numbers so the rates show fluctuations but across England there has been a sustained reduction in infant mortality over the last 20 years.</p> <p>Target: Sustained reduction in all four Places until 2030.</p>	<p>2020-22</p> <table border="1"> <thead> <tr> <th>Area</th> <th>Rate per 1,000</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>4.6</td> </tr> <tr> <td>Central Bedfordshire</td> <td>3.3</td> </tr> <tr> <td>Luton</td> <td>6.1</td> </tr> <tr> <td>Milton Keynes</td> <td>3.9</td> </tr> <tr> <td>England</td> <td>3.9</td> </tr> </tbody> </table>	Area	Rate per 1,000	Bedford	4.6	Central Bedfordshire	3.3	Luton	6.1	Milton Keynes	3.9	England	3.9		
	Area	Rate per 1,000														
Bedford	4.6															
Central Bedfordshire	3.3															
Luton	6.1															
Milton Keynes	3.9															
England	3.9															
<p>Low birthweight babies</p> <p>Percentage of full-term babies who had a birth weight under 2500 grams¹</p> <p>Rates fluctuate but, in this case, there has been no clear trend over time for our places or for England as a whole.</p> <p>Target: BLMK reduction to England average by 2030</p>	<p>2022</p> <table border="1"> <thead> <tr> <th>Area</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bedford Borough</td> <td>2.8</td> </tr> <tr> <td>Central Bedfordshire</td> <td>2.6</td> </tr> <tr> <td>Luton</td> <td>4.0</td> </tr> <tr> <td>Milton Keynes</td> <td>3.3</td> </tr> <tr> <td>BLMK</td> <td>3.2</td> </tr> <tr> <td>England</td> <td>2.9</td> </tr> </tbody> </table>	Area	%	Bedford Borough	2.8	Central Bedfordshire	2.6	Luton	4.0	Milton Keynes	3.3	BLMK	3.2	England	2.9	
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Milton Keynes	3.3															
BLMK	3.2															
England	2.9															
<p>Children are ready to learn/start school</p> <p>LEAD INDICATOR</p> <p><i>This outcome values the impact of many factors including healthy birth, infant attachment, early identification of problems through 0-19 services and access to high quality early years provision.</i></p>	<p>School readiness</p> <p>Percentage of children achieving a good level of development at the end of Reception²</p> <p>Target: BLMK rate to increase to England average by 2030</p>	<p>2022/23</p> <table border="1"> <thead> <tr> <th>Area</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bedford Borough</td> <td>66.9</td> </tr> <tr> <td>Central Bedfordshire</td> <td>67.2</td> </tr> <tr> <td>Luton</td> <td>61.1</td> </tr> <tr> <td>Milton Keynes</td> <td>69.8</td> </tr> <tr> <td>BLMK ICB</td> <td>65.5</td> </tr> <tr> <td>England</td> <td>67.2</td> </tr> </tbody> </table>	Area	%	Bedford Borough	66.9	Central Bedfordshire	67.2	Luton	61.1	Milton Keynes	69.8	BLMK ICB	65.5	England	67.2
Area	%															
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BLMK ICB	65.5															
England	67.2															

¹ [Source: OHID, based on Office for National Statistics data](#)

² [Source: Department for Education](#)

<p>Children remain healthy</p> <p><i>This outcome is a measure of inequalities and is linked to broader socio-economic factors such as poverty, housing, environment but are all amenable to preventative measures in school/home/community.</i></p>	<p>Oral Health</p> <p>Proportion of children with experience of visually obvious dental decay³</p> <p>Target: A year-on-year reduction in DMF % by 2030</p> <p>NOTE: Only updated every two years and the national trend already shows an improving picture.</p>	<p>2021/22</p> <table border="1"> <thead> <tr> <th>Area</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>22.5</td> </tr> <tr> <td>Central Bedfordshire</td> <td>14.0</td> </tr> <tr> <td>Luton</td> <td>36.5</td> </tr> <tr> <td>Milton Keynes</td> <td>17.8</td> </tr> <tr> <td>England</td> <td>23.7</td> </tr> </tbody> </table>	Area	%	Bedford	22.5	Central Bedfordshire	14.0	Luton	36.5	Milton Keynes	17.8	England	23.7	
	Area	%													
	Bedford	22.5													
Central Bedfordshire	14.0														
Luton	36.5														
Milton Keynes	17.8														
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<p>Childhood obesity</p> <p>Proportion of children in Year 6 (age 10-11) with obesity (including severe obesity)⁴</p> <p>This metric is already reducing across all Places in the last three years of data.</p> <p>Target: To sustain the reduction in Year 6 children with obesity.</p>	<p>2023/24</p> <table border="1"> <thead> <tr> <th>Area</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>21.2</td> </tr> <tr> <td>Central Bedfordshire</td> <td>17.6</td> </tr> <tr> <td>Luton</td> <td>27.2</td> </tr> <tr> <td>Milton Keynes</td> <td>21.6</td> </tr> <tr> <td>BLMK ICB</td> <td>22.0</td> </tr> <tr> <td>England</td> <td>22.1</td> </tr> </tbody> </table>	Area	%	Bedford	21.2	Central Bedfordshire	17.6	Luton	27.2	Milton Keynes	21.6	BLMK ICB	22.0	England	22.1
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England	22.1														
<p>Asthma</p> <p>Rate of hospital admissions for asthma (under 19 years), crude rate per 100,000 population⁵</p> <p>All areas except Luton have already reduced significantly so could set Place targets.</p>	<p>2022/23</p> <table border="1"> <thead> <tr> <th>Area</th> <th>Rate per 100,000</th> </tr> </thead> <tbody> <tr> <td>Bedford Borough</td> <td>146.2</td> </tr> <tr> <td>Central Bedfordshire</td> <td>65.3</td> </tr> <tr> <td>Luton</td> <td>216.4</td> </tr> <tr> <td>Milton Keynes</td> <td>74.0</td> </tr> <tr> <td>BLMK ICB</td> <td>*</td> </tr> <tr> <td>England</td> <td>122.2</td> </tr> </tbody> </table> <p>* Value for BLMK ICB is for 2020/21-22/23 combined and therefore not comparable to values available at place/LA level</p>	Area	Rate per 100,000	Bedford Borough	146.2	Central Bedfordshire	65.3	Luton	216.4	Milton Keynes	74.0	BLMK ICB	*	England	122.2
Area	Rate per 100,000														
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<p>Young people are accessing education, employment or training:</p> <p><i>A child or young person's health, and wider determinants of health including high quality education from early years to post-16 years all impact</i></p>	<p>Attainment 8</p> <p>Average Attainment 8 score for all pupils in state-funded schools, based on local authority of pupil residence⁶</p> <p>These scores have been trending down for the last three years for</p>	<p>2022/23</p> <table border="1"> <thead> <tr> <th>Area</th> <th>Mean score</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>43.7</td> </tr> <tr> <td>Central Bedfordshire</td> <td>45.0</td> </tr> <tr> <td>Luton</td> <td>44.8</td> </tr> <tr> <td>Milton Keynes</td> <td>45.9</td> </tr> <tr> <td>England</td> <td>46.2</td> </tr> </tbody> </table>	Area	Mean score	Bedford	43.7	Central Bedfordshire	45.0	Luton	44.8	Milton Keynes	45.9	England	46.2	
Area	Mean score														
Bedford	43.7														
Central Bedfordshire	45.0														
Luton	44.8														
Milton Keynes	45.9														
England	46.2														

³ [Source: Office for Health Improvement and Disparities, National Dental Epidemiology Programme](#)

⁴ [Source: NHS England, National Child Measurement Programme](#)

⁵ [Source: OHID, based on NHS England and Office for National Statistics data](#)

⁶ [Source: OHID, based on Department for Education data](#)

<p><i>on being prepared as a citizen for adulthood.</i></p>	<p>all our Places and for England as a whole.</p> <p>Target: To increase Attainment 8 mean score to England average by 2030.</p>													
<ul style="list-style-type: none"> Children and young people’s mental health and wellbeing: <i>This outcome is a system priority for all partners, but we do not have a metric for children’s mental health and wellbeing. Some places use school surveys but not all and are not comparable.</i> 	<p>Suggest the system works together during 2025/26 to develop the most appropriate metric.</p> <p>In the meantime, propose to adopt a proxy measure using the CYP mental health access performance target.</p>	<p>TBC during 2025/26</p>												
	<p>Not in Education, Employment or Training (NEET) Percentage of people age 16 to 17 who are not in education, employment or training, or whose activity is not known⁷</p> <p>All BLMK places have made good progress at reducing NEET rates, especially Luton. Our places compare well with statistical neighbours on this measure.</p> <p>Target: BLMK continues to see percentages below the England average</p>	<p style="text-align: center;">2022/23</p> <table border="1" data-bbox="901 504 1428 728"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Area</th> <th style="background-color: #4F81BD; color: white;">%</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>3.7</td> </tr> <tr> <td>Central Bedfordshire</td> <td>3.2</td> </tr> <tr> <td>Luton</td> <td>3.7</td> </tr> <tr> <td>Milton Keynes</td> <td>3.3</td> </tr> <tr> <td>England</td> <td>5.2</td> </tr> </tbody> </table>	Area	%	Bedford	3.7	Central Bedfordshire	3.2	Luton	3.7	Milton Keynes	3.3	England	5.2
Area	%													
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Governance and accountability

4.3 The BLMK Children & Young People’s Transformation Programme was established in late 2021 in response to the developing governance of the BLMK Integrated Care System (ICS), and the emerging Integrated Care Board (ICB). It was part of the approach to delivering the ICS strategic priority “Start Well”, alongside the Local Maternity and Neonatal System

⁷ [Source: Department for Education](#)

(LMNS) Strategic Board so that the ICS was assured that improvement was driven from pregnancy through birth to adulthood.

- 4.4 More recently the BLMK Health Services Strategy (HSS) has set an ambitious vision for health services, acknowledging that life chances are often shaped prior to birth and reinforced in the early years, and this is a key driver of inequities in health outcomes which persist throughout life. Providing high quality health services for children and young people presents challenges, particularly in terms of workforce and sustainability and the system will look to maximise the potential of collaboration and joint planning and where appropriate joint funding to ensure that services focus on prevention, care closer to home and speedy access to specialist services.
- 4.5 It is proposed that a new CFWM Board is established to drive the work. It will not replace existing place-based groups but will focus on where whole system change across the BLMK geography will make the most difference. In this iteration of the governance, it is also proposed that women's health is included in the work programme, with focus on the innovative preconception (before and between pregnancies) programme. The plan is to invite a system leader to Chair with the ICB Chief Nursing Director as Deputy Chair and programme support from the ICB. The proposed governance is shown in appendix 1.
- 4.9 In December 2024 the Board asked the Chief Nursing Director to work with an ICB Board sponsor and the four Directors of Children's Services to specifically address how to improve outcomes for children and young people most impacted by childhood trauma. A workshop on 4 February 2025, chaired by the SRO, Michael Bracey (CEO MKCC), agreed to set up a BLMK Childhood Trauma System Board to:
- Develop and oversee the operation of an integrated, responsive process for decision making on joint health and social care packages for children with childhood trauma where there is not agreement between health and social care that a child has a diagnosable condition under the Mental Health Act 1983 or meet the criteria for Continuing Health Care.
 - Monitor the decisions being made through the process and review those children with childhood trauma with an agreed package of support (including those in residential settings) to ensure all efforts are being made by both health, care and education to de-escalate the level of intervention required. This is especially the case for children placed at a distance.
 - Through effective needs assessments and use of data, support the development of a new childhood trauma recovery model, new approaches, services and provision (including residential) which prioritise keeping children close to home, in education and within BLMK.

That work is now underway, and the Board will meet for the first time in April 2025.

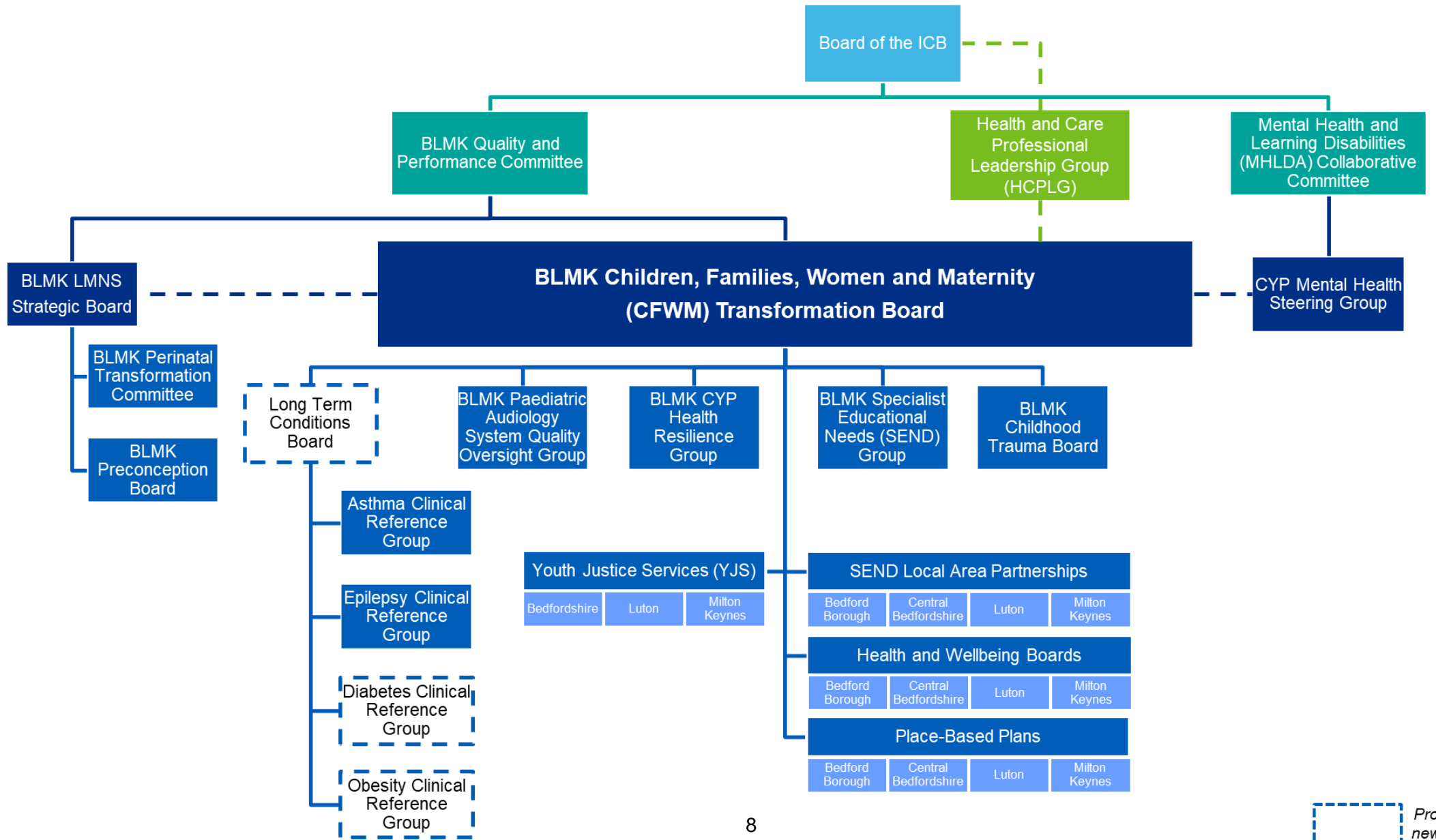
5.0 Next Steps

- 5.1 The BLMK Children, Families, Women and Maternity Transformation Board will launch in April 2025 with a work programme and milestones developed by July 2025.
- 5.2 The strategic outcome metrics will be reviewed and agreed at the launch of the CFWM Transformation Board in April with work starting on developing a "wellbeing" measure then.
- 5.3 The BLMK Childhood Trauma Board will meet monthly through 2025/26 to deliver the workstreams on process and decision-making, assessment and de-escalation and new models of care

List of appendices

Appendix 1: BLMK Children, Families, Women and Maternity Transformation Board governance structure.

Appendix 1: BLMK Children, Families, Women and Maternity Transformation Board governance structure



Date of the meeting: 21 March 2025

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: 8.0 **Operational Planning and Transformation: 2025/26**

Reason for report to the Board

(a) The Board will be asked to approve the Operational Plan for 2025/26. The Board is also required to approve the annual update to the Joint Forward Plan.

1.0 Executive Summary

1.1 Every ICB is required to submit a 2025/26 Financial Plan, Workforce Plan, and Activity and Performance Plan to NHSE. In the seven weeks since the release of the [Operational Planning Guidance](#) on 30 January 2015, partners have been working rapidly together to assess the trade-offs involved in meeting the targets sought by NHSE.

Also included within this paper is the latest on the three, priority system transformation programmes agreed by the ICB Board on 10 January 2025 - i) Transforming Complex Care, ii) Transforming End of Life Care, and ii) Transforming Admission Avoidance/Discharge Pathways. This paper also presents the updated Joint Forward Plan for 2025-2030.

As our Operational Plan is still in draft at the time of writing, and will remain in development at the time of the ICB Board meeting, the most up to date position will be presented at the Board meeting in private. An extraordinary Board meeting is scheduled for 26 March 2025 to sign-off the final plan submission to NHSE. In agreeing the final plan, the Board is asked to sign-off a set of Board Assurance statements, the details of which are presented at Para 12.

2. Recommendations

2.1 The Board is asked to:

- **note** the submission of the Headline Plan to NHS England on 27 February, and to **comment** on the next steps presented as we move towards our final submission on 27 March 2025.
- **note** the process outlined for making difficult decisions about what we can continue to afford to provide in BLMK, including undertaking Quality Impact Assessments (contractual requirement) and Equality Impact Assessments (legal requirement). Given the limitations of what is possible within this eight-week operational planning process, and that the Board Assurance Templates were only issued to providers & ICBs on 03 March, we have set out what Members can expect to see on 26 March, and what is expected to follow in Q1 2025/26.
- **advise** on whether it decommissioning decisions should be taken by the Board or whether it prefers to delegate responsibility for decommissioning decisions to an existing Committee of the Board (such as the Finance and Investment Committee or

the Quality and Performance Committee or a Joint Committee of both) or establish a new Commissioning Decisions Committee for this purpose;

- **advise** if any further sources of assurance are required to enable the Board to sign-off the Plan on 26 March 2025.
- **note** the next steps for BLMK’s three system transformation programmes, and to **ratify** the appointment of Board-Level System Champions for each.
- **approve** the updated Joint Forward Plan 2025-2030 presented at Annex C.

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 provider 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, effects on the BLMK Green Plan Commitments, and social value.

4.0 Operational Planning: Our BLMK Approach

4.1 The [NHSE Operational Planning Guidance](#), which confirms the finance, performance and workforce targets that systems are expected to meet in 2025/26, was published on 30 January 2025. This sets out that all systems are expected to meet several requirements in their final Plans, which must be submitted, with Board approval, by 27 March 2025:

- Deliver a breakeven revenue finance plan;
- Meet key performance targets, including but not limited to:
 - improving the % of patients waiting <18 weeks for elective treatment to 65%, with every trust delivering at least a minimum 5% point improvement;
 - reaching a minimum of 78% of patients admitted, discharged and transferred from ED within four hours;
 - provide 700,000 additional dental appointments; and,
 - improve access to CYP mental health services to achieve the national ambition of 345,000 additional CYP aged 0-25 receiving support compared to 2019.
- Continue reductions in bank (-10% spend) and agency (-30% spend) usage, in line with the delivery of the Long-Term Workforce Plan; and,
- Drive improvements in operational and clinical productivity
- A one page summary of the targets presented in the [guidance can be found here](#).

4.2 The Planning Guidance sets out the following principles for local prioritisation as part of 25/26 Planning:

- Systems will need to take difficult decisions about how to prioritise their resources. All organisations must review their existing governance and reporting frameworks to proactively manage quality, and mitigate, manage and escalate risks and concerns. ICBs and providers must work together to:
- put in place a robust clinically led process to support local prioritisation decisions, taking account of the 6 key principles for delivering quality care set out in '[A Shared Commitment to Quality](#)'
- produce impact assessments and test all changes with boards as well as consider what changes require involvement, whether by consultation or otherwise, with the public, patients, staff groups and local authorities

Provider and ICB boards must:

- embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans)
- In addition to considering matters required by applicable legal duties, we ask that boards consider the following principles when making local prioritisation decisions:
 - safeguard the quality and safety of services, paying particular attention to challenged and fragile services
 - protect access to essential services, prioritising urgent and emergency care, and those patients with the greatest clinical need
 - wherever possible take actions that are consistent with narrowing existing health inequalities including inequalities in access
 - take account of the medium-term quality, financial and population health impacts alongside in-year impacts

4.3 An important dependency in the 2025/26 process is the interplay with the forthcoming 10 Year Plan for Health & Care, expected in Spring. Our approach to how we allocate resources as a system is guided by the three shifts at the centre of the 10 Year Plan: Hospital to Community; Analogue to Digital; Sickness to Prevention. These sit alongside those system commitments agreed by the ICB Board in the [Health Services Strategy](#) (September 2024).

4.4 The ICB CEO has written to the ICB Board fortnightly since the publication of the Planning Guidance to keep the Board updated on the scale of the challenge and wider developments.

4.5 Once the final Operational Plan for 2025/26 is submitted on the 27 March 2025, NHS England will meet with the Board of every ICB during April and agree with each a "Compact". These Compacts must be signed by 09 May 2025, with each committing the system to a finance, performance and workforce deliverables next year.

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 financial position for 2024/25 is provided in the Finance Report.

5.2 The Headline Plan for 2025/26 submitted to NHSE on 27 February presented a deficit revenue position, reflecting our initial assessment of achieving the performance targets

presented by NHSE. An update on the latest revenue position for next year, including the impact of Cost Improvement Programmes (CIPs) and productivity improvements, will be provided in the private section of today's meeting.

- 5.3 The Budget announced an additional £3.1bn capital overall for this year and next year for Health and Social Care. Specific capital projects are set to benefit including surgical hubs, radiotherapy machines, technology and digital, GP Practice upgrades and mental health crisis centres. An update on the BLMK approach to the capital funding made available in 2025/26 will be provided in the private section of today's meeting.

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 in our system this year (as set out in the Performance Report) include elective long waits, 6-week diagnostic waits, cancer 62 day waits and Children and Adolescents Mental Health Services (CAMHS) access.

The 18-week referral-to-treatment targets presented in the NHSE planning guidance require a +10% improvement against BHFT's current performance, and a 16% improvement for MKUH, some of the largest leaps in the East of England.

7.0 Moving Towards Breakeven

- 7.1 Delivering a breakeven revenue position for next year presents a very significant challenge to the BLMK system. There are a limited number of ways in which we can bring down our forecast deficit, namely:
- Improving the scale of our Cost Improvement Programmes & productivity assumptions;
 - Assuming stronger positive impact of system transformation next year;
 - Non-compliance with performance targets; and,
 - Taking difficult decisions, including disinvestment and de-commissioning decisions. These will only be deploying once we have exhausted gains from improving our productivity and efficiency.

This paper takes each of the above in turn.

8.0 Cost Improvement Programmes & Productivity

- 8.1 NHSE set out a requirement for all providers to improve their productivity by at least 4%, of which 2% must be cash releasing. It provided productivity packs for each Trust, setting out areas of productivity opportunity.

Trusts and the ICB are working through the packs to validate and firm up their positions related to the productivity ask and to seek further stretch. All three organisations domiciled in BLMK have been documenting their efficiency programmes, which were included in the headline financial submission to NHSE. A detailed update is provided in the private pack.

The ICB put the Financial Improvement Group into place during 2024-25 to support the continuous development of efficiencies. It will continue to keep this group in place during 25/26 to generate a continuous pipeline of ICB efficiencies and to oversee delivery of planned efficiency schemes.

9.0 System Transformation

At the Board Seminar on 10 January 2025, Board members agreed three System Transformation Priorities. The agreed priorities were identified based on latest available evidence and represent significant opportunities to improve outcomes for our population, and to deliver financial benefits in 2025/26 and beyond. The three priorities are:

- Transforming Complex Care
- Transforming End of Life Care
- Transforming Admission and Discharge Pathways

Transforming Complex Care

This priority includes both Adults and Children & Young People that require the input of a wide range of services to support their needs, which are often unmet.

For Children & Young People, this programme of work builds on a BLMK wide review and will develop a new approach to supporting children most impacted by childhood trauma. This presents the opportunity to i) improve outcomes for children, young people and their families who are in complex situations and have multiple needs e.g: Health, Social, Educational, ii) align processes and establish an understanding of responsibilities, iii) develop an effective system-wide multi professional solution focused approach, and iv) improve low volume high-cost provision to improve efficiency, experience and care closer to home.

A review of Adult Complex Care opportunities is currently in progress and the findings and recommendations will be reported to the ICB Board in June 2025.

Transforming End of Life

Recent BLMK reports identify a significant proportion of people dying in hospital and not their place of preference. As discussed by the Board last year, there are opportunities to:

- i) improve the conversations on death and dying including cultural awareness
- ii) increase the number of people on the Palliative and End of Life register enabling access to support; and
- iii) streamline the offer of care and co-ordination by the Palliative Care Hubs.

Transforming Admission and Discharge Pathways

System knowledge, national benchmarking and local analysis has indicated opportunities to improve the Urgent and Emergency care pathways in BLMK. This includes opportunities to:

- i) reduce the number of days people spend in hospital when they are fit to be discharged
- ii) increase the number of people to be discharged home with lower levels of support and
- iii) to support more people at times of need/exacerbation by providing enhanced support in the community, at home, or by focussing on prevention.

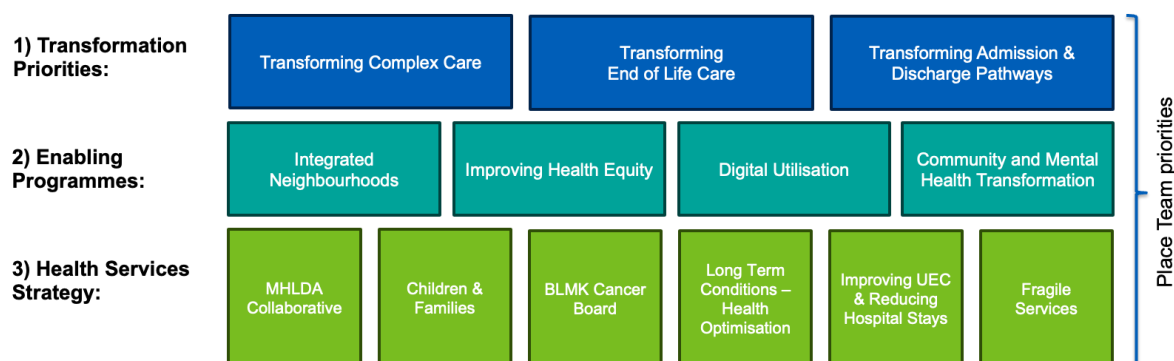
There are already a wide range of Admission and Discharge initiatives being led by partners across BLMK and this priority programme will focus on developing those that make the most significant contribution to delivering the opportunities set out above.

Priority Enablers

In addition to the three priorities, the Board also agreed the following 'enabler priorities' which will help to realise the System Transformation opportunities set out above. The Priority Enablers are:

- Integrated Neighbourhoods

- Improving Health Equity
- Digital Utilisation
- Community and Mental Health Transformation



Leadership and Programme Establishment

The ICB Board, in agreeing the three System Transformation Priorities and Priority Enablers, also agreed to identify a System Champion (ICB Board member) who will drive the need for change across BLMK, engage with system leaders to unblock system barriers, and be accountable at ICB Board meetings for delivery. The System Champions are set out below:

System Champions for the three System Transformation Priorities:

Priority	System Champion (ICB Board Member)
Complex Care	CYP: Michael Bracey, Chief Executive, Milton Keynes City Council Adults: Laura Church, Chief Executive, Bedford Borough Council
End of Life	Maxine Taffetani, Chief Executive of Healthwatch Milton Keynes
Admissions and Discharge Pathways	Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust

System Champions for the four Priority Enablers:

Priority	System Champion (ICB Board Member)
Integrated Neighbourhoods	Tayo Kufeji, Primary Medical Services Board Member
Improving Health Equity	Lorraine Sunduza, Chief Executive of East London NHS Foundation Trust
Digital Utilisation	Joe Harrison, Chief Executive of MK University Hospitals Trust
Community and Mental Health Transformation	Community: Nicky Poulain, Chief of Primary Care Mental Health: Maria Wogan, Chief of Strategy & Assurance

Programme Boards are being established for each of the System Transformation Priorities and enabling priorities, chaired by the System Champion with key system representatives. The Programme Board's role will be to oversee, implementation and benefits realisation.

Next Steps

A programme mandate is being developed for each of the three priorities, setting out clear problem statements, the aims and scope of works, the roles and responsibilities of key members, the outcome/process/balancing measures and clear governance structures. These mandates will be approved by the System Champion and be shared with the Board by the end of April 2025.

Each programme is currently assessing the resources that are required to deliver at pace. Recognising the context of the Operational Planning position and the significant financial challenges facing BLMK in 2025/26, the programmes are exploring opportunities to deliver improved value for money and the ability to offer financial efficiencies alongside improved quality and outcomes for our population.

Progress on system transformation will be reported in the System Portfolio Report including key milestones, progress and risks/issues. From June 2025, the System Champion for each area will provide an assurance report to the Board setting out progress made and next steps.

10.0 Non-Compliance with Performance Targets

10.1 In order to achieve a breakeven revenue plan in 2025/26, it may not be possible to achieve all the performance targets expected, many of which represent very significant improvements against BLMK's current performance. Based on the Headline submission, these include 18w referral-to-treatment (as above), A&E 4 Hour waits (MKUH) and CYP MH access (second consecutive year of under-performance). We are working through the details of these trade-offs and are committed to delivering a credible and realistic performance plan which triangulates fully with finance and workforce assumptions. The papers for the Private Board meeting provide an update on the current Performance Plan for 2025/26.

11.0 Making Difficult Decisions about Pausing or Stopping Services, and disinvestment

11.1 To achieve a balanced position, is it likely that the BLMK system will need to make difficult financial decisions about what it can continue to afford to provide.

11.2 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 be subject to a robust service change process (see below) and may require local authority scrutiny, public engagement or consultation. The ICB has developed a Service Change Policy to guide this work; a summary diagram is at **Annex A**.

12.0 Board Assurance Statements

12.1 Central to any proposed service changes is the role of the system's Clinical Advisory Group, led by the ICB's Chief Nurse, which provides expert clinical advice. A Quality Impact Assessment (QIA) for the full system plan is also being prepared. This will be presented to the extraordinary Board meeting on 26 March 2025. Whilst this will reflect our best assessment of the system impact of our plan, the speed at which it has been developed means that the detailed impact of every difficult decision account for in for 2025/26 will not have been fully assessed at this point.

12.2 The Board should be assured significant service changes will require individual QIAs and will also be subject to review by the Clinical Advisory Group. In line with the ICB's Scheme of Reservation and Delegation, the ICB Board approve arrangements for the discharge of the ICB's statutory commissioning functions, whilst the ICB's Quality and Performance Committee approve arrangements for statutory consultation in relation to proposed service change. It is therefore likely that further extraordinary Quality and Performance (Q&P) Committee and Board meetings will be required in Q1 to support this process. **To manage this workload at pace, the Board is asked to indicate whether it wishes to delegate its responsibility for commissioning/decommissioning decisions in relation to 25/26 planning to an existing Committee of the Board (such as the Finance and Investment Committee or the Quality and Performance Committee or a Joint Committee of both, or establish a new Commissioning Decisions Committee for this purpose.**

12.2 Board Assurance Statements are required from all ICBs and from NHS providers (excluding ambulance providers where the ICB (as is the case in BLMK) is not the lead commissioner). A copy of the full Board Assurance Template provided for both ICBs and providers is attached at **Annex B**, so that members can see what the ICB Board and provider Boards will be asked to agree. By 26 March, it is expected all NHS provider assurance statements will have been obtained. The BHFT Board is expected to meet on 19 March, MKUH and CNWL on 20 March, ELFT on 24 March and CCS on 26 March. As such there will be limited time for ICB Board Members to scrutinise assurance statements from providers, and their associated plans. The sources of assurance that the Board will receive to enable it to sign off the Plan and the Board assurance statements on 26 March are set out below. **The Board is asked to indicate if there are any further sources of assurance required to enable plan sign-off so that these can be provided for the Board meeting on 26th March 2025.**

Assurance statement - for Board sign off	Sources of assurance for the Board
Governance	
The Board has assured the plans for 2025/26 that form the basis of the system's (ICB and partner trusts) submissions to NHS England. This included review of the partner trusts Board Assurance returns.	The Board will receive a summary of the final plan at its meeting on 26 March 2025. The Board will also receive copies of the partner trust's Board assurance returns at its meeting on 26 March. Due to the timing of Trust Board meetings these Board assurance returns will be circulated shortly before the Board meeting or tabled at the Board meeting.
The Board has reviewed its quality and finance governance arrangements and put in place a clinically led process to support prioritisation decisions.	The ICB has a Service Change Policy which enables clinical and quality review of service change proposals via a Clinical Advisory Group.
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.	In developing the plan, the ICB and Trust executive teams have taken into account the principles set out in the planning guidance (paragraph 4.2 of this report). The principles will also be considered in relation to individual service change proposals.

A robust quality and equality impact assessment (QEIA) informed development of the ICB's and wider system's plans and these have been reviewed by the Board.	The system, ICB and Trust QEIA will be presented to the Board on 26 th March 2025.
The system's plan was developed with appropriate input from and engagement with system partners.	The system has been engaging with system partners to develop the plan and has established system and sector specific meetings to support this work.

Plan content and delivery	
The Board is assured that the system's plans address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.	The system has made full use of the productivity packs supplied by NHSE in developing its plan, including use of analytical tools such as <u>GIRFT</u> and the Model Hospital system. Both will be used to support the system to deliver efficiencies during 25/26. The system has included actions against the national delivery checklists.
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered across the system and are reflected in the plans of each system partner organisation.	The system has made full use of the productivity packs and each trust and the ICB has delivered the productivity ask of at least 4%, with 2% cash releasing. Details of the level of the productivity improvement expected to be delivered by each Trust and the ICB will be reported to the Board on 26 March.
The Board is assured that any key risks to quality linked to the system's plan have been identified and appropriate mitigations are in place.	Assurance on this will be provided via the System, ICB and Trust EQIAs.
The Board is assured of the deliverability of the system's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.	The system is using the triangulation tool as part of plan development. The Board paper for the meeting on 26 March will set out mitigations against key delivery challenges and risks.

13.0 Contracts

- 13.1 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.

14.0 BLMK Joint Forward Plan

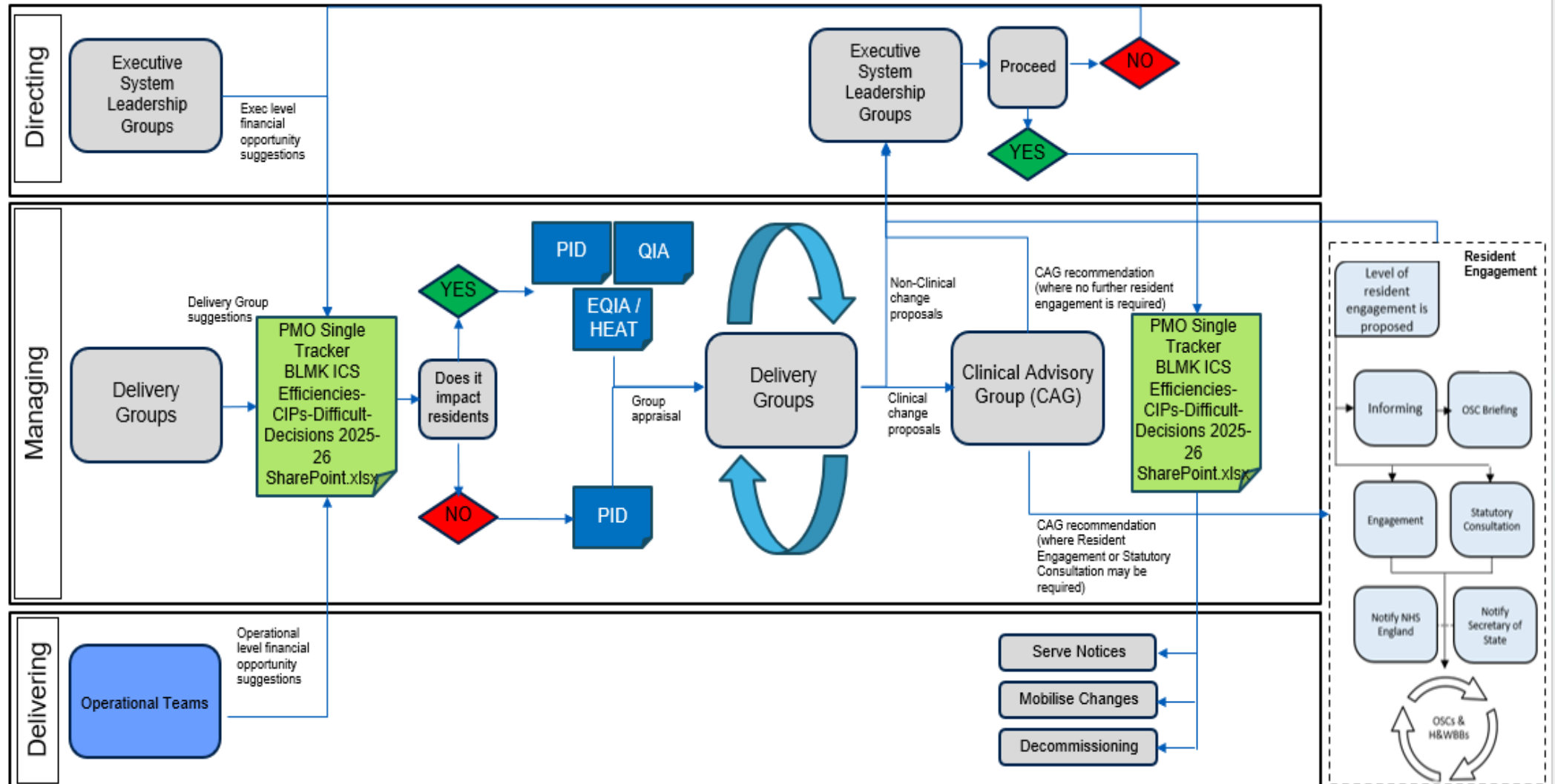
- 14.1 The [BLMK Joint Forward Plan](#) was first published in 2023, and updated in 2024. It is required to be updated and published annually, and, taking a view of at least the next five years, set out how BLMK will organise health services to meet the needs of its residents. For the 2025 publication, NHSE have advised all systems to complete only a light touch update, with a focus on progress made in 2024/25. This is because the 10 Year Plan is due in Spring, and a more substantial update to Joint Forward Plans is likely to be expected in 2026. **A summary of the updated content including within the Joint Forward Plan for publication by 31 March 2025 is set out at Annex C for approval by the Board.** It is focussed on i) our progress in 2024/25, as approved by the Health and Care Partnership, ii) where we would have liked to have done more in 2024/25, iii) our transformation priorities for the year ahead, and iv) next steps in key areas, like developing our Neighbourhood Working.

15.0 Next steps

- 15.1 The ICB Board will today take an item during the private meeting at which it will be briefed on the latest financial, activity and workforce position, and the implications of reaching breakeven. The ICB Board will then meet again on 26 March to consider the final Operational Plan for 2025/26 which must be submitted by noon on 27 March. Individual Boards of sovereign organisations in BLMK are each asking their Boards during w/c 17 March to provide assurance on their contributions to the overall system plan. An update on this will be provided verbally in the ICB Board meeting.

Annex A: Service Change Process in BLMK

- The process below ensures all proposals are taken through appropriate due diligence using Project Initiation Documents (PIDs), Quality Impact Assessments (QIAs), Equality Impact Assessments (EQIAs) and Health Equity Assessment Tools (HEATs) – and that these are reviewed and appraised by Delivery Groups and Clinical Advisory Group before a decision. **This includes making sure we follow due process in relation to engaging residents and OSCs.**



Annex B: Board Assurance Statements required by NHSE

Section A: ICB Assurance

Assurance statement	Confirmed (yes/no)	Additional comments or qualifications (optional)
Governance		
The Board has assured the plans for 2025/26 that form the basis of the system's (ICB and partner trusts) submissions to NHS England. This included review of the partner trusts Board Assurance returns.		
The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.		
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.		
A robust quality and equality impact assessment (QEIA) informed development of the ICB's and wider system's plans and these have been reviewed by the Board.		
The system's plan was developed with appropriate input from and engagement with system partners.		

Assurance statement	Confirmed	Additional comments or qualifications (optional)
<i>Plan content and delivery</i>		
The Board is assured that the system's plans address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.		
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered across the system and are reflected in the plans of each system partner organisation.		
The Board is assured that any key risks to quality linked to the system's plan have been identified and appropriate mitigations are in place.		
The Board is assured of the deliverability of the system's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.		

Section B: Provider Assurance

Assurance statement	Confirmed	Additional comments or qualifications (optional)
<i>Governance</i>		
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.		


The Board has reviewed its quality and finance governance arrangements, and put in place a clinically led process to support prioritisation decisions.		
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.		
A robust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.		
The organisation's plan was developed with appropriate input from and engagement with system partners.		

Assurance statement	Confirmed	Additional comments or qualifications (optional)
<i>Plan content and delivery</i>		
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan 'checklists' and the use of benchmarking to identify unwarranted variation / improvement opportunities.		
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered and are reflected across the organisation's operational, workforce and financial plans.		
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.		
The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.		

Annex C: Joint Forward Plan Updates: Our Progress in 2024/25 in delivering our five Strategic Priorities

BLMK's [Health and Care Strategy](#) (January 2023), agreed by the Health and Care Partnership, established five strategic priorities for the BLMK system. These are set out in the table below, alongside the headline progress made against each in 2024/25. Also set out are the seven 'enablers' presented in the same Strategy, and the work done to advance each. This table, subject to further additions from Partners, will be incorporated in the system's Joint Forward Plan when an updated version is published in March 2025.

We have selected three highlights per priority and enabler; the list is not exhaustive. Many more interventions across the BLMK system contribute to the performance changes identified than just those presented here.

Strategic Priority	Lead Outcome Measure and Performance	Headline initiatives in 2024/25																								
 <p data-bbox="145 790 268 813">Start Well</p>	<p data-bbox="443 678 1312 742">Increasing the % of children who reach a <u>Good Level of Development (GLD)</u> at the end of the Early Years Foundation Stage.</p> <p data-bbox="443 790 1312 933">The percentage of children achieving GLD has increased in all four Places since 2021/22. The percentage in Luton remains lower than the national average, though shows the greatest increase since 2021/22.</p> <p data-bbox="443 949 1312 1013"><i>School readiness: percentage of children achieving a good level of development at the end of Reception.</i></p> <table border="1" data-bbox="443 1029 1312 1316"> <thead> <tr> <th>Area</th> <th>Baseline (2021/22)</th> <th>2023/24</th> <th>% point change</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>63.8</td> <td>66.2</td> <td>2.4</td> </tr> <tr> <td>Central Beds</td> <td>65.5</td> <td>68.9</td> <td>3.4</td> </tr> <tr> <td>Luton</td> <td>56.6</td> <td>62.0</td> <td>5.4</td> </tr> <tr> <td>Milton Keynes</td> <td>66.7</td> <td>68.4</td> <td>1.7</td> </tr> <tr> <td>England</td> <td>65.2</td> <td>67.7</td> <td>2.5</td> </tr> </tbody> </table>	Area	Baseline (2021/22)	2023/24	% point change	Bedford	63.8	66.2	2.4	Central Beds	65.5	68.9	3.4	Luton	56.6	62.0	5.4	Milton Keynes	66.7	68.4	1.7	England	65.2	67.7	2.5	<ol data-bbox="1346 678 2112 1332" style="list-style-type: none"> 1. Each Place now has a robust multi-agency Local Area Partnership focussed on improving outcomes for Children & Young People with Special Education Needs and Disabilities. This means that more children have access to some health services more quickly. A good example is new self-referral pathway to Speech and Language Therapy advice for under 5s. 2. We have launched a refreshed Transforming Care Pathway for children with Learning Disabilities & Autism at risk of admission to an inpatient <u>CAMHS provision</u>. The pathway was coproduced with young people and now includes easy to access self-referral, enabling more young people to manage their own long-term needs. 3. Two new Mental Health Support Teams are in place in schools in Luton and MK, meaning that school-age children have more access to mental health support in their school.
Area	Baseline (2021/22)	2023/24	% point change																							
Bedford	63.8	66.2	2.4																							
Central Beds	65.5	68.9	3.4																							
Luton	56.6	62.0	5.4																							
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England	65.2	67.7	2.5																							

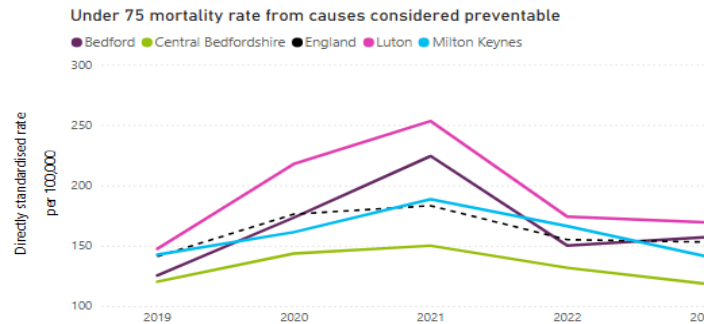


Live Well

Reducing preventable premature mortality.

Change over time in preventable premature mortality for our four places and England is shown below, starting from the 2019 baseline. All areas saw a large rise over 2020 and 2021 due to COVID-19 with rates then falling in 2022; however in Bedford and in Luton that fall has not continued into 2023 and these areas are still above their 2019 baseline.

Under 75 mortality rate from causes considered preventable: directly standardised rate per 100,000



1. Major MSK procurement launched with patient co-production embedded, contract expected to be awarded in April 2025 and go live in November 2025; everyone in BLMK can self-refer for MSK support.
2. Tobacco dependency treatment established across BLMK.
3. Diabetes pre-warning dashboard in primary care using latest to get ahead with preventative diabetes advice and support.





Age Well

Reducing emergency admissions for falls.





The rate of admissions for falls in people aged 65+ is significantly lower in 2022/23 than 2019/20 in all four Places.




Area	Baseline (2019/20)	2022/23	% Change
Bedford	2100	1725	-17.9
Central Beds	2339	1842	-21.3
Luton	2488	1639	-34.1
Milton Keynes	2520	1999	-20.7
England	2256	1933	-14.3

1. BLMK has the highest dementia diagnosis rate in the East of England at 69.8% which is 3.1% above the national ambition and 4% above the England average
2. BLMK has exceeded the 80% target for Digital Social Care Record (DSCR) and met a further stretch target with 85% of care providers now having a DSCR
3. Nearly 2,000 vulnerable patients supported through the Warm Homes project in Bedford Borough. Rural Communities Charity (Bedfordshire) & Age UK (MK) commissioned to provide enhanced discharge and follow-up support to prevent readmission. Innovative work on frailty led by the BCA.

	<p><i>Emergency hospital admissions due to falls in people aged 65 and over. Directly standardised rate per 100,000 population.</i></p>																									
 <p>Growth</p>	<p>Reducing economic inactivity due to long-term sickness.</p> <p>The percentage of economically inactive people aged 16-64 who are inactive due to long-term sickness has increased in all Places except Bedford since 2019/20. The greatest increases were seen in Central Bedfordshire and Luton</p> <p><i>Percentage of economically inactive people aged 16-64 who are inactive due to long-term sickness. Bedford estimates in 2023-24 are calculated from small group sample sizes and may be unreliable.</i></p> <table border="1" data-bbox="439 651 1312 935"> <thead> <tr> <th>Area</th> <th>Baseline 2019/20</th> <th>2023/24</th> <th>% point change</th> </tr> </thead> <tbody> <tr> <td>Bedford</td> <td>31.7</td> <td>14.1</td> <td>-17.6</td> </tr> <tr> <td>Central Beds</td> <td>21.9</td> <td>31.8</td> <td>9.9</td> </tr> <tr> <td>Luton</td> <td>17.5</td> <td>28.9</td> <td>11.4</td> </tr> <tr> <td>Milton Keynes</td> <td>20.8</td> <td>22.4</td> <td>1.6</td> </tr> <tr> <td>England</td> <td>23.3</td> <td>26.3</td> <td>3.0</td> </tr> </tbody> </table>	Area	Baseline 2019/20	2023/24	% point change	Bedford	31.7	14.1	-17.6	Central Beds	21.9	31.8	9.9	Luton	17.5	28.9	11.4	Milton Keynes	20.8	22.4	1.6	England	23.3	26.3	3.0	<ol style="list-style-type: none"> 1. Launched “Passport to NHSE Careers” across BLMK – a supported employment pathway for residents with lived experience of the care system, unpaid carers and those with neurodiversity. 2. Continued development of the BLMK ICS and University of Bedfordshire Research and Innovation hub. First BLMK ICS research and innovation awards created and funded by the hub in May 2024. 3. 21% reduction (since 2022) in emissions per inhaler prescribed, introduction of recycling and re-use schemes for walking aids, and a reduction in food waste at hospital sites
Area	Baseline 2019/20	2023/24	% point change																							
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England	23.3	26.3	3.0																							
 <p>Reducing Inequalities</p>	<p>Reducing Inequality in average age of onset of first Long Term Condition – <i>Methodology subject to continued development from BLMK Population Health Intelligence Unit</i></p>	<ol style="list-style-type: none"> 1. Launch of new Learning and Action Networks across BLMK, in Partnership with the Institute for Healthcare Improvement, aimed at reducing cardiovascular disease in equal partnership with residents. 2. Review of existing Translation and Interpretation services underway across the system with a view to present an options appraisal in Q1 25/26. Wide-ranging response of all system partners to the Denny Review presented to ICB Board in December 2025. 																								

		3. Inaugural BLMK Inequalities Seminar as part of major BLMK inequalities week brought partners to together to listen to residents, share progress and agree next steps
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Enabler	Headline Initiatives in 2024/25
 <p>Data and digital</p>	<ol style="list-style-type: none"> 1. <u>Share for Care</u> use increased, with over 110,000 individual records viewed per month 2. NHS App Launch days across BLMK have brought together primary care leaders, VCSE organisations and elective representatives to promote the app to residents. 3. Population Health Information Unit (PHIU) established and delivering system-level analytical outputs using healthcare activity and outcome data, outcome measures agreed for system strategic priorities
 <p>Workforce</p>	<ol style="list-style-type: none"> 1. BLMK is one of two ICSs piloting implementing people-digital transformation – the efficiency and automation of HR process to improve employee experience at work 2. BLMK is the highest performing system in the East of England for completion of the Oliver McGowan training. 3. Launched expanded Health and Care Academy across the full ICS to encourage 14-18yos to pursue careers in health & care.
 <p>Ways of working</p>	<ol style="list-style-type: none"> 1. Our unscheduled care hub in Bedfordshire brings together ambulance, community and acute colleagues, meaning more people can get the most appropriate help more quickly, and reduce pressure on A&E. Over 1800 hospital admissions avoided Jan 2024 – Jan 2025. 2. Integrated Neighbourhood Working – we are taking an asset-based approach to the development of our 19 neighbourhoods in BLMK. The four places are facilitating organic development of neighbourhoods in the way that works for them, with several leading examples of progress, including the Bletchley Pathfinder in MK, and the Bedford Queens Park ‘Be Active’ programme supporting families at risk of diabetes. 3. Launched i) our new Mental Health Learning Disability and Autism Collaborative Committee, and ii) our <u>Portfolio Report</u> providing a transparent and holistic view of transformation activity across the BLMK system
 <p>Estates</p>	<ol style="list-style-type: none"> 1. We have delivered 15 out of the 23 primary care estates projects prioritised in 2023, and with further schemes making good progress. This included the new Enhanced Services Centre in Bedford – to provide new accommodation for the largest GP practice in BLMK, the De Parys Group. 2. Continued delivery of a variety of schemes on the Milton Keynes Hospital site as enablers for the New Hospitals Programme. Upgrades to the Bedford Hospital Emergency Department (ED), providing a secure Paediatric ED area, additional cubicles and contingency beds, and extra waiting room capacity 3. Completion of an expanded and refurbished ED at the Luton & Dunstable Hospital, with increased capacity, a new and fully segregated Paediatric Department. As per Luton 2040 Pledge, the ICB has continued to campaign to NHSE to secure funding for a Clinical Diagnostic Centre in Luton Town Centre and a business case is in development. New Community Diagnostic Centre opened at Lloyds Court in MK.

 <p>Communications</p>	<ol style="list-style-type: none"> 1. We have launched our new System Insights Network, bringing together a wide range of partners and residents to inform our system strategy. The first session, on the 10 Year Plan, was in January, with the next, in May, focused on our Community and Mental Health procurement. 2. Relationships with new partners, in particular faith leaders, are supporting the reach of crucial communications, including for vaccination and immunization. 3. Our Winter 2024/25 campaign was co-produced with system partners, supporting coordinated messaging to keep more people well at home.
 <p>Finance</p>	<ol style="list-style-type: none"> 1. In an increasingly challenged financial environment, BLMK is expecting to deliver a break-even financial position at the end of 2024/25. 2. The system has established significant new infrastructure to oversee delivery of the Financial and Operational Plan for 2025/26. 3. BLMK is exceeding its 6% system efficiencies target- and due to breaking even last year received an additional £2.8M capital allocation for our residents.
 <p>Operational and Clinical excellence</p>	<ol style="list-style-type: none"> 1. Our new Health Services Strategy has laid the foundations for a more sustainable healthcare system delivering high quality care over the long term 2. Appointments in primary care in 2024 + 10.4% vs 2023 3. Luton Cancer Outcomes Project PCN prostate cancer case finding pilot is identifying Black men with prostate cancer earlier. This project identified 18 men to date with prostate cancer, all with few symptoms.

Where we would have liked to have done more in 2024/25

Though as a system we are pleased with good progress presented above, there are areas where we would have liked to have gone further, and where, as a partnership, we will redouble our efforts in 2025/26. These include improving our vaccination and immunisation rates (including amongst NHS staff), and further advancing use of the NHS app across BLMK. In terms of transformation, we have agreed three headline transformation priorities for 2025/26. These are transforming our i) admission avoidance/discharge care pathways, ii) end of life care and ii) complex care for adults and children. These priority programmes have been endorsed by the full Integrated Care Board, and we look forward to setting out further detail in the year ahead.

Adopting Quality Improvement

We are excited to be working alongside the Institute for Healthcare Improvement. Our work together over the next two years will develop a system Quality Improvement approach based on the five components of [NHS IMPACT](#). We are benefitting from the IHI's expertise and international reach and are proud to have launched our Learning & Action Network in 2024 alongside many partners with whom we're working to reduce inequalities in our four places.

Delivering Our Health Services Strategy

In response to the sustainability challenges we face – financial and otherwise - BLMK system is proud to have published [our Health Services Strategy](#). Like the Joint Forward Plan, the Health Services Strategy spans the period out to 2040. With medical knowledge growing exponentially, and societal change

moving at a rapid pace, the strategy is designed to develop by iteration: the direction of travel and the commitments described are expected to stand the test of time, whilst the programmes of work will evolve with science and society.

The Health Services Strategy is not intended to include each and every aspect of health service provision in BLMK: in many areas, existing collaborative mechanisms work well. Examples include joint management of the Better Care Fund between each Local Authority and the ICB; commissioning and contracting arrangements around the provision of specific health and care services; and, effective relationships between primary care practitioners and local hospitals. Quite rightly, the strategy has relatively little to say on such matters. The **Strategy** does not seek to ‘replace’ or ‘take over’ work being undertaken at place, and in the case of Bedfordshire, through the alliance of organisations delivering services across the three places. Rather, it aims to enable and propel that work, recognising and supporting the uniqueness of each place, but also throwing light on variations that are unwarranted and unwelcome. The Strategy was agreed by the ICB Board in September 2024.

Harnessing the power of our The Population Health Intelligence Unit

We are led by our data, including from our landmark **Population Health Intelligence Unit**, in all our transformation work. Across our system, our five strategic priorities continue to shape everything we do – Starting Well, Living Well, Ageing Well, Growth and Reducing Inequalities. Insights from our residents (including those from our Healthwatch and VCSE partners) are helping us to better understand if our Strategy is working, underpinned by agreed system wide-outcome measures. Our new System Insights Network is a key vehicle for understanding our residents’ views in detail.

Our Transformation Priorities

The ICB Board have agreed three transformation priorities for 2025/26, through these will extend across the next 3-5 years:

1. **Transforming Admission Avoidance & Discharge Pathways**, including those funded by the Better Care Fund;
2. **Transforming End of Life Care**, following our landmark End of Life Review;
3. **Transforming Complex Care**, where costs are spiraling and outcomes can be better.

The ICB Board is currently agreeing system wide leadership and working through the quantifiable benefits in 2025/26.

Our BLMK “Golden Threads” or “Enabling Priorities”

Three “golden threads” are expected to run through everything the system does for the next five years:

- **Tackling Inequalities** – all work across our Partnership has the potential to address health inequalities, and our ambition to improve health outcomes for the most disadvantaged should run through everything we do. The Denny Review recommendations are the guiding light for this work in our system.
- **Supporting Neighbourhoods** – developing working across organisations at neighbourhood level, including with Voluntary, Community and Social Enterprise partners, to provide specific and localised support to residents within their communities is a multi-year, collective endeavour.
- **Advancing Digital** – we see digital services and tools at the heart of sustainable and modern healthcare in BLMK. From the NHS app to remote monitoring to applying AI, we’re committed to embracing digital.

Tracking Our Progress and Setting Out Next Steps: The BLMK Portfolio Tool

[Our Portfolio Report](#) contains information on key strategic and transformational portfolios, programmes and projects across BLMK ICS. The first section of the report shows the hierarchy of portfolios, programmes and projects. The second section details the individual highlight report for BLMK portfolios, programmes and projects. This tool, welcomed by the Board, is a “one stop shop” for progress/future milestones on transformation in BLMK.

Measuring and Demonstrating Our Impact:

We are proud to be a leading system in this regard, having developed two clear system missions, each with a measurable baseline, and lead indicators for each of our five strategic priorities: Start Well, Live Well, Age Well, Supporting Growth & Reducing Inequalities. Our “Data Pyramid”, agreed by the ICB Board in September 2024, is the basis for our approach to measuring our impact, including in areas outside of health, like school readiness.

Regional Models of Care Work

We are pleased to support the work to drive more innovation and consistency across the East of England footprint. Please see the Annex for further detail. We recognize that doing more at scale – but maintaining some local flexibility – can bring significant benefits to residents in the East of England region.

Next steps for Neighbourhood Working (requested by NHSE).

The ICB continues to work with partners in our 4 places taking an asset-based approach across its 19 neighbourhoods and the with the support of the Population Health Intelligence Unit to design interventions to meet the needs of the population. More than 80% of practices in BLMK are now offering a modern practice access model and work will continue through 25/26 to support primary care development and transformation with the ICBs plan for practice level support that has been recognised as a good practice model regionally and nationally. Through its place and ICB governance there is a focus on a ‘share and learn’ approach to neighbourhood development. New initiatives will be agreed for 25/26 in response to the neighbourhood health guidance and the local gap analysis of this, this work will be concluded by the end of April '26. Initiatives that are currently being delivered include new models for multi-disciplinary team working offering proactive care for people with frailty; support for identified carers; High Intensity User schemes; Local Area Networks focused on support for the population identified with Hypertension; a standardised multi-disciplinary problem solving model; and a forum focusing on children at risk of school exclusion in the area due to unmet health and care needs. These will all be evaluated and considered for scaling up where effective.

Navigating a Challenging Financial Context

Our local context of continued rapid population growth alongside national economic challenges, and the legacy of the Covid pandemic, mean that during 25/26, our system will need to take difficult decisions about our priorities for investment and the services we commission and provide. Any significant service changes will be subject to equality and quality impact assessments, appropriate engagement and consultation processes, and wider scrutiny. As a system we may also not be able to do everything we had planned to do in 2025/26. We will continue regular communications with partners and residents as we understand this further.

Date: 21 March 2025

Executive Lead: Dr Andrew Rochford, Chief Medical Officer

Report Author: Catherine Lee, Project Manager

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

Item: 9.0 Health Services Strategy Plan

Reason for report to the Board: Update requested by the Board

1.0 Executive Summary

- 1.1 The BLMK Health Services Strategy was published in October 2024 and describes how we - as leaders in the provision of health services in BLMK - commit to working together over the years ahead to ensure our Health Services are sustainable in the long-term.
- 1.2 The strategy identified six work programmes as delivery vehicles for its success. The priority programmes of work which must be undertaken as a collective are:
1. BLMK Mental Health Learning Disability and Autism (MHLDA) Collaborative
 2. BLMK Children and Families (*To incorporate Local Maternity and Neonatal System - LMNS*)
 3. BLMK Cancer Board
 4. Long Term Conditions – Health Optimisation (*To incorporate the current BLMK Long Term Conditions Programme*)
 5. Improving urgent and emergency care (UEC) and reducing unnecessary hospital stays
 6. Fragile Services – Access to secondary care, critical mass, peer support and learning (*To incorporate the current BLMK Elective Collaboration Board*)
- 1.3 Each of the six priority work programmes were asked by the Board to develop a programme of work for the first two years of implementation with a focus on measurable objectives. These are to be reported to the ICB board on **27 June 2025**.
- 1.4 The Board of the ICB has requested an update on the progress of these initial stages of implementation and this paper will provide a short overview of each programme as well as an overall position regarding clinical leadership and the Health and Care Professional Leadership Group (HCPLG).

2.0 Recommendations

- 2.1 The members are asked to **note** the updates on the Health Services Strategy.

3.0 Key Implications

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

- 3.1 **Resourcing:** The goal of the Health Service Strategy is to achieve the best health outcomes possible for the BLMK population *within* available resources. Resourcing of the six priority work programmes will largely come from within the existing teams of BLMK partner organisations.
- 3.2 **Equality / Health Inequalities:** The strategy commits to investment decisions which promote a narrowing in health inequalities and is responsive to the Denny Report in line with other ICB strategy documents.
- 3.3 **Engagement:** The Health Services Strategy belongs to the organisations providing publicly funded health services within BLMK and has been developed in collaboration with these. The commitments and priority work programmes rely on and set an expectation of a collaborative approach, promoting engagement with each other as well as with the residents we serve across our communities and neighborhoods in BLMK. Through engagement with leaders of these organisations over a period of several months the strategy has matured by iteration.
- 3.4 **Green Plan Commitments:** The Health Services Strategy is developed alongside and consistent with the Place-based and BLMK Strategies which feed into the Joint Forward Plan. This includes the BLMK Green Plan which will particularly guide the commitment to improving our estate and will be a key part of our role as anchor organisations.

4.0 Report

4.1 System Partner Engagement

After the Strategy’s adoption, work began to engage partner organisations and ICB teams in the implementation of the HSS and what it means for them: an emphasis on gathering and reshaping, rather than duplication.

Partner organisations were asked to identify individuals to be a part of each of the six delivery programmes to ensure shared ownership and bring together key people from across the system who can make a difference by working collaboratively.

This is now complete, and work is ongoing to establish a system lead for each programme who will be supported by a deputy lead and relevant colleagues from the ICB (Appendix A).

The 15 “we will” and 8 “we commit” statements of the strategy (Appendix B) must guide the choices we make in our organisations and as partners in our system. It is important that these remain at the forefront of our minds as the work programme groups form objectives and continue to move forward together.

4.2 Priority Work Programme Updates

In January 2025, an update was provided the Chiefs of the ICB which summarised the position as currently understood in each of the priority programmes: identified system-wide membership, current governance, known projects already active and key metrics.

Each of the programmes have either met or will meet in the next month to formalise their structure and process for developing their two-year priorities and programme plan. A further detailed update on each of the programmes will be submitted by 21 April 2025.

Public Health and the Population Health Intelligence Unit are engaged and will attend both the work programme group initial meetings as well as working with core members to build data-backed evidence base for objectives and advise on available data for metrics. Their involvement and support will continue to be critical in ensuring effective objective-setting and measurement throughout implementation of the programme plans.

4.3 Clinical Leadership

BLMK ICB and the Health Services Strategy in particular, call for greater clinical voice and leadership in our decision making for the best outcomes for our residents. The launch of this strategy provides an opportunity to refresh our current position and provide a more effective platform for health and care professionals to engage in.

4.3.1 ICB Clinical Lead Roles 2025-26

Work has been undertaken (under direction of the Executive) to review and align sessional clinical leadership resource within ICB. This has been completed as well as a change of organisational structure to bring their management more appropriately under the Chief Medical Officer's directorate within the ICB.

A total of 26 individuals submitted expressions of interest (EOI) for 40 available sessions from April 2025. Evaluation of EOI took into account previous experience and the detail of the application (EOI form and CV).

Seven roles will require further interviews to appoint, and this will include discussion around objectives to be set in the roles. These are planned to take place in early March 2025 and will be for the Clinical Lead in: Mental Health & Learning Disabilities, Children & Families, Inequalities, Cancer, Luton Place and Bedfordshire Care Alliance, as well as Chief Clinical Information officer (CCIO).

Roles will be offered, and objectives defined in order for contracts to be issued to commence as soon as possible and, in many cases, from 01 April such that there is no gap.

4.3.2 The Health and Care Professional Leadership Group

The Health and Care Senate is due to meet on 25 March 2025. This will be used to update colleagues on the above and set out the role and function going forward as it is refreshed as the Health and Care Professional Leadership Group (HCPLG) - under leadership of the new Chief Medical Officer for the ICB.

5.0 Next Steps

Action	Purpose / Outcome	Due Date
Each of the six priority work programme groups to meet (either in full, or programme leads with key ICB partners)	To agree structure, governance, process for building 2-year work programme	21 April 2025
New Chief Medical Officer of the ICB to start in post	Handover and engagement with each of the six work programmes	10 March 2025
Health and Care Professional Leadership Group to meet	Review and approve ToR – defining core purpose and role, in particular with respect to providing oversight of the Health Services Strategy.	25 March 2025 (possible further meeting in May – one month early – to review and provide feedback on draft work plans)
Each work programme to develop a detailed programme of work for the first two years of implementation	To deliver on commitment to publish this appendix to the strategy. To provide assurance to the Board of the ICB and BLMK residents of data-driven, SMART work objectives.	6 June 2025
Board of the ICB meets	For Approval	21 June 2025
Appendix to the Health Services Strategy to be published	Detailing the work programme plans for the first two years	July 2025

List of appendices

Appendix A – System Wide Programme Membership
Appendix B – Health Services Strategy Commitments

Background reading

Annex A – [The BLMK Health Services Strategy](#)

Appendix A: System Wide Programme Membership

	MKUH	BHFT	ELFT	CNWL	CCS	ICB
MHLDA Collaborative	Exec: Ian Reckless (CMO)	Exec: Liz Lees (CNO) , (dty - Bill Wood dCNO) Toni Doherty (HoN – Safeguarding)	Exec: Lorraine Sunduza (CEO) Richard Fradgley (dCEO)	Exec: Claire Murdoch (CEO) Ross Graves (Ch Strategy and Digital Officer) Simon Edwards (dCMO)	Simon Harwin (SD, CYP)	Exec: Maria Wogan (dCEO) MHLDA Director (TBA), Lorraine Rossati, Rachel Volpe, Michael Farrington
Children & Families	Exec: Fiona Hoskins (CNO) Katy Philpott (ADO), Nandini Gupta (DD)	Tanith Ellis (GM Children’s Services) Zoe Radwell (GM, Women’s Health), Karen Stow (HoN Children’s), Ronnie Misquith (CD Paeds)	Exec: Cathy Lavelle (COO) , Sarah Wilson (Dir Specialist Services)	John Culley (SD, Community), Emma Jones (CD, Community)	Exec: Kate Howard (CNO) Simon Harwin (SD, CYP)	Exec: Sarah Stanley (CNO) Sarah Breton, Simon Puchtler, Beccy White, Felitta Burney-Nicol (Ch Midwife), Komal Gorania (LMNS)
BLMK Cancer Board	Exec: Fay Gordon (COO - Unplanned Care) Jonathan Loasby (ADO)	Exec: Cathy Jones (dCEO) Tim Chapman (Cancer Lead) Karen Jackson (GM, Cancer & Palliative Care) Jan Chalkley (dHoN, Cancer & Palliative Care)	N/A	Simon Edwards (dCMO)	Pete Reeve (SD, Adult & UC)	Exec: Andrew Rochford (CMO) Kathy Nelson, Helen Watt, Dr Rory Harvey (CI Lead - BLMK), Sara Rassool (dCI Lead, Cancer)

<p>Long Term Conditions - Health Optimisation</p>	<p>Exec: Helen Beck (COO - Planned Care) Dr Hamid Manji (MD)</p>	<p>Exec: John Fitzmaurice Beryl Adler (AMD Integration/Cons Paeds)</p>	<p>Eileen Bryant (Dir Nursing), Raj Shah (CD, Community Services)</p>	<p>John Culley (SD, Community), Emma Jones (CD, Community)</p>	<p>Pete Reeve (SD, Adult & UC)</p>	<p>Exec: Ch Neighbourhoods & PC (TBA) Amanda Flower (dCh Primary Care), Matt Davies (Head of Pharmacy & MedOps), Craig Lister (AD Primary Care & Prevention), Matt Rogers (Sr Transformation Manager), Hema Sutton (HO Elective Delivery), Chirag Bakhai (CI Lead LTC)</p>
<p>Improving UEC & Reducing Unnecessary Hospital Stays</p>	<p>Exec: Fay Gordon (COO - Unplanned Care), Jonathan Dunk (CFO), Victoria Alner (MD), Luca Seminerio (ADO)</p>	<p>Exec: Cathy Jones (dCEO) John Fitzmaurice (GM, Frailty & Elderly Care), Tammy Angel (dMD/ CD DME), Helen Oakes (HON Medicine), Hannah Synan-Jones (GM, Acute & Emergency Medicine)</p>	<p>Robin Campbell (SD, Community) (dty – Helen)</p>	<p>Exec: Simon Edwards (dCMO) Dty - John Culley (SD, Community)</p>	<p>Exec: Anita Pisani (dCEO & Lead UC)</p>	<p>Georgie Brown Francesca Cummings (Head of UEC Delivery), Michael Ramsden (AD Delivery), Claire Brisland (MK Place)</p>
<p>Fragile Services (Acute Provider Collaborative)</p>	<p>Exec: Joe Harrison (CEO), Ian Reckless (CMO), Fiona Hoskins (CNO) Nikolaos Makris (AMD), Claire McGillycuddy (ADO), Clinical 1PA</p>	<p>Exec: Paul Tisi (MD), Cathy Jones (dCEO), Liz Lees (CNO) Emily King (Head of Integration and Transformation), Thay Ingkaran (dMD, CD Pathology), Caroline Oakes (GM, Medicine)</p>	<p>Angharad Ruttley (CMO) (interim)</p>	<p>Simon Edwards (dCMO)</p>	<p>Exec: Caroline Kavanagh (CEO)</p>	<p>Exec: Felicity Cox (CEO), Andrew Rochford (CMO) Michael Ramsden (AD Delivery), Hema Sutton (Head of UEC Delivery), Andrew Bland (ERF Lead)</p>

Appendix B: Health Services Strategy Commitments

We Will (our direction of travel):

1	We will make decisions which support a shift from healthcare intervention to the prevention of ill health.
2	We will encourage and enable residents to take an active role in managing their own health and wellbeing and to contribute to the development of healthcare provision.
3	We will provide care as close to the resident's home as possible and design services that are 'seamless' for patients and carers.
4	We will embrace technology in the design and delivery of health services.
5	We will protect access to planned healthcare including operations and procedures.
6	We will make investment decisions which promote a narrowing in health inequalities.
7	We will ensure that the shape and size of our workforce meet the needs of BLMK's population and support our people to make best use of their individual skillsets.
8	We will ensure that value (financial and social) is key to all decision-making.
9	We will act to ensure parity of esteem between physical and mental health.
10	We will work to deliver healthcare in an estate which is fit for purpose.
11	We will embrace measurement and a culture of continuous improvement.
12	We will achieve excellent outcomes in maternity services and reduce neonatal harm.
13	We will prioritise the health of children and young people, including those who are carers.
14	We will cultivate a healthy research landscape – improving access to portfolio studies and providing a fertile environment for collaborative local research.
15	We will own our roles as anchor organisations within the communities we serve and work to enhance social value.

We Commit (expectations we have of one another):

1	We commit to supporting and being respectful of one another, we will engage in peer review and act as critical friends.
2	We commit to always acting in the best interests of the population we serve recognising this may mean resources are invested elsewhere in the system.
3	We commit to being open and transparent in our dealings with one another, including with respect to data and financial information.
4	We commit to making decisions together and explicitly sharing risks associated with the actions we take.
5	We commit to calling out waste and duplication, and to being intolerant of silo working, even if this is not advantageous to our own organisations in the short term.
6	We commit to not act unilaterally. Where our decisions are likely to have an impact on our partners, we will engage them in the appraisal of options.
7	We commit to providing our staff with the skills to work collaboratively, and to leading by example within our organisations.
8	We commit to working together to bring additional resources into BLMK for the benefit of our residents.

Date of the meeting: 21 March 2025

Executive Lead: Maria Wogan, Chief of Strategy & Assurance and Nicky Poulain, Chief Primary Care Officer

Report Author: Kathryn Moody, Director of Contracting; Penny Harris, Strategic Advisor; Tara Dear, Head of System Transformation Team

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

Item: 10.0 Strategic Delivery Plan: Community and Mental Health Transformation

Reason for report to the Committee

- c) follow up report from previous meeting/action log

1.0 Executive Summary

- 1.1. The Community and Mental Health Service Transformation Programme provides the strategic opportunity to redesign services across the whole BLMK footprint. This work will help in addressing the changing needs of our fast growing and changing local population: delivering care closer to home aligned with neighbourhood working, improving urgent care pathways, reducing long waiting times, providing placements for residents within BLMK, addressing our workforce, quality and financial challenges and seeking, as previously discussed by the ICB Board, a form of BLMK 'entity or delivery vehicle' with responsibility for delivery of these services.
- 1.2. This paper describes the proposed programme of work and highlights some of the key tasks that will impact on the timeline for the programme. The Board is asked to **note**:
 - a. The starting point for the transformation programme is to fully understand the detail of population needs, local delivery challenges and resources available to support the service provision i.e. we need to develop a detailed case for change.
 - b. Any transformation priorities identified need to respond to national policy and address local challenges set out in the case for change. They will be articulated in an outcomes framework and such a framework needs to be evidence based and deliverable.
 - c. The scope of this transformation programme spans widely across a number of existing Community and Mental Health contracts, whilst the case for change will have a wide focus, Phase 2 of the process (Business Case) will help to determine whether this scope is appropriate to hold under one transformation programme or would benefit from being split into specific areas of scope – for example by age groups or by community versus inpatient.
 - d. In line with constitution targets and the ICB's ambitions, stakeholder engagement will be vital throughout this programme. Whilst this takes time, it will enable considered and appropriate decision making about future service delivery.
 - e. Recognising the voice of our Community and Mental Health workforce, there will be a wide range of opportunities to understand what works well, areas for development and ideas about how we can collectively design services for the BLMK population.
 - f. The approach to determining who provides a service will need to accord with current guidance for all commissioners (for the NHS this is the Provider Selection Regime) and be determined following agreed governance processes including the development of a collaborative commissioning agreement with local authority partners.

- g. The programme will be managed in line with an agreed programme plan and progressing through the phases of the programme will be subject to key assurance checks and the governance arrangements. The governance requirements will reflect the scope of the services and process to be followed. Only commissioners will be involved in any procurement decisions.
- h. The infrastructure and support for the programme of change will impact on pace of delivery and is being addressed by the executive.

1.3. To enable this programme of change, a decision needs to be made about ensuring safe delivery of services where relevant contracts are now coming to an end. It is proposed that a Direct Award for up to two years is offered to existing providers (contracts will then end 31 March 2028).

1.4. Following an update to the Finance and Investment Committee on 28 February 2025, this decision will be taken by the ICB Chief Executive Officer in accordance with the ICB’s Scheme of Delegation and will follow discussions with Local Authorities (where associates to the contracts) and with the incumbent providers.

1.5. Furthermore, the following actions will be progressed in alignment with the programme phases and indicative timeline:

- a. Establishment of a Partnership Forum and supporting working groups.
- b. Development of a detailed Programme Plan with key gateways.
- c. Planning and promotion of the System Insights Network on 6 May 2025 as part of the resident engagement on this transformation programme.

2.0 Recommendations

2.1 *The Board is asked to:*

- a) **Note** the content of the report.
- b) Provide **feedback** and **support** the proposed approach.
- c) **Note** that the Board will receive regular progress reports at each meeting and will be involved in the development of the case for change, outcomes framework and new care model design process.

3.0 Key Implications

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

3.1 This report refers to a number of the above implications due to the scale and complexity but also the opportunities that it presents. These implications will be explored as part of the programme establishment and reflected in the programme timeline.

4.0 Introduction

4.1 The Board of the ICB has held a number of discussions about the need for the transformation of community and mental health services to ensure they are re-designed to meet the changing needs of the BLMK population over the next decade. A set of principles

were agreed for the approach to contractual transformation which can be found in Appendix 1.

- 4.2 The delivery of this new model of care may require the development of plans for procurement of all or some community and mental health services.
- 4.3 The current contract arrangements end on 31 March 2026. A paper was considered by the ICB Finance and Investment Committee on 28 February 2025 proposing how to ensure the ongoing safe services whilst the service planning, redesign and any necessary procurement(s) are planned and undertaken.
- 4.4 It is proposed that a Direct Award C for up to two years is offered to existing providers. This decision will be taken by the ICB Chief Executive Officer in accordance with the ICB's Scheme of Delegation and will follow discussions with Local Authorities (where associates to the contracts) and with incumbent providers.
- 4.5 As part of the planning for the provision of future services the ICB needs to be clear about the ambition for service improvement. There is therefore a need to understand the case for change (clarity about what change is needed to increase productivity and address population need) and hence determine the key transformation priorities to ensure the opportunity presented at this time leads to improved services provision in line with the Health and Care Partnership's strategic priorities and the ICB's transformation priorities.
- 4.6 As the ICB Board previously discussed in relation to direct awards under the Provider Selection Regime, the ICB will seek to achieve improvements for our population when a direct award under process C is agreed. Transformation of services should not be dependent on or await the outcome of formal open procurement processes.
- 4.7 In line with BLMK ICB's stated ambition to collaborate with people and communities, this process will require extensive engagement with key stakeholders.
- 4.8 The purpose of this paper is therefore to propose the approach to this transformation process including the key steps to deliver this ambition. Importantly, the paper highlights key decision points (called gateways) which are necessary to ensure key decisions are made in a timely fashion.

5.0 Timeline and Process

- 5.1 For a programme of transformation, it is important that there is a clear programme plan and key gateways which allow decisions to be made in an appropriate and safe manner. Each gateway will need to be designed to ensure sufficient information is available to support approval to allow the programme to proceed to the next stage. Given the tight timeline for this programme these will need to be set out and enacted in a timely fashion to ensure ongoing safe delivery of services.
- 5.2 Inevitably the pace of progress with any programme will reflect the focus and resources dedicated to the work plan. The ICB executive have already identified key leads, namely Nicky Poulain and Maria Wogan as SRO for Community Health and Mental Health respectively and will be determining the infrastructure requirements when the approach to the programme is finalised, but within the next two months.
- 5.3 The process affords a strategic and important opportunity to develop and shape future services but that will also require proper engagement in line with constitution requirements which will affect the timeline.

5.4 The programme will be designed around several key phases (Table 1) although some may be completed concurrently. Learning from the MSK programme has informed development of this programme approach:

Table 1: Programme Phases

Phase	Phase Description
<p>Phase 1: Case for Change</p>	<p>Case for change and high-level Transformation Priorities, including engagement on the same. The case for change will need to be formally approved by the ICB Board. See 6. Case for Change section for more detail on the approach.</p> <p>The Partnership Forum described in 8.4 (Programme and Governance) will be held regularly throughout this phase and future phases (where indicated), bringing together partners to actively participate in the transformation and the development of the case for change.</p> <p>Approval by: ICB Board [target date of 27th June 2025, subject to sections 6,7,8 & 9 of this report]</p>
<p>Phase 2: Business Case</p>	<p>Business case/decision making paper on options for delivery of the Transformation programme and hence the start of detailed project planning including detailed service scope, financial modelling and options for any procurement/s. This will need ICB committee approval. NHSE engagement in process will need to be determined.</p> <p>Approval by: ICB Board (excluding conflicted members) <i>Board Quoracy – 9 members, CEO or CFO, Chief Nurse or Chief Medical Director, 1 x FIC NEM, 1x partner member</i></p>
<p>Phase 3: Specification and Procurement Preparation</p>	<p>Development of detailed services specification/s, outcomes framework and transformation priorities. Key stakeholders would need to be engaged in the development of the services specification and/or outcomes framework to deliver the transformation priorities.</p> <p>Approval by: ICB Board or delegated to a Joint meeting of the Quality & Performance Committee and the Finance and Investment Committee convened specifically for that purpose.</p> <p>The production of any procurement documentation including Standard Selection Questionnaire (SQ), Invitation To Negotiate (ITN) documentation and process to be followed. Once the business case is approved, this work can be developed at the same time as the service specifications but could only be shared and approved through commissioner governance processes.</p> <p>Any procurement could include use of negotiated dialogue as well as formal evaluation process. A negotiation process can be used to shape the providers approach to service transformation.</p> <p>AND</p> <p>The design and approval of the commercial approach to the programme.</p>

	Approval by: Executives Meeting
Phase 4: ICB Governance	Commissioner decision to proceed to procurement and agreement of evaluation team/dialogue teams. Conflicts at this stage will need to be managed in accordance with ICB and procurement policy.
	Approval by: Finance and Investment Committee
Phase 5: The Procurement	At this stage the process is handed over to the evaluation and dialogue team although process check points can be shared within agreed within commissioner governance eg confirmation that following dialogue there is at least one bidder that the commissioners believe can meet the requirement of the procurement.
	The outcome of the final evaluation will be a Contract recommendation report which will need to be approved through commissioner governance.
	Approval by: ICB Board (excluding conflicted members) <i>Board Quoracy – 9 members, CEO or CFO, Chief Nurse or Chief Medical Director, 1 x FIC NEM, 1x partner member</i>
Phase 6: Contract Award	ICB approval of Contract award notifications, transformation plan and communications plan (including HOSC et al)
	Approval by: Executives Meeting
Phase 7: Mobilisation	Mobilisation and transition plan assurance process
	Approval by: Executives Meeting

- 5.5 The detail of each step in the programme will be reviewed at the end of each stage to ensure it reflects any changes in the programme's requirements.
- 5.6 In the context of Community and Mental Health Services, this process could run up until March 2028 based on the indicative timeline (Appendix 1), however opportunities to bring forward the implementation date will be considered at each gateway and throughout the programme development and are dependent on the approach taken.
- 5.7 Whilst this timeline also makes the assumption that procurement/s is necessary to show the full extent of a potential procurement process, this decision has not been made and will not be made until Phase 2: Business Case.

6.0 Case for Change

- 6.1 The initial phase of this programme is the development of a Case for Change. This is a strategic document that provides a clear vision and comprehensive analysis of the factors driving the need for transformation within Community and Mental Health Services.
- 6.2 The Case for Change will be produced with extensive engagement from existing providers, the VCSE and residents and will bring together the following information which will be co-ordinated by the ICB programme team:

Focus Area	Description
Vision	The purpose of the vision is to provide a clear, strategic direction that defines the desired future state and outlines the key benefits of transformation. It will be developed through stakeholder engagement, data analysis, and alignment with national and local healthcare priorities to ensure it is both ambitious and achievable.
Population Need	The case will assess population needs, identifying service variation and key inequalities across different Local Authorities (LAs) and services. This will highlight disparities in health outcomes and access.
Public Feedback	The case will draw from known public feedback to ensure that the experiences and concerns of service users are considered. Proactive engagement, particularly with seldom heard groups, will be undertaken to gather further insights and focus on key themes that have been identified.
Service Performance	The case will include a detailed review of performance across services, identifying areas of strength and areas where improvements are needed. This will also include benchmarking information.
Workforce	The case will include an analysis of workforce issues, focusing on the proportion of the working-age population and highlighting known skill shortages in key areas, which could impact service delivery and future workforce sustainability.
Resource issues	The case will include financial and resource issues, such as potential future costs, activity levels, and pressure points that could affect services. This financial analysis will support decision-making on how to allocate resources effectively in the face of growing demand and increasing pressures.
Transformation and Population Priorities	The case will provide a clear outline of the criteria for options appraisal, which will guide the decision-making process for selecting the most viable transformation options. The case for change will ultimately help determine the key priorities the ICB must address, ensuring that transformation is focused on the most critical areas that will improve outcomes for the population

6.3 The Case for Change represents a critical stage in this transformation process, acting as a key reference document to guide the decision on the best process to enable the vision.

6.4 In line with BLMK's commitment to public involvement and to recognise the NHS Constitution requirements, the case will require extensive engagement and will be a critical guide to the subsequent stages of the programme as set out in 5. Timeline and Process.

6.5 As a result, the target date to complete and approve the Case for Change will be end of June 2025.

6.6 The Case for Change will drive the development of a Business Case that will present a range of options that need to be carefully considered and will be evaluated against specific criteria agreed by the Programme Board.

6.7 The Business Case will prioritise options that deliver the greatest benefit to the population while ensuring sustainability and efficient use of resources.

7.0 Public and Provider Engagement

7.1 BLMK is deeply committed to public engagement, ensuring that the voices of residents and service providers are integral to the planning and delivery of health and care services.

- 7.2 It is important to recognise that significant insights have been collected through various engagement routes and these insights will be used as a foundation of knowledge. These include learning from The Big Conversation, Digital Strategy Consultation, The Denny Review, Community MSK engagement, working with Healthwatch and more.
- 7.3 The intention at the outset is to engage public and provider stakeholders in all stages where there is the opportunity to actively influence the outcome: the Case for Change, outcome measures, agreement of the transformation priorities and the service specification. Residents will be involved in the evaluation of proposals.
- 7.4 A comprehensive Communications and Engagement plan will be an important component of the Transformation Programme and developed in partnership with stakeholders.
- 7.5 An essential element of this engagement is recognising the impact on the Community and Mental Health workforce who will be directly affected by any proposed changes. Engaging early in the process is crucial to understanding their concerns and ideas, whilst ensuring that any future changes are managed in a way that supports staff well-being and retention.
- 7.6 The System Insights Network on 6 May 2025 will be a key opportunity for public and providers to contribute to the Community and Mental Health case for change.
- 7.7 To maintain the integrity of the process and openness, early market engagement will be undertaken. This is especially important given the proposed use of Direct Award C process in the short term for existing contracts.
- 7.8 The programme and engagement plan will adhere to Constitution requirements, including necessary notifications to the Secretary of State (SoS), ensuring compliance with all regulatory and governance protocols.

8.0 Programme Resourcing and Governance

- 8.1 To oversee the key phases of this programme, a full governance arrangement will be established with a Programme Board co-chaired by Nicky Poulain (Chief Primary Care Officer) and Maria Wogan (Chief of Strategy and Assurance) with supported subgroups to be agreed.
- 8.2 The Programme Board membership will reflect the agreed scope of the programme but in short term will be established to oversee the process to agree the case for change and the transformation priorities.
- 8.3 The Programme Board will report to the BLMK ICB Executive with a monthly progress report.
- 8.4 Recognising the need to manage a number of conflicts whilst ensuring stakeholders play a key role in the design and content of the case for change and the model/s of care, a Partnership Forum will also be established to provide a key forum for engagement and involvement in this transformation. The Forum will aim to meet monthly and the invitation will include a wide range of local partners including current providers, Primary Care, VCSE organisations, Hospital, Local Authorities and more.
- 8.5 The programme will also require the release of existing ICB capacity as dedicated resource to the programme to deliver at the agreed pace.
- 8.6 The range of skills that are required will cover:

- a. Commissioning and Population Health Intelligence Unit (outcomes)
- b. Quality and clinical leadership
- c. Finance and commercial
- d. Procurement (CSU)
- e. Technical support eg estates, IT, information, contracting
- f. Communications and engagement

8.7 The inclusion of Local Authority representatives will be determined through early engagement and confirmation of their commissioning intentions for this programme of work. A series of meetings are currently underway with Local Authority and Provider CEOs to develop the programme approach.

8.8 Programme management and co-ordination resource has been secured from the System Transformation Team and the ICB has appointed Penny Harris as a Strategic Advisor to the Programme, who commenced work with the ICB in January, having recently advised on a community services procurement for Bath, Swindon and Wiltshire ICB.

9.0 Risk

9.1 The key risks presented at this stage of the programme are:

Theme	Risk	Mitigation
Timeline	Delays in the delivery of this programme could shorten the six-month mobilisation period, impacting service readiness	Implement a phased programme plan, early risk identification, and contingency plans.
Impact on Current Service Delivery & Performance	Disruptions during transformation may affect patient care, workforce morale, and operational efficiency.	Clear staff communication and opportunities to Co-Design the case for change and new model of care. Regular communication briefings updating on progress against key stages.
Impact on Hospital, Primary Care & Other Dependent Services	Service changes could increase hospital admissions, strain GP services, and disrupt social care coordination.	Close collaboration with stakeholders, clear transition plans, and alternative support mechanisms as a contingency during service change.
Limited Capacity & Resources in the ICB	The ICB may lack sufficient personnel and expertise to manage procurement and mobilisation effectively.	Secure additional resources, prioritise deliverables, and utilise external expertise where needed.
Financial Sustainability Concerns	Increasing service demand and complexity may exceed the available financial envelope, leading to service pressures.	Explore alternative funding sources, implement efficiency measures, and develop a demand-management strategy.

10.0 Conclusion

10.1 The Community and Mental Health Service Transformation Programme provides an important strategic opportunity to redesign services to maximise productivity and focus on local population need. This paper has described the programme of work to be completed and highlighted some of the key tasks that will impact on timeline for the programme. The Committee is asked to note:

- a. The starting point for the transformation programme is to fully understand the detail of population needs, local delivery challenges and resources available to support the service provision ie develop a detailed case for change.
- b. Any transformation priorities identified need to respond to national policy and address local challenges set out in the case for change. They will be articulated in an outcomes framework but such a framework needs to be evidence based and deliverable.
- c. In line with constitution targets and the ICB's ambitions, stakeholder engagement will be vital throughout this programme. Whilst this takes time, it will enable considered and appropriate decision making about future service delivery.
- d. The approach to determining who provides a service will need to accord with current guidance for all commissioners (for the NHS this is the Provider Selection Regime) and be determined following agreed governance processes (potentially business case and development of a collaborative commissioning agreement with local authority partners).
- e. The programme will be managed in line with an agreed programme plan and progressing through the phases of the programme will be subject to key assurance checks and the governance arrangements. The governance requirements will reflect the scope of the services and process to be followed. Only commissioners will be involved in any procurement decisions.
- f. The infrastructure and support for the programme of change will impact on pace of delivery and is being addressed by the ICB executive team.
- g. To enable this programme of change, a decision will be taken by the ICB Chief Executive to ensure safe delivery of services where relevant contracts are now coming to an end.

11.0 Next Steps

11.1. The following actions will be progressed in alignment with the programme phases and indicative timeline:

- a. Establishment of Partnership Forum and supporting working groups.
- b. Development of a detailed Programme Plan with key gateways.
- c. Planning and promotion of the System Insights Network on 6 May 2025.

List of appendices

Appendix 1 – ICB Board agreed principles for contractual transformation

Appendix 2 – Indicative timeline for Community and Mental Health Transformation

Appendix 1. ICB Board agreed principles for contractual transformation

These principles were developed by the ICB Board during June 2024 Board Seminar



Manage the **PSR process, don't be managed by it** – we should do what is best for our population and system in the context of our provider landscape



Consider **connectivity between different contracts** and how this support achievement of our strategic goals – seek to align end dates if helpful to strategy



Have a transparent and managed **improvement plan** if we are extending/direct award to incumbents with performance/quality issues – work in partnership but have clear improvement metrics and trajectories and visible reporting against these



Consider how we achieve **the left shift of resources** through this process – open book accounting essential from all parts of pathway



Seek to **achieve our estates, people and digital objectives** through this process – remove the roadblocks – be explicit about our strategic aims and ask incumbents to respond



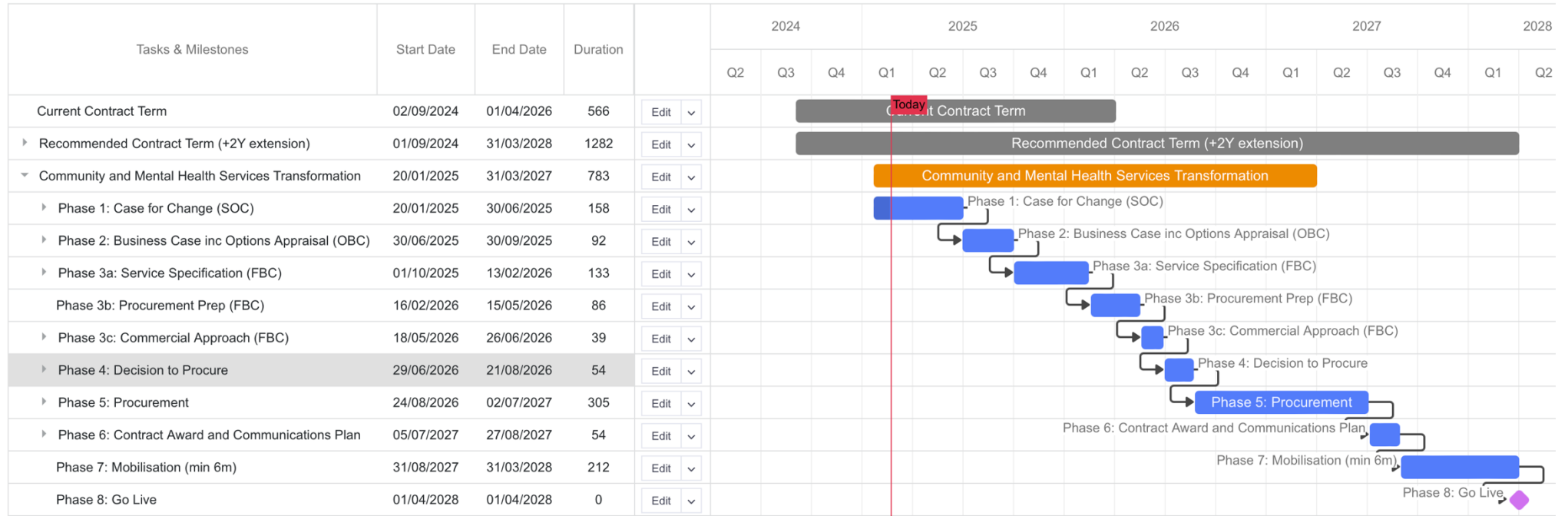
Contracting form should **incentivise improvement**

Appendix 2. Indicative timeline for Community and Mental Health Transformation

Please note that the timeline will be reviewed at each gateway and opportunities to bring forward the implementation date will be considered throughout.

Tasks & Milestones

Scheduling Add Task Add Milestone Filter Search Settings Refresh



Source: Verto Date: 20 February 2025

Date: 21 March 2025

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

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

Item: 11.0 Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Audit and Risk Assurance (Part 1, ICB Business and Part 2, System Risk)

Recommendation: The Board are asked to:

- **note** the assurance and issues raised by the Audit and Risk Committee on 31 January 2025, in particular,
- **receive** and **note** the EPRR annual report 2024/25 and **note** the substantially compliant rating received for the system.

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
<ul style="list-style-type: none"> • None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • Internal Audit - Cyber Security, Supply Chain Audit Report. Outcome of audit - moderate for Design and limited for Design Effectiveness. Some good practice was identified including, development and running of cyber-attack exercises in conjunction with the ICB's Emergency Preparedness Resilience and Response (EPRR) team. Gaps identified resulted in recommendations including, routine collection of security certifications and cyber security data from providers. Risk assessments of all entities along the supply chain are not routinely conducted. Cyber security is not a required item on the agenda for meetings with suppliers. Information is missing from the Contract Register. Review of the Network Access Policy is overdue. Progress with the implementation of the recommendations has been made and will be monitored by the Committee via a progress Update Report from BDO. • Counter Fraud - The National Fraud Initiative (NFI) This is a Cabinet Office led data matching exercise across held every two years across the entire public sector. The exercise looks at trade and creditor history matches to identify any patterns of recurring or duplicate matches and matches for staff with more than one payroll assignment in a public sector organisation. The ICB has three high risk matches, 10 medium risk matches and eight low risk matches. This is a low number and low percentage of matches for the size of the ICB. Enquiries into the three high risk matches have been initiated with payroll and the ICB's Human Resources team. A desktop triage has been initiated for the medium and low risks. • Key Issues - 2024/25 ICB Accounts The Chief Finance Officer (CFO) presented a report which outlined the key considerations for the preparation of the financial statements for 2024/25. The CFO highlighted that the ICB is moving to a new national general ledger system and in preparation for the move some intensified housekeeping on the general Ledger has taken place which identified write offs of £24,000 with a further potential for £14,000. The committee approved £24,000 and it was agreed that delegated authority be given to the CFO for up to £14K with an update to be provided to the committee. • Draft National Quality Board (NQB) principles for assessing and managing risks across ICSs were shared. A report will be made to the next meeting on BLMK current compliance to the principles. • System Risk Register (SRR)/Board Assurance Framework (BAF). In part 2 of the meeting the Committee (including attendees from system partners) had a detailed discussion on a new

SRR/BAF template, which was approved, with minor changes, by the Committee. Undertaking an internal audit of the management of system wide risk was discussed and BDO advised that they were beginning to do this elsewhere. BDO would discuss with the Executive an approach to such audits once compliance with the NQB principles had been assessed.

- **Risk of breach of Cyber Security – Deep Dive.** (Part 2) System Chief Executives requested a risk assessment to be carried out ‘the risk of a breach of cyber security’. A draft description of the risk was presented and discussed in detail. There was broad agreement from the Committee that there should be a risk of a cyber security incident risk on the system risk register. However, more work is needed to define the risk description and clarification of each element i.e. prevention, business continuity and EPRR, disaster recover, third party suppliers, compliance with national standards and national systems.

ASSURE: Inform the Board where positive assurance has been received

- **Implementing external audit recommendations 2023/24.** Two recommendations remain open: Secondary Care Contract Signature – relates to an outstanding issue with a secondary care contract for mental health patient flow. There was no disagreement with the financial value of the contract and the provider has agreed to sign the contract for 2024/25. Service Auditor Reports – Continuing to discuss with regional and national teams to ensure that the necessary assurances are received.
- **Data Security & Protection Toolkit (DSPT).** ICB’s Internal Auditors (BDO) reported NHSE has introduced a new approach that aligns the DSPT with the Cyber Assessment Framework (CAF). Auditors’ guidance is due to be published. The DSPT is made up of 47 outcomes, 12 have to be audited, four of which are to be selected by the ICB. The ICB selected A2b Assurance, A3a Asset Management, C2b Protective Attack Discovery and D2b Using incidents and near misses to drive improvements.
- **Information Governance (IG).** Work is underway to meet the requirements of the DSPT (noted above). The IG Working Group completed the interim submission on 20 December 2024 and is continuing to make progress with the outstanding outcomes. The Improvement Action Plan for the 2023/24 DSPT has been successfully completed and the ICB received ‘standards met’ compliance from NHSE on 11 October 2024.
- **Cyber Security Report.** At the October meeting members requested further information on the Cyber Security report from HBL (Herts, Beds & Luton) ICT (Information & Computer Technology) to provide assurance. The HBL ICT Associate Director of Digital Solutions attended Committee to explain the report in detail. This has helped to build knowledge and understanding and enable members to be assured that the investment the ICB is making in cyber security controls is producing the desired results.
- **Internal Audit - Key Financial Systems Internal Audit Report.** Outcome of audit - substantial for Design and substantial for Design Effectiveness.
- **ICB Corporate Risk Register.** The CRR was presented to the committee which highlighted that the ‘the ICB’s capacity to fully implement the Provider Selection Regime (PSR)’ risk had been de-escalated. Each risk on the CRR has been aligned to a Committee to provide assurance and review actions in place to mitigate the risk.
- **The NHS Core Standards for EPRR.** The ICB completed the self-assessment process against the 47 Core Standards then went through a Confirm or Challenge session with the regional team where the ICB received a rating of ‘substantially compliant’. The ICB, as lead commissioner, led the assurance and review meetings for the self-assessments completed by Bedfordshire Hospitals and Milton Keynes Hospital with both Trusts receiving a rating of ‘substantially compliant’. Other BLMK providers completed their assurance with their lead commissioners, resulting in ‘substantially compliant’ for two and ‘fully compliant’ for one. See appendix A – EPRR Annual Report considered at committee.
- **Freedom to Speak Up (FTSU) Annual Assurance Report.** FTSU Training is mandated for all staff and compliance rate has increased from 70% in 2023 to 86.5% as of 31 December 2024. Focus Groups were held to try to identify barriers to raising concerns. Local system leaders have been invited to a conference which is being hosted by BLMK ICB. The FTSU Self Reflection Assessment tool has been re-visited and populated and an action plan is in development. There has been 17 FTSU contacts during 2024 of which four cases were progressed and successfully resolved by the FTSU Guardian. This demonstrates that staff are starting to feel they can raise concerns as there were none in the previous year.
- **Update on Urgent & Emergency Care (UEC) System Risk.** UEC risk is the first risk worked

through using the dynamic risk assessment process as a system. Scores were provided by all partner organisations who had varying views on the target impact and likelihood should be, so an average was taken. The proposed target risk scores will be discussed at with subject matter experts at the UEC Assurance Group on 4 February.

Work to identify key risk indicators, baselines and data sources has been completed. The predictive monitoring tool is now being trialled by the System Co-ordination Centre, with an aim to go live on 10 February. The tool will be used on a daily basis across the system to give an indication of the key risk indicators coming to fruition or otherwise.

A review has been completed on the system actions and controls. The next phase will be to align those actions and controls to each of the highest system risks and indicators so we can see which controls and actions are helping us to mitigate and respond.

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

- A new risk has been added to the corporate risk register in relation to IG - CRR0028 - Data Security and Compliance (Including compliance with 2024/25 DPST) supported by IVOG on 12 December 2024 and ratified at the executive meeting on 18 December 2024.
- Actions were set for the 'high cost of prescribing' risk to be discussed with primary care to identify if it should be escalated to the CRR, and for the political environment risk to be reviewed to reflect the local political environment and less about the general election.
- Urgent & Emergency Care (UEC) System Risk (as noted above).

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

- **Internal Audit - Key Financial Systems Internal Audit Report.** Outcome of audit - substantial for Design and substantial for Design Effectiveness. The audit identified several areas of good practice. The Chair congratulated the Finance Team on the outcome of the audit which provides assurance regarding the robustness of controls and processes.
- **The NHS Core Standards for EPRR.** The 'substantially compliant' rating for the system (as noted above).
- **Update on Urgent & Emergency Care (UEC) System Risk.** The Development of the UEC system risk has helped to inform winter planning and our approach for this year and will also feed into the planning round for next year.
- **System Risk.** Commendation for the work on developing the UEC risk. Agreement of key risk indicators will allow these to be monitored in the future.

Date: 31 January 2025

Executive Lead: Georgie Brown, Chief of Staff/Accountable Emergency Officer

Report Author: Tammy Harding-Edwards, Risk and Primary Care EPRR Manager

Report to the: Audit & Risk Assurance Committee (Part 1 ICB Business)

Item: 11.1 - Emergency Preparedness, Resilience & Response (EPRR) Assurance Report against NHS Core Standards 2024 - 2025

1.0 Executive Summary

- 1.1 The Audit and Risk Assurance Committee provides oversight and assurance regarding how the organisation is dispensing its Emergency Planning Resilience and Response (EPRR) responsibilities under the Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 and NHS Act 2006 and Health and Care Act 2022.
- 1.2 The NHS England Board has a statutory requirement to formally assure its own and the NHS in England’s readiness to respond to emergencies. NHS England ensures that NHS funded organisations are compliant with the requirements of the Core Standards, via the annual Core Standards assurance.
- 1.3 The NHS Core Standards for EPRR set out the minimum requirements expected of providers of NHS funded services in respect of EPRR.
- 1.4 This report details how the ICB EPRR corporate responsibilities are met and provides assurance that the ICB complies with the relevant legislation and guidance, as summarised by the ICB submission measured against NHS England’s core standards for EPRR.

2.0 Recommendations

- 2.1 *The members are asked to **note** the following:*
 - 1. BLMK ICB’s compliance with the NHS EPRR Core Standards for 2024.

3.0 Key Implications

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

- 3.1 Common risks associated with Core Standards, are all added to the ICB Directorate and Corporate Risk Registers:
- Operational Delivery
 - Incident Management and Critical Function Continuity (including Concurrent incidents)
 - Cyber Security
 - Emerging Infectious Disease
- 3.2 There are no financial implications directly associated with this report
- 3.3 The NHS EPRR Core Standards ensure that systems are in place to ensure that support is given to all residents of BLMK in the event of emergencies or incidents.
- 3.4 NHS EPRR Core Standards Assurance for 2024 has been reported to the Local Health Resilience Partnership (LHRP) on 27th November 2024.
- 3.5 Climate adaptation is a part of the resilience workplan and the LHRP Strategy and workplan to support emergency preparedness and Green Plan commitments.

4.0 Report

- 4.1 Emergency Planning Resilience and Response (EPRR) responsibilities are detailed under the Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 and NHS Act 2006 and Health and Care Act 2022.
- 4.2 The NHS England Board has a statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. NHS England ensures that NHS funded organisations are compliant with the requirements of the Core Standards, via the annual Core Standards assurance.
- 4.3 The NHS Core Standards for EPRR set out the minimum requirements expected of providers of NHS funded organisations in respect of EPRR.
- 4.4 Between September and November 2024, ICBs and NHS funded organisations carried out a self-assessment of their state of readiness against these Core Standards
- 4.5 The ICB self-assessment of 47 Core Standards was completed with the ICB sustaining **SUBSTANTIALLY COMPLIANT** rating (ratings available non-compliant, partially compliant, substantially compliant and fully compliant).
- 4.6 A deep dive was also completed for compliance against 11 standards regarding Cyber Security. These standards are assessed but does not affect the overall compliance rating. The ICB self-assessment showed full compliance against all 11 standards.
- 4.7 The ICB had a review meeting with the East of England EPRR Team on 7th November, with the regional team verbally confirming the ICB's self-assessment rating.

4.8 The ICB, as lead commissioner, led the assurance and review meetings for the self-assessments completed by Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes University Hospital NHS Foundation Trust. Despite a challenging year with numerous Business Continuity incidents and Industrial Action, both Trusts highlighted their excellent work in maintaining and improving the majority of EPRR core standards.

4.9 BLMK's other providers completed their assurance with their lead commissioners and BLMK ICB informed subsequently.

4.10 Assurance Level Summary and Areas for Improvement:

Organisation	2023	2024	Progress	Areas for Improvement
BLMK ICB	Substantial Compliant	Substantial Compliant		<ul style="list-style-type: none"> AEO is not a board level director (but has full delegated responsibility) EPRR Resource – Current vacancy Communications on-call - ICB does not have on-call 24/7 comms, support would be obtained via LRFs DPST status currently 'approaching standards' - Approved NHSE Improvement plan in place (1 action outstanding for training compliance to be at 95%).
Bedfordshire Hospitals NHS Foundation Trust	Substantial Compliant	Substantial Compliant		<ul style="list-style-type: none"> Business Continuity Management Systems, Business Impact Analysis / Assessment, Business Continuity Plans, Testing and Exercising, Management of Business Continuity Incidents - internal and external audits identified improvements with Business Continuity Workplan developed and signed off by Executive. Training and Exercising - Additional Training being developed for Tactical Commanders and Induction.
Milton Keynes University Hospital NHS Foundation Trust	Substantial Compliant	Substantial Compliant		<ul style="list-style-type: none"> Business Continuity Plans – External audit completed, with action plan developed to support plan development. New and Emerging Pandemics – Updating current plan to incorporate new NHSE pandemic framework.
Cambridgeshire Community Services		Substantial Compliant		<ul style="list-style-type: none"> Staff Awareness and Training – Further development of training for staff most likely to manage resilience response. Business Continuity Plans - Internal Audit highlighted supportive actions which are being taken forward.
East London NHS Foundation Trust	Fully Compliant	Fully Compliant		N/A

Central and North West London NHS Foundation Trust	Fully Compliant	Fully Compliant		N/A
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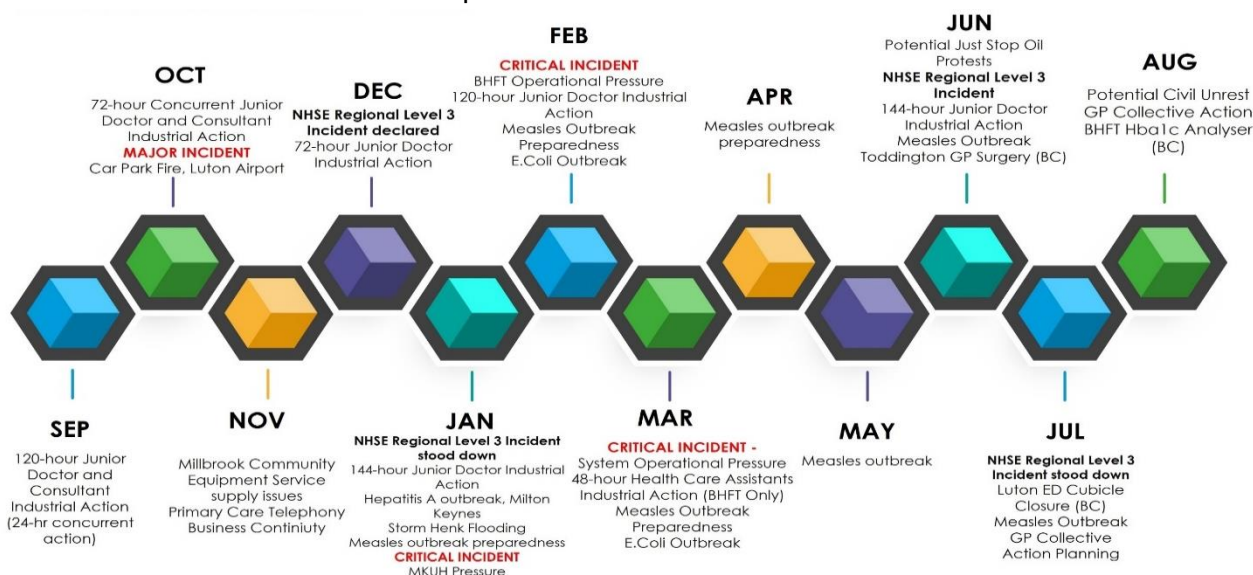
4.11 There were a number of areas of notable good practice for the ICB EPRR during 2024;

- Development and delivery of Exercises Silver Birch (LHRP - National Power Outage), Jackpot (Local Resilience Forum – Cyber), Broken Gate (ICB Business Continuity / Cyber Security)
- Further training for on call staff: both tactical and strategic
- ICB Training and exercise plan
- Publishing of revised Health Protection Memorandum of Understanding
- Supporting planning for numerous large events (including BBC Radio 1 Big Weekend / Bedford River Festival)
- Emergency Planning Manager passed Certificate of Business Continuity Institute exam enabling qualified review of Business Continuity Plans and Business Impact Assessments.
- Developing a refreshed 3 year strategy for the LHRP.
- Supporting Luton and Dunstable HbA1c response.
- Team nominated for ICB Staff Award.

4.12 There were also a number of challenges during the past year, the most notable being;

- Loss of Deputy Head of Head of Resilience and team restructure.
- ICB structure changes (TOM1) resulting in loss of some trained on-call resources, and requirement for additional on-call training provision.
- Relocation of the Incident Coordination Centre from Sherwood House to Priory House.
- Managing Business as Usual alongside a significant number of responses, including protracted response to Industrial Action.

4.13 Overview of 2023 – 2024 responses



- 4.14 The ICB NHS EPRR Core Standards Assurance for 2024 has been reported to the Local Health Resilience Partnership (LHRP) on 27th November 2024.

5.0 Next Steps

- 5.1 One of the primary challenges faced by the ICB and its partners continues to be Business Continuity (BC). Since the implementation of the ICB TOM 1, all Business Impact Assessments (BIAs) have been reviewed, and the overarching ICB Business Continuity Plan (BCP) tested within Exercise Broken Gate. For 2025, Exercise Broken Windows has been designed to test the directorate BIAs which will enable development of directorate (BCPs) to ensure minimal disruption to critical services. The BIAs will also be reviewed following TOM2.
- 5.2 ICB response plan reviews are scheduled for the coming year include a full review of the ICB overarching Incident Response Plan (IRP) and the Priority 3 (walking wounded) mass casualty plan.
- 5.3 Continuous Improvement underpins EPRR, with the Civil Contingencies Act (CCA) 2004 placing requirements for learning and implementing lessons from exercises, incidents and emergencies. The LHRP Lessons Identified Strategy will be embedded to ensure the LHRP systematically captures, analyses, and, where relevant, implements lessons identified from incident responses and exercises, as well as recording notable practices, to ensure that best practice is adopted, and past mistakes are not repeated.
- 5.4 The need for regular training is crucial to ensure that all staff members, both new and existing, are equipped with the latest knowledge and skills to respond confidently and capably in a crisis. All staff will continue to be encouraged to undertake relevant training and exercising with regard to EPRR and in line with the ICB EPRR Training Strategy, with a particular focus on those who undertake on-call responsibilities to build the competency for those with responsibility during and incident.
- 5.5. The delivery of exercises continues to be a priority with the national Cabinet Office Exercise Pegasus (Pandemic Novel-Virus), Exercise Exodus (live ward evacuation) and Business Continuity directorate exercises already in development.
- 5.5 DPST Compliance remains a focus for the coming year with updated guidance released in September 2024 to be embedded and continued efforts to gain full compliance.

6.0 Conclusion

- 6.1 In conclusion, the ICB's 2024 – 2025 Core Standards self-assessment highlights a robust and sustained commitment to meeting the NHS England EPRR Core Standards. Achieving a 'Substantially Compliant' rating for a third consecutive year.

- 6.2. Integral to this success is the ICB's effective collaboration with regional EPRR teams, local providers, and the Local Health Resilience Partnership (LHRP), and the proactive approach of all organisations to EPRR.
 - 6.3 The Committee should recognise and support the continued efforts of the ICB in maintaining high standards of emergency preparedness and resilience.
-

List of appendices

BLMK Core Standards Submission 2024

Date: 21 March 2025

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

ICS Partner Lead: N/A

Report Author: Ellen Heaney, Head of Compliance and Regulation

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

Item: 11.2 – 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. 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 31st January 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 007: the risk heading was reviewed to more accurately describe the specific risk in response to feedback from the Audit and Risk Assurance Committee.
 - BAF 0014 Maternity Services at BHFT: the risk description has been updated to amend the date of the maternity risk summit.
 - The format of the BAF has been updated, as agreed at the Audit and Risk Assurance Committee.

2. Recommendation

- 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. 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 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 due in June?
005	System Transformation	20	Quality and Performance report – portfolio report, Operational Planning report
006	Financial Sustainability & Underlying Financial Health	20	Finance Report & operational planning report
007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation and risk of not achieving net zero.	16	Audit and Risk Assurance Report, Refreshed Green Plan due to Board June 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 due in June?
010	Partnership working	9	Quality and Performance report – portfolio report
011	Health literacy - Denny Review	16	Improving Health Equity Report due in June?
012	System Collaboration	6	Quality and Performance report – portfolio report
013	VCSE sustainability - Impact on Delivery of ICS Strategic Priorities	16	Operational Planning Report
014	Maternity Services at Bedfordshire Hospitals Foundation Trust (BHFT)	16	Quality and Performance report

Resourcing: we have recently recruited to the System Risk Manager post in the ICB which has been vacant since June 2024. The next post-holder is due to start on 19 May 2025.

4. Report

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

4.1.1. The format of the SRR/BAF has been updated with the approval of the Audit and Risk Assurance Committee, this will allow for a clearer allocation of responsibility for controls and mitigation actions amongst system partners. The SRR/BAF presently comprises 14 strategic system risks. Since the Board last met two changes have been made.

4.1.2. The risk heading for BAF007 was updated following feedback from the Audit and Risk Assurance Committee to read:

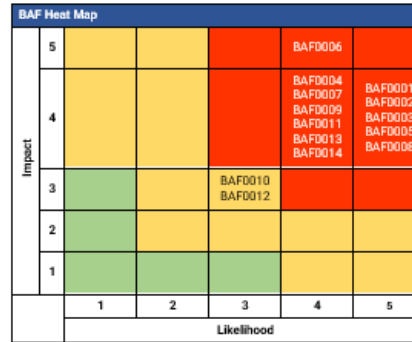
Climate Change: Health Inequality and Healthcare Service Impacts from Climate Change and Environmental Degradation and risk of not achieving net zero

4.1.3. The risk description for BAF014 has been updated to reflect the date of the Maternity Quality and Safety Summit. The opening sentences now reads:

As a result of a number of factors across BHFT maternity services, relating to staffing and governance processes, which were identified and outlined at the Maternity Quality and Safety summit on 16th September 2024, not being fully addressed and rectified, including:

4.1.4. The graphics below illustrate that the risk profile of the ICB has been relatively unchanged for some time. 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.

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	16	→
BAF0014	Maternity Services at BHFT	20	★



Status Key	
→	No change
↑	Escalated
↓	De-escalated
●	Closed
★	New Risk

Risk Movement Over Time – Rolling 12 Months														
	Jan - 24	Feb - 24	Mar - 24	Apr - 24	May - 24	Jun - 24	Jul - 24	Aug - 24	Sept - 24	Oct - 24	Nov - 24	Dec - 24	Jan - 25	Feb - 25
BAF0001	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0002	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0003	20	20	20	20	20	20	20	20	16	16	20	20	20	20
BAF0004	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0005	20	20	20	20	20	20	20	20	12	12	20	20	20	20
BAF0006	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0007	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0008	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0009	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0010	9	9	9	9	9	9	9	9	9	9	9	9	9	9
BAF0011	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0012	6	6	6	6	6	6	6	6	6	6	6	6	6	6
BAF0013									16	16	16	16	16	16
BAF0014												16	16	16

4.2. Dynamic Risk Assessments and Deep Dives

- 4.2.1. The National Quality Board (NQB) issued guidance on how integrated systems should manage dynamic and multi-factorial risks, this was reviewed at the ARAC meeting in January 2025 and will be incorporated into the dynamic risk assessment approach being rolled out.
- 4.2.2. The system balances and shares risks in multiple areas across health and care settings and must manage significant pressures in workforce, service capacity, and finances. The Dynamic Risk Management Principles have been designed to facilitate this system approach to risk management and governance.
- 4.2.3. A number of deep dives and dynamic risk assessments are planned for the coming months.

Ref	Risk	Action	Date
BAF 003	Pressure on UEC in BLMK system	Reported to Audit and Risk Assurance Committee in Jan '25 Regular oversight by System UEC Planning and Assurance Group	Monthly
New	Cyber Security	Initial wording is being developed alongside system partners	Apr-May 2025
BAF 0013	VCSE Sustainability	Further review at system/VCSE meeting	TBA
New (BAF 014)	Maternity Service at BHFT.	Published to the BAF with wording agreed by Audit and Risk Assurance Committee in Jan '25. Regular oversight by Quality and Performance Committee	Monthly
New	Provider Selection Regime for Community and Mental Health Services	Dynamic Risk Assessment workshop	June 25

New	Benefits realisation from digital transformation	Dynamic Risk Assessment workshop	TBA
New	Estates Infrastructure	Dynamic Risk Assessment workshop	TBA
New	Children and Young People with complex needs in Local Authority Placements.	This was discussed at the December '24 Board meeting and a system group has been established and charged with carrying out an initial risk assessment.	TBA

5.0 Next Steps

5.1 The SRR/BAF will be presented to:

- Part 2 - Audit & Risk Assurance Committee: 19 April 2025

5.2 Risk management communications and training to be rolled out within the ICB over next 12 months when the risk manager is in post.

List of appendices

Appendix A – System Risk Register/Board Assurance Framework

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	16	→
BAF0014	Maternity Services at BHFT	20	★

Impact		Likelihood				
		1	2	3	4	5
Impact	5				BAF0006	
	4				BAF0004 BAF0007 BAF0009 BAF0011 BAF0013 BAF0014	BAF0001 BAF0002 BAF0003 BAF0005 BAF0008
	3			BAF0010 BAF0012		
	2					
	1					

→	No change
↑	Escalated
↓	De-escalated
●	Closed
★	New Risk

	Jan - 24	Feb - 24	Mar - 24	Apr - 24	May - 24	Jun - 24	Jul - 24	Aug - 24	Sept - 24	Oct - 24	Nov - 24	Dec - 24	Jan - 25	Feb - 25
BAF0001	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0002	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0003	20	20	20	20	20	20	20	16	16	20	20	20	20	20
BAF0004	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0005	20	20	20	20	20	20	20	12	12	12	20	20	20	20
BAF0006	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0007	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0008	20	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0009	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0010	9	9	9	9	9	9	9	9	9	9	9	9	9	9
BAF0011	16	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0012	6	6	6	6	6	6	6	6	6	6	6	9	9	9
BAF0013									16	16	16	16	16	16
BAF0014												16	16	16

BAF0001 – Recovery of Elective Services

Risk Owner		Risk Description		
Georgie Brown		There is a risk that the NHS is unable to recover elective services and waiting times to pre-pandemic levels due to increased Urgent and Emergency Care pathway related pressures, workforce and financial constraints, or demand led pressures. This may lead to poorer patient outcomes, reputation damage and an inability to meet constitutional targets.		
Risk Lead				
Michael Ramsden				
Governance Board(s)				
Elective Board / Collaboration Board / Quality and Performance Committee				
Date of Last Review				
20/01/2025				
Risk Movement				
→ No change				
Inherent Risk Rating				
Impact	Likelihood	Risk Rating		
4	5	20		
Current Risk Rating				
Impact	Likelihood	Risk Rating		
4	5	20		
Target Risk Rating				
Impact	Likelihood	Risk Rating		
4	3	12		

Risk Updates	
Date	Update
05/10/2023	Elective continues to be challenging due to Industrial action and non-elective pressures. System activity is close to plan and the ICB is experiencing significant growth in the Independent Sector which will support recovery. A national choice campaign will allow patients more flexibility on where they receive treatment meaning all available capacity is maximised.
23/02/2024	Risk reviewed, no changes since last review
21/05/2024	New control (choice) and action (demand management) added
16/07/2024	Risk reviewed and actions updated. Elective recovery continues to be a challenge and therefore risk score remains high.
22/11/2024	Risk reviewed. 2 new actions added: Diagnostics and Surgical hubs. Action progress updated
20/01/2025	Review complete - no changes apart from reassigning controls to Georgie Brown

BAF0001 - Recovery of Elective Services

System Controls
The controls to support the UEC Pressures will support Elective performance. Strong demand management and flow, will reduce the likelihood of emergency medical patients outlying on surgical wards and concomitant elective cancellation will be mitigated.
Processes in place to ensure those with most urgent clinical needs are treated first. Quality - Supporting review of performance across service provision in particular Cancer services and associated Pathways & diagnostics. Triangulating information and soft intelligence such as serious incidents , complaints , HW engagement , Safeguarding partnership information.
Elective Collaboration Board and weekly leadership group provides system governance.
RTT reporting enabling Wait list size trends
Optimising use of available resources including independent sector and clinical prioritisation
Independent Sector and community services used to support Trusts in their wait reduction
Monitoring of Trusts Elective recovery plans
Promotion of Patient Choice

System Actions				
Action	Lead Org.	Lead	Due Date	Update
System wide transformation plan to increase productivity using GIRFT data); transform outpatients through advice and guidance, PIFU and virtual clinics; demand management actions such as clinical triage. All outlined in the 24/25 Operational Plan and delivery overseen by the Elective Collaboration Board	ICB	Michael Ramsden	31/03/2025	Ongoing
Delivery of national and local recovery priorities.	ICB	Michael Ramsden	31/03/2025	Action ongoing and will continue to be ongoing, reflecting the changing local and national priorities, including operational plan
Development of a demand management program which covers unwarranted variation of referrals, triage and Advice and Guidance	ICB	Hema Sutton	31/03/2025	Reforming elective care for patients plan highlights the importance of referral optimisation using Advice and Guidance
Review of Diagnostic Capacity	ICB	Matthew Rogers	07/04/2025	NOUS Review complete. Unable to complete full activity analysis due to issue with BI report. System commencing a new piece of work looking at Diagnostic Hub Capacity Analysis.
Surgical Hubs Development	ICB	Tara Dear	30/04/2025	Surgical Hubs Development

Milton Keynes Actions				
Action	Lead Org.	Lead	Due Date	Update
NHSE led Tier 1 Process in MKUH.	ICB	Michael Ramsden	31/03/2025	Ongoing

BAF0002 - Developing suitable workforce

Risk Owner		Risk Description	
Martha Roberts		If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	
Risk Lead			
Bethan Billington			
Governance Board(s)			
Finance & Investment Committee/Quality & Performance Committee			
Date of Last Review			
16/01/25			
Risk Movement			
→ No change			
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
4	5	20	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
4	5	20	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
4	3	12	

Risk Updates	
Date	Update
07/08/2023	<ul style="list-style-type: none"> - 50k Nurse Programme: Nurse supply has improved Nov 2022 to Feb 2023 has seen a month on month increase and above programme trajectory, with March 2023 showing an above trajectory of 1.3%. This is driven mainly by international recruitment (13.3% above trajectory). - International Nurse Recruitment: Forecasting to March 2024, BLMK (Acute Trusts) will have recruited 709 IR. This is likely to be approx. 750 when including Community and Mental Health Trusts - Retention: Workstreams have been established as Flexible Working, Onboarding & Early careers and Career Development: Mid to Late Careers. - Legacy Mentoring roles: Eight roles in place for Nursing, Midwifery and AHP (Physio) in Acute and Primary Care. Regional strategy developed from BLMK results for attraction and recruitment into these legacy roles. Legacy Paramedic with EEAST has commenced (first nationally), recruiting for Legacy Therapies post at BHFT. Discussions started re Legacy roles in Social Care, Community and Mental Health. - Late Career Nurse programme: HEE funding to Primary Care training hub to support Mid to late career programme more specifically targeting General Practice Nurses. This has also been offered across our system (8 places) to mid-late career staff. Programme started 22nd March 2023 it will run for 12 months. In discussion to run a 2nd Cohort in 2024 which will be extended system wide - HCSW Recruitment and Retention: Digital campaign is now live - landing page including Bedfordshire Hospitals and MKUH hyperlinks advertising band 2 HCSW vacant roles. Digital Posters and Billboards across BLMK and leaflet advertising roles distributed in likely postcoded areas with digital poverty. - HCSW Rotational Apprenticeships: Final draft of "advert" for all employing partners agreed; Partners' Apprentice Job Descriptions will be used. ELFT will now be employing a HCSW Apprentice for their community services in Bedfordshire. Draft rotation schedule shared with partners for comment. Lessons learned captured. Agreed to hold two separate recruitment days in North & South Bedfordshire.
07/11/2023	<p>The team have developed an inclusive recruitment toolkit that will be rolled out within the ICB from Dec 2023</p> <p>The 50k Nursing programme is due to complete and BLMK has met its target</p> <p>The ICS is working with Breaking Boundaries Innovators to develop supported employment pathways</p> <p>The ICB has signed up to the Lived Experience Charter and the ICS is supporting the care leavers covenant to support our local populations in to employment</p>
04/03/2024	Focus groups have been undertaken with frontline staff to know how to support and working with NHS England on the education allocations to meet the requirements. There is a productivity and efficiency group, the purpose of which is to strengthen substantive workforce and reduce reliance on contingent workforce. Safer staffing lead has been extended for twelve months to look at community and mental health staff levels.
23/08/2024	The turnover and vacancy rate are consistently decreasing, suggesting the risk is not materialising. As part of operational planning, there are restrictions on growth
07/10/2024	Continue to see reduced turnover, vacancies and sickness. Planned growth above workforce plan
16/01/2025	We have invested in workforce modelling as part of the clinical services strategy and are starting to roll this out with mental health and diagnostic workforce.

BAF0002 - Developing suitable workforce

System Controls
EDI & Wellbeing: People Board Sub Group focusing on supporting the wellbeing of staff across the ICS. Also responsible for improving workforce inequalities relating to protected characteristics and development and implementation of initiatives e.g. 'no more tick boxes' to address recruitment inequalities.
Leadership & OD: People Board Sub Group focussing on building the OD capacity and skills within the system to support workforce transformation across health and care. Development of leadership and development programmes for the ICB and system partner organisations in conjunction with regional and national bodies
Primary Care: People Board Sub Group focussing on workforce programmes as they relate to Primary Care Workforce. Wellbeing, career development, new roles (e.g. ARRS), international recruitment and workforce planning and OD
Workforce Modelling & Supply: People Board Sub group focussing on the development of workforce strategy, recruitment, retention programmes and innovative role pilots
Primary Care Training Hub supporting in recruitment, retention and training of primary care workforce
People Board: ICS Executive Group with responsibility for People Plan delivery to meet ICS workforce priorities linked to BAF and People Board workforce risks. This enables delivery of ICS Strategic Objectives, ICB People Responsibilities and development of Workforce strategy
Education Partnership: People Board Sub Group responsible for development and co-ordination of CPD fund use & demand scoping for system as well as use of apprenticeship levy, school and university engagement and development of innovate courses and training courses across health and care workforce

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Embed use of 'No more tick boxes' recruitment approach: (EDI & Wellbeing) To ensure that system organisations have implemented the key principals of the 'no more tick boxes' approach to recruitment in at least some recruitment episodes in 22/23	ICB	Bethan Billington	31/03/2025	New chair of the subgroup to be recruited and review of 2025/2026 priorities to occur
Delivery and evaluation of Rotational Apprenticeship Pilot - level 3 Senior Healthcare Support Worker rotational apprenticeship between health and care providers in Bedfordshire as proof of concept	ICB	Catherine Jackson	30/06/2025	Apprentices now recruited and in post. Apprenticeships will run for 18-20 months. Lessons learnt to date being logged, full evaluation planned. Approx end date 30/6/25

BAF0003 - Pressure on Urgent and Emergency Care (UEC) in the BLMK System

Risk Owner		Risk Description
Georgie Brown		
Risk Lead		<p>As a result of multiple and interconnected factors across the BLMK system, including:</p> <ul style="list-style-type: none"> - Population growth in BLMK (2.5 times faster than national average) - Demand exceeding capacity across all Health and Care Services leading to people's inability to access services in a timely manner. - Lack of effective and coordinated response to prevent use of emergency health and social care services (admission avoidance) - Poor flow and discharge from acute hospitals, leading to overcrowding and delayed ambulance offloading, - Increased complexity and the changing nature of patient needs, coupled with fragile capacity in community services and social care - Challenged financial environment and pressures across the system, limiting resources and capacity for improvement - Workforce limitations impacting staffing levels across all areas of the UEC pathway - Lack of a unified and consistent approach to risk appetite and responding to system pressures, hindering flexibility in criteria to meet complex health needs and manage demand and capacity
Michael Ramsden		
Governance Board(s)		<p>There is a risk of:</p> <ul style="list-style-type: none"> - Services being overwhelmed with system-wide bottlenecks and delays in accessing appropriate UEC services, particularly for patients with complex needs - Unsafe waits for assessment in 111 services and/or ambulance services. - Unsafe overcrowding in Emergency Departments (EDs) and acute hospitals - Increased risk of harm to patients due to delayed or missed clinical assessment / intervention / avoidable admissions. - Increased delays and waiting times and reduced choice in the community, in ED and in discharge from hospital - Higher health and social care costs due to out-of-area placements, reliance on expensive temporary accommodation, increased rehabilitation, over prescribing care, potential financial performance related penalties / loss of income opportunities.
Quality and Performance Committee		
Date of Last Review		<p>Resulting in:</p> <ul style="list-style-type: none"> - Negative patient outcomes and harm including longer wait times, poorer quality care, avoidable complications, deconditioning and increased dependence on statutory services. - Increased strain on resources and staff well-being and morale, recruitment and retention potentially leading to further workforce challenges - Reduced system efficiency and effectiveness in managing patient flow across UEC pathways - Impaired ability to respond to surge in patients - Longer ambulance response times and further system strain - Lack of public confidence in the NHS and social care - Cancellations and delays in elective care - Reduced capacity and ability to respond in the case of a Major Incident impacting Health Services. - Critical System Safety thresholds occur: ie 8hr + ambulance offloads - Unplanned expenditure and unsustainable costs across health and social care services.
20/01/2025		
Risk Movement		<p>Resulting in:</p> <ul style="list-style-type: none"> - Negative patient outcomes and harm including longer wait times, poorer quality care, avoidable complications, deconditioning and increased dependence on statutory services. - Increased strain on resources and staff well-being and morale, recruitment and retention potentially leading to further workforce challenges - Reduced system efficiency and effectiveness in managing patient flow across UEC pathways - Impaired ability to respond to surge in patients - Longer ambulance response times and further system strain - Lack of public confidence in the NHS and social care - Cancellations and delays in elective care - Reduced capacity and ability to respond in the case of a Major Incident impacting Health Services. - Critical System Safety thresholds occur: ie 8hr + ambulance offloads - Unplanned expenditure and unsustainable costs across health and social care services.
→ No change		
Inherent Risk Rating		
Impact	Likelihood	Risk Rating
4	5	20
Current Risk Rating		
Impact	Likelihood	Risk Rating
4	5	20
Target Risk Rating		
Impact	Likelihood	Risk Rating
3	4	12

Risk Updates	
Date	Update
20/07/2023	Winter plan being managed by MK together and Bedfordshire Care Alliance, to be presented at the ICB September Board and deep dive review completed by Quality and Performance Committee in August. Work is underway with NHSE Regional Team to reconfigure all partners performance and delivery group to oversee PUEC recovery metrics.
16/04/2024	The SCC team are currently reviewing system risks with our partners in MK Together and BCA
21/05/2024	2 new actions added (unscheduled care Hub and Decompression in Bedfordshire)
16/07/2024	Actions and controls remain but new actions added
04/09/2024	Risk Reviewed. New controls added on Winter Planning and review of D2A beds
23/10/2024	Risk reviewed - new actions added: escalation and SDEC
22/11/2024	Risk reviewed and continues. Action progress updates applied in a number of areas
20/01/2025	Risk reviewed. No changes other than amended action to the correct assigned person

Key Risk Indicators
<p>Community Referrals</p> <p>Reduced capacity in the community leads to a falling rate of accepted referrals into the 2 hour pathway AND a reduced % of 2 hour urgent referrals accepted seen within the 2 hour timeframe</p>
<p>Non-Inpatient Ward Accommodation Usage</p> <p>Increased number of consecutive days exceeding a pre-defined threshold of patients bedded overnight in non-inpatient ward accommodation</p>
<p>Ambulance Cat 1 / Cat 2 Response</p> <p>Increase % in the length of response times for cat 1 and 2, resulting in delays in accessing appropriate pathways, over a given period</p>
<p>Rolling Discharge Deficit</p> <p>Increased backlog of patients waiting for discharge, indicating inefficiencies in patient flow and hospital bed utilisation.</p> <p>(i.e. if BHFT need 215 P1-P3 discharges a week, and in week one deliver 210, week 2 deliver 200 and week 3 deliver 220, the rolling discharge deficit is 15.)</p>
<p>Ambulance Handover Time over 15 Minutes</p> <p>Increased % of ambulance handovers exceeding 15 minutes at Emergency Departments (EDs) over a 7-day rolling average.</p>
<p>Call Abandonment Rate</p> <p>Increased % of calls to the NHS 111 service and primary care that are abandoned.</p>
<p>MH Discharge Delays</p> <p>Increased number of CYP and adults requiring a MH discharge in Acute Trust or a discharge from inpatient MH Ward.</p>
<p>Critical System Safety thresholds occur: i.e. 8hr + ambulance offloads</p>

BAF0003 - Pressure on Urgent and Emergency Care (UEC) in the BLMK System

System Controls
BLMK engaged with regional critical care groups
BLMK Primary Care access programme
Use of SHREWD / OPEL framework actions and system wide escalation with predetermined actions and response to pressures across the system.
Specific ICB focus on community bed management across BLMK
Increased Patient Transport Services to facilitate swifter discharge
System oversight by BLMK UEC Planning and Assurance Group supported by oversight groups in Bedfordshire and Milton Keynes.
Exec Team Performance Meeting on a monthly basis
System Control Centre (SCC) 7 day capability to monitor, oversee, respond and coordinate increasing system pressure across BLMK
Cancellations of routine / planned care activities to enable diversion of resources to UEC pathways.
Maximising out of hospital pathways to avoid ED attendance e.g. UTC / Community Services / Silver Line.
Support from VCSE, mutual aid and cross cover across sites and organisations
Dynamic staffing arrangements to flex to the demand needed.
SOPs such as 999 validations, 24 hour dispositions etc to help manage demand and flow.
SDEC Improvement embedded into UEC programme plan across BLMK which identifies performance and metrics to achieve, KPIs, improvements and outcomes which are monitored by the STT programme. National focus on bedding of SDEC which SCC report on daily to NHSE.

Milton Keynes Controls
Milton Keynes improving system flow programme
Joint approach across MKCC, MKUH and CNWL working together in the Integrated Discharge Hub
Robust staffing management to ensure we optimise resources against short term forecast. (SCAS)
Utilising and where possible increasing clinical pathways to avoid transportation to the ED for patients who can be managed away from the ED (SCAS)
Making full use of Consultant Connect and clinical validation lines (SCAS)
When under demand pressure, will pull resources outside of the area to support until demand reaches a manageable state (SCAS)
Regular review of REAP and Opel levels (SCAS)
Close partnership working with MKUHFT to minimise any impact on patients as a result of increasing handover delays (SCAS)
Making full use of intelligent conveying when appropriate but remaining within the SCAS footprint (SCAS)

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Decompressions exercise in Bedfordshire and MADE events in Milton Keynes	ICB	Chess Cummings	31/03/2025	Decompression and MADE events continue to provide support to partners and increase flow. Events will continue throughout winter on a routine basis, scheduled at critical points, to minimize the risk of escalation.
Unscheduled Care Hub Improvement	ICB	Michael Ramsden	31/03/2025	Ongoing
Review of operational delivery governance including UEC and development of ICB operating framework	ICB	Georgie Brown	31/03/2025	Internal ICB governance to be reviewed as part of ICB Operational Framework. This work will run concurrently with the wider ICB Governance review to ensure alignment, cohesiveness, and interdependency. This work is expected to conclude by end of March 2025.
System UEC transformational planning	ICB	Michael Ramsden	31/03/2025	As part of winter planning, a full programme plan is being prepared by the ICB STT. This will capture the actions of all partners through winter and beyond. Assurance will be given through the UEC Planning and Assurance Meeting
Alternatives to ED (ATED) analysis, highlighting opportunities to improve commissioned services	ICB	Chess Cummings	31/03/2025	Ongoing
Delivery of Winter Plan to include commissioning of further capacity (Beds & Care) across BLMK	ICB	Chess Cummings	31/03/2025	Winter Planning process for 24/25 complete. Now in delivery
Review of Discharge to Assess Beds	ICB	Chess Cummings	31/03/2025	Review completed. Contract variations made to reduce discharge to assess beds that are consistently underutilized. 6 month notice period in contract so action will complete at the end of March 25. System partners aware and supportive of changes
Milton Keynes Improving System Flow Programme	ICB	Rebecca Green	31/03/2025	Ongoing
Bedfordshire Care Alliance UEC Transformation	ICB	Chess Cummings	31/03/2025	Ongoing
UEC dynamic risk assessment and introduction of KRIs	ICB	Tammy Harding-Edwards	30/04/2025	Final review of actions and controls to be completed in upcoming UEC meeting

Milton Keynes Actions				
Action	Lead Org.	Lead	Due Date	Update
Milton Keynes improving system flow programme - Development of enhanced admission avoidance schemes such as virtual wards and call before you convey	ICB	Rebecca Green	31/03/2025	
Development of an integrated Home First service on track to commence late autumn/early winter, including the already commenced Bridging Care home care services that facilitate timely discharge. Scoping the extension of the virtual ward to encompass care homes that frequently see residents conveyed to ED at MKUH	MKCC			
Performance cell in our HQ's headed by a Tactical Commander to monitor and manage demand and performance issues	SCAS			
Supporting Winter plans and providing a generic SCAS winter plan	SCAS			

BAF0003 - Pressure on Urgent and Emergency Care (UEC) in the BLMK System

Bedfordshire Controls
Bedfordshire Care Alliance UEC Transformation
Daily staffing sit rep informed by demand and capacity tool to inform any staffing flex arrangements required (CCS)
Pan HUC delivery model for NHS 111, CAS and OOHs service, increasing resilience through wider network for resources and infrastructure. Sophisticated forecasting tools in place to ensure that demand and capacity are aligned as closely as possible (HUC).
Mutual assurance scheme across care providers including in-house teams (BBC).
Handover45 implemented – Ambulances will leave patients at hospitals (safely) after 45 mins. (EEAST)

Bedfordshire Actions				
Action	Lead Org.	Lead	Due Date	Update
Bedfordshire Care Alliance UEC Transformation - Development of enhanced admission avoidance schemes such as virtual wards and call before you convey	ICB	Chess Cummings	31/12/2024	
Dynamic delivery model to move capacity to most pressured areas - proactive work around the DOS with ICBs to adjust rankings to reduce pressures by evening out flow or reducing activity to under pressure services.	BHFT			
Development of CAS to support wider 999 and ED validations resulting in lower 999 use, conveyance and ED attendance.	BHFT			
Senior leadership Group stood up for weekly/daily briefing and action	BBC			
Process to provide clear access for pathways for EEAST clinicians	ICB / EEAST			
Access to the stack for C3-C5 calls for system partners through the UCCH	EEAST			
Implement 'Single Point of Access' line for the UCCH. Including working with and visiting other UCCHs in the wider region with our system partners to gain shared learning and best practice and see successfully implemented SPOA line	ICB			
Development of a UCCH steering group with ICB, UCR teams and EEAST				
Supporting work towards SDEC pathway parity within BLMK with ICB partners	EEAST			
Implementation of the ITK link (999 back to 111) regional led operation with EEAST and HUC	EEAST			
Recruitment campaigns to ensure full time cover of EEAST clinicians in the UCCH, to access STAC and pass calls to UCR partners	EEAST			
Completing regular deep dives looking at rejected calls from the 999 stack and reviewing rejections	EEAST			
Review of SDEC pathway access for EEAST across BLMK acutes, which currently have different access pathways	ICB			
New contract for Patient Transport Services between and ICB and EEAST to include modelling patient numbers for to match increased demand of same day PTS requirements	ICB			

BAF0004 – Widening Inequalities

Risk Owner		Risk Description	
Sarah Stanley		There is a risk that inequalities and outcomes for specific demographic groups within BLMK population will widen (e.g. cost of living, health and care demand pressures) compromising our ICS purpose to improve outcomes and tackle inequalities.	
Risk Lead			
Sarah Watts			
Governance Board(s)			
Quality & Performance Committee			
Date of Last Review			
03/03/2025			
Risk Movement			
→ No change			
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
4	5	20	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
4	4	16	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
4	3	12	

Risk Updates	
Date	Update
30/10/2023	Inequalities Improvement team due to be in place by December/January. Inequalities funding at place. £2m has gone to place boards. EDI plans have been completed for both staff and services and denny review recommendations are coming to the ICB Board in December
25/07/2024	A weekly inequalities delivery group is in place, there is also a monthly inequalities system meeting. The 11 transformation priorities of work is underway to improve health equities and a whole programme focusing on health equity with a team SRO will be worked through over the next three years.
16/09/2024	Meeting to take place with Chief of Staff and Chief Nurse to review risk.
03/12/2024	Monthly Inequalities system delivery meeting in place. System transformation priorities launched with place focus and with resident engagement to support work. Cohort populations have been identified.
03/03/2025	Health Equity planning meeting too place on 12/3/2025 to align plan to three strategic priorities a

System Controls
Annual resource allocation to help to reduce inequalities and draw out learning for future investment
Cross-ICS inequalities steering group and working group to coordinate inequalities activity across the ICS framed around the core20plus5 approach
Health inequalities defined at place and PCN level
Work with resident voice groups e.g maternity Voices , parent carer forums, SEND in coproduction of outcomes
Business Intelligence reports for key health outcomes/NHS constitutional standards by place
Monthly System Health Equity meetings in place to ensure momentum and action takes place within the Health Equity Programme
Equity Improvement Team in place which will support how we are making improvements through the system through an equity lens and ensuring balancing measure are in place to ensure we are not widening inequalities and how that is affecting the rest of the system.
System high-level equality metrics agreed and monitored over the short and long term. These will demonstrate changes and improvements or worsening in health inequalities to provide priority focus for system transformation.
Public Health Intelligence Unit and ICB Performance Team have an agreed data pyramid (set of measures) of population health outcomes (children, young people and adults) showing progress against widening health inequalities

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Improving Health Equity Transformation Priority Programme (response to Denny including Women's Health)	ICB	Sarah Stanley	22/04/2025	Action in progress, significant work has been carried out and there is a plan to carry out a dynamic risk assessment across the system supported by the Chief of Staff Directorate
Dynamic Risk Assessment to identify whole system risk, actions and controls and review to further mitigate action	ICB	Tammy Harding-Edwards	30/06/2025	to be completed May 2025

BAF0005 – System Transformation

Risk Owner		Risk Description		
Maria Wogan		There is a risk that due to sustained operational pressures and complexity of change, there will be reduced delivery and benefit from strategic transformational change to deliver improved outcomes for our population.		
Risk Lead				
Tara Dear				
Governance Board(s)				
Finance & Investment Committee/Governing Body/Quality & Performance Committee				
Date of Last Review				
03/03/2025				
Risk Movement				
→ No change				
Inherent Risk Rating				
Impact	Likelihood	Risk Rating		
4	5	20		
Current Risk Rating				
Impact	Likelihood	Risk Rating		
4	5	20		
Target Risk Rating				
Impact	Likelihood	Risk Rating		
3	2	6		

Risk Updates	
Date	Update
20/07/2023	Operational planning and transition plans to the new target operating model have commenced.
12/04/2024	Risk remains as we develop our transformation programmes as a system and ongoing performance management and reporting is in place to seek to mitigate
25/09/2024	Risk reviewed, refresh required with exec involvement.
03/12/2024	No change
03/03/2025	Risk reviewed - further action added regarding Board Champions which is in progress.

System Controls
Operational performance management process in place taking account of responses to operational pressures
The ICB Operational Group - manages immediate operational issues
Chief Execs Group - regular reviews of operational performance issues to agree mitigations
Agreed strategic priorities and BLMK Joint Forward Plan across the system in place
EPRR - monitor, plan for and respond to incidents within BLMK
System and Place Transformation Teams established to provide dedicated capacity for transformation
SCC monitor and support system pressures and coordination, 7 days a week
ICB Transformation Priorities agreed and monitored through portfolio report

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Review transformation priorities as part of 25/26 planning to target resources and effort on the most beneficial transformation schemes and pause / re-schedule lower priority schemes to reduce the extent of change the system is seeking to deliver in parallel and increase the chances of success.	ICB	Matt Hollex	31/03/2025	Discussions on opportunities to close the system gap continue at the Delivering our Financial & Operational Planning meeting. The last one of these meetings before the planning submission is on 14/03. By 14/03, we intend to have a better understanding of the series of mitigations/actions/opportunities the system needs to agree to close the gap; and therefore where to put resources in 25/26
ICB Board Champions identified	ICB	Tara Dear	30/04/2025	ICB Board champions identified for 4 of 7 priorities, further roles to be confirmed prior to 21/03/25 Board

BAF0006 - Financial Sustainability & Underlying Financial Health

Risk Owner		Risk Description	
Dean Westcott		As a result of increased inflation, significant operational pressures and patient backlogs, there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	
Risk Lead			
Stephen Makin			
Governance Board(s)			
Finance & Investment Committee			
Date of Last Review			
16/01/2025			
Risk Movement			
→ No change			
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
5	4	20	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
5	4	20	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
4	3	12	

Risk Updates	
Date	Update
11/12/2023	The underlying financial challenge in the ICB remains and is exacerbated by a deterioration in the costs of prescribed medicines and continuing healthcare packages.
11/04/2024	The financial position of the ICB and the system is significantly challenged, the risk remains live and is a significant focus of the ICB as part of the 24/25 financial operational planning
04/12/2024	one action closed, now control. No further changes. Scoring remains appropriate.
16/01/2025	The ICS remains on track to deliver it's financial plan for 24/25, all actions are being progressed by action owners

BAF0006 - Financial Sustainability & Underlying Financial Health

System Controls
Monthly financial reporting to Finance & Investment Committee and Integrated Care Board - includes analysis of financial performance: revenue, capital, underlying financial performance plus risks & mitigations.
System led financial oversight through System Chief Execs Group; Acute, Mental Health and Community services Sector Finance and Operational Delivery Executive Meetings and System DoFs Group.
Updated system Medium Term Financial Plan for 2023/24 to 26/27. Includes scenario modelling of key variables and downsides.
ICB Financial Improvement Group - responsible for developing and delivering additional efficiency schemes to achieve break even position.
ICB and Acute Trusts have established additional executive governance - responsible for controls on discretionary spend including staffing.
System PMO established to track progress of financial plan delivery
Financial Recovery Plans implemented by ICB and all Trusts - BHFT have developed a FRP. MKUH have recovery action plan and enhanced PMO supported by external resource. ICB has implemented Financial Improvement Group (FIG) and Investment Oversight Group (IVOG). These will introduce additional controls around new investment and strengthen the delivery of existing efficient plans plus support identification implementation and delivery of new savings and mitigations.

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Development and implementation of system transformation, improvement and efficiency programmes across and between ICS partners as part of 25/26 operational planning and Joint Forward Plan refresh.	ICB	Tara Dear	27/03/2025	Ongoing - operational plan full submission on 27/03/25
System Productivity Dashboard being developed to support targeted action on productivity	ICB	Buz Dodd	31/03/2025	Key productivity metric dashboard agreed with acute system partners, in Dec. Further work required to align with any new 25/26 Operating Plan requirements when guidance received. Further work to encompass other community metrics
PA Consulting supporting financial improvement schemes at MKUH and ICB, learning being shared and adapted by BHFT.	ICB	Stephen Makin	31/03/2025	ICB report completed Nov 2024. MKUH ongoing

BAF0007 - Climate Change: Health Inequality and Healthcare Service Impacts from Climate Change and Environmental Degradation and risk of not achieving net zero

Risk Owner		Risk Description	
Maria Wogan		As a result of climate change and wider impacts on the environment and biodiversity, there is a risk that the health of the population, health inequity, and the ability to deliver services will be negatively affected due to:	
Risk Lead		i) exacerbation of existing health conditions (e.g. CVD, COPD, Asthma, mental health); ii) new health challenges (e.g. tropical disease prevalence, population migrations); iii) extreme weather events resulting in harm (e.g. storms, floods, wildfires); iv) disruption to day-to-day healthcare provision (e.g. supply chain, workforce availability, power outages, infrastructure damage); and v) a deterioration in population health outcomes.	
Tim Simmance			
Governance Board(s)			
Audit & Risk Assurance Committee			
Date of Last Review		This is resulting in worsening health, inequalities, access to healthcare, and additional pressures on health services. This risk is materialising now, in some contexts, and will increase in both likelihood and severity as climate change progresses.	
13/12/2024			
Risk Movement			
→ No change			
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
4	4	16	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
4	4	16	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
2	4	8	

Risk Updates	
Date	Update
08/06/2023	Risk rating remains unchanged. Work has begun on actions identified to work towards reducing risk impact.
11/07/2023	Risk rating remains unchanged. Some progress on actions.
31/08/2023	Risk reviewed - no change
01/12/2023	Actions are progressing
14/03/2024	Risk reviews - no change
24/05/2024	No significant change to overall risk.
19/07/2024	Risk reviewed. No change.
16/10/2024	Risk Reviewed. risk description updated to reflect more explicit link to population health and health inequalities. Likelihood of >2degree heating internationally considered more likely, thus despite progress the risk rating is considered to remain the same.
13/12/2024	Reviewed - no adjustments.
10/02/2025	Risks briefly reviewed at Environmental Sustainability Leadership Group meeting January 2025. No change to risk rating. Work in progress on Green Plan refresh and other underpinning actions.

BAF0007 - Climate Change: Health Inequality and Healthcare Service Impacts from Climate Change and Environmental Degradation and risk of not achieving net zero

System Controls
Partner Green Plans and Sustainability Plans.
Local Resilience Forum Adverse Weather Plans
BLMK ICS Green Plan 2022-25
ICB Adverse Weather Plan
Green Plan Operational Working Group
Climate Adaptation Task & Finish Group
Environmental Sustainability ICS Leadership Group

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Implement recommendations from Green Plan Health Impact assessment.	ICB	Tim Simmance	31/03/2025	Green plan implementation being refreshed to include HIA recommendations
Refresh of Green Plan following sustainability seminar in November 2024.	ICB	Tim Simmance	31/03/2025	Ongoing

BAF0008 – Impact of Population Growth on Health and Care Services Infrastructure

Risk Owner		Risk Description	
Dean Westcott		As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, which will exacerbate widening inequalities and outcomes.	
Risk Lead			
Nikki Barnes			
Governance Board(s)			
Finance & Investment Committee			
Date of Last Review			
28/02/2025			
Risk Movement			
→ No change			
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
4	5	20	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
4	5	20	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
3	4	12	

Risk Updates	
Date	Update
20/07/2023	All actions in progress as planned
10/04/2024	Housing growth trajectories obtained from three of the four local authorities. Place based estates workshops taking place end of April and beginning of May.
23/07/2024	Infrastructure strategy developed for signoff by the ICB Board end of September
11/10/2024	Risk reviewed, risk remains the same
28/02/2025	reviewed - no change to risk. BLMK Infrastructure Strategy in development

BAF0008 - Impact of Population Growth on Health and Care Services Infrastructure

System Controls
Local Authority Place Plans - address local population growth and inequalities
BLMK Joint Forward Plan 2024 - 2040, agreed by board sets out population growth and plans to mitigate
Developer Contributions - partnership working with local authorities to secure financial contributions for health from housing developments

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Development of BLMK Infrastructure Strategy	ICB	Nikki Barnes	30/09/2025	New BLMK Infrastructure Strategy expected to be presented to ICB Board June or September 2025

BAF0009 - Impact of Rising Cost of Living on Residents and Staff Wellbeing.

Risk Owner		Risk Description	
Maria Wogan		As a result of rising cost of living, in particular the impact of cold weather and cost of heating, keeping warm and eating well,	
Risk Lead		There is a risk that our residents and staff will not be able meet their basic needs	
Martha Roberts		resulting in	
Governance Board(s)		- deteriorating physical and mental health	
Finance & Investment Committee/Quality & Performance Committee		- pressure on all public services	
Date of Last Review		27/02/2025	
Risk Movement		→ No change	
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
4	4	16	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
4	4	16	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
3	4	12	

Risk Updates	
Date	Update
11/04/2024	The ICB has submitted a request for a living wage status. Lived experience charter has been achieved. Work is being carried out with BBI (Breaking Barriers Innovators), unpaid carers, lived experience of the cared system and neurodiversity.
24/07/2024	Risk ongoing, a health and wellbeing festival is coming up and most system partners are contracting with Vivup.
03/12/2024	Risk Reviewed - rephrased risk wording for clarity
27/02/2025	Reviewed with Martha Roberts - no change. Added an additional control

BAF0009 - Impact of Rising Cost of Living on Residents and Staff Wellbeing.

System Controls
Delivery of ongoing communications to support population access to support services in partnership with Trusts and Local Authorities.
Local Authority support schemes for residents - Warm spaces/hubs - Food banks etc
Partner Support Schemes for staff e.g. BHFT Staff loan scheme enables small temporary loans
Partner and national NHS financial plans for managing increased costs due to inflation
Clinical and operational prioritisation of waiting lists is now part of business as usual to support access to services as appropriate
Monthly System Health Equity meetings in place to ensure momentum and action takes place within the Health Equity Programme
Equity Improvement Team in place which will support how we are making improvements through the system through an equity lens and ensuring balancing measure are in place to ensure we are not widening inequalities and how that is affecting the rest of the system.
ICB - living wage employer ensuring staff are at a minimum pay of living wage rather than minimum wage

System Actions				
Action	Lead Org.	Lead	Due Date	Update
[EDI & Wellbeing People Sub-Group established]: Ongoing work plan for maximising support for staff across BLMK.	ICB	Bethan Billington	31/03/2025	Review in subgroup for activities 2025/26
Develop approach to prioritise residents waiting for treatment who are unable to work as a result of their condition	ICB	Tim Simmance	31/03/2025	Work commenced on Integrated Work and Strategy and delivery model. To include supporting those waiting for treatment
To develop an employment and health systems strategy	ICB	Martha Roberts	31/03/2025	Action started
System implementation of supported employment pathways	ICB	Martha Roberts	31/03/2025	Action Ongoing
Delivery of system winter comms plan	ICB	Michelle Summers	31/03/2025	Ongoing

Bedfordshire Actions				
Action	Lead Org.	Lead	Due Date	Update
Luton 2040 programme to ensure that Luton is a healthy, fair, and sustainable town where everyone can thrive, and no one has to live in poverty. (CEO-LBC)	ICB	Nicky Poulain	31/01/2040	Action in progress

BAF0010 - Partnership working

Risk Owner		Risk Description	
Maria Wogan		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	
Risk Lead			
Dominic Woodward- Lebihan			
Governance Board(s)			
Audit & Risk Assurance Committee			
Date of Last Review			
04/03/2025			
Risk Movement			
→ No change			
Inherent Risk Rating			
Impact	Likelihood	Risk Rating	
3	4	12	
Current Risk Rating			
Impact	Likelihood	Risk Rating	
3	3	9	
Target Risk Rating			
Impact	Likelihood	Risk Rating	
3	2	6	

Risk Updates	
Date	Update
12/07/2023	No substantive changes to the existing risk profile; joint ICP/ICB seminar on 2107 supporting system to reach coherent and collective position on issues. Issues relating to funding and estates remain the most likely cause of public disagreement most notably the ICBs inequalities funding which was the subject of strong debate at June's Board meeting.
07/09/2023	No substantive changes to the existing risk profile, but notable announcement of by-election in Central Bedfordshire in October creates a heightened sense of political sensitivity which all ICB partners are alert too (especially those operating in the mid bedfordshire footprint)
04/12/2023	Risk review complete
12/04/2024	Controls are presently offering good mitigation to this ongoing risk which has the potential to increase in an election year
26/07/2024	Good partnership efforts throughout pre and post election period on politically sensitive topics. Communications teams across ICS in regular conversation, new joint post between ICB/MKUH has commenced
22/11/2024	No immediate concerns as regards issues which are causing incompatible public positions, intense work continues on healthcare estates matters between partners.
04/03/2025	The Operational Planning process has this year, including the Board Seminar in January, has supported the development of a clear system narrative to which all partners can subscribe. This work continues throughout Feb and March. Plans for developing an updated system strategy for 2026 have been agreed initially by the BLMK Health and Care Partnership and will be reported to the ICB Board.

System Controls
Place link directors have a coordinating role at Place and lead on place relationship management for the ICB.
Decision Planner gives partners notice of forthcoming decisions
Engagement Planner enables system wide coordination of engagement activity
Chair and CEO quarterly session with local leaders
Board seminar programme
Working with Communities Strategy
Core script/key lines now includes main thematic areas of concern outlined re cllr inductions
Exec has an open space session on stakeholder management more generally so there is understanding of individual and collective responsibilities
Joint representation at public events
Proactive briefings to key stakeholders as required: - Briefings for newly elected councillors - Pre-briefing good practice to local leaders
Integrated communications framework to enhance partnership effectiveness, which includes a weekly communications grid for systematic information sharing, a robust communications network fostering collaboration among partners, proactive engagement through partnership social media platforms, regular dissemination of the 'Live Well' newsletter to promote health and wellbeing, and the implementation of a comprehensive media and social media strategy to ensure coherent and strategic messaging across all channels
Coordinated articulation of partnership progress and areas to develop further agreed by HCP in Feb 25, and reflected in the 2025 update to the Joint Forward Plan presented to the ICB Board in March.

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Continue to promote Joint Initiatives	ICB	Dominic Woodward-Lebihan	18/06/2025	The Health and Care Partnership have agreed a very involved and collaborative process for the refresh of the system's Integrated Health and Care Strategy.
Develop 25/26 Operational Plan and Joint Forward Plan refresh in partnership, being transparent about difficult decisions and the impact on the population and partners, using existing governance structures	ICB	Dominic Woodward-Lebihan	18/06/2025	In progress

BAF0011 - Health literacy - Denny Review

Risk Owner		Risk Description		
Maria Wogan		As a result of challenges with health literacy and understanding of health services as identified in the Denny Review, there is a risk that members of minority, disadvantaged and seldom-heard communities in BLMK are not able to properly access or navigate between health and care services, potentially leading to an exacerbation of health inequalities, increasing a sense of fragmentation between services, and resulting in adverse health outcomes.		
Risk Lead				
Natasha Young				
Governance Board(s)				
Audit & Risk Assurance Committee				
Date of Last Review				
06/03/2025				
Risk Movement				
→ No change				
Inherent Risk Rating				Impact
4	4	16		
Current Risk Rating		Impact	Likelihood	Risk Rating
4	4	16		
Target Risk Rating		Impact	Likelihood	Risk Rating
4	2	8		

Risk Updates	
Date	Update
04/12/2023	Additional control added
12/04/2024	Partnership working on the Denny response is increasingly responsive to health literacy concerns including recent launch of videos to support autistic people to navigate health and care system. 17 May seminar will help this progress further alongside new shared transformation team. Reasonably we expect this risk to take many years to fully address
28/08/2024	The improving health equity programme has been identified as one of the 11 priority workstreams for the ICB and the response for the Denny recommendations are encompassed within it.
04/12/2024	Risk Reviewed, actions updated and no changes to scoring.
06/03/2025	Risk reviewed and actions updated

System Controls
Engagement with the public via Healthwatch and VCSE to explain the differences in services available, so that people can make the right choices for them and we can protect emergency provision.
Inequalities senior leadership group - looking at how funding is prioritised in each place based on the Denny review and evaluating impact.
Our working with people and communities strategy defines how the ICB listens and responds to the views of our residents, VCSE groups and harder to reach communities
Embedding of co-production into ICB processes and operations allowing us to co-design and coproduce of services and pathways with the people that use them. This is supported by our system wide co-production training
Memorandums of Understanding with Healthwatch and with the VCSE
The "Big Conversation" Programme of Work, led by the ICB with support from Healthwatch and wider partners, gathered resident insight from diverse communities, and supports the onward development of relevant policies and plans, most notably the Joint Forward Plan
The ICB's "Decision Planner" which is publicly available, sets out the decisions the Board will take over the next 12 months
Publication of the Denny Review - provides a baseline understanding of inequalities in BLMK and informs all transformation and improvement programmes

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Co-production of "What Matters to Me" digital page to hold key information about residents across health and care	ICB	Sonal Mehta	06/06/2025	A pilot within Bedford Borough and AgeCare Technologies is to supersede this original item, led by VCSE strategy group and Bedford Place.
Delivery of the Improving Health Equity transformation programme	ICB	Natasha Young	30/06/2025	Identified as priority transformation programme - being delivered through STT. 3 year programme
Delivery of review of translation and interpretation services across BLMK- by Healthwatch and ICB	ICB	Natasha Young	30/06/2025	In progress. An options appraisal is under development to be shared.
Accessible communications produced and campaign to explain how to access health / care services	ICB	Dominic Woodward-Lebihan	01/08/2025	Continued promotion of joint initiatives as presented to the BLMK Health and Care Partnership as part of the round up for 2024/25.

BAF0012 - System Collaboration

Risk Owner		Risk Description		
Maria Wogan		There is a risk that diverse and competing activities within the Integrated Care System (ICS) could lead to inefficiency and diluted accountability across the health and care sector organisations. This situation may result in a loss of focus on key priorities and ineffective use of resources, jeopardising the delivery of value to the BLMK population.		
Risk Lead				
Matt Hollex				
Governance Board(s)				
Board of the Integrated Care Board				
Date of Last Review				
06/03/2025				
Risk Movement				
→ No change				
Inherent Risk Rating				
Impact	Likelihood	Risk Rating		
4	3	12		
Current Risk Rating				
Impact	Likelihood	Risk Rating		
3	3	9		
Target Risk Rating				
Impact	Likelihood	Risk Rating		
1	2	2		

Risk Updates	
Date	Update
26/07/2024	As per board agreement on 1907, newly agreed ICB transformation priorities will support focusing of resources underpinned by new ICB portfolio tool
22/11/2024	Risk reviewed, no changes since last review
19/02/2025	The February update of the Portfolio Report is currently being compiled
06/03/2025	The Feb-25 update of the Portfolio Report has been published on the ICB Intranet and the ICS website. This report continues to create awareness of what is happening in BLMK to support and facilitate cross-organisational discussions and collaboration

System Controls
Partnership Governance Structures oversee transformation programmes within the remit e.g. MK Health and Care Partnership oversee MK Deal.
Joint Forward Plan provides strategic alignment of transformation priorities across partners
Regular reporting of transformation progress and system performance and outcomes via Verto and the portfolio report to board, System Chief Executives Group and other governance groups.
ICB CEO has regular 1-2-1s with Trust and Local Authority CEOs to share information and discuss areas of mutual interest.
ICB Stakeholder Management Plans developed for transformation programmes
Verto 365

System Actions				
Action	Lead Org.	Lead	Due Date	Update
OD Initiatives to reduce reliance on key individual leaders such as Leading Beyond Boundaries	ICB	Bethan Billington	04/05/2025	Launch of springboard leadership programme with 2 cohorts planned for 2025, procurement for Ready Now leadership programme underway.
Develop a Place Maturity Framework based on learning from independent reviews of Milton Keynes and Bedfordshire	ICB	Michelle Evans-Riches	31/03/2025	In Progress
Clarify relationships, interdependencies, responsibilities and accountabilities for initiatives in the Portfolio Tool to remove duplication and improve clarity	ICB	Matt Hollex	31/03/2025	Ongoing - will be further improved as part of the Feb-25 version of the Portfolio Report
Undertake governance review for all ICB committees and partnership arrangements	ICB	Michelle Evans-Riches	01/04/2025	Action in progress
Strengthen Performance Reporting Processes to include outcome measures and implementation of the data pyramid.	ICB	Dominic Woodward-Lebihan	13/07/2025	The Board agreed in Sept 24 to the delivery of the data pyramid and outcome focused reporting. System Mission Outcomes focused on improving healthy life expectancy are in place, whilst initial outcomes have been agreed for Cancer and CYP. Other outcomes are being developed through the Health Services Strategy implementation.

Bedfordshire Actions				
Action	Lead Org.	Lead	Due Date	Update
Commission independent review of Bedfordshire Care Alliance and the three places in Bedfordshire	ICB	Georgie Brown	20/04/2025	Carnall Farrar commenced the Review of Bedfordshire Places and BCA on 20 January 2025. The review is planned to conclude mid/end March 2025 following formal feedback/workshops to Places and BCA. The review is currently on track with the documentation review, observation meetings and stakeholder interviews underway. The Place feedback session(s) are being planned and the BCA feedback workshop is taking place on 20th March.

BAF0013 - VCSE sustainability - Impact on Delivery of ICS Strategic Priorities

Risk Owner		Risk Description As a result of multiple factors affecting VCSEs: - Perceptions and understanding of the sector in relation to knowledge, business operations, impact and value - A reduction in charitable donations to VCSE organisations, increase in national insurance contributions and a challenging financial climate for statutory partners - Short term funding mechanisms and financial instability from using reserves to maintain services - Workforce challenges, including difficulties with recruitment, retention, and redundancy - Complex operational functions, less agility and diminished flexibility as a result of service decommissioning - Disproportionate reporting requirements - Engagement fatigue within the VCSE and communities - Reductions or closures of VCSE services There is a risk that the ICS will not deliver its vision and strategic priorities because the VCSE sector may not be in a position to adequately support the design and delivery of alternative approaches and services to deliver the left shift towards prevention and early intervention Resulting in: - Poorer resident experience and health outcomes - Loss of VCSE knowledge, organisational memory and service expertise - Reduced outreach to seldom heard and disadvantaged communities, increasing inequalities - Increased demand and costs for statutory partners - Reduced external funding coming into BLMK - Loss of opportunities for collaboration and innovation with the VCSE in areas such as research and workforce - Reduced economic and social development - Trust and reputational damage for all partners
Maria Wogan		
Risk Lead		
Sonal Mehta		
Governance Board(s)		
Board of the Integrated Care Board		
Date of Last Review		
13/02/2025		
Risk Movement		
➔ No change		
Inherent Risk Rating		
Impact	Likelihood	Risk Rating
4	4	16
Current Risk Rating		
Impact	Likelihood	Risk Rating
4	4	16
Target Risk Rating		
Impact	Likelihood	Risk Rating
1	1	1

Risk Updates	
Date	Update
05/04/2024	Inconsistent comms around delayed NHS planning guidance means that some VCSE orgs have started to issue redundancy notices to staff, and limit or withdraw services. VCSE have already been holding risk within contracts due to lack of uplift in recent years and have supplemented costs through fundraising, which is becoming more difficult due to cost of living. Other partners are decommissioning VCSE services and this will have knock on effects for the NHS. For these reasons, parts of the sector are hesitant to engage with statutory partners as it is deemed a risk to them.
24/05/2024	Risks assessment currently being undertaken with VCSE Strategy Group to consider for BAF at end of June
09/07/2024	risk assessment going to Board on 19th July and audit and risk cttee on 26th July
16/08/2024	System risk now on BAF. Feedback from audit and risk cttee being taken to VCSE Strategy group in September. Further work with partners required to develop KRIs
25/09/2024	Current controls and draft actions added in preparation for ICB audit and risk committee on October 11th
07/11/2024	Risk description redrafted following feedback from ARAC in October. Maria Wogan attending core VCSE group on 20th Nov to agree final description and determine next steps
13/12/2024	Risk description updated for ICB board report on 13/12/24
13/02/2025	VCSE contract spend under review

BAF0013 - VCSE sustainability - Impact on Delivery of ICS Strategic Priorities

System Controls
VCSE Strategy Group influences and facilitates greater collaboration between the BLMK Health and Care Partnership and the VCSE Sector
MoU in place to support partnership development between VCSE and ICB, which includes a commitment to sustainable funding
ICB employ VCSE Partnership Lead and fund VCSE Development Officer in VCSE sector to support development of the partnership
ICB Non-executive and Executive member roles provide strategic links between the ICB and VCSE sector to ensure the sector is advocated for at Board level
ICB has developed a Procurement and Market Management Strategy taking account of feedback from VCSE Strategy Group for more effective engagement
Prompts incorporated into policies and impact assessments e.g. Verto PMO tool, to support earlier engagement with VCSE in planning and decision making

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Determine plan to use NHSE VCSE quality development tool to track progress and identify improvements to the partnership	ICB	Sonal Mehta	31/03/2025	Action Started
Deliver procurement support for VCSE including training and workshops to enable market development	ICB	Sonal Mehta	31/03/2025	Action Started
Implement joint assessment with commissioner and provider on impact of decision to withdraw funding, including other partners	ICB	Sonal Mehta	31/03/2025	Action started
ICB Place teams and STT are developing working arrangements with VCSE to support more effective collaboration	ICB	Sonal Mehta	31/03/2025	In progress
Ensure 23-24 inequalities funding allocated to support VCSE partners as part of NHS planning	ICB	Sonal Mehta	30/04/2025	Proposal for remainder of funding is in development
Allocate 23-24 health inequalities funds to VCSE for work relating to recommendations in Denny Review	ICB	Sonal Mehta	31/05/2025	£5k allocated to support dissemination of learning from Diversity in Healthcare programme. £70k to support VCSE involvement in BBC Age Care Technology project - details TBC
Sustain the three VCSE mental health alliances across BLMK to support more effective delivery	ICB	Sonal Mehta	31/05/2025	Discussions to plan how to involve MHAs in community transformation have begun
Determine VCSE representation in provider collaboratives and place based partnerships to ensure VCSE is advocated for	ICB	Sonal Mehta	31/05/2025	Opportunities expected to arise through transformation and enabling priorities
Improve understanding of impact and value from VCSE contracts and grant funding from other system partners	ICB	Sonal Mehta	30/06/2025	Action started

BAF0014 - Maternity Services at BHFT

Risk Owner		Risk Description
Sarah Stanley		<p>As a result of a number of factors across BHFT maternity services, relating to staffing and governance processes, which were identified and outlined at the Maternity Quality and Safety summit on 16th September 2024, not being fully addressed and rectified including:</p> <ul style="list-style-type: none"> Inadequate staffing in the triage unit to manage all functions safely. Inadequate medical staff training and mandatory training completion as per Trust targets Not confronting unacceptable behaviours, including racism and discrimination Inappropriate management of incidents Insufficient number of qualified, competent, skilled, and experienced midwives to ensure safe care. equipment checks are not performed and documented as per Trust policy. <p>There is a risk of</p> <ul style="list-style-type: none"> Increased incidence of avoidable harm Higher than expected mortality. Patient dissatisfaction <p>Resulting in</p> <ul style="list-style-type: none"> Negative patient outcomes and harm backlogs of outstanding incidents hindering the identification of themes and trends necessary for shared learning Increased strain on resources and staff well-being and morale, recruitment and retention potentially leading to further workforce challenges. Increased health and social care costs Lack of patient confidence, satisfaction and experience Impact to reputation of BHFT maternity services and the NHS Legal action / enquiries
Risk Lead		
Felitta Burney-Nicol		
Governance Board(s)		
Audit & Risk Assurance Committee/Quality & Performance Committee		
Date of Last Review		
06/03/2025		
Risk Movement		
→ No change		
Inherent Risk Rating		
Impact	Likelihood	Risk Rating
4	4	16
Current Risk Rating		
Impact	Likelihood	Risk Rating
4	4	16
Target Risk Rating		
Impact	Likelihood	Risk Rating
3	3	9

Risk Updates	
Date	Update
06/03/2025	Good progress has been made with all must do CQC recommendations achieved. Scores to remain currently.

BAF0014 - Maternity Services at BHFT

System Controls
Maternity Improvement Action Plan in Place to track and monitor progress and provide timely feedback.
Oversight provided through System Maternity Improvement Board
Trust Maternity Dashboard to monitor and track changes.
LMNS Board Meeting with ongoing oversight at LMNS Quality and Safety Meeting for assurance and reassurance
Monthly Trust Audit for quality assurance, check compliance, identify any risks and for continuous improvement
Maternity Improvement board meet monthly includes: ICB Chief Nurse (Chair), Screening Team, MNVP, NMC, GMC, Regional Workforce Training and Educational Team, CQC, Healthwatch to deliver all recommendations from CQC report, maternity summit actions, 60steps to safety and national screening team recommendations and resident feedback.
Maternity Support Programme - NHSE programme to support actions and delivery of recommendations (external clinical support within Acute)

Bedfordshire Controls
Maternity Improvement Director has been appointed by BHFT who are a dedicated resource to lead the implementation of action plan and improvement.
BHFT appointed interim governance lead provide cross site governance, support and implementing governance framework and embed practices.
Bedfordshire Trust - Programme Director and Maternity Improvement Director in place to oversee and manage programme
BHFT have agreed an Equality, Diversity, and Inclusion (EDI) policy.

System Actions				
Action	Lead Org.	Lead	Due Date	Update
Focus on learning from incidents/harm with evidence of changes in practice.	ICB	Felitta Burney-Nicol	31/03/2025	Action started
Health Innovation East to support BHFT with one day per week to effectively implement NEWTT2 and MEWS across the whole trust not just maternity.	ICB	Felitta Burney-Nicol	31/03/2025	Action started
ICB to complete MNVP voice and equal partner recruitment. Agree work plans (date to be confirmed). MNVP to be full members of maternity improvement board.	ICB	Komal Gorania	31/03/2025	Action started
Establish a daily LMNS Mutual Aid Meeting for monitoring purposes.	ICB	Felitta Burney-Nicol	31/03/2025	Action started
Tier 3 weight management 85 women with BMI over 40 have been referred, as a pilot. Will take 3 years for pilot	ICB	Sanhita Chakrabarti	31/08/2025	Ongoing - pilot will take 3 years
Tommy's app pilot to commence (Funding agreed for 3 year post to implement app 0.8 funded from BHFT, 0.8 from ICB).	ICB	Felitta Burney-Nicol	31/08/2025	Ongoing

Bedfordshire Actions				
Action	Lead Org.	Lead	Due Date	Update
Permanent Governance Lead at BHFT to be recruited.	ICB	Felitta Burney-Nicol	31/03/2025	Action started
BHFT to develop and implement a Maternity Governance Risk Framework, including an associated action plan with clear timeframes	ICB	Felitta Burney-Nicol	31/03/2025	Action started
BHFT to review the PMA Lead role to enhance multi-disciplinary team support. Monitored via Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to develop a comprehensive workforce strategy. Monitored via Improvement Board.	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to implement a Labour Ward Coordinator Framework across the system to promote effective leadership and improve team culture. Monitored via Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to fully embed the new triage process and monitor it through the Trust Maternity dashboard, ensuring continued oversight at the LMNS Quality and Safety Meetings and monthly audits.	ICB	Felitta Burney-Nicol	31/03/2025	Action started
Trust wide screening board to be set up chaired by BHFT exec or non-exec - with national screening team to be members. Monitored via Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
Quadrumvirate Meetings: Regular and minuted Quadrumvirate meetings to be established by BHFT, in line with the Clinical Negligence Scheme for trusts, to be monitored by Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to develop and implement a cultural strategy to address racism and other cultural behaviours in conjunction with NMC, GMC, WTE, Healthwatch and MNVP. Monitored via Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to conclude Mortality / Harm Review and provide findings at Maternity Improvement Board (to include maternal and neonatal services)	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to ensure and learn from feedback loop on user experience and reporting (including complaints, users, incidents and outcomes. Themes, actions and learning). Monitored via Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
BHFT to add the full range of ethnicity codes within In Phase so that reporting of all incidents has a mandatory field to collect this data for every incident reported. Monitored via Improvement Board	ICB	Sarah Stanley	31/03/2025	Action started
EDI Policy and strategy to be implemented by BHFT	ICB	Sarah Stanley	31/08/2025	Ongoing

Date: 21 March 2025

Report Author: Councillor Martin Towler, Co-Chair of BLMK Health and Care Partnership

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

Item: 13.0 Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: BLMK Health and Care Partnership

Recommendation: The Board are asked to **note** the issues raised by BLMK Health and Care Partnership

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
<ul style="list-style-type: none"> • None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • Mt Vernon Cancer Centre Review: Partners learned that the public consultation for the Mount Vernon Cancer Centre review would begin following local government elections in May 2025 and discussed the importance of both resident and ICB/ICP involvement in the consultation. The Partnership considered that a position statement on the matter from both the ICB and from the Partnership would be appropriate, and the matter will be discussed at the ICB/ICP joint seminar on 23 May 2025. • BLMK Health and Care Strategy: The Partnership considered progress made on strategic priorities in 2024/25 against the objectives in Health and Care Strategy published in 2023. Many positive changes and good progress have been made by the ICB and partners over the past two years, with particularly notable examples being the work carried out to reduce unnecessary emergency hospital admissions in Bedfordshire and Milton Keynes, and the development of Diagnostic Centres. The Partnership will be working on the refresh of the Health and Care Strategy in 2025/26 and discussed the need for aims and performance monitoring to take on board advances in health data collation and analysis provided by the Public Health Information Unit. A data driven strategy with partner led transformation of health and care is required. The next three years will see the population of BLMK grow in an era of financial restraint, but the area has a strong underlying economic base and opportunities from East-West Rail and Luton Airport development amongst others provide cause for optimism for the future. • English Devolution White Paper: The Partnership heard that the local authority partners were working together to maximise the opportunities outlined by HM Government in the recent white paper, and that the local elections in May 2027 were a possible date for the creation of a Strategic Authority covering our area. Two potential options are on the table, one for a Strategic Authority covering the existing BLMK area, and the other for a BLMK plus Northants Strategic Authority. The Partnership offered its support to the local authorities as they sought to firm up the options and their case for BLMK as the year progressed. • BLMK ICS Green Plan: Following the successful joint ICB/ICP Seminar last November the Partnership considered the draft Green Plan. Good progress has been made, with significant reductions in emissions in key areas including the elimination of the use of the anaesthetic gas Desflurane and a reduction in inhaler emissions (both very damaging climate change gases), and reductions in waste and increases of renewables in acute

trusts. The new Green Plan seeks to embed a sustainable approach in decision-making, and increase awareness and understanding of the links between our environment and wider determinants of health across our workforce and our residents. The draft had been prepared with input from partners, the VCSE sector and residents, and the ICB Board will consider the final version later in the year

ASSURE: Inform the Board where positive assurance has been received

- **Health and Care Partnership Terms of Reference:** The past three years have seen significant change in the way our system works and following a review of the ToR the Partnership has approved a revised version for the ICB Board's approval. The main alterations are a change and an increase in representation from the VCSE sector with the Co-Chairs of the VCSE Strategy Group becoming members of the partnership, reflecting the importance of the sector in the delivery of health and care in BLMK, and a change to quoracy requirements from 50% to one third of members, to bring us into line with other ICBs in the area and improve the efficient working of the Partnership going forward.

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

- Members welcomed the development of the two key strategic matters discussed at the meeting, i.e. the Health and Care Strategy and the Green Plan. Work has commenced in good time on both of these, and collaboration with partners has been built in from the start. Early work indicates that both of these initiatives will set out clear, measurable plans and targets and provide a strong base for the system to work to over coming years. They are also demonstrative of the value and strength of partnership working in BLMK, which has come a long way in three years, and set a blueprint for future plans and strategies to follow.

Date: 21 March 2025

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

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

Item: 14.0 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 **discuss** the issues raised by Finance and Investment Committee on 28 February 2025.

2. **The Board are asked to approve the s75 for Central Bedfordshire Council (Better Care Fund) to a value of £41,797,458.**

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
<ul style="list-style-type: none"> Better Care Fund 2024/25- s75 Central Bedfordshire Council 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 Board are asked to approve the s75 agreement between Central Bedfordshire Council and the ICB for a total value of the pooled funds of £41,797,458.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> Month 10 ICB Finance report - The ICB is reporting a £1.3m deficit year-to-date (YTD) (£2.0m in Month 9) against a planned breakeven position, which is in line with the recovery trajectory agreed with NHSE. The position largely relates to cost pressures in continuing health care and prescribing, although prescribing is becoming more stable but year to date overspend is £4.7m. The ICB holds unmitigated risks of c£2.4m arising from further pressures in primary care prescribing, continuing health care and the impact of uplifts to the delegated pharmacy contracts if NHSE do not provide additional allocation. Month 9 System Finance report - NHS organisations hosted within the system are reporting a £20.8m deficit year to date. This is an overspend of £19.8m against original plan and £9.2m (79%) adverse to its target recovery trajectory as set out in month 5. All organisations are forecasting break-even against plan for the year. To deliver our financial plan, the system will need to deliver its efficiency plan and deliver other unplanned mitigations. Organisations and the system have a range of actions in place and this includes non-recurrent mitigations. Capital - The system is overspent year-to-date against the capital funding allocation. This is due in the main, to the work in BHFT related to the Acute Services Block at Luton site - which is running ahead of the plan at Month 9. BHFT is in discussions with MKUH, BLMK ICB and the regional NHSE team to mitigate this, as well as doing everything possible to slow the rate of spend. Elective Recovery Funds (ERF) - now received 100% of its indicative allocation for 2024/25 plus over performance funding months 1 -7. It has been assumed that full payment of ERF will be made to providers based on estimated performance in year. NHSE has confirmed that for the remainder of 2024/25, there is an ERF ceiling in place. Any overperformance against this will need to be absorbed by the ICB and presents some risk to the 2024-25 outturn position. for overperformance.

- **Operational Plan 2025/26 deep dive**– headline submission was made on 27 February 2025 developed on the basis of meeting performance targets presented in the Planning Guidance. NHSE will be scrutinising the submission and there is a meeting with NHSE on 12 March to discuss further. A more detailed report will be submitted to the Board on 21 March as part of the system’s path to breakeven. The Committee noted the importance of maximising productivity as a key way in which the system will deliver a breakeven position.

ASSURE: Inform the Board where positive assurance has been received

- **Estates & Capital Activities** – a comprehensive report that covered the development of the Infrastructure strategy, that is due to be reported to the Board in June 2025, to be followed by a prioritisation process in the Autumn to develop the next pipeline of Estates projects. It also included an update on capital funding opportunities and s106 funded schemes.
- The Planning Guidance 2025/26 had confirmed the Utilization and Modernisation capital for primary care and this will be considered at Primary Care Commissioning and Assurance Committee in May 2025. It was emphasised that although the model of primary care delivery was changing, clinical space was at a premium and BLMK had comparably less than average clinical capacity.
- Capital funding opportunities were also reported. All business cases would be rigorously evaluated to ensure that the proposals would achieve the quality and financial outcomes required. The system wide Capital Estates Oversight Group is actively considering how they can impact health infrastructure through the growth agenda, including the Oxford to Cambridge ARC, Luton Airport Expansion, potential Universal Studios development.
- **Contracting Update** – The ICB has commented on the national draft payment and contracts that have been. The capping of ERF had implications for providers, particularly the private sector. There has been an increase of legal engagement from providers to challenge contract awards, which was indicative of operating in a higher risk environment.
- **Community and Mental Health Transformation – strategic delivery plan.** This transformation seeks to redesign services across the whole BLMK footprint, addressing the changing needs of our fast growing and changing local population, to improve outcomes, reduce variation and achieve efficiencies. There are various phases of the programme including case for change that will include vision, population need, public feedback, service performance, workforce, resource issues and transformation and population priorities. There will be continuing engagement with residents and providers and the System Insights Network on 6th May 2025 is a key opportunity for public and providers to contribute to the Community and Mental Health case for change.
- A team was being established to ensure there is sufficient capacity and resource to deliver a multi-faceted transformation programme, with Penny Harris providing strategic advice and Kathy Nelson has been appointed as Programme Director. The outline timetable and decision-making process were discussed. This is also being reported to the Mental Health, Learning Disability and Autism Collaborative Committee on 13 May and is an item on the ICB Board on 21 March 2025 in private. Assurance was provided that the business case would include the financial implications and would be considered by the ICB Board. It was requested that a joint meeting of the Quality & Performance and Finance & Investment Committee is held to consider the quality and financial outcomes required of the service re-design.
- **Direct Award for Community and Mental Health Services** – As previously discussed with the ICB Board, services which are potentially in scope of the procurement(s) are currently provided through a number of contracts. The most significant of these contracts have previously been extended/directly awarded up until 31 March 2026. There are no arrangements in place for these services after this date. In order to enable the significant engagement required and time to plan and deliver the re-designed services, it is proposed to extend the contracts by Direct Award Process C for a period of 2 years (from 1 April 2026 to 31 March 2028), having engaged with the CEOs of the local authorities in BLMK

and the relevant providers. Under the ICB's Scheme of Reservation and Delegation the ICB CEO has authority to make this decision.

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

- **Operating Plan 2025/26** – requirement to submit a break-even plan on 27 March 2025. There is a risk that there will need to be some difficult decisions related to achievement of performance targets / some service provision. A full update will come to the Board on the established process for ensuring expert clinical advice and all necessary impact assessments are part of any difficult decisions.
- **Financial and Contracting Risk Registers**
The Committee reviewed 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

- **Financial Improvement Group (FIG) / System Productivity Update** – forecast £32.7m of efficiencies for 2024/25, surpassing its original target of £27.1m by £5.6m. Year-to-date, the ICB has delivered £26m, exceeding the YTD plan of £22.6m by £3.4m
- **Contract Register published on ICB website** – enabling full transparency, supported planning and provides information that has been previously subject to Freedom of Information Requests.

Date: 21 March 2025

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Finance Department

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

Item: 14.1 BLMK ICS Finance Report at Month 10 (January 2025)

1.0 Executive Summary

1.1 This report sets out the 2024/25 BLMK ICS year-to-date financial position at Month 10, January. The table below shows a summary of key financial metrics for NHS organisations hosted within the system.

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

1.2 NHS organisations hosted within the system are reporting a £19.1m deficit year to date against a plan of £0.1m deficit for income and expenditure. This is an overspend of £19m. All organisations are forecasting break-even against plan for the year.

1.3 The system developed a system financial recovery trajectory; this includes the expected impact of specific interventions and actions. At Month 10 the ICS is £11.7m adverse to the target recovery trajectory. This is largely due to the differences between the cost of pay awards versus available funding, UEC escalation pressures and continuing staff premium cost pressures arising from RTT work.

1.4 A range of actions and mitigations are already in place to recover the deficit. Further work continues to eliminate efficiency gaps and mitigate emergent risks.

1.5 The system plan included a net unmitigated risk of £56m at the beginning of the year. There are additional 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 in the main, to building works at BHFT related to the Acute Services Block, CDC and SDEC – all of which are running ahead of the plan at Month 10 and expected to overspend in 2024/25 by c£10m. The system is working through a range of mitigating actions.

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 10 (January) 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 10 year to date net expenditure is £19.0m higher than plan. All organisations are forecasting to 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	(0.0)	(12.3)	(12.3)	0.0	0.0	0.0
Milton Keynes NHS FT	(0.1)	(5.5)	(5.4)	(0.0)	(0.0)	0.0
BLMK ICB	0.0	(1.3)	(1.3)	0.0	0.0	0.0
Intra ICS Organisations	(0.1)	(19.1)	(19.0)	(0.0)	(0.0)	0.0

To deliver our financial plan, the system will need to deliver its efficiency plan (currently exceeding planned year to date levels by 2% at Month 10) and deliver other unplanned mitigations. Organisations and the system have a range of actions in place – this includes non-recurrent mitigations.

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 10 the system is £11.7m adverse to its target recovery trajectory as set out in Month 5. The forecast assumes that this shortfall can be mitigated.

Monthly Plan Profile - by Organisation										
	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
ICB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
BHFT	(4.5)	(5.0)	(4.0)	(3.0)	(2.0)	(1.0)	0.0	0.0	0.0	0.0
MKFT	(2.9)	(3.8)	(4.8)	(4.1)	(3.1)	(2.1)	(1.0)	(0.1)	0.4	0.0
Totals BLMK Plan	(7.3)	(8.8)	(8.8)	(7.1)	(5.1)	(3.1)	(1.0)	(0.1)	0.4	0.0

Monthly Actuals / FOT (Reported at Month 5)										
	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
ICB	(1.2)	(2.5)	(3.2)	(3.9)	(3.4)	(2.7)	(2.0)	(1.3)	(0.7)	0.0
BHFT	(8.8)	(11.2)	(15.3)	(17.0)	(14.8)	(11.8)	(8.5)	(6.0)	(3.1)	0.1
MKFT	(3.5)	(4.3)	(5.1)	(4.2)	(3.2)	(2.2)	(1.1)	(0.1)	0.4	0.0
Totals BLMK Actuals / FOT	(13.6)	(18.0)	(23.5)	(25.0)	(21.3)	(16.6)	(11.6)	(7.4)	(3.3)	0.2

Monthly Actuals / FOT (Reported at Month 10)										
	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
ICB	(1.2)	(2.5)	(3.2)	(3.9)	(3.3)	(2.7)	(2.0)	(1.3)	(0.7)	0.0
BHFT	(8.8)	(11.2)	(15.3)	(16.7)	(16.0)	(15.3)	(14.3)	(12.3)	(6.5)	0.0
MKFT	(3.5)	(4.3)	(5.1)	(4.6)	(4.3)	(3.9)	(4.5)	(5.5)	(4.0)	0.0
Totals BLMK Actuals / FOT	(13.6)	(18.0)	(23.5)	(25.3)	(23.7)	(21.9)	(20.8)	(19.1)	(11.2)	0.0

Variance to Month 5 Trajectory										
	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
ICB	0.0	0.0	0.0	0.0	0.1	(0.0)	0.0	0.0	0.0	0.0
BHFT	0.0	0.0	0.0	0.2	(1.3)	(3.5)	(5.9)	(6.3)	(3.4)	(0.1)
MKFT	0.0	0.0	(0.0)	(0.5)	(1.2)	(1.8)	(3.4)	(5.4)	(4.4)	0.1
Totals	0.0	0.0	0.0	(0.2)	(2.4)	(5.3)	(9.2)	(11.7)	(7.9)	(0.0)

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 key points to note at Month 10 are:

- Reports a £12.3m YTD deficit.
- Achieved an in-month surplus of £1.8m, the fourth consecutive month of surplus.
- 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.
- The Trust forecasts a breakeven position with assumptions include gains from ERF overperformance, and work from the Financial Turnaround team on income maximisation, agency controls, vacancy controls, biosimilars alongside other schemes.

BHFT Income & Expenditure	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	719,065	722,781	3,716	862,454	899,529	37,075
Pay	(462,308)	(471,094)	(8,786)	(554,720)	(567,670)	(12,950)
Non-Pay	(256,757)	(263,962)	(7,205)	(307,734)	(331,859)	(24,125)
SURPLUS / (DEFICIT)	(0)	(12,275)	(12,275)	0	0	0

Efficiency Plan Delivery

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

BHFT Efficiencies	Year to Date January 2025			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
BHFT - Recurrent	27,680	27,669	(11)	33,210	33,210	0
BHFT - Non recurrent	17,980	17,973	(7)	21,581	21,581	0
Total	45,660	45,642	(18)	54,791	54,791	0

Capital Plan

The Trust has a challenging 24/25 capital plan, currently spending ahead of plan YTD by £5.3m (17%). This is due to spend on the Acute Services Block at the Luton & Dunstable site. Full year spend is being managed to remain within the total CDEL limit (£65.1m), although there is a risk this will lead to an overspend by Month 12. Discussions are ongoing with system partners and NHSE regarding steps to mitigate the potential overspend.

Additional national capital for SDEC (£6m) and Critical Infrastructure Risk (£2.7m) has been approved in-year, this has been added to the plan figure in the tables below.

The plan figures also include £1.5m over programming which was included at the start of the year. Systems are allowed to set a plan that is up to 5% over their capital allocation to recognise that delivery of capital schemes tend to slip in year which can result in underspending.

£m	BHFT YTD				
	Plan	Plan Plus Add National Capital	Actual	Variance to plan	Variance to plan plus add National Capital
Gross Total System Operating Capital	32.6	32.6	38.9	-6.4	-6.4
Total Disposals, Grants and Donations	0.0	0.0	-1.0	1.0	1.0
less PFI / IFRIC12	0.0	0.0	-0.2	0.2	0.2
Net System Operating Capital before IFRS 16	32.6	32.6	37.7	-5.2	-5.2
IFRS16	0.0	0.0	0.0	0.0	0.0
Net System CDEL	32.6	32.6	37.7	-5.2	-5.2
National Capital	14.6	23.4	23.5	-8.9	-0.1
Technical Adjustments	0.2	0.2	0.2	0.0	0.0
Total Capital	47.4	56.2	61.5	-14.1	-5.3

£m	BHFT Full Year						
	FY Capital allocation	Plan	Plan Plus Add National Capital	Actual	Variance to plan	Variance to plan plus add National Capital	Variance to CDEL Allocation
Gross Total System Operating Capital		39.4	39.4	40.2	-0.8	-0.8	
Total Disposals, Grants and Donations		0.0	0.0	-1.2	1.2	1.2	
less PFI / IFRIC12		0.0	0.0	-0.6	0.6	0.6	
Net System Operating Capital before IFRS 16	32.9	39.4	39.4	38.4	1.0	1.0	-5.5
IFRS16	5.8	0.0	0.0	-2.0	2.0	2.0	7.8
Net System CDEL	38.7	39.4	39.4	36.4	3.0	3.0	2.3
National Capital	26.4	17.7	26.4	27.1	-9.4	-0.7	-0.7
Technical Adjustments		0.3	0.3	0.3	0.0	0.0	-0.3
Total Capital	65.1	57.4	66.1	63.7	-6.4	2.3	1.4

Milton Keynes University Hospital NHS Foundation Trust

Income & Expenditure

The Trust is reporting a I&E deficit of £5.5m to the end of January, adverse to plan by £5.4m. The in-month position is a deficit of £1m (adverse to plan by £2m).

MKUFT Income & Expenditure	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income	327,343	343,297	15,954	392,998	415,486	22,487
Pay	(209,619)	(218,715)	(9,096)	(251,418)	(261,141)	(9,723)
Non-Pay	(117,819)	(130,077)	(12,258)	(141,581)	(154,345)	(12,764)
SURPLUS / (DEFICIT)	(95)	(5,495)	(5,400)	(0)	(0)	0

- Elective Recovery Fund (ERF) performance is 141% above pre-Covid levels, which is above the 106% national target and internal budget target of 124%. As a result, ERF income is £17.2m above the national target as at M10 giving rise to a favourable variance to plan of £7m including prior year benefit of £1m.
- The Trust financial plan includes a savings target of 6% (£23.8m). £18.2m has been achieved to date against a year-to-date plan of £19.8m.

Maintaining the current run-rate would lead to a deficit of £8m for the full year. The Trust is assuming this position will be improved through a combination of non-recurrent measures.

Efficiency Plan Delivery

Efficiencies reported at M10 have increased significantly from £16.4m reported last month to £18.2m YTD, which is 8% down on plan (£19.9m). The efficiency target achievement remains high risk with the unfolding of winter pressures, whilst they have eased somewhat in the latter part of January. The Trust continues to forecast achievement of its plan by year end (£23.8m).

MKUH Efficiencies	Year to Date January 2025			Forecast		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
MKFT - Recurrent	7,730	13,188	5,458	9,275	17,681	8,406
MKFT - Non recurrent	12,120	5,008	(7,112)	14,547	6,141	(8,406)
Total	19,850	18,196	(1,654)	23,822	23,822	0

Capital Plan

The underspend year to date of £1.5m takes account of overplanning (c£0.7m), which is allowable by NHSE at the planning stage. After accounting for this there is a remaining small underspend due to timing differences in projects delivering.

The full-year CDEL variance to plan of £5.7m, relates to additional system CDEL allocated by NHSE of £5.7m, which has now reflected in the ICB's allocation, these schemes were incorrectly reported as national capital in Month 10 this will be corrected for Month 11 reporting eliminating the variance.

Progress continues on other key capital projects, including developments in the Oak Wards and the enabling works for the NHP scheme, which includes an Imaging Centre and a new multi-storey car park.

Overall, capital expenditure is being proactively managed, with any potential slippage effectively managed within the BLMK system.

£m	MKUH				
	YTD				
	Plan	Plan Plus Add National Capital	Actual	Variance to plan	Variance to plan plus add National Capital
Gross Total System Operating Capital	16.2	16.2	14.7	1.5	1.5
Total Disposals, Grants and Donations	-5.3	-5.3	-5.0	-0.2	-0.2
less PFI / IFRIC12	0.0	0.0	0.0	0.0	0.0
Net System Operating Capital before IFRS 16	11.0	11.0	9.7	1.3	1.3
IFRS16	0.0	0.0	0.0	0.0	0.0
Net System CDEL	11.0	11.0	9.7	1.3	1.3
National Capital	12.3	15.0	14.7	-2.4	0.2
Technical Adjustments	0.0	0.0	0.0	0.0	0.0
Total Capital	23.3	26.0	24.4	-1.2	1.5

£m	MKUH						
	Full Year						
	FY Capital allocation	Plan	Plan Plus Add National Capital	Actual	Variance to plan	Variance to plan plus add National Capital	Variance to CDEL Allocation
Gross Total System Operating Capital		22.9	22.9	22.3	0.7	0.7	
Total Disposals, Grants and Donations		-6.3	-6.3	-6.3	0.0	0.0	
less PFI / IFRIC12		0.0	0.0	0.0	0.0	0.0	
Net System Operating Capital before IFRS 16	21.6	16.6	16.6	15.9	0.7	0.7	5.7
IFRS16	2.9	2.9	2.9	2.9	-0.0	-0.0	-0.0
Net System CDEL	24.5	19.5	19.5	18.9	0.7	0.7	5.7
National Capital	26.4	15.8	26.4	30.1	-14.3	-3.7	-3.7
Technical Adjustments		0.0	0.0	0.0	0.0	0.0	0.0
Total Capital	50.9	35.3	45.9	48.9	-13.7	-3.0	2.0

Integrated Care Board

- 4.5 The ICB is reporting a £1.3m deficit year-to-date, (£2.0m in Month 10) and continues to forecast a break-even year end position.
- 4.6 The table below shows the status against the key financial performance indicators for the year.

Performance Measure	YTD - Month 10			Forecast		
	Target	Actual	Variance	Target	Actual	Variance
Revenue Resource Limit	£2,045.4m	£2,046.8m	-£1.3m 🟡	£2,427.8m	£2,427.8m	£0.0m 🟢
Capital Resource Limit	£1.4m	£1.4m	£0.0m 🟢	£2.2m	£2.2m	£0.0m 🟢
MHIS Expenditure	£150.4m	£150.4m	£0.0m 🟢	£180.5m	£180.5m	£0.0m 🟢
Efficiency Savings	£22.6m	£26.0m	£3.4m 🟢	£27.1m	£32.7m	£5.6m 🟢
BPPC	>95%	95%	0% 🟢	>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 10 is set out in the table below and further detail can be found in Appendix B:

PROGRAMME AREA	Year-to-Date			FORECAST OUTTURN		
	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
Acute Services	992,635	989,857	2,778	1,168,315	1,166,060	2,254
Mental Health Services	193,443	195,520	(2,077)	231,951	233,829	(1,878)
Better Care Fund	31,297	31,116	182	37,557	37,313	244
Other Community Services	136,395	136,281	114	163,503	163,729	(226)
Continuing Care Services	88,588	94,911	(6,323)	105,707	113,326	(7,619)
Primary Care Co-Commissioning	164,726	166,646	(1,919)	193,566	196,259	(2,693)
Pharmacy, Ophthalmic & Dental Co-Commissioning	80,406	81,479	(1,073)	96,213	96,458	(245)
Prescribing	133,428	138,193	(4,765)	159,339	165,037	(5,698)
Other Primary Care Services	26,403	25,334	1,069	32,261	30,895	1,366
Delegated Specialised Commissioning	163,051	161,175	1,877	196,286	194,034	2,252
Other Programme Services (incl. Reserves)	19,371	11,124	8,247	24,570	12,843	11,727
Total Commissioning Budget	2,029,744	2,031,635	(1,891)	2,409,268	2,409,784	(516)
Running Costs	15,702	15,151	551	18,484	17,968	516
Total ICB Net Expenditure	2,045,446	2,046,786	(1,340)	2,427,752	2,427,752	0

- 4.8 The key points to note at Month 10 are:

Income & Expenditure

The ICB is reporting a £1.3m deficit year-to-date YTD (£2.0m in Month 9) against a planned breakeven position. The forecast assumes mitigations can be delivered to achieve a breakeven financial position by year end. This is through delivery of recovery plan actions that have resulted in the identification and release of uncommitted budgets and other mitigations in reserves.

The position as at Month 10 by Programme is set out below:

- **Acute services** are reporting a favourable YTD position of £2.7m (£2.5m favourable M9) with an outturn forecast of £2.3m below plan (£1.5m under at M10). 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.

- ERF performance numbers up to M7 for 2024/25 are reflected in the position together with local estimates for the remaining months. It is assumed that ERF over performance funding will be available to offset provider elective activity over performance. NHSE has placed a ceiling on ERF overperformance funding for the remainder of the year and the ICB is writing out to all associate and ISP providers to apply a ceiling on individual contracts.
- Pressures in **mental health services** continue to relate to complex placement costs out of area or under S117 aftercare. The forecast has deteriorated further in month and there continues to be risk from a challenging efficiency target for the remainder of the year. All three organisations in the MHLDA collaborative (ICB, ELFT & CNWL) are fully committed to mitigating the risk although it is unlikely that this will be possible in 2024/25.
- For **community services**, there has been minimal movement in month. Key pressures continue to be rehabilitation beds for acquired brain injuries, lymphoedema services in hospices and high-cost individualised children's care. This is partially offset by benefits from under performance for MSK services in and improvement in community equipment expenditure due to efficiencies in place.
- 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 £6.1m overspent YTD (£5.6m at M9). This overspend continues to be driven by high levels of activity which has resulted in a £0.7m deterioration in Month 10. In the last few months there have also been high-cost appeals that have impacted on the position. These pressures are forecast to continue, the ICB is reporting a £7.7m overspend for the year.
- The **delegated primary care** overspend relates to increased overperformance on the Primary Care Framework 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.
- **Prescribing** reported favourable costs compared to plan. The volume of prescribed items was lower than October but slightly higher than September. The current month's position and forecast includes a material judgement when estimating levels of accruals for December and January.
- The ICB position now includes **delegated budget for specialised commissioning**.

The forecast position assumes that the following:

- Delivery of the efficiency above planned levels, at £32.6m
- Primary Care ARRS funding to be received from NHSE offsetting costs expected to be incurred by year end.
- Delegated GMS contract pressures will be mitigated.
- The ICB is able identify additional mitigations to mitigate other in-year risks and emergent pressures.

Efficiency Plan Delivery

- At Month 10, the ICB is reporting year-to-date delivery of £26.0m of its £27.1m planned efficiency programme, 15.2% better than plan YTD.
- The ICB has included £6.6m of unidentified efficiencies in its plan. Additional savings of £10.0m have been identified since the plan was set which has resulted in forecast efficiencies being £5.6m greater than plan (20.6%) at the end of January.

Team	Year to date M10			Forecast M12		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Complex Care & Personalisation	1,083	1,271	188	1,179	1,511	332
Contracting	0	675	675	0	759	759
Corporate / Finance	2,082	2,082	0	2,500	2,500	0
Digital	98	98	0	118	118	0
Elective Delivery	1,164	1,705	541	1,400	2,047	647
Estates	310	310	0	374	374	0
Finance	0	3,879	3,879	0	5,197	5,197
Medicines Optimisation	7,514	9,677	2,163	8,560	11,964	3,404
MH & LDA	1,317	2,436	1,119	1,583	3,436	1,853
Primary Care	1,959	1,959	0	2,446	2,446	0
Quality & Safeguarding	1,505	1,505	0	1,807	1,807	0
Strategy & Assurance	0	19	19	0	19	19
Workforce	398	390	(8)	480	476	(4)
Unidentified	5,143	0	(5,143)	6,613	0	(6,613)
Total Efficiencies	22,573	26,006	3,433	27,060	32,654	5,594

- 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 focus continues to be on delivering an additional £10m efficiency target during 2024/25.
- The Investment Oversight Group (IVOG) is now well established and meets fortnightly, chaired by the Chief Executive Officer.

Capital Plan

The ICB has £1.7m allocated capital funding to support GPIT, primary care estates and corporate capital. A further £0.5m of the bonus funding has been transferred to the ICB allocation. The ICB forecasts that all £2.2m capital funding will be spent by the end of the financial year.

Inter ICS NHS Financial Performance:

- 4.9 Providers hosted outside the system, are reporting a year to date overspend of £8.4m and are forecasting a year end overspend of £10.2m.

Surplus / (Deficit)	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
CNWL	0.0	(0.5)	(0.5)	0.0	(0.2)	(0.2)
ELFT	0.0	(7.9)	(7.9)	0.0	(10.1)	(10.1)
CCS	0.0	0.0	0.0	0.0	0.0	0.0
Inter ICS Providers	0.0	(8.4)	(8.4)	0.0	(10.2)	(10.2)

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

Central & Northwest London NHS Foundation Trust (CNWL)

CNWL ended Month 10 with an overspend of £0.5m split into £0.1m overspend for MK Mental Health, and £0.4m overspend for MK Community Health. The site financial position assumes a year-end forecast adverse variance to plan of £0.2m.

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. There is also increased Paediatric intensive care unit (PICU) costs, driven by complexity and LoS impact, increased temporary workforce costs in both Medical and Nursing across all services.

In community services the key cost drivers have remained the same and include:

- Increased nursing cost in the Windsor Intermediate Care unit (WICU), 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 hence posing a risk to the year-end forecast position largely driven by the complex placement scheme for patients with significant care needs. CNWL are also working with BLMK ICB on various cost pressure areas.

East London NHS Foundation Trust (ELFT)

At Month 10 the Trust reports a £7.9m YTD deficit position for Bedfordshire and Luton services. This is after allocation of non-recurrent funding mitigation of £2.8m for Adult Mental Health service line. (Adult Mental Health Services £1.9m, CHS £2.3m, Primary Care £3.7m).

Month 10 key variances by area are detailed below:

- Bedford Adult MH Service is overspent by £0.4m year to date (after allocation of non-recurrent funding mitigation). This is driven by Private Beds (£1.2m) and Medical pay (£0.6m YTD). Inpatient wards have high acuity patients and enhanced observational needs, though this are partially offset by £1.4m YTD underspends from vacancies in other areas.
- Luton Adult MH Service is overspent by £1.5m year to date (after allocation of non-recurrent funding mitigation). The position is driven by Private Beds (£0.3m), Medical pay (£0.2m YTD) mainly due to temporary staffing agency premium and Inpatient services (£0.6m YTD), driven by high acuity patients in Crystal and Poplars wards and enhanced observational needs. Utilities & estate overspend (£0.5m).
- Bedford Community Health Service is overspent £2.3m YTD. The main cost driver is pay which is overspent by £1.6m 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 £3.7m YTD primarily driven by pay which is overspent by £3.1m YTD. This is largely due to the use of high-cost medical agency staff, and an over-establishment of staff.
- Specialist Services (CAHMS) are marginally underspending YTD with a range of non-pay overspends offset with Pay underspend.

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 10 commitments made against that funding. An additional £0.8m funding was received in Month 10.

Cancer uncommitted funding relates to Targeted Lung Health Checks, expenditure is based on activity so actual underspend may vary from the £324k forecast.

Programme	Total Allocations £000	Committed £000	Plans in progress £000	Uncommitted £000
Primary Care	9,813	8,727	626	460
Mental Health	19,088	18,718	-	370
Ageing Well	1,327	1,323	-	4
CYP	927	838	-	89
Cancer	6,272	5,584	364	324
Digital	946	946	-	-
Diagnostics	9,144	9,144	-	-
LD & Autism	2,283	2,267	16	-
Maternity	1,536	1,533	3	-
Personalised Care	126	126	-	-
Prevention	1,491	1,235	-	256
Innovation	30	30	-	-
Other SDF/Other pressures	1,621	1,473	148	-
TOTAL SDF	54,604	51,944	1,157	1,503

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 10 year to date spend was £2.4m above the pro-rata cap. Full year forecast spend has deteriorated since Month 9 from £2.5m to £2.6m above the system cap across the two Trusts.

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	16,823	14,846	(1,977)	20,397	17,815	(2,582)
Milton Keynes NHS FT	7,477	7,022	(455)	8,464	8,426	(38)
Total	24,299	21,868	(2,432)	28,861	26,241	(2,620)

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.

Appendices – Appendix A Financial Positions of Local Authorities

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 Revenue and Capital trends paper included in the month 7 version of this report.

The forecast variance set out in this report reflects that services are being delivered against a backdrop of significant demand related pressures, particularly within Adult Social Care and Temporary Accommodation.

Adults' Services – £3.111 million overspend:

The forecast variance within Adult Services primarily relates to external care package costs with a net forecast overspend of £2.904 million across all external packages. This is due to higher package costs seen via an increase in levels of need as well as packages no longer eligible for Continuing Healthcare (CHC) funding, increases in the average number of hours for home care packages, higher spot purchase prices and increased client numbers in supported living.

Children's Services – (£3.134 million) underspend:

There is currently a forecast underspend on Looked After Children Placements of (£3.518 million). This is mainly due to a lower number of children in residential, secure and semi-independent living placements along with a lower average weekly cost per placement, than that budgeted. This is partially offset by an overspend in unregistered placements due to having two more placements than budgeted (reduced from three in June).

There is a forecast overspend of £1.210 million of employee costs across the Directorate primarily due to Agency staff being utilised to cover vacant Social Worker posts. A review of agency use across the Authority is underway and the impact of this will be shown in future reports. In addition to this, work is underway to increase the Social Work Academy, in order to increase the number of workers who can then start to replace agency staff and where possible converting agency to permanent employees.

There is also a forecast underspend of £0.960 million related to home to school transport. This results from a retendering of all routes which has seen a reduction in the number of routes required, and a reduction in the average cost per pupil for the mainstream and SEND provision.

There is currently a forecast deficit of £0.464 million within the Dedicated Schools Grant (DSG) funded services relating to the High Needs Block. This is as a result of ongoing growth of Education and Health Care Plans (EHCP's) causing a pressure on top-ups, place funding and targeted SEN support. Work is ongoing to create a plan to reduce cost pressures, with a High Needs Board now set up to review the spend and actions chaired by the Director of Children's Services. It should be noted that this overspend is not included in the position reported within this report as this can be excluded from the General Fund position due to a statutory override introduced by the Government in 2020 which is currently due to expire in March 2026

Environment – £4.306 million overspend:

The primary reason for the overspend in the Environment Directorate is Temporary Accommodation which is forecast to overspend by £3.200 million. This is due to an unprecedented demand for temporary accommodation.

Chief Executives, Corporate Services and Finance – £0.476 million overspend:

Asset and Estate management has a forecast overspend of £0.157 million due to additional costs of annual repair and maintenance contracts, increased costs of cleaning contracts, expected costs related to the Kempston Hub and income related to mineral and waste royalties and service recharge for the i-brand buildings. This is partially offset by increased commercial rent income. Work is ongoing to identify opportunities to reduce this overspend by reviewing the spend commitments related to repairs and maintenance and reviewing if there is scope for capitalising costs.

The remaining overspend across the service area is largely related to the use of agency staff to cover vacancies, with the spend on agency staff currently being reviewed.

Public Health – £0.000 million over/underspend:

The Public Health service is funded by a grant of £9.716 million, with any surplus held in the Public Health Reserve for use in future years. There is a planned use of reserves within 2024/2025 of £0.759 million for specific projects, along with a contribution to the Public Health reserve of £0.319 million giving a forecast net reduction of the reserve of £0.440 million.

Financing – (£0.375 million) underspend:

An overspend is forecast within Capital Financing of £2.419 million related to an increase in short term borrowing and corresponding interest payments for the Authority as a result of the timing of receipts within the Capital Programme and the revenue position. This position also includes a realised loss of £0.518 million, following the closure of the UBS Asset Income Fund in September. The fund, since inception in 2015 has generated £0.752 million to the revenue budget.

These costs are offset by:

- i. £0.600 million unutilised central inflation contingency budget pending allocation to inflationary budget pressures;
- ii. £0.646 million centralisation of discretionary spend budgets;
- iii. The release of £0.500 million from the corporate contingency budget;
- iv. The release of £0.773 million from the £0.913 million balance retained corporately from the additional £1.313 million funding support package awarded as part of the Final Local Government Settlement.

The table below summarises the budgetary position relevant to each Directorate:

Budget Forecast as at 30 June 2024	Current Budget	Forecast Outturn	Forecast Variance
	£ million	£ million	£ million
Adult Services	63.457	66.567	3.111
Children's Services	49.614	46.479	(3.134)
Chief Executives, Finance & Corporate Services	22.166	22.642	0.476
Environment	39.859	44.165	4.306
Public Health*	0.000	0.000	0.000
Operational Net Cost	175.096	179.854	4.758
Financing	(4.858)	(5.232)	(0.375)
Total	170.238	174.621	4.383

Mitigating actions have already been taken by Directorates to respond to the forecast overspend and these are identified above. Further actions have been taken to reduce costs and defer costs and generate additional income in the revenue budget. A separate exercise to review and reprofile the Capital Programme with a view to reducing borrowing costs in year is also taking place. Further consideration is being given to identify actions to bring the budget in line by the end of the financial year that mitigate the impact on front line services, in consultation with Portfolio Holders.

(Public Pack) Agenda Document for Executive, 20/11/2024 18:30

Central Bedfordshire Council

No update to the Revenue Budget Monitoring Q2 (September) 2024/25 report included in month 7 version of this report.

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:

Directorate	Year to Date - September			Full Year		
	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 Council

The 2024-25 Q2 Revenue and Capital Monitoring Report was presented to the executive on 2nd December 2024.

Document.ashx

Extract from report:

At Q2 the overall General Fund projected net revenue outturn position is £13.5m (£7.4m Q1) (Table 1 below) overspend against its £167.3m approved revenue budget. The gross core service deficit before the delivery of DRP savings (£4.9m), application of corporate items and release of contingency amounted to £18.3m. This overall overspend position is largely due to the following:

- £1m (no change from Q1) forecast overspend in Supported Living Accommodation Costs due to increase in number of vulnerable residents requiring additional support in addition to the accommodation costs.
- £2.075m (£0.6m Q1) forecast overspend in Children, Families and Education services, which is a variation of £1.475m from Q2. This is mainly due to Children's placement costs increase including children with disability. The overall forecast overspend also include an overspend of £1.4m in Children's transport budgets which is mainly in SEN transport including Post 16 out of borough SEN college transport. There is £1m staffing costs including unachievable savings and travel costs. £1.4m additional grant income is being utilised to fund additional costs in Virtual School, Wraparound Childcare and SEND projects.
- £6.467m (£2.635m Q1) overall forecast overspend in Adult Social Care services mainly in the purchased care service as a result of a combination of growth from transition placements and increases in home care and residential care. This is a significant increase from Q1 forecast and detailed work is being done to really understand the reasons for such a large variation within a short period of time. Also, urgent action is being taken to update and revise the deficit recovery plan as the service pressure has increased by £4m just in three months.

- £4.301m (£3.309m Q1) forecast overspend in Housing mainly due to an increase in the number of Bed and Breakfast and nightly paid accommodations.
- £739k Waste contract efficiencies in Inclusive Economy relates to an underspend in the existing contract coupled with expected savings from the new contract which is due to commence in November 2024.
- Despite the delivery of Deficit Recovery Plan savings of £4.984m, it is a huge challenge to achieve the position of a balanced, affordable and sustainable budget at year end. Growth of £3.8m has already been incorporated in this budget but the increasing budget pressures in the areas mentioned above are worsening the overall outturn position. There is an immediate need to make every effort to contain any overspend within budget and not to commit any unfunded growth or costs in order to avoid potential use of reserves in the future.
- At budget setting time, an earmarked Transformation Reserves of £3.740m(approved) was set up to cover spend on transformation projects during the transition period while efficiency savings are being developed and delivered. At Q2 there is a forecasted spend for the consultancy costs of £1.2m against this specific reserves. The costs are mainly in relation to the council's external transformation partner (Human Engine) plus additional resources engaged: one to assist with modelling and the HRA 30-year business plan and the other to provide support to the finance team to ensure that transformation proposals are robust and deliverable, and co-ordinate the financial tracker and reporting.

- The Table below shows the overall outturn position by Departments.

Overview of General Fund Provisional Outturn 2024-25	Q2 Variations(Favourable)/Adverse				
	Current Budget £'000	Projected Outturn £'000	Base Costs / Income Variations before DRP £'000	DRP Planned/ delivered in 2024-25 £'000	Base Costs / Income Variations £'000
General Fund Departments					
Airport	-50	-50	0	0	0
Chief Executive's	14,270	16,603	2,333	1,091	1,242
Children Families & Education	75,408	78,602	3,194	1,119	2,075
Inclusive Economy	52,882	52,867	-15	353	-368
Population Wellbeing	69,369	82,190	12,821	2,250	10,571
Total Services at Q2	211,879	230,212	18,333	4,813	13,520
General Contingencies	6,237	1,552	-4,685		-4,685
Env. Agency Levy & General Grants etc.	-15,378	-15,378	0		0
Borrowing Costs & Treasury Man.	16,137	14,076	-2,061		-2,061
Interest on Investments	-42,270	-41,712	558		558
Capital Financing	-13,765	-13,765	0		0
	-49,039	-55,227	-6,188	0	-6,188
Sub Total prior to transfer to/from Reserves	162,840	174,985	12,145	4,813	7,332
Transformation Reserves	3,740	3,740			0
Other Specific Reserves	787	787			0
Total General Fund Overspend at Q2	167,367	179,512	12,145	4,813	7,332

Milton Keynes City Council

Q2 Forecast outturn reported to Budget and Resources Scrutiny Committee on 4th December.

P6 Forecast Outturn Report.pdf

Extract:

This report sets out the 2024/25 quarter 2 (QTR) forecast outturn for the General Fund (GFRA); Dedicated Schools Grant (DSG); Housing Revenue Account (HRA) and Capital Programme; based upon income and expenditure as at 30 September 2024.

General Fund Services are currently forecasting an overspend of £6.468m which has partially been offset by £3.392m of one-off funding to give a net overspend of £3.076m. The overspend is mainly due to high-cost external residential placements in Children Services.

Further savings have been identified which have not yet been included in budget manager forecasts and other 'windfalls' have been identified. If all of these are added into the forecast the overall gap reduces to £0.854m.

The Housing Revenue Account (HRA) forecast outturn at P6 is an underspend of (£3.004m), which will be offset by an increase in the planned level of Revenue reserves.

Public Health budget is forecasting a contribution to the Public Health reserve of £0.088m.

The Dedicated Schools Grant (DSG) is forecasting a reduced position with an estimated surplus carry forward £6.0819m rather than estimated budgeted surplus of £6.500m.

The Capital Programme is reporting an underspend of (£17.742m), of which £17.973m is planned to slip to later years, leaving an in-year overspend of £0.231m.

Table 1 – General Fund Revenue Account (GFRA) Summary

General Fund High Level Revenue Summary	P6 Position				Movement since P3	
	2024/25 Full Year Budget	Outturn	Variance	% variance	Forecast Outturn P3	Movement since P3
Service	£m's	£m's	£m's	%	£m's	£m's
Adult Social Care	111.792	110.734	(1.058)	-0.9%	0.117	(1.175)
Public Health	12.861	12.861	0.000	0.0%	0.000	0.000
Children's Services	61.080	70.464	9.384	15.4%	10.525	(1.141)
Customer and Community	8.912	8.473	(0.439)	-4.9%	(0.251)	(0.188)
Planning and Placemaking	3.215	3.019	(0.196)	-6.1%	(0.030)	(0.166)
Environment & Property	74.445	73.879	(0.566)	-0.8%	(0.268)	(0.298)
Resources - Retained MKC	6.296	5.745	(0.551)	-8.8%	(0.235)	(0.316)
Resources - Shared Services	0.134	0.134	0.000	0.0%	0.000	0.000
Law & Governance	2.697	2.591	(0.106)	-3.9%	(0.057)	(0.049)
Corporate Codes & Debt Financing	13.276	9.884	(3.392)	-25.5%	(2.985)	(0.407)
Assets Management	(26.030)	(26.030)	0.000	0.0%	0.000	0.000
General Fund Requirement	268.678	271.754	3.076		6.816	(3.740)
Total Financing	(268.678)	(268.678)	0.000		0.000	0.000
Net Surplus / Deficit	0.000	3.076	3.076		6.816	(3.740)

Date: 21 March 2025

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

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

Item: 16.0 Alert, Advise, Assure Report to the Board of the Integrated Care Board

Committee: Primary Care Commissioning and Assurance Committee

Recommendations:

1. The Board are asked to **note** the summary from the Primary Care Commissioning and Assurance Committee on 20 January 2025.
2. The Board is asked to **approve** the recommendation from the Committee to follow process 1 of the Provider Selection Regime, using Direct Award C to incumbent providers of the Putnoe Walk in Centre (Putnoe Medical Centre Partnership) and the Luton Urgent Treatment Centre (HUC) to the 30 September 2028.

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
<ul style="list-style-type: none"> • Strategic Outline Case for Transformation and Re-Procurement of Urgent Primary Care Services – The Committee reviewed the Strategic Outline Case and Provider Selection Regime toolkit and recommend to the Board to approve to follow process 1 of the Provider Selection Regime, using Direct Award C for the Luton Urgent Treatment Centre and the Putnoe Walk In Centre.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • Procurements - There is significant ongoing activity regarding the clinical waste procurement. The process concluded in December 2024; however, a legal challenge has been raised by one of the bidders, affecting all 22 involved ICBs. A decision is pending on whether to extend existing contracts or lift the suspension and proceed with the new award. • ELFT have provided notice on two contracts for three primary care medical services held via APMS contracts, Cauldwell Medical Centre and Kingsway and Bramingham in Luton. The ICB will be progressing an Expression of Interest approach with existing GMS Contract holders in BLMK and are working closely with ELFT to mitigate risks. • Prescribing Costs – There are significant financial challenges within primary care, with a forecasted year-end deficit of £7.1 million. Key factors contributing to this include a growing volume of items dispensed, driven by population growth and new therapeutics, such as medications for ADHD, hormonal drugs for menopause, and diabetic medication. Additionally, list size inflation, with GP practices growing at 2.5 times the national average, has further exacerbated costs. The broader context includes the need for national guidance and funding allocations for the next financial year, with discussions on the economic impact of new drugs like Tirzepatide. A system-wide approach, involving coordination with neighbouring ICBs and the East of England Obesity Group, is essential to manage these costs effectively.
ASSURE: Inform the Board where positive assurance has been received
<ul style="list-style-type: none"> • Oral Health - There are significant concerns around oral health, particularly in Luton, where rates of childhood tooth decay are among the worst in the region. However, a key initiative is a fully funded pop-up clinic in collaboration with Luton Borough Council, aimed at supporting children and families in developing good oral health habits early. The broader strategy involves strengthening partnerships with public health teams, schools,

and community groups to promote preventative care and tackle inequalities in dental health.

- **Workforce** – There are key changes to the Primary Care Training Hub structure due to budget reductions for 2025/26. From 1 April, the team will have reduced capacity and will focus on prioritising key workstreams, particularly primary care transformation, leadership development, and workforce integration for neighbourhood working. Two NHSE-funded programmes, the New to Practice Fellowship and the Supporting Mentorship Scheme, will conclude over the next year. Efforts are underway to support current fellows and integrate them into educator and learning organisation programmes.
- **Estates** – Of the 23 prioritised schemes from last year, 15 have been completed, with 17 additional projects identified, including efficiency improvements related to void space. Notable completions include the final phase of the De Parys Group’s Enhanced Services Centre and minor works at London Road Health Centre, increasing clinical capacity. Regarding capital funding, the ICB secured an additional £500,000, with allocations finalised through the Primary Care Delivery Group. This includes funding for the Linden Road project to reopen its patient list, GP IT investments, and £300,000 towards the MK East scheme, expected to save £900,000 in lease costs.
- **Primary Care Access Transformation Plan** – Modern general practice is an approach to ensure patients know on the day they contact their practice how their issue will be responded to. All Practices in BLMK are being supported by the primary care team and aligned clinical leaders to achieve modern practice access.
- **Community Pharmacy Integration** – 97% of pharmacies are actively delivering the Pharmacy First service. Most consultations come from self-referrals rather than GP referrals. So far, 77,000 consultations have been completed this year, with steady growth across services. The blood pressure service has expanded rapidly, while the contraception service has grown slowly due to pharmacy capacity challenges. To streamline referrals, a web-based tool, Pharm Refer, has been introduced, enabling reception teams to efficiently signpost patients and reduce GP paperwork. Publicly available contract-level data is being used to guide priorities, particularly boosting GP referrals. The team remains focused on technology adoption and collaboration to enhance patient access and NHS capacity.

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

- The Committee discussed the Primary Care Risk Register, covering general practice, pharmacy, dental, optometry, and commissioned services such as NHS 111 and out-of-hours care. No new risks have been added since the last committee review and there is ongoing monitoring and bi-monthly evaluations by the Primary Care Delivery Group. The most significant ongoing risk remains the ability of practices to transform and develop, driven by factors such as population growth, estate constraints, and increasing demand and capacity pressures. There have been no significant changes this month, but risk management remains a priority.

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

- **Dental Recruitment** - The recruitment incentive scheme, which funds up to 10 dentists at £20,000 each, has successfully recruited five practitioners, with three already in post and two with confirmed start dates. Notably, at the time of writing, BLMK ICB is the only ICB in the country to have secured dental practitioners through this initiative, highlighting the team's dedication and effectiveness. This progress supports improved dental access, contributes to Units of Dental Activity (UDA) delivery, and strengthens service development for the future.

Date: 21 March 2025

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

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

Item: 17.0 Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Quality and Performance Committee

Recommendation: The Board are asked to **discuss** the issues raised by Quality and Performance Committee on 7 March 2025.

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
<ul style="list-style-type: none"> • Directors of Public Health Annual Report – Significant population growth projected by 2043, with a 25% increase overall and a doubling of the 80+ age group which will drive higher healthcare demand, particularly in Central Bedfordshire. Chronic disease prevalence is set to rise sharply, with major increases in dementia, chronic kidney disease, cancer and cardiovascular disease. Primary care appointments are expected to grow by 33%, while elective admissions may rise by nearly 40%, placing significant pressure on workforce, capacity and infrastructure. While prevention strategies are essential, they will not fully offset the projected demand. Significant investment in healthcare services will be necessary. Next steps include scenario modelling to assess feasible strategies. The data highlights the scale of the challenge but does not prescribe solutions, requiring further discussion and planning to address the anticipated pressures on healthcare services. Prevention must be integrated into planning, using data-driven decision-making in tackling future challenges. The Committee noted that the report is being presented to the Board in March. • Children and Adolescents Mental Health Service (CAMHS) Access – Remains a significant challenge, with current performance 25% below the end-of-year target. Underperformance has been a persistent issue over the past two years and is considered a high-risk concern for next year's operational plan. The target of 17,614 is unchanged. While efforts such as drop-in sessions, streamlined pathways, and AI-supported admin are in place, they have not yet significantly improved access. Transformation efforts are ongoing, with the provider working with NHS England to increase productivity, and discussions with other ICBs are underway to identify successful strategies. A deep dive into CAMHS access and improvement plans will be presented to the Mental Health, Learning Disabilities and Autism Committee on 13 March 2025. The drop in performance is partly due to changes in data collection methods which has raised questions about the target. Despite these challenges, work is underway to address the issues, though there is a high risk of not meeting the target, especially given the current financial climate. • BHFT Integrated Improvement Plan – Following concerns raised with Bedfordshire Hospitals Foundation Trust (BHFT), a high-level meeting in December 2024, led to the requirement for an Integrated Improvement Plan (IIP) to address key challenges, ensure quality improvement, and establish oversight. The plan, covering short and long-term actions (3, 6, and 12-15 months), was submitted on 31 January and is undergoing revisions based on feedback from the ICB and NHS England. Key focus areas include patient safety, financial and service sustainability, governance and clinical excellence.

BHFT have been asked to refine the plan by clearly outlining priorities, metrics, timelines, and barriers. Governance includes six-weekly review meetings, co-chaired by Felicity Cox and David Carter, with NHS England's regional COO attending alternate meetings for escalation if needed.

- **BHFT Maternity Improvement Board / LMNS System Update** - The Maternity Improvement Board was established as part of the ICB's governance structure to oversee maternity services at BHFT. The board, chaired by the ICB alongside the regional NHS team, aims to drive improvements following a safety summit last year. With approximately 300 action points, the improvement programme is expected to take around two years, prioritising short- and long-term actions over 3, 6, and 12 months. The Trust have appointed additional staff and also joined the national Maternity Safety Support Programme (MSSP), securing two midwives and two obstetricians for on-site support from April. Key areas of focus include clinical engagement, governance, and risk monitoring. The MSSP report is expected in March, and ongoing governance structures will continue to monitor progress.
- **Paediatric Audiology** – As part of a national review of paediatric audiology services, Bedfordshire, Luton, and Milton Keynes are facing significant challenges, particularly at the Luton & Dunstable site, due to a national shortage of qualified paediatric audiologists. Despite funding being available, recruitment and retention remain major hurdles. In response, an oversight group has been established to develop sustainable service options. A senior subject matter expert is being brought in to support transformation efforts, while mutual aid and capacity-building measures are being prioritised for Luton & Dunstable. Site visits have taken place, and further reports are awaited, but immediate action is being taken to address concerns.
- **Inappropriate Out of Area (OOA) Mental Health Placements** – Recent progress on mental health out-of-area placements has changed, with the number of OOA placements rising from zero to six over the last two weeks within the Beds and Luton area. This setback follows previous successful efforts to reduce placements to zero, and ongoing work is being done to address the issue.

ASSURE: Inform the Board where positive assurance has been received

- **Portfolio Report** – Verto365 has evolved into a key assurance tool, providing visibility on projects and programmes across the system. It currently tracks over 100 projects with 150+ users. The visibility of projects and progress is a significant achievement. However, it has highlighted a lack of maturity on project management capability in that many programmes lack a clear statement of purpose and measurable desired outcomes. Furthermore, a key priority moving forward is to improve medium-to-long-term planning, as many plans currently do not extend beyond March 2025. These issues have identified a need for further collaboration with the Quality Improvement team to establish better planning evaluation tools. The focus is also on enhancing real-time risk and issue management. The Portfolio Report is published quarterly on the ICS website, ensuring transparency and accountability.
- **System Insights Network** – The System Insight Network held its first meeting in January, following the dissolution of the Working with People and Communities Committee. The aim was to gather resident insights to shape strategy and policy, particularly in response to the NHS consultation on proposed service shifts. Over 100 attendees engaged in discussions, identifying key themes. Two themes identified were:
 - **Residents confusion about accessing care** - While people supported the idea of care being delivered outside of hospitals, there were significant concerns about how they would know where to go for help. Given the diverse population, there is already confusion about navigating the healthcare system, and they feared this change would lead to further fragmentation.
 - **Concerns about workforce quality** - Residents questioned whether community-based settings would offer the same standard of care as hospitals and GP surgeries. There was a perception that only hospitals and GP practices have the best doctors and nurses, leading to doubts about the expertise of staff in new community care settings.

The feedback has been submitted to the national portal for inclusion in the NHS 10-year plan, expected in summer. The report's recommendations, particularly around improving communication and public understanding of service changes, will be shared across the system. The report will also demonstrate how the ICB are addressing the recommendations, integrating them into existing work programmes and ensuring this approach is standard for future reports.

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

- **System Risk Register/BAF and Corporate Risk Register – BAF014 Maternity Services** at BHFT was added to the register following discussions at the Maternity Risk Summit in October. Work is ongoing to finalise the description, actions and action owners with BHFT.
- An emergent risk has been identified, relating to Children and Young People with complex care needs in placements who are not entitled to section 117 funding. The established system group for this work have been asked to complete an initial risk assessment for inclusion on the risk registers and the Audit and Risk Assurance Committee have been notified.

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

- **Bedfordshire Unscheduled Care Co-Ordination Hub (UCCH)** - The Bedfordshire UCCH is a clinical triage and patient navigation centre, where clinicians from various health and care providers collaborate to ensure patients receive timely care. Recent improvements in call completion rates, from 30.66% in November to 47.31% in January, are expected to continue with additional staffing and resources. Notable enhancements include a single point of access (SPOA), virtual frailty support, and the integration of ED/acute consultants and paramedics. Since its launch in January 2024, the UCCH has averted over 1,800 emergency responses and reduced unnecessary hospital demand. New technologies, like home monitoring devices, provide patient-centred care and minimise hospital stays. The UCCH has improved its performance, becoming the best performer for completion rates, with plans for further improvements in 2025/26. Milton Keynes faces challenges due to a different ambulance provider and lacks a UCCH service, which will be addressed through the MK Improving System Flow project.
- **Performance Report and Outcome Measures – NHS Confederation** has recognised the ICBs approach as an exemplar, particularly for the population health measures tied to strategic priorities. These measures, associated with wider determinants of health and population will be presented at the board.
- **Portfolio Report** - The committee acknowledged the significant effort in compiling the project portfolio and welcomed the improved visibility it provides. This new system enables a clearer overview of ongoing transformation projects across the organisation and its partners, highlighting interconnections and areas needing improvement. While there is ongoing work to refine quality measures, the ability to see the full picture allows for more informed decision-making and resource allocation. The committee recognised the cultural shift this represents and expressed appreciation for the team's dedication in driving this forward.

Date: 21 March 2025

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: 17.1 Quality & Performance Report

Reason for report to the Committee:

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 7th March and this paper reflects the feedback the Committee gave.

2.0 Recommendations

2.1 The Board is asked to **review & comment** on the attached Report from the Quality & Performance 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)

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

M10 saw 54% of BLMK GP Patients aged 13+ registered for the NHS App (60% BLMK aspiration by June 2025), with 753,622 logins. BLMK App usage has seen steady improvement since Jan 2024. The ICB have held two successful 'NHS app days' October (Luton), and January (Beds Borough) with more planned days in Central Beds (February) and Milton Keynes (March). Following the App Day in Luton, the percentage of people registered for the App has increased by 1.8% (from 46.5% in Oct 24 to 48.3% in Jan 25), evidence of the app day impact. Further improvement is expected in the new financial year.

Prevention Data (New)

The BLMK Community Pharmacy Advanced Services initiative aims to improve patients access and alleviate GP workload by diverting minor illnesses and 7 common condition consultations (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, uncomplicated urinary tract infections) to community pharmacies. Community Pharmacies opt into providing three advanced services, Pharmacy First, Blood Pressure Checks and Contraception Services. 95% of BLMK pharmacies have signed up and are actively providing this service, against a national provision of 78%.

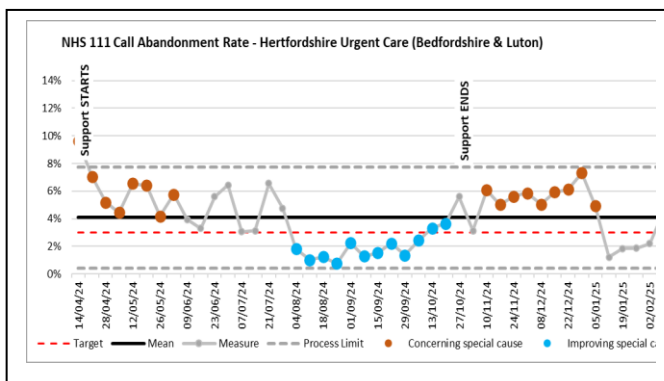
Pharmacy First – 97% of community pharmacies in BLMK are actively providing the Pharmacy First service.

Hypertension – NHS Blood pressure services consultations have increased over the last 12m, with a Jan 25 rate of 69.7% (2,674 target).

Contraceptive Services – There has been a 215% growth in Contraception Consultations (112 Feb 24 to 353 in Jan 25) with significant opportunities to free up time in general practice.

NHS 111 Calls Abandoned (update) – Responsible Body – UEC Planning and Assurance Group

National Support was removed at the end of Sept 24, at which point there was an expected increase in abandoned calls, with a M9 rate of 6.50% (latest published data) against the 3% threshold. Performance appears to be settling throughout January and into February. HUC performance continues to be monitored by the ICB and NHSE at monthly Performance Review Meetings. DHU (MK provider) continues well below the threshold with an abandonment rate of 1.47% in M9 and is showing further improvement over February.



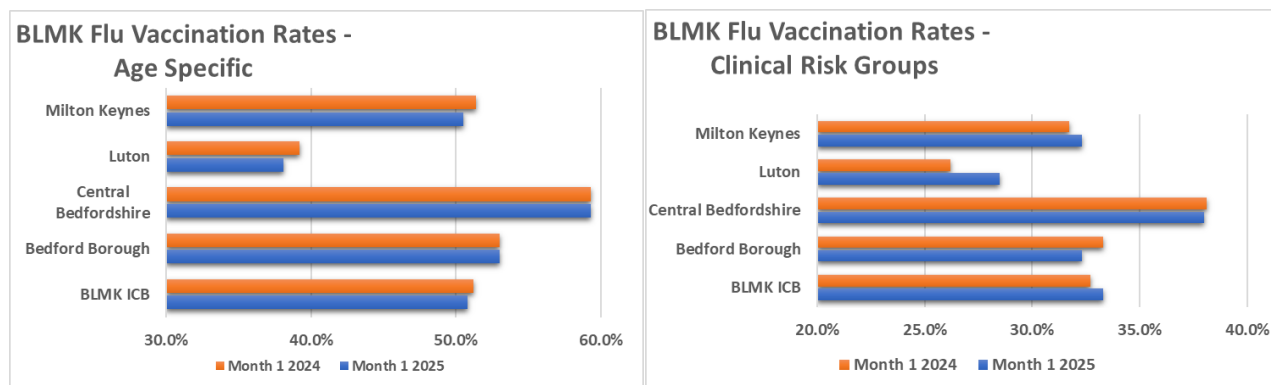
Vaccinations – Covid-19 and Flu (update) – Responsible Body – Primary Care Delivery Group

Covid-19 - Up to 5th Feb, 38.9% (131,033) of the expected eligible cohort have taken up vaccinations. Over 80 local vaccinating sites across BLMK are offering both flu and Covid-19 vaccines, 74% of vaccinations were administered in community pharmacies, 25% in GP practices and 1% in Hospital trusts / detained estates

Influenza – By month 01-2025 a total of 50.8% of the age specific cohorts (over 65, at risk aged 6m-65, etc.) received the flu vaccine. Compared to the same week last year, BLMK overall, Luton and MK had a lower uptake (Bedfordshire and Central Beds had the same uptake). Place performance shows Central Bedfordshire with the highest uptake (59.3%) and Luton with the lowest uptake (38.1%). A total of 33.3% of clinical risk cohorts have also been vaccinated (including pregnant women, carers, and those who are immuno-suppressed); All areas except both Bedfordshire and

Central Beds improved compared to the same week last year. Central Bedfordshire had the highest uptake (38%), while Luton had the lowest uptake (28.5%).

Flu vaccinations will run until 31st March, and Covid-19 vaccinations are available year-round for newly immunosuppressed patients. GP practices are reaching out and encouraging high-risk patients to support the reduction of hospitalisations from respiratory illnesses. Outreach efforts and community engagement continues, especially in areas with low vaccine uptake; this is supported by the school-age immunisation service (CSAIS).

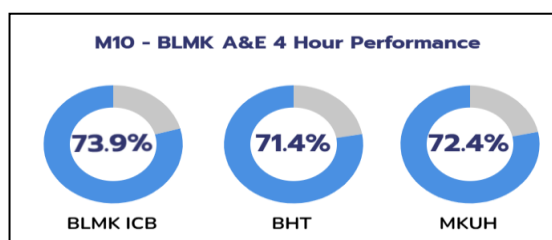


UEC Winter Plan (update) - Responsible Body – The UEC planning and Assurance Group

The Winter plan is in full delivery mode and progressing well. Key SCC updates include maintaining a proactive grip across all UEC providers with embedded daily system calls. Pre-planned decompressions events and complex patient MDTs are in place, supporting low discharge rates across Bedfordshire. The BLMK early warning signal forecasting tool (developed via the dynamic system risk assessment) is currently being tested by the SCC and is set to 'go live' on the 10th February. The tool will be used during system calls, with the next step allowing access for system partners, and training to take ownership of actions to address challenges.

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

In M10 (latest published data) BLMK ICB continues to show stability but underperformance against the national target of 76%, with 73.9%. The ICB continues to secure best place in region (1/6). **MK:** Performance has declined, dropping to 5th in the list of Trusts in region with 72.4%. An action plan is being developed and will be presented to the MK UEC Transformation Board for implementation. **BHT:** Ranked 6th in list of trusts in the region with 71.4%; IPC measures have caused additional challenges to flow. In preparation for the new 12-hour ED performance operational standard, BHT is currently performing well with 2.68% while MKUH is achieving 5.91%.



Release from Stack / Unscheduled Community Care Hubs (UCCH) (update)

The Unscheduled Care Co-ordination Hub (UCCH) is a clinical triage and patient navigation centre where clinicians from different health and care providers work together to ensure patients receive the best care in the right place in Bedfordshire.

The ICB has seen improved call completion rates over the past three months, 47.31% of calls were completed in January compared to 30.66% in November. Improvements at UCCH include a single point of access (SPOA), with the frailty team providing virtual support through a "call before convey"

system. BHFT is physically hosting ED/acute consultants in the hub. Additionally, two EEAST paramedics will be recruited and integrated into the hub by the end of February, ensuring 7-day coverage. Since its launch in January 2024, the UCCH has averted over 1,800 emergency responses across Bedfordshire, with call handlers ensuring patients receive the most appropriate care, closer to home, reducing unnecessary hospital demand. New technologies, such as monitoring devices, track vital signs at home, offering comprehensive, patient-centred care reducing the need for hospital stays. In addition, the UCCH has moved from worst performing to best performing for completion rates through January 2025 with 632 calls (47.3% completed), with further improvements progressing over 2025/26 to maintain this level of performance. As MK has a different ambulance provider (SCAS) it has not been able to progress release from the stack due to technology barriers. MK also does not have a UCCH service in place currently. This will be addressed through the MK Improving System Flow project

Long Waits – 78 and 65 weeks (*challenge*) - Responsible Body: Elective Leadership Group / NHSE Operational Plan / BLMK Portfolio Report slide 60/ NHSE SOF Metric.

At M9, the ICB has 106 78w waits and are 6/6 in region (39/42 national rank). The ICB also have 499 65w waits (60% over M9 plan) and are ranked 4/6 in region and 33/42 nationally. BHT have 17 patients (93.2% under plan) and MKUH have 192 patients (38% over plan).

Clearance of long waits at both trusts has been impacted by UEC pressures and both are working to re-book cancelled electives and maximise capacity. **BHT** currently have improved confidence in Gynaecology due to outsourcing and weekend clinics; whilst this remains a pressure, the trust is not breaching 78w waits and with plans in place, they expect to end the year with no 65w breaches. **MKUH** are challenged with Gynaecology waits due to consultant sickness, increase in cancer demand, bed pressures and a lost weekend of insourcing in December (including Gynaecology). MKUH continues to remain in Tier 1 for RTT and diagnostic performance oversight. Both Trusts are progressing Waiting List Initiatives, but there is a risk that some patients will breach at the end of March.

Diagnostic Waits (*challenge*) - NHSE Constitution Measure / Operational Plan / SOF Metric / BLMK Portfolio Report slide 47

In M9 the ICB continues to be ranked as the lowest performing in region (6/6) and nationally (42/42) due to the high volume of patients on the waiting list (34,091). 44.4% of patients waited more than 6 weeks for their diagnostic test, against the local operational plan target of 15%. The National target is 5%.

BHT (45.8%) continues to address challenged modalities through in-sourcing and out-sourcing, adding capacity and utilising agency staffing. By the end of March 2025, the Trust expect to deliver performance of 27.3% against the 15% local target (72.7% within 6 weeks). **MKUH** (43.7%) performance is progressing well with CT capacity is now online, but improvement is slow as the cancer backlog is prioritised. Improvement initiatives for challenged modalities include extended agency staffing, PTL cleansing, and additional equipment.

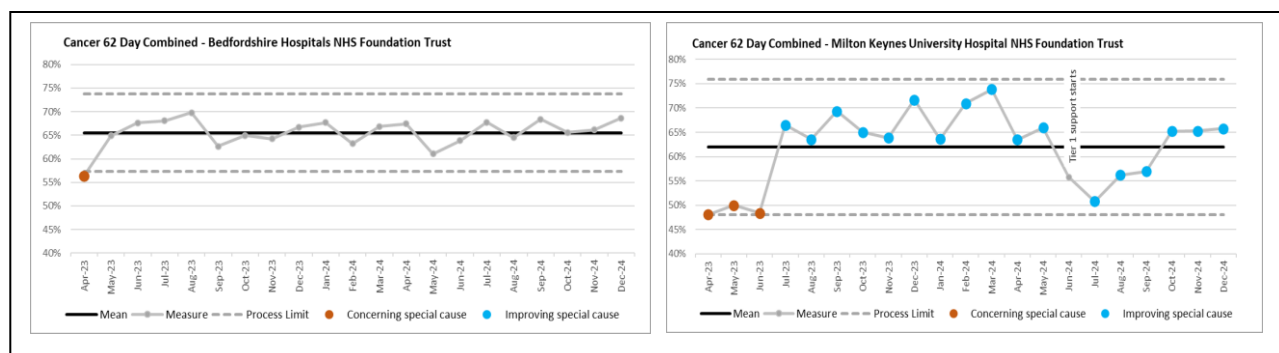
Community Diagnostic Centre (*update*) – NHSE Operational Plan / BLMK Portfolio Report slide 47.

2025-26 CDC activity plans have been submitted to NHSE; changes to some tariffs may impact future viability - this has been escalated to region. A funding request for accreditation has also been submitted. A business case for a CDC in Luton is in development with Trust Board approval expected in February, followed by ICB approval and then subject to final approval by NHS England. The Luton CDC will include endoscopy, CT, and DEXA. North Bedfordshire CDC remains on track for opening in September 2025. Whitehouse CDC in Milton Keynes is fully operational and a planning application

for a static MRI unit has been submitted; with a decision expected early February 2025. If approved, the unit will be operational by May/June 2025. Lloyds Court is partially operational with estate issues being resolved and moving towards full utilisation to support diagnostic delivery.

62 Day Standard (challenge) - Responsible Body - BLMK Cancer Programme Board / NHS Constitution Measure / NHSE Operational Plan / BLMK Portfolio Report slide 49.

Performance for the ICB continues on a gradual upward trajectory of improvement with M9 performance of 68.1%, ranking 4/6 regionally and 31/42 nationally. **BHT** performance continues to fluctuate upwards and is achieving 68.6% in M9. **MKUH** in contrast has seen a steadier improvement trajectory over the year, within a slightly lower performance range. Over the last 3 months, performance is levelling off, currently at 65.7%. **MKUH Tiering** - MKUH were removed from cancer tiering on the 4th February following improved 62 day waits and backlog reduction. The Trust have



highlighted expected deterioration over December, and the Delivery group will continue to monitor performance improvements and provide support as needed.

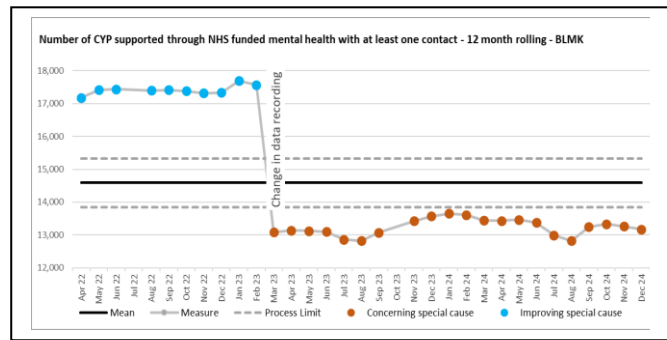
Inappropriate Out of Area placements / Bed Days – NHSE Operational Plan / BLMK Portfolio Report slide 57 /SOF Metric

Due to high demand and capacity pressures, especially in Bedfordshire and Luton, BLMK currently has six inappropriate adult acute mental health out-of-area placements. To support reduction, the team continue to implement patient flow improvement initiatives and efforts continue with enhanced senior clinical oversight on OOA beds, additional support for new / unknown patients to the system, and a continued focus on step down beds. Work is also ongoing to improve mental health flow from acute trusts and tracking patients in acute beds awaiting a MH bed.

CYP Mental Health Access (challenge) – Responsible Body: BLMK ICS MH Programme Board - NHSE Operational Plan / Core20Plus5 / BLMK Portfolio Report slide 48 / 66 / 67

BLMK has been under-performing on CYP access for the second consecutive year (to-date), ranking 5/6 regionally and 28/42 nationally. M9 performance shows 13,175 contacts, 21.6% below the M9 target of 16,809. An improvement plan is in place, but at 3,634 contacts short of the operational target, there is a significant risk of missing both targets by March 2025. This metric continues into the 25/26 operational plan with the same end of year target (17,614). The system has already highlighted CAMHS Access as high risk for underachievement over the year.

Improvement initiatives include support drop ins, a foundation offer, group psychoeducation sessions, streamlining access pathways, using AI to reduce administrative burden, and introducing an integrated neighbourhood model. The system is currently not receiving enough referrals to meet the access target. Transformation efforts continue to develop with an NHSE review of core CAMHS productivity and efficiency. A deep dive into CAMHS Access will be presented at the MHLDA Committee on 13 March 2025.



HbA1c incident – BHT - This incident has been resolved and is now part of regular operations. The trust has completed all Patient Safety processes, confirming that no patient harm occurred. As a result of lessons learned from this incident, additional Quality Assurance measures have been implemented.

Paediatric Audiology at the Luton site issues remain due to challenges around facilities and long waiting lists. NSHE and ICB are working with the trust to support the service and reduce waiting times. Quality visits have been conducted at provider sites, and cross-system capacity is being evaluated. This is a transformation priority (BLMK Priority Programme, portfolio report, slide 48).

Phlebotomy at Gilbert Hitchcock House – Longer waiting times for appointments, have become an increasing challenge since the summer of 2024. The ICB and primary care teams have been collaborating with BHT to implement a new appointment system aimed at improving access. In addition, the trust is working to increase staff capacity; ongoing monitoring and reviews are being conducted. A presentation was given to the Bedford Borough Councils Overview and Scrutiny Committee meeting in February 2025.

Safeguarding and Vulnerabilities - The quality and Safeguarding ICB teams are working collaboratively with both Mental Health providers following CQC and routine quality and oversight visits. Both have identified some challenges and areas of improvement needed. The ICB Safeguarding and quality team are embedded within the service’s safeguarding and quality committees and both providers have action plans in place to support improvements. The ICB safeguarding and Quality teams are working with the trust to supporting improvements and embedding learning within identified service areas.

[See Appendix 2 for place-based performance dashboard.](#)

5.0 BLMK Transformation Work Programme

With each iteration, the Performance Report and links to the BLMK Portfolio Report are strengthened, highlighting programmes and projects addressing poor performance. The Portfolio Report tracks the metrics each programme uses to demonstrate effectiveness, and its impact on performance. The complete BLMK Portfolio Report is publicly available on the BLMK ICS website and can be accessed with the following link: [BLMK ICB Portfolio Report located on the ICB website](#)

5.1 Overview of the BLMK Portfolio Report – February 2025

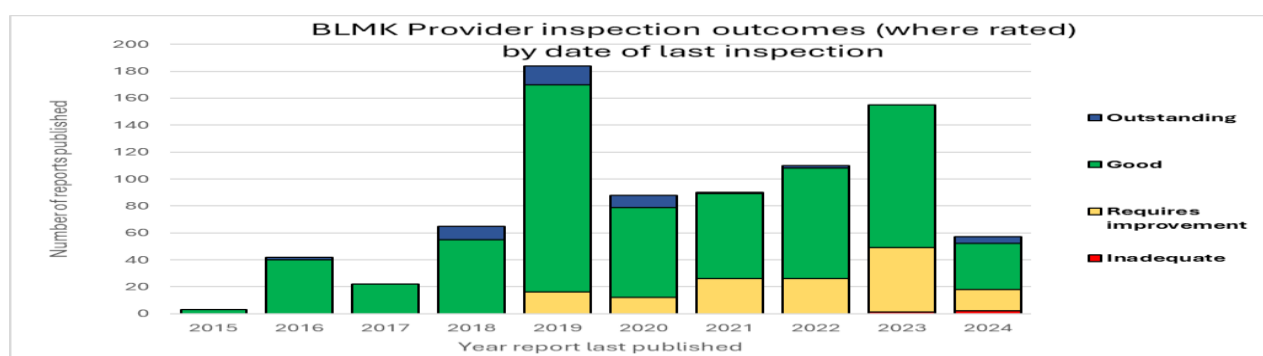
Programmes and Projects – 112 total in the report: 34 priority programmes and projects (all with full governance reports), 67 non-priority programmes and projects (displayed in hierarchy diagrams) and 11 emerging programmes and projects (also included in the report).

Project Management Overview - 200+ tasks and milestones are being tracked on Verto 365, 100+ risks and issues are being managed on Verto 365.

Current Project Status - 1% are complete, 67% are on track, 30% are experiencing delays and 2% have missed their targets. There is a separate report on the Portfolio Report on the agenda for Q&P.

ICB Inspections and Reviews

The below table gives an overview of BLMK provider CQC assessments as of 8 January 2025. Over 500 BLMK locations have been visited and assessed by the CQC since 2015, they have also visited services where they do not give a rating (e.g. dentists). Currently, 82% of providers in BLMK are rated as good or outstanding. The CQC takes a risk-based approach in inspections; where there are concerns or a provider has been rated as requiring improvement / inadequate, CQC will visit them more frequently. This accounts for the higher proportion of “requires improvement” ratings given in 2023 on the chart below. Nationally, there were fewer reports published in 2024 than in previous years. ICB core teams are working to ensure that inspection outcomes are shared with the place teams and that any risks are escalated.



6.0 BLMK Oversight Framework

BLMK ICB are currently at SOF Segmentation Level 2 (Flexible Support). In the latest publication, *there has been 5 improvements* (1 from Amber to Green and 4 from Red to Amber) and *there have been 4 deteriorations* (3 from Green to Amber and 1 from Amber to Red).

January metric movement across quartile ranges					Report Section
MKUH	S123a Adult general and acute type 1 bed occupancy (adjusted for void beds)	Amber to	Green	↑	UEC section 5
Provider Aggregate	S009d RTT Waiting lists - Total patients waiting more than 65 weeks to start consultant led treatment	Red to	Amber	↑	Planned Care section 6
MKUH	S011a Cancer - Percentage of patients on the waiting list who have been waiting more than 62 days	Red to	Amber	↑	Cancer Care section 7
ICB	S047a Proportion of people over 65 receiving a seasonal flu vaccination	Red to	Amber	↑	Prevention section 4
Provider Aggregate	S123a Adult general and acute type 1 bed occupancy (adjusted for void beds)	Red to	Amber	↑	UEC section 5
LA - Central Bedfordshire	S046a Population vaccination coverage – MMR for two doses (5 years olds) - Central Bedfordshire	Green to	Amber	↓	CYP & Mat DB Appendix 5
ICB	S068a Sickness absence rate	Green to	Amber	↓	Not featured
ICB	S127a A&E - percentage of patients managed within 4 hours	Green to	Amber	↓	UEC section 5
LA - Luton	S046a Population vaccination coverage – MMR for two doses (5 years olds) - Luton	Amber to	Red	↓	CYP & Mat DB Appendix 5

Background Reading

Annexes:

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

Date: 21 March 2025

Report Author: Shirley Pointer, Chair of Remuneration Committee

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

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

Committee: Remuneration Committee

Recommendation: 1. The Board are asked to **discuss** the issues raised by Remuneration Committee on 17 January 2025.
 2. That the Board **notes** the Equality Delivery System and Gender Pay gap report that has been published on the ICB website.

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
<ul style="list-style-type: none"> • None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • None
ASSURE: Inform the Board where positive assurance has been received
<ul style="list-style-type: none"> • Target Operating Model (TOM) 2 – The scope for TOM 2 is narrower than TOM 1 and a phased approach is being taken to the implementation of TOM 2 due to a number of factors including enabling the Chief Medical Officer to have input into the shaping of the Directorate and the Chief Primary Care Officer leaving in April 2025. The running cost reduction has been met due to efficiencies in both pay and non-pay, however, due to the ongoing financial pressures, staffing costs remained under review and the Committee requested an update at the next meeting. • Executive and Non-Executive Member appointments – an update on the recruitment of the Chief Medical Officer, Chief Primary Care Officer and ICB Chair was provided. • People Dashboard provides a summary overview of the ICB's workforce and associated areas of work against the NHS People Promise. Areas highlighted were the experience of black and minority ethnic workforce colleagues which is being addressed with actions identified by the WRES. There have been 4 separate issues raised under the Freedom to Speak Up (FTSU), all relating to different aspects of line management and the annual FTSU report was reported to the Audit and Risk Assurance Committee on 31 January. It was important that staff feel empowered and supported to raise issues and that these were followed up. Statutory and mandatory training compliance was good. • Turnover deep dive – When the fixed term contract element was removed from the data, the voluntary turnover rate at the ICB reduced from 17.3% to 9% and the NHS target was 7%. The main reason for staff leaving with under 3 years' service was due to the lack of opportunities for career development, and this was particularly in band 6 posts. There are limited band 7 posts which have a greater level of autonomy and responsibility, and the new appraisal process will identify the scope for growth to enable the development of the individual. There is a retention action plan and a report on the impact of the actions. will be made to the Committee in October 2025. • Equality Delivery System - comprises of 3 domains, commissioned or provided services, workforce health & wellbeing and inclusive leadership, the first being a system wide review and the latter two an internal review of the ICB. Domain 1 had focused on Mental Health

services and there had been great deal of engagement with partners. The EDS outcomes have been published on the ICB website and are available [here](#). Regional EDI data is being collated and will be reported to a future meeting of the Committee.

- **Pay Gap analysis** – In addition to the gender pay gap analysis, the ICB has voluntarily undertaken an analysis of ethnicity pay gap using the government’s 6 categories in addition to the mandatory gender pay gap. Actions to address the pay gap have been consolidated in the WRES/WDES action plan. The gender and ethnicity pay gap reports are published [here](#).
- **Committee Effectiveness** – the responses to the Committee effectiveness questionnaire which was completed by voting members of the Committee was discussed. The recommendations included widening the remit of the Committee to formally include People and Workforce, as ICB workforce reports are already reported to the Committee. The Terms of Reference for the Committee will be reviewed and reported to the next meeting. A mechanism for reporting issues from the BLMK People Board to the Committee for information will also be explored.

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**

Date: 21 March 2025

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: 19.0 - 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.

1.0 Executive Summary

- 1.1 There are a number of proposed changes to the Governance Handbook which include:
 - a. Health and Care Partnership Terms of Reference – as recommended by the Health and Care Partnership to remove the ICB's VCSE lead and add the two Co-Chairs of the VCSE Strategy Group as members and to reduce the quorum from 50% to a third.
 - b. Mental Health, Learning Disability and Autism Collaborative Committee Terms of Reference – inclusion of oversight of the lead provider contracts being delegated from NHSE as part of the specialist commissioning delegation on 1 April 2025.
 - c. Scheme of Reservation and Delegation – addition of delegation to Executive Directors to sign Memorandum of Understanding with one or more parties.
 - d. Primary Medical Services Contract Holders – update changes to providers details.
- 1.2 An update is provided on the appointment process of partner members and non-voting participant of the Board, as a number of appointments are due to expire on 30 June 2025 and Non-Executive Member appointments.
- 1.3 To provide an update on the Fit and Proper Person Test for Board members that needs to be submitted to NHSE by 30 May 2025.
- 1.4 To provide an update on the process and timeline of the Annual Report 2024/25 which has to be submitted by 23 June 2025.
- 1.5 To provide an update on the Committee Effectiveness Review that is being undertaken and will be reported to the Audit and Risk Committee on 25 April 2025 and to the Board on 27 June 2025.

2.0 Recommendations

The Board is asked to:

- 2.1 **agree** to amend the terms of reference for the BLMK Health and Care Partnership to remove the ICB VCSE lead and replace with the two Co-Chairs of the VCSE Strategy Group as members, to reduce the quorum from 50% of members to one-third and the addition of a requirement for a member from a BLMK NHS Trust to be present for a quorum to be established, and minor corrections and update the Governance Handbook accordingly.
- 2.2 **approve** the addition to the MHLDA Collaborative Committee Terms of Reference regarding oversight of the lead provider contracts being delegated from NHSE from 1 April 2025 and update the Governance Handbook accordingly.
- 2.3 **approve** the delegation to all Executive Directors to sign Memorandum of Understanding on behalf of the ICB with one or more parties and **agree** that the Scheme of Reservation and Delegation be updated accordingly.
- 2.4 **note** the changes to the Primary Medical Services Contract Holders and **approve** the update to the Governance Handbook.

- 2.5 **note** the process and timeline for the appointment of Board partner members and non-voting participants.
- 2.6 **note** the update on Non-Executive Members appointments.
- 2.7 **note** the process and timeline for the Fit and Proper Person Test.
- 2.8 **note** the process and timeline for the Annual Report and Accounts 2024/25,
- 2.9 **note** the process and timeline for the Committee Effectiveness Review which will be reported to the Board on 27 June 2025.

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 Health and Care Partnership

The Health and Care Partnership met on 14 February 2025 and recommended the Board to amend its Terms of reference as follows:

- a. Membership. Deletion of “BLMK nominated representative” as the representative of Voluntary, Community and Social Enterprise partners, and replacement with “The Co-Chairs of the BLMK ICB VCSE Strategy Group”
- b. Quoracy. A reduction from a requirement of one half of members being present to one third of members being present for a quorum to be established. The addition of a requirement for a member from a BLMK NHS Trust to be present for a quorum to be established.
- c. Housekeeping. Some minor changes for the terms of reference to better reflect existing practice and to effect corrections.

- 4.1.1 Recent meetings of the Health and Care Partnership have struggled to achieve quoracy which is currently 50% of members, and often meetings have been inquorate due to a shortfall of just one or two members. The Health and Care Partnership agenda setting group asked for a survey of other ICPs to be carried out to establish quoracy arrangements elsewhere, and ICPs across the East of England, the West Midlands and London were considered. The survey demonstrated that a wide range of quoracy arrangements apply across ICPs in these regions, but that the mean and median average across them is one third of members. The BLMK Health and Care Partnership has historically seen levels of attendance in excess of one third, so it is envisaged that this change will support the proper functioning of the Partnership

4.2 Mental Health Learning Disability and Autism Collaborative Committee Terms of Reference

An additional 11 Specialised Commissioning services are being delegated to the ICBs in the East of England from 1 April 2025. The majority relate to Mental Health Services and it is therefore proposed for the Mental Health Learning Disability and Autism Collaborative Committee to have oversight of these services.

The revised Terms of Reference that include paragraph 7.1.12 was considered at the MHLDA Committee on 13 March 2025 and is recommended to the Board for approval. The Governance Handbook will be updated accordingly.

“7.1.23 to have oversight of the lead provider contract(s) relating to mental health, learning disability and autism (MHLDA) Provider Collaboratives that are transferred to the ICB on 1 April 2025 by NHS England. This includes complying with all terms and conditions of the contract(s), including in respect of notice periods and extensions.”

That the Board approve the addition to the MHLDA Collaborative Committee Terms of Reference regarding oversight of the lead provider contracts being delegated from NHSE from 1 April 2025.

4.3 Memorandum of Understanding. – Governance handbook

A Memorandum of Understanding (MOU) is an agreement between two or more parties and an example is the MOU between the ICB and the VCSE which was approved by the ICB Board. The SORD is silent on who has authority to sign MoUs. Not all are of strategic importance that necessitate the MOU being approved by the Board. Therefore, it is recommended that authority is delegated to all Executive Directors to sign a MOU on behalf of the ICB and that the Scheme of Reservation and Delegation be amended as detailed below. Executive Directors will use their discretion in identifying strategic MoUs which require Board sign-off.

Individual Board member, employee or group	Decisions and functions delegated to the individual or group	Reference
All Executive Directors	Sign Memorandum of Understanding with one or more parties	

That the Board approves the delegation to All Executive Directors to sign Memorandum of Understanding with one or more parties and the Scheme of Reservation and Delegation be updated accordingly.

4.4 Primary medical services update for Governance Handbook

Primary Medical Services Contract Holders are detailed in Appendix P of the Governance Handbook as required by the NHSE Model Constitution. The following changes have been made to the contract holders operating in BLMK and these changes need to be reflected in the Governance Handbook to keep it up to date. It is therefore recommended that the Board approve the changes to the Governance handbook.

Code	Practice Name	Added / Removed / Updated	Details
Y00260	Arlesey Medical Centre	Removed	Now a branch of Larksfield Surgery Medical Partnership
E81028	Biscot Group Practice	Added	
E81028	Blenheim Medical Centre	Removed	Now the Biscot Group Practice
Y02900	Brooklands Health Centre	Updated	Address Updated
E81063	Conway Medical Centre	Updated	Address Updated
E81037	De Parys Group	Added	
K82610	Grove Surgery	Added	
K82074	Kingfisher Surgery	Removed	Now a branch of Newport Pagnell Medical Centre
E81044	Leighton Road Surgery	Updated	Address Updated
E81073	Medici Medical Practice	Added	

K82060	Neath Hill Health Centre	Removed	Now a branch of Whitehouse Health Centre
E81025	Oakley Surgery	Added	
E81077	Oliver Street Surgery	Removed	Now a branch of Leavale Medical Group
E81014	Priory Gardens Surgery	Updated	Address Updated
K82009	Stony Medical Centre	Update	Name change – now known as Watling Street Practice
E81001	Wenlock Surgery	Removed	Practice has now closed
Y06810	Whitehouse Health Centre	Updated	Address Updated

That the Board notes the changes to the Primary Medical Services Contract Holders and approves the update to the Governance Handbook.

4.5 Appointment process for Board members

4.5.1 The ICB Chair appointment is going through the NHS governance process and is subject to the approval of the Secretary of State for Health and Social Care and an announcement will be made as soon as possible,

A comprehensive induction programme is being developed which includes meetings with Board members and key stakeholders.

4.5.2 Partner Members

The ICB Board was established on 1 July 2022 and has partner members representing three sectors, NHS Trusts, Primary Medical Services and Local Authorities. With the exception of one Primary Medical Services member, Sahadev Swain, all the other partner members were appointed from 1 July 2022 with a 3-year term of office. The following partner members of the Board term of office comes to an end on 30 June 2025.

1. NHS Trusts

David Carter, Joe Harrison and Ross Graves

2. Primary Medical Services

Mahesh Shah, and Omatayo Kufeji

3. Local Authorities

Michael Bracey, Laura Church, Marcel Coiffait and Robin Porter

Appointment process

The ICB's Constitution (para 3.6 -3.8) defines the Partner Member appointment process to the Board [here](#). The NHS Model Constitution specifies that Partner Members "will bring knowledge and a perspective from their sectors" and is specific on the nomination process which is replicated in the ICB's Constitution and is summarised below.

As the terms of office of these partner members are coming to an end, the ICB will need to follow and conclude this appointment process by the 1 July 2025. For existing members of the ICB Board who wish to serve a second term and are duly nominated, there will be a light touch appointment process.

In summary, the constitution specifies that nominations for the respective category are sought from:

- NHS Trusts that operate in BLMK for NHS partners
- Primary medical Services contract holders specified in the Governance Handbook for Primary Medical Services
- Local authorities who represent residents in BLMK (including Buckinghamshire Council) for Local Authority.

Once all nominations are received, a full list of those nominated are then sent to all the organisations in the respective specified categories and there is 5 days to object to any of

the nominations. Failure to confirm within five working days being deemed to constitute agreement and a simple majority is taken. Any objection is considered by the Chair and the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

The nominations will then be put to a Panel chaired by the CEO or designated deputy who will assess the suitability of the nominees against the requirements of the role.

Recommendations from the panel will then be put to the Chair to consider and make the appointment. The Board will be informed of the appointments at the next Board meeting on 27 June 2025. Appointments will take effect from 1 July 2025.

The ICB's constitution states that Partner Members are only permitted to serve two terms of office. We plan to discuss this requirement with the incoming Chair, NHSE and other ICB governance leads to consider whether we should seek to amend our constitution regarding the limit on partner members terms of office.

The Board are asked to note the process and timeline for the appointment of Board partner members.

4.5.3 Non-Executive Board member appointments

Shirley Pointer has given notice of her resignation which will be effective from 31 July 2025. A NEM recruitment process is being developed to appoint a replacement and a progress report will be presented to the next Board meeting on 27 June 2025.

For information, other NEM first terms of appointment due to end this year are, Manjeet Gill on 30 August 2025 and Associate NEM Lorraine Mattis on 29 August 2025. NEM re-appointments are made by the Chair of the ICB. Arrangements are being discussed for these NEM roles and the Board will be updated at the next meeting.

The Board are asked to note the update on Non-Executive Board member appointments.

4.5.4 Board Participants

The Constitution specifies that the Board has the following participants:

- a) Associate Non-executives.
- b) Directors of Public Health.
- c) A local Healthwatch representative.
- d) Other ICB executive / associate directors.
- e) Chair of the Integrated Care Partnership (known as The Bedfordshire, Luton and Milton Keynes Health and Care Partnership).

Both Maxine Taffetani, the Healthwatch representative and Vicky Head, the Director of Public Health for Bedford Borough, Central Bedfordshire and Milton Keynes, were appointed from 1 July 2022 for three years. Their term of office ceases on 20 June 2025 and a light touch appointment process will be undertaken. Unlike voting Partner members of the Board, the Constitution does not prescribe the appointment process for the participant roles.

4.6 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 self-attestation forms have been returned and counter signed by Manjeet Gill as Acting Chair and Manjeet Gill's signed off by the Senior Independent Director, Alison Borrett. The final FPPT checks are being undertaken with final sign off by the Chief Executive and Acting Chair expected in April 2025.

The final submission to NHSE is due on **20 May 2025**.

The Board are asked to note the process and timeline for the Fit and Proper Person Test.

4.7 Annual report 2024/25

The ICB is required to produce an Annual Report at the end of each fiscal year, detailing how it has discharged statutory duties and mandatory responsibilities in the preceding year. This includes the organisation's audited accounts. Members of the Board will receive a draft copy of the annual report for comment on 21 March prior to the submission of the draft Annual report to NHSE on 24 April. The final annual report and accounts will be considered at the private Board meeting on 18 June prior to the submission to NHSE by 9am on 23 June 2025.

The Board are asked to note the process and timeline for the Annual Report and Accounts 2024/25.

4.8 Board and Committee Effectiveness Review

Board and Committee members have been asked to provide feedback to questions designed collaboratively by executive leads, non-executive members, and internal auditors, BDO on the effectiveness of the ICB Committees and Board. The objective is to gather comprehensive insights to evaluate and enhance the Board and its committees' effectiveness and performance and propose any proposed changes to the Board in June 2025.

The following Committees have received a summary of the responses to the questionnaire:

- Quality and Performance Committee 29 November 2024
- Remuneration Committee 17 January 2025
- Primary Care Commissioning and Assurance Committee 24 January 2025
- Finance and Investment Committee 28 February 2025

Mental Health, Learning Disability and Autism Collaborative Committee has only met formally twice and therefore was not included in the effectiveness review.

An external review of the Bedfordshire Care Alliance including the Committee is being undertaken by Carnall Farrar, the outcomes of which is being discussed at the Committee on 20 March, therefore the Committee Effectiveness questionnaire was not circulated to members.

The Audit and Risk Committee questionnaire has been circulated to members and the wider stakeholders who attend for the Part 2 of the agenda and feedback will be presented to the next meeting on 25 April 2025. The Audit and Risk Assurance Committee will also consider the feedback from the other Committees and Board members on 25 April and will report findings and recommendations to the Board on 27 June 2025.

Board members are encouraged to provide feedback on the effectiveness of the Board by completing the questionnaire that has been sent to Board members by 28 March 2025.

The Board are asked to note the process and timeline for the Committee

Effectiveness Review.

5.0 Next Steps

- 5.1 Deliver Board members recruitment process.
- 5.2 Submit the Fit and Proper Persons Test evidence to NHSE.
- 5.3 Complete the Annual Report and Accounts 2024/25 for audit and submission to the Extra-Ordinary Private Board meeting on 18 June 2025 for approval.

List of documents in the reading room

Background reading

Governance Handbook v14 with tracked changes