Meeting of the Board of the ICB in PUBLIC

27 June 2025 – 09:00 – 13:00

Council Chamber, Central Bedfordshire Council

Item No.	Item	Purpose	Executive	Timings
	Opening Items			
1.0	Welcome and Introductions a) Apologies b) Quoracy c) Relevant Persons' Disclosure of Interests d) Minutes from meeting held on 21 March, extra-ordinary meetings held on 26 March and 2 May and Matters Arising e) Action Tracker f) Board Decision Planner	 Note Note Update Approve Approve Update	Chair	09:00
2.0	Questions from the Public	-	Chair	09:05
3.0	Resident's Story – Reciprocal Mentoring	-	Chief People Officer	09:10
4.0	Chair's Report	Note	Chair	09:25
5.0	Chief Executive Officer's Report	Note	Chief Executive Officer	09:30
	System Strategy			
6.0	BLMK Hospital Opportunities Assessment	Agree	Chief Medical Officer	09:40
7.0	BLMK Infrastructure Strategy	Approve	Chief Finance Officer	09:55
8.0	BLMK Joint Capital Resource Use Plan	Approve	Chief Finance Officer	10:10
9.0	BLMK ICS Green Plan 2025-2032	Approve	Chief Finance Officer	10:15
	Break – 10:30 – 10:40			
10.0	Delivering the Financial and Operational Plan 2025/26	Note	Chief Strategy and Transformation Officer Chief Finance Officer Chief Nursing Officer	10:40
11.0	Transformation Priorities Update • Complex Care – Children • Complex Care – Adults • End of Life Care • Admission Avoidance and Discharge Pathways	Note	System Champions Michael Bracey Sarah Stanley Maxine Taffetani Matthew Winn	10:55
12.0	BLMK Delegated Decision-Making Arrangements a) BCA and Bedfordshire Places Review b) MK Deal Next Level	Approve	 Director of Operations Chief Strategy and Transformation Officer	11:30

System Assurance				
13.0	Quarterly Update Report on the Commissioning of Delegated Specialised Services	Note	Managing Director of Specialised Commissioning	12:00
14.0	Audit & Risk Assurance Committee • Chair's report • System Risk Register and Board Assurance Framework	Note	Chair, Audit & Risk Assurance Committee / Chief of Strategy & Assurance / Chief of Staff	
15.0	Bedfordshire Care Alliance Committee – *Verbal*	Note	Chair, Bedfordshire Care Alliance Committee	
16.0	Finance & Investment Committee: • Finance & Investment Committee Chair's Update • BLMK ICS Finance Report at Month 12	 Note Note	Chief Finance Officer / Chair, Finance & Investment Committee	
17.0	Health and Care Partnership • ICB Joint Board & Health & Care Partnership Seminar 23 May 2025	Note	Co-Chairs, Health and Care Partnership	
18.0	Mental Health, Learning Disabilities and Autism Collaborative Committee Chair's Update • Recommendation on Intensive Outreach – Homicide Review	Note Approve	Chair, Mental Health, Learning Disabilities and Autism Collaborative Committee	
19.0	Primary Care Commissioning & Assurance Committee Chair's Update	Note	Chair, Primary Care Commissioning & Assurance Committee	
20.0	Quality & Performance: • Quality & Performance Committee Chair's Update • Quality Improvement & Performance Report	 Note Note	Chair, Quality & Performance Committee Chief Nursing Officer / Chief Strategy & Transformation Officer	
ICB Organisational Decisions, Governance and Assurance				
21.0	Remuneration Committee Chair's Update	Note	Chair, Remuneration Committee Chief People Officer	12:30
22.0	Corporate Governance Update	Approve and Note	Chief Strategy and Transformation Officer	12:35

23.0	Board and Committee Effectiveness Review	Approve and Note	Chief Strategy and Transformation Officer	12:40
Closing Items				
24.0	Communication from the Meeting	Agree	Chair	12:45
25.0	Meeting Evaluation	Discuss	Chair	12:50
26.0	Any Other Business		Chair	12:55

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.

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

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

Extract from BLMK ICB Register of Interests as at 17.6.25

Board of the Integrated Care Board

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Borrett	Alison	Non Executive Member	Yes	N	N	N	N	Director, 2Billys Ltd, Company no 14038119, Unit 8 Churchill Court, 58 Station Rd, North Harrow HA2 7SA	11/04/2022	Ongoing	No conflict, as our cookie business does not provide goods or services to BLMK ICB. If this was to change in the future I would update my DOI and declare any interest.	21/06/2022
Bracey	Michael	Chief Executive, Milton Keynes Council	Yes	Y				Employee of Milton Keynes City Council	2009	Ongoing	None required	21/11/2022
Brierley	Anne	Chief Operating Officer	No							31/03/2025		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
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
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a trustee of a charity as a member (and secetary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Elliott	Elizabeth	Consultant in Public Health, Luton Borough Council	No									13/09/2023

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Fowler	Mark	Deputy Chief Executive / Corporate Director Population Wellbeing Luton Council - Member Luton at Place Board, Health and Well Being Board	No									13/01/2023
Gill	Manjeet	Non Executive Member	Yes	Y				Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes	Y				Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022
Graves	Stuart Ross	Partner Member, Board of the BLMK ICB	Yes		Y			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				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
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
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				The Bridge Primary Care Network Clinical Director	01/04/2021	Ongoing	May need to be excluded from decisions regarding Primary care Networks	11/05/2022

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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 interes 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
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

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Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes		Y			Bpha (a not for profit Housing Association). Non-Executive Director and Chair of the Remuneration Committee	Apr-19	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes			Y		Pavilions Management Co Ltd, (residents management co), Director. This is a voluntary role which is not remunerated	Sep-20	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Porter	Robin	Chief Executive, Luton Borough Council	Yes	Y				Chief Executive of Luton Council, an ICB Partner organisation	May-19	31/3/25 left Luton Borough Council role	Declare in line with conflicts of interest policy	16/11/2022
Porter	Robin	ICB Chair	Yes	Y				Chair of the Lampton Group, Company number 08468401, Southall Lane Depot, Southall Lane, Southall, England, UB2 5AG	06/05/2025		Declare in line with conflicts of interest policy	06/05/2025
Porter	Robin	ICB Chair	Yes	Y				Director, Bartholomew Square Consulting Limited, Company number 10145337	Apr-25		Declare in line with conflicts of interest policy	06/05/2025
Poulain	Nicky	Chief Primary Care Officer	Yes		Y			Registered nurse and midwife and a member of the RCN		Retired 30/04/2025	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	17/02/2023
Roberts	Martha	Chief People Officer, BLMK Integrated Care Board	No									04/07/2022
Rochford	Andrew	Chief Medical Officer, ICB	Yes	Y				I am employed 1.5 days a week (This includes weekend work) as a consultant gastroenterologist at the Royal Free London NHS Foundation Trust	10/3/25 appointment	Current	Declare in line with conflicts of interest policy	24/03/2025
Rochford	Andrew	Chief Medical Officer, ICB	Yes		Y			I am a Fellow of the Royal College of Physicians (RCP), since 2016	10/3/25 appointment	Current	Declare in line with conflicts of interest policy	24/03/2025
Rochford	Andrew	Chief Medical Officer, ICB	Yes		Y			I am a Member of the British Society of Gastroenterology (BSG), since 2005	10/3/25 appointment	Current	Declare in line with conflicts of interest policy	24/03/2025
Rochford	Andrew	Chief Medical Officer, ICB	Yes		Y			I am a Member of the British Society of Gastroenterology (BSG) and a Member of the British Association of Parenteral and Enteral Nutrition (BAPEN) since 2007	10/3/25 appointment	Current	Declare in line with conflicts of interest policy	24/03/2025
Rochford	Andrew	Chief Medical Officer, ICB	Yes			Y		I am a patron of the Dorchester Library at the RCP	10/3/25 appointment	Current	Declare in line with conflicts of interest policy	24/03/2025
Rochford	Andrew	Chief Medical Officer, ICB	Yes			Y		I am a patron of the Royal Free Music Society	10/3/25 appointment	Current	Declare in line with conflicts of interest policy	24/03/2025
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022

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Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, BLMK & Northants Community Pharmacy Committee	1984	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis Primary Care Network, Luton	06/02/2020	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Stanley	Sarah	Chief Nurse	No									08/09/2022
Swain	Sahadev	Partner Member	Yes	Y				General Practitioner, Biscot Group Practice, Luton,LU3 1HA	Mar-06	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Representative and Board Member, Beds and Herts Local Medical Council	2018	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Board Member, Beds and HertsFaculty ,Royal College of General Practitioners	2012	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Member, Audit and Risk Committee, Royal College of General Practitioners	2019	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes			Y		Chairman, Shree Jagannath Society ,UK	2020	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Lead Trainer, Equalty, Primary Care Network Training HUB, Luton	2023	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	Yes	Y				Employee of Healthwatch Milton Keynes	2017	Ongoing	Declare in line with conflicts of interest policy	14/12/2022
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	Yes		Y			Governor, Bedford & Luton Hospital				07/05/2025
Towler	Martin	Councillor, Bedford Borough Council - Portolio Holder for Health and Wellbeing at Bedford Borough Council	Yes		Y			Governor, ELFT				07/05/2025
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

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Wogan	Maria	Chief of Strategy & Assurance	Yes			Y		I am a member of Inspiring Futures Through Learning Multi-Academy Trust which covers schools in Milton Keynes (MK) and Northamptonshire. Address: Fairfields Primary School, Apollo Avenues, Fairfields, Milton Keynes MK11 4BA	2016	Ongoing	Will be declared in any relevant meetings.	13/03/2024

Date: 21 March 2025
Time: 09:00 – 12:30
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:		
Manjeet Gill	Acting Chair, ICB	MG
Alison Borrett	Senior 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	LC
Felicity Cox	Chief Executive Officer (CEO), ICB	FC
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
Vineeta Manchanda	Non-Executive Member, ICB	VM
Shirley Pointer	Non-Executive Member, ICB	SP
Robin Porter	Chief Executive, Luton Borough Council - Partner Member, Local Authorities	RP
Dr Andrew Rochford	Chief Medical Officer (CMO), ICB	AR
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:		
Elizabeth Elliot	Joint Interim Director of Public Health Luton	EE
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Lorraine Mattis	Associate Non-Executive Member, ICB	LM
Nicky Poulain	Chief Primary Care Officer, ICB	NP
Martha Roberts	Chief People Officer, ICB	MR
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Cllr Martin Towler	Bedford Borough Council & Co-Chair, BLMK Health & Care Partnership	MTo
Maria Wogan	Chief of Strategy & Assurance, ICB	MWo
In attendance:		
-	3 Members of Central Bedfordshire Youth Parliament *(item 3.0 only)*	MYP
Graeme Endersby	Youth Service Team Chaperone, Central Bedfordshire Council *(item 3.0 only)*	GE
Frances Barnes	Deputy Chief Finance Officer, ICB *(observing)*	FB
Sarah Breton	Associate Director of Children, Young People and Maternity, ICB	SB
Dr Sanhita Chakrabarti	Deputy Chief Medical Officer, ICB	SCh

DRAFT

Michelle Evans-Riches	Head of Governance (*support),* ICB	MER
Gaynor Flynn	Corporate Governance Manager, (*support)* ICB	GF
Richard Fradgley	Deputy Chief Executive Officer, East London Foundation Trust (ELFT)	RF
Penny Harris	Strategic Advisor to the ICB *(Remotely and item 10. only)*	PH
Matt Hollex	Head of Programme Management Office, ICB *(Remotely and item 8.0 only)*	MH
Anona Hoyle	Engagement and Coproduction Coordinator, ICB *(item 3.0 only)*	AH
Laura MacSweeney	Corporate Governance Officer *(minutes)*, ICB	LMS
Kathy Nelson	Programme Director, Community and Mental Health Transformation, ICB *(for item 10.0)*	KN
Michelle Summers	Associate Director, Communications & Engagement, ICB	MSu
Matthew Winn	Chief Executive, Cambridgeshire Community Services (CCS)	MWi

There were 12 members of the public in attendance (3 in person and 9 remotely)

Apologies:		
Anne Brierley	Chief Operating Officer (*participant),* ICB	ABr
Marcel Coiffait	Chief Executive, Central Bedfordshire Council - Partner Member, Local Authorities	MC
Dr Tayo Kufeji	GP - Partner Member, Primary Medical Services *(until partway through item 10)*	TK
Cllr Khtija Malik (*participant)*	Luton Councillor & Co-Chair, BLMK Health & Care Partnership	KM
Mahesh Shah	Pharmacist - Partner Member, Primary Medical Services	MSh
Lorraine Sunduza *(invited attendee)*	Chief Executive Officer, East London Foundation Trust (ELFT)	LS

No.	Agenda Item	Action
	Opening Items	
1.0	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. **Members were reminded that it is their responsibility to keep their Boards and Councils abreast of developments in the system.** a) Apologies were **noted** as above. The Chair welcomed Richard Fradgley, Deputy Chief Executive, ELFT to the meeting who was deputising for Lorraine Sunduza. The Chair thanked Dr Ian Reckless for acting as Interim Chief Medical Officer. b) The meeting was confirmed as **quorate.** c) Members of the Board were asked to confirm that the Register of Interests was up to date in respect of their declarations. • AR declared several interests which have been added to the Register of Interests. • RP advised they were not included on the list and declared their position as Chief Executive Officer of Luton Borough Council.	

	• Members were also asked to declare any gifts or hospitality that had been received. **No declarations** were made. d) The minutes of the meeting held on 13 December 2025 were **approved** as an accurate record of the meeting. e) The action tracker was updated with the following updates: • **Action 83 – Start Well Priority Update –** The item is on the agenda under item 7.0 and it was agreed to close this action. • **Action 97 – Dying Well in BLMK Update – Agreed** to reschedule the item for June Board to align with Quality & Performance Committee annual cycle of business, where Dying Well in BLMK is scheduled for discussion. • **Action 98 – Estates Projects within Primary Care Transformation Plan – Agreed** to reschedule the item for June Board as it closely aligns with the broader infrastructure strategy which is scheduled for presentation to the Board in June. • **Action 99** – **Agreed** to close the item. • **Action 100 – To publish an animation to summarise what's been for residents in terms of accessibility over the last year –** An update is being collated and will be circulated accordingly. • **Action 101 & 102** – **Agreed** to close the items. f) The Board Decision Planner was **noted.**	
2.0	**Questions from the Public** Two questions were received from members of the public. The first question was from Syed Abrar, Client Director at Limbic. AR read out the question in full and answered all points. The second question was from Amal at Somali Voices Enabled Luton. SSt read out the question in full and answered all points. Both questions and full answers can be found as appendix A to these minutes and are also available on the ICB website here.	
3.0	**Resident's Story** The Chair welcomed 3 members of the Youth Parliament (MYP) from Central Bedfordshire to the meeting along with their chaperone Graeme Endersby, Central Bedfordshire Youth Service Team. The members were invited to share their experiences from the System Insights Network (SIN) held on 28 January 2025. The MYP expressed gratitude for the opportunity to attend both Board and the SIN to share their experiences. They highlighted the welcoming atmosphere at SIN and the valuable networking opportunities it presented. They welcomed the opportunity to input into the following discussion topics at the SIN: • **AI in Healthcare:** They discussed using AI to detect diseases and its potential to inspire young people to pursue careers in healthcare. • **Gamification of the NHS App:** They suggested visualising health metrics such as weight and blood pressure in the NHS App which could encourage healthier habits and attract younger people to utilise the App. • **Education on Health:** They emphasised the need for passionate external specialists to teach health related topics in school, rather than relying on teachers who were either unqualified or involved in those areas.	

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	• **Technology Upgrades:** They recommended upgrading NHS technology where possible to improve communication. JH, in his role as National Director for the NHS App, welcomed the idea of gamifying the App to engage younger users. The importance of involving young people in health discussions, careers, and prevention education was highlighted, with insights sought from the MYP. The MYP recommended engaging a diverse range of young people, including frequent hospital visitors, aspiring healthcare professionals, and local students. They emphasised involving those with limited healthcare knowledge and suggested external specialists attend school events to spark interest. Workshops providing hands-on healthcare experience and social media campaigns were also proposed. The MYP expressed enthusiasm for ongoing collaboration, with several Board members supporting health education initiatives in schools. The Chair thanked the MYP and encouraged Board members to engage in further discussions outside of the meeting to shape future developments. *Members of the Youth Parliament, GE and AH left the meeting.*	
4.0	**Chair's Report (*verbal)*** *Presented by Manjeet Gill, Acting Chair, ICB* The Chair acknowledged recent challenges while highlighting key achievements, including increased dental and GP appointments and 1,800 emergency responses prevented by the Bedfordshire Unscheduled Care Coordination Hub. AR was welcomed as the ICB's recently appointed Chief Medical Officer who has diverse experience and knowledge which will be important for the Board. The Chair highlighted the importance of community events, such as those at the De Parys Centre, were praised for showcasing innovative regeneration projects. Collaboration among acute, community, and mental health leaders was also commended. Following a national meeting with FC, the Chair expressed frustration over the announced NHSE cuts and concerns about the impact, and has raised these with the NHS England (NHSE) Chair, Richard Meddings. The need for clarity on the announcement of 50% running cost reduction for ICBs and upcoming ICB model standards was stressed, with updates to be shared. The Chair reaffirmed a commitment to respect and recognise the hard work of those in affected services. The Chair's Report was **noted.**	
5.0	**Chief Executive Officer's Report** *Presented by Felicity Cox, Chief Executive Officer* The recent government announcement on ICB cost reductions and the abolition of NHSE was acknowledged, with FC recognised the importance of maintaining morale and focus on delivery. An executive decision was made on 18 March to delay feedback on the Target Operating Model consultation until staffing changes and the operating model are further considered. Discussions will take place during an all-staff briefing in the week of 24 March. **Key report highlights:** • The Youth Parliament's inspirational presentation at the Board meeting.	

- Insights from the Part 2 Oliver McGowan training on learning disabilities and autism, which could improve services for residents with learning disabilities and/or autism.
- AR was formally welcomed, and gratitude was expressed to Dr Ian Reckless for interim support.
- Anne Brierley's decision to step down due to ill health was noted, with thanks for her contributions.
- FC participated in appointing the MKUH chair and thanked JH for the opportunity.

MB queried the £1.67 million primary care capital funding for 2025/26. DW clarified it was in addition to the £1.6 million core allocation, doubling the total. NP confirmed a funding utilisation paper provided to the Primary Care Commissioning and Assurance Committee would be shared for assurance.

ABo stressed the need to keep residents informed about service changes, suggesting regular updates. FC emphasised the need to publicise the limited capital for primary care and ensure it is noted in Board communications. The importance of clear communication to prevent misunderstandings regarding the government announcement was also highlighted.

FC also updated on the BLMK ICB Chair appointment, noting that it had been through NHSE's governance process and was awaiting approval from the Secretary of State.

Actions:

- **The Chair requested that the Primary Care Commissioning and Assurance Committee seek assurance on matters raised in relation to the primary care estate utilisation and modernisation fund for 2025/26. Any papers relating to the utilisation and modernisation fund to be shared with the Board.**

ABo

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

System Strategy

6.0 **Directors of Public Health Annual Report 2024-2025**

Bedford Borough, Central Bedfordshire and Milton Keynes Report – Presented by Vicky Head, Director of Public Health Bedford Borough, Central Bedfordshire and Milton Keynes Councils

The report highlighted the work of the Population Health Intelligence Units (PHIU) and summarised the position across BLMK:

Population Growth & Demographics

- **Projections:** The BLMK population is expected to grow by 25% to nearly 1.3 million by 2043, with the highest growth in Central Bedfordshire (31%), followed by Bedford Borough (28%), Milton Keynes (27%), and Luton (14%).
- **Ageing Population:** The 85+ age group will more than double, increasing demand for healthcare services.
- **Health Conditions:** Ageing will drive a rise in conditions like hypertension, cardiovascular disease, dementia, and musculoskeletal disorders.

Healthcare Impact

- **Service Demand:** Primary care activity is projected to increase by 34%, with a 39% rise in planned hospital admissions and 38% in emergency admissions.
- **Regional Variation:** Growth in demand is likely to be higher in Bedford Borough, Central Bedfordshire, and Milton Keynes compared to Luton.

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Key Messages

- An ageing population will place significant strain on healthcare services, even without new housing developments. Increased demand for long-term care, chronic disease management, and acute services requires forward planning.

- **Multifaceted Strategy to Address Challenges:**
  - **Prevention & Public Health**: Encouraging healthier lifestyles, expanding vaccination uptake, and early intervention programs to reduce hospital admissions.
  - **System Efficiency & Technology**: Digital tools, AI-driven predictive analytics, and integrated care models to optimise service delivery and resource allocation.
  - **Workforce & Infrastructure Investment**: Recruitment, training, and retention strategies for healthcare professionals, alongside improved physical infrastructure, to meet rising demand.
- The reports, available online, are being actively used by the ICB and system partners to inform decision-making.
- Ongoing analysis focuses on high-impact conditions such as cancer, musculoskeletal issues, and mental health, ensuring targeted intervention strategies.

Board Discussion on Challenges & Solutions

- Addressing frailty is crucial to reducing financial strain on NHS services. Investment in early intervention and integrated care models can mitigate pressures on hospitals.
- A comprehensive approach is needed to reform mental health services, particularly for attention deficit hyperactivity disorder (ADHD) and autism, where fragmented pathways and long waiting times remain a concern.
- The growing population will outpace current healthcare resources. Emphasising that prevention and system efficiencies is critical to managing demand.
- A 3% increase in vaccination rates could prevent 100,000 hospital admissions, highlighting the importance of proactive public health campaigns.
- The need for hospital beds must be weighed against strengthening community services. A more dynamic approach to ICB funding allocations was suggested to reflect population changes.
- **Innovative Frailty & End-of-Life Care Initiatives:** The Johns Hopkins Risk Assessment Model is now part of GP contracts, allowing longer appointments for high-risk patients, leading to an 18% reduction in hospital admissions.
- **Proactive End-of-Life Planning:** Regular three-monthly check-ins for patients on the end-of-life register to improve care coordination.
- **AI Tool for Elderly Care:** Supported by Bedford Borough Board, this £95,000 tool assists 1,000 vulnerable older adults by providing AI-driven risk assessments and linking them to community support. Early results show a three-year reduction in social care dependency and improved health equity.

Next Steps

- Implementing targeted health interventions based on demographic trends rather than reactive hospital admissions.
- Frailty and end-of-life care initiatives to be reviewed by SSt and her team and presented to the Board in June ensuring continued progress and adaptation to emerging challenges.
- The Board underscored the need for a clear growth plan and to communicate the implications of population growth with the national government, advocating for appropriate funding and policy support.

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Luton Report – Presented by Elizabeth Elliott, Joint Acting Director of Public Health Luton Council
EE acknowledged the contributions of former Public Health Director, Sally Cartwright and outlined Luton's progress as England's first Health Equity Town, aligned with the Luton 2040 vision.

Key Highlights:

- **Health Equity System**: A collaborative approach linking the Council, NHS, community organisations, and businesses to drive systemic change.
- **Challenges**: Luton has high ethnic diversity, population density, child poverty, and economic deprivation, though 5,000 children have been lifted out of destitution in the past year.
- **Data & Insights**:
    - **Social Progress Index** assesses health inequalities at ward and neighbourhood levels.
    - **Business Intelligence Dashboard** tracks disparities and measures project impact over time.
    - **Employment & Skills**: Cultural competency training and job placement support.
    - **Children & Families**: Addressing child poverty and supporting early childhood development and education inequalities, initiatives like the Healthier, Wealthier families Programme support families by co-locating support offers such as health services, parenting support, mental health support, information on feeding, healthy eating, vaccinations and dental health all in one setting.
    - **Housing & Health**: There is a focus on fuel poverty reduction, healthy housing strategies, and climate resilience to ensure vulnerable communities have access to safe and affordable homes
    - **Community Initiatives**: The Fuller Neighbourhood Programme divides Luton into five locally designed hubs, with examples of local initiatives like the Biscot Health & Wellbeing Hub, the Good Gym initiative, and homelessness support programmes.

Next Steps:

- Developing a Health Equity training programme and enhance data-driven decision-making.
- Strengthen cross-sector partnerships and embed Health Equity principles into policies, funding, and local strategies.
- Finalise and circulate the report.

Board Discussion:

- There has been substantial progress in embedding the concepts of a Health Equity town, linked to Luton 2040.
- **Vaccinations & Screening**: NP called for strategies to improve uptake, addressing community disparities despite progress in cancer screening.
- SSw highlighted the need for additional workforce and infrastructure to meet the growing demand highlighted in the reports.
- The Board stressed systematic tracking of poverty and health inequalities to contribute to intervention planning.
- **Benefits Advice in Health Settings**: RF commended the integration of benefits advice into health settings, which had previously supported families to access £665K worth of unclaimed benefits. It was questioned how this approach could be mainstreamed across the four places. EE emphasised the need for evaluation and embedding successful initiatives, highlighting the importance of a system-wide approach in addressing health inequalities.
- **Planning for Growth**: FC emphasised incorporating PHIU data into future strategies and developing a growth plan for BLMK.

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	• There was a suggestion that next year's annual report should assess progress against the current reports. **Actions:** • **SSt to update the Board in June on frailty and end-of-life care initiatives.** • **EE to circulate the finalised report for Luton once available.** • **Next year's Public Health annual reports should reflect on actions taken based on this year's report.** The Board **noted** both annual reports.	**SSt** **EE**
7.0	**Strategic Priorities: Start Well – Children & Families** *Presented by Sarah Stanley, Chief Nursing Director, ICB* This report follows on from the July 2024 Board report and December action item, providing assurance on progress in children and young people's services. It includes high-level data outcomes and the need for transformation metrics to track improvements, particularly in initiatives piloted by Cambridgeshire Community Services (CCS) and other organisations in schools. **Key Updates** • **Neurodiversity & Integration**: The workstream will unify the Health Services Strategy for children, families, and women's health. Kate Howard, CCS Chief Nurse, will chair the proposed Transformation Board, launching in July 2025, with a focus on clinical leadership and maternity services. • **Addressing Complex Needs**: Under MB's leadership, a dedicated session will refine terminology and approach. A new pro forma tested in Bedford Borough, Central Bedfordshire, and Milton Keynes has shown promising results, with Plan Do Study Act (PDSA) cycles highlighting the need for cultural change—shifting focus from financial discussions to children's needs. **Board Discussion** • MWi advocated integrating children's mental and physical health with education, proposing alignment with the Mental Health, Learning Disabilities, and Autism (MHLDA) Collaborative. • Concerns were raised about complex governance structures, with a call for unified discussions on children's services rather than fragmented conversations. • RG noted that Children and Adolescents Mental Health Services (CAMHS) access alone is an inadequate measure of children's mental well-being, emphasising the need for better outcome metrics. • **Holistic 0–25 Approach**: The importance of viewing children's health within the broader brain development framework was highlighted. • MB stressed involving leaders with autonomy to act to drive real change, rather than focusing on systems and processes. • SSt assured the Board that an action had been recorded from the MHLDA Collaborative Committee regarding CAMHS access • Kate Howard has been invited to join the MHLDA Collaborative to ensure the right expertise is involved. • The Board emphasised focusing on outcomes, involving key decision-makers, and streamlining governance, thanking SSt and the team for their continued efforts. The Board **noted** the report and the progress being made in relation to action 83 of the tracker.	
8.0	**Operational and Financial Plan 2025/26** *Presented by Maria Wogan, Chief of Strategy & Assurance, ICB and Dean Westcott, Chief Finance Officer, ICB*	

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The Board reviewed the operational planning approach for 2025/26, integrating long-term planning elements. The paper provided an update on the Joint Forward Plan and transformation schemes discussed at the Board seminar on 10 January 2025. The plan is due for submission on 27 March, with an Extra-Ordinary Board scheduled for 26 March 2025 to approve the submission.

Key Updates:

- Headline submission was made 27 February, with ongoing collaborative efforts to finalise the plan. The plan aims to submit a balanced financial position, subject to Board approval, but faces challenges in meeting operational targets, particularly referral to treatment time (RTT) for elective care, the four-hour target for A&E, children and young people's mental health access targets, and mental health in school's investment teams.
- The plan includes a 4% improvement in productivity, with 2% being cash-releasing. The agreed transformation schemes are vital in achieving a balanced plan, focusing on complex care, end-of-life care, and admission and discharge pathways.
- Four key enablers support the transformation schemes: integrated neighbourhoods, health equity, digital utilisation, and the community and mental health transformation programme. These align with the Health Services Strategy.
- Board members have volunteered as system champions to lead the agreed transformation priorities and enablers. The paper seeks the Board's ratification of these system champions to provide them with the mandate to take the work forward.
- The paper outlined the process for making difficult decisions to achieve a balanced plan, and the requirement for provider Boards to sign off the Board Assurance Statements. Provider Boards are expected to sign off these statements in advance of the Board meeting on 26 March.
- The Joint Forward Plan has undergone minimal updates to align with the forthcoming 10-year health plan from NHSE. Measures and outcomes for strategic priorities have been introduced, acknowledging the system's progress over the past year.

DW acknowledged the difficult financial settlement for 2025/26, expressing gratitude to system partners and finance colleagues for their efforts. Despite ongoing pressures, a balanced financial plan will be submitted as approved by the Board, as confirmed in a recent meeting with NHSE. However, the plan carries significant financial risks, which have continued to increase year on year.

The Board was reminded that in 2024/25, the system faced £60 million in unmitigated financial risk alongside an ambitious 6% efficiency target, making it an exceptionally challenging year. In response, strict financial controls were implemented, and similar measures will be crucial for 2025/26.

To ensure strong financial governance, DW emphasised:

- The need for grip and control measures as the system transitions into delivery for 2025/26.
- Maintaining acute and operational group oversight to manage hospital-based pressures.
- Ensuring community and mental health engagement to sustain service provision and mitigate financial risks.

Requests for Board Consideration

The Board was asked to provide input on the following:

- Advice on decommissioning decisions, which currently require full Board sign-off. The Board is asked to consider setting up a Committee for this purpose.

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	• Ratification of system champions.
	• Approval of the updated Joint Forward Plan.
	• Indication of any further sources of assurance needed to sign off the plan next week.
	
	Key Board Discussion Points
	• JH insisted that decommissioning decisions should remain as a Board decision, rather than being delegated to a committee.
	• LC requested further clarity on fragile services and associated risks, and MWo stated these were services that trusts have flagged that are facing workforce and financial constraints. The Board in Private will address these concerns in detail.
	• The Board sought assurances regarding the impact on residents and whether Healthwatch and clinicians were being sufficiently consulted. MWo outlined that all major changes undergo quality and equality impact assessments, with further community engagement if substantial service alterations are proposed.
	• Given the urgency of financial pressures, MWo suggested more frequent Board meetings may be necessary, potentially virtual sessions, with clear briefings and supporting documents to streamline decision-making.
	• A tiered decision-making approach was proposed to differentiate between:
	  o True decommissioning (service discontinuation).
	  o Returning services to original specifications (removing temporary enhancements).
	  o Ending non-recurrent funding (projects that were never intended to be permanent).
	• While this approach could improve efficiency, the Board stressed full system visibility to prevent unintended consequences for other providers.
	• A strong public communication strategy was deemed essential to explain difficult financial decisions transparently.
	• Directors of Nursing across the system will collaborate to ensure that any service changes are carefully evaluated before making decisions.
	• MWo assured the Board that all service changes remain visible, collectively managed, and logged in a central repository for operational access and oversight.
	
	1. The Board **agreed** that decommissioning decisions should be made by the Board and not delegated to a Committee.
	2. The Board **agreed** to schedule regular meetings to ensure timely decision-making.
	3. Future Board meetings will include information on communication plans and feedback from stakeholders.
	4. The Board **ratified** the system champions who volunteered to lead transformation priorities and enabling programmes.
	5. The Board **approved** the updated Joint Forward Plan as outlined in Appendix C.	

9.0	**Health Services Strategy Plan** *Presented by Dr. Andrew Rochford, Chief Medical Officer, ICB* AR thanked Dr. Ian Reckless for his leadership in developing the Health Services Strategy and acknowledged Down Syndrome Day, wearing bright odd socks in support for residents with Down Syndrome, their families, and loved ones. **Key Updates:** • Clinical leads have been appointed, and meetings are held to set objectives for the coming year. The clinical leadership structure is being enhanced to increase	

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	support at both place and transformation services levels, ensuring multi-professional representation. • A refresh of the Health and Care Senate is underway, aiming for wide representation, including resident representatives. The governance structure is being reviewed to avoid duplication and ensure alignment with the Health Services Strategy. • Public health data is being used to inform the cancer strategy and planning, addressing previous questions on data utilisation. This approach will be extended throughout all work streams. • Efforts are being made to ensure clear links between various work programmes, including mental health, women's and families programme, and long-term conditions. The report to the Board in June 2025 will articulate connections clearly, facilitated by clinical leaders. • AR acknowledged an error in Appendix A, clarifying that Caroline Kavanagh is the Chief Medical Officer, not the Chief Executive. **Key Discussion Points:** • The Board endorsed the work programme, particularly the integration of mental health and children's workstreams. • VM emphasised the need for a clinically driven approach and sought assurance that frailty and ageing would be addressed within the six priority areas. • AR assured the Board that the interconnectedness of various health issues, including frailty and ageing was recognised and would be further developed through the Health and Care Senate, with updates to the Board in June. • The Chair also praised the active involvement of partner organisations in meetings, highlighting their willingness to volunteer and contribute. The Board **noted** the update.	
10.0	**Strategic Delivery Plan: Community and Mental Health Transformation** *Presented by Maria Wogan, Chief of Strategy & Assurance, ICB and Nicky Poulain, Chief Primary Care Officer, ICB* *RG, RF and MWi declared their interest as providers of community and mental health services across BLMK. No mitigating action required.* MWo introduced the item and explained that both her and Nicky Poulain were the SROs for the transformation programme and introduced Kathy Nelson, the newly appointed Programme Director, and Penny Harris, the Strategic Advisor to the ICB. **Key Updates:** • The strategic delivery plan was presented for Board feedback and support, following review by the Finance and Investment Committee (FIC) and the MHLDA Collaborative Committee. • The case for change, using existing data on population needs and service challenges, is set to be reported to the Board in June 2025, with guiding transformation priorities. • Phase two will develop the business case, defining scope, provider selection regime, and governance checkpoints.	

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- A Programme Board and Partnership Forum will be established, with stakeholder engagement via the Systems Insight Network on 6 May.
- The approach to determining service providers will follow the provider selection regime, with a collaborative commissioning agreement with local authority colleagues.
- A question raised at the MHLDA Collaborative Committee addressed the feasibility of completing the case for change by the end of June and the Programme SROs sought Board members' views on the timeline.
- Direct contract awards to current providers are needed to allow time for the transformation process. This is not a rollover of existing contracts but an extension for two years to allow transformation without service disruption.

Key Board Discussion Points:

- **Timeline Concerns:** Board members found the three-year timeline too long and urged a faster, more ambitious approach, given workforce uncertainty and the availability of public health data to co-design services.
- **Engagement & Needs Assessment:**
  - ABo suggested engaging major employers to support transformation as employers have significant impact on the well-being of residents and could provide valuable support for the transformation plans.
  - RF stressed the need for a population needs assessment, given the substantial changes in mental health and neurodiversity, and involving those with lived experience.
  - MT recommended including Healthwatch in strategic communications, addressing resident concerns about access, waiting times, and interim support whilst waiting.
- **Financial & Contractual Considerations:**
  - Board members raised concerns about financial constraints on new contracts, calling for clear communication on funding limits and managing expectations.
  - MWi suggested 1+1year contract extensions for flexibility, but FC clarified a two-year term allowed for the ICB to give notice on the contract, whereas a 1+1 year contract does not
- **Programme Approach:**
  - RG emphasised defining function before form, ensuring change is strategic, not just structural.
  - NP & PH underscored the importance of finalising the case for change separately from procurement decisions.
  - VM supported the need for an ambitious timeline but acknowledged the complexity of balancing strategic transformation with contractual obligations.
  - PH assured the Board that the presented timeline was the longest possible and that efforts would be made to shorten it following feedback.

The Chair called for proactive collaboration, ensuring the right stakeholders contribute key insights and stressed the need to identify strengths, gaps, and best practices before defining models. The Chair also confirmed the Finance and Investment Committee will oversee progress, with regular updates at each Board meeting.

The Board **noted** the report.

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	The Board paused for a 15-minute break before item 11.0. *KN and PH left the meeting.*	
	System Assurance	
11.0	**Audit & Risk Assurance Committee** **Committee Chair's Report** – *Vineeta Manchanda* **Key points from the report:** • An internal audit report on cybersecurity in the supply chain revealed a moderate rating for design but limited effectiveness, primarily due to the lack of routine risk assessment for all entities in the supply chain. This necessitates tighter monitoring of contracts and ensuring suppliers conduct proper risk assessments. • Progress made on the system risk register, with consideration of asking the ICB's internal auditors BDO, to review the management of system-wide risk. • The need to have all secondary care contracts signed remains an ongoing issue, with concerns about potential qualification of reports if not resolved. • A new risk concerning data security and compliance has been added to the risk register, reflecting the increased workload in this area, although it is under control. • The high cost of prescribing risk was discussed, with advice to escalate it to the corporate risk register through the Primary Care Commissioning and Assurance Committee. • The report celebrated the finance team's robust systems, as demonstrated in the internal audit, and acknowledged progress on the UEC system risk and the development of key risk indicators, which will serve as a template for managing other system risks. 1. The Board **noted** the Chair's summary report from the Audit & Risk Committee meeting held on 31 January 2025. 2. The Board **received** and **noted** the EPRR Core Standards Annual Report 2024/25 and noted the substantially compliant rating received for the system.	
11.1	**System Risks and Board Assurance Framework** – *Maria Wogan, Chief of Strategy & Assurance* There was a deep dive into the UEC risk during Part 2 of the Committee to complete the system's work on this issue. Additionally, there was in-depth discussion on the risk of a cybersecurity breach, involving both local authority and health audit leads. More work is needed to define the risk and actions to mitigate it. The format of the system risk register has been updated as a result of the collaborative work being done across the system. The Board **noted** the SRR/BAF update and **agreed** any changes to the SRR/BAF including additional actions or mitigations required.	
12.0	**Bedfordshire Care Alliance** **Committee Chair's Verbal Report –** *Shirley Pointer* The recent Bedfordshire Care Alliance (BCA) meeting, reviewed feedback from the Carnall Farrar review: • A workshop of BCA Committee members reviewed the feedback of the effectiveness of the BCA. Each Place was receiving its respective feedback shortly. • Feedback varied widely, demonstrating a spectrum of views on the effectiveness and future of the BCA.	

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	• There was clear consensus that certain projects within the BCA portfolio had been very successful, due to clear purpose, defined benefits, and strong engagement. • There was a difference of opinion regarding the value of the layers of architecture within the BCA and whether this structure is essential for driving change within the Bedfordshire footprint. • The discussion touched on whether the BCA Committee, as an entity, should drive transformation and change within Bedfordshire and Luton or if it should adopt a more flexible approach, potentially involving cross-system collaboration or partnerships between NHS providers and Places. • The meeting set a framework for a way of doing things that might benefit from increased flexibility. • Next steps involve organising another BCA Committee meeting once Places have received feedback. The meeting will aim to formalise the future steps and establish a clear and agreed perspective on the form and function of the BCA, if it is to continue as an entity. The Board **noted** the verbal update from the Bedfordshire Care Alliance Committee held on 20 March 2025.	
13.0	**Health & Care Partnership Update** **Committee Chair's Report –** *Cllr Martin Towler* The Board **noted** the Chair's summary report from the Health & Care Partnership meeting held on 14 February 2025.	
14.0 14.1	**Finance & Investment** **Committee Chair's Update –** *Manjeet Gill* The Board **approved** the section 75 agreement between Central Bedfordshire Council and the ICB for a total value of £41,797,458 as recommended by the Committee and detailed in the report. The Board **noted** the remainder of the report of the meeting held on 28 February 2025. **ICS Finance Report** *presented by Dean Westcott, Chief Finance Officer* **Key points to note:** **Month 11 Figures:** • Improvement from a £19 million deficit at month 10 to approximately £13 million at month 11. • Current position: £13.7 million adverse variance to plan. • Forecast for the health system and all individual systems remains break-even, indicating that despite the deficit, the overall financial health is stable. **Recovery Actions and Financial Control:** • Detailed in the report, outlining specific measures taken to improve the financial position. • System on track to exceed its efficiency target for the year, aiming for £111 million against a target of £106 million. This reflects strong performance and effective cost-saving measures across the system. **Year-End Risks:** • Most risks have crystallised and are being managed. • NHSE has capped elective recovery funding, so any overperformance will not be funded. **Capital Overspend:**	

	• System currently £5 million overspent on capital expenditure. Discussions are ongoing with system partners and NHSE regarding steps to mitigate the potential overspend • If additional funding is not secured, the overspend will be a first call on next year's fund, potentially impacting future budgets. **Local Authority Positions:** • Included in the report for completeness, providing a comprehensive view of the financial health of all partners. • Financial positions of local authorities remain very challenging, highlighting the need for continued support and collaboration. MG in capacity as Chair of the Finance & Investment Committee, thanked colleagues for their hard work. The Board **noted** the ICS finance report.	
15.0	**Mental Health Learning Disabilities and Autism (MHLDA) Collaboration Committee Chair's Update** **Committee Chair's Verbal Update -** *Vineeta Manchanda* • The rich data available was noted. • There has been a request for a representative from community services to join the Committee, with the importance of community involvement emphasised. • The meeting included a deep dive into CAMHS, focusing on access to mental health services. Currently, the area is 24.7% below the NHS long-term planned trajectory for access to mental health services, indicating a significant problem that will not be resolved by 2025/26 without transformation work. The recovery plan is focusing on school mental health support, contacting those waiting for assessments, introducing a locality-based model, and supporting the VCSE sector to record relevant activity, aiming to optimise data collation and build a fuller picture of mental health service needs. • Efforts are being made to standardise the mental health service offering across the patch. This will be part of the broader mental health transformation work. The CAMHS team has been asked to progress at pace. • Key targets include improving flows through mental health crisis and acute pathways and enhancing access to CAMHS. • Collaboration with Luton's public health team is underway to expand the mental health services dashboard to BLMK. • ELFT has submitted a bid for just under £3 million in the national capital planning opportunity for mental health for 2025/26. Funding would provide additional beds in BLMK, benefiting the broader community. The outcome of the bid is pending, with NHS asking further questions. The Board **noted** the verbal update from the MHLDA Collaboration Committee held on 13 March 2025.	
16.0	**Primary Care Commissioning & Assurance Committee (PCCA) Chair's Update** **Committee Chair's Update** – *Alison Borrett* • The following were highlighted: The Committee recommended to the Board to approve following the provider selection regime, process one direct award C to incumbent providers for the Putnoe Walk-in Centre (Putnoe Medical Centre Partnership) and the Luton Urgent Treatment Centre (HUC). Contracts for these centres are to be extended to 30 September 2028. • **Risk:** Increase in prescribing costs due to more patients registering with GPs and the introduction of new drugs. Estimated possible end-of-year deficit of £7.1 million. This issue is not unique to the ICB but is also being experienced by other ICBs across the UK.	

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	• **Dental Recruitment Initiative:** The scheme funds up to 10 dentists. Currently, BLMK has three dentists already in post and two with confirmed start dates, meaning five out of the ten positions are in progress. This is a positive development given the challenges around dentistry in the region. 1. The Board **noted** the report of the meeting held on 24 January 2025. 2. The Board **approved** 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.	
17.0 17.1	**Quality & Performance** **Committee Chair's Update** –*Shirley Pointer* **Key points to note:** • The quality of data received by the committee has improved. The detailed performance report is now accessible and clearly understood, thanks were given to the efforts of all teams involved. • The Committee received a summary report on the project portfolio. It was noted that while the reports are extensive, the purpose, aspired outcomes, and measures of achievement are not where they need to be. SP encouraged members to use the data more effectively to drive delivery in projects and programmes. • Several items discussed related to BHFT, which is responsible for addressing the issues raised in the report. SP assured the Board that there is system-level oversight, support, and governance to help address these issues. The Board **noted** the report of the meeting held on 7 March 2025. **Performance Report**, *presented by Sarah Stanley, Chief Nursing Director and Maria Wogan, Chief of Strategy & Assurance* **Key points to note:** • The report highlighted the impact of improving vaccination rates on achieving national targets. • It is unlikely that the national A&E 4-hour target will be achieved, despite trusts' best efforts and high performance compared to peers in the East of England. • Children and young people's mental health access target will not be met this year. • Diagnostic waits remain a significant challenge for the system and will be a focus area going into next year. • SSt confirmed there are no new quality concerns beyond those already identified. • A recent gathering of all 42 ICBs to discuss system-level improvements was highlighted. BLMK is currently the only system using population health measures in its performance report. BLMK has been asked to lead a half-day session in May on this topic, due to the fantastic performance report that continues to iterate. • The importance of moving towards outcome measures and transformation measures to change overall population health outcomes was emphasised. The Board **noted** the Performance Report.	
ICB Organisational Decisions, Governance and Assurance		
18.0	**Remuneration Committee –** *Shirley Pointer* 1. The Board **noted** the report from the meeting held on 17 January 2025. 2. The Board **noted** the Equality Delivery System and the Gender Pay Gap report that has been published on the ICB website.	
19.0	**Corporate Governance Update**	

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	Presented by Maria Wogan, Chief of Strategy & Assurance The Corporate Governance Update highlighted the following issues: **Amendments to Terms of Reference for Health and Care Partnership:** • Addition of the two Co-chairs of the VCSE strategy group to the membership. • Reduction of the quorum to one-third of the members. **Mental Health, Learning Disabilities, and Autism Collaborative Committee Terms of Reference:** • Inclusion of lead provider contracts being delegated from NHSE from 1 April 2025. This addition aims to provide a comprehensive overview of mental health services for residents. **Scheme of Delegation:** • Identification of a gap in the scheme of delegation regarding the signing of Memoranda of Understanding with other organisations. **Other Items to Note:** • Various items, including Board member appointments, were noted in the report and a further report will be made to the next meeting. The Board: 1. **Agreed** to amend the Terms of Reference for the BLMK Health & Care Partnership as described and update the Governance Handbook accordingly. 2. **Approved** the addition to the MHLDA Collaborative Committee Terms of Reference as described and update the Governance Handbook accordingly. 3. **Approved** the delegation to all Executive Directors to sign Memoranda of Understanding on behalf of the ICB with one or more parties and **agreed** that the Scheme of Reservation and Delegation be updated accordingly. 4. **Noted** the changes to the Primary Medical Services Contract Holders and approved the update to the Governance Handbook 5. **Noted** the process and timeline for the appointment of Board partner members and non-voting participants. 6. **Noted** the update on Non-Executive Members appointments. 7. **Noted** the process and timeline for the Fit and Proper Person Test. 8. **Noted** the process and timeline for the Annual Report and Accounts 2024/25. 9. **Noted** the process and timeline for the Committee Effectiveness Review which will be reported to the Board on 27 June 2025.	
	Closing Items	
20.0	**Communication from the Meeting** Communications from the meeting will be written up and shared with partners through the usual process. Board members and participants are asked to share information within their organisations.	
21.0	**Meeting Evaluation** The Chair invited feedback from Board members and attendees on meeting effectiveness: • EE appreciated the friendly and constructive challenge in a safe space, noting the openness and friendliness of the attendees. • SP commented on the appropriate pace of the meeting, feeling that the balance was better compared to previous meetings where discussions felt rushed. • The Chair thanked MER and FC for their invaluable briefings and extended gratitude to the entire team and attendees.	
22.0	**Any Other Business**	

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The Chair thanked Nicky Poulain, noting this was their last Board meeting and wished them well in their retirement. The Chair also acknowledged that it was Robin Porter's last Board as Chief Executive of Luton, wishing them and their family well and thanking them both for their valuable contributions.

FC added personal thanks, highlighting Nicky Poulain's extensive contributions, including their role as Co-chair of the Primary Care Network for the NHS Confederation and their involvement in the Fuller review. FC also thanked Robin Porter and suggested a video shown at a Council meeting be shared with Board members to illustrate the respect and appreciation for his work.

The Chair thanked Marcel Coiffait, Chief Executive Officer, Central Bedfordshire Council and his team, for their hospitality today.

Resolution to exclude members of the press and public:

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

The meeting finished at 12.25

Details of Next Meeting: Friday 27 June 2025, 09:00 – 13:00, Central Bedfordshire Council Chamber

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Manjeet Gill	Acting Chair of the ICB	21/05/2025

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Appendix A

Meeting of the Board of the Bedfordshire, Luton and Milton Keynes Integrated Board in Public

21 March 2025

QUESTIONS FROM MEMBERS OF THE PUBLIC

Syed Abrar, Client Director at Limbic

Question:

I would like to submit the following question for consideration at the ICB Board:

As the adoption of AI continues to shape the delivery of healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency and ensure equitable access to services?

Additionally, if you are a third-party that is able to support the ICB's strategy and priorities, who would be the best person to contact regarding this matter in the first instance?

Response from Dr Andrew Rochford, ICB Chief Medical Officer

- Thank you for this question which I am pleased to answer as the lead ICB Executive for Digital Delivery.
- The ICB supports the appropriate use of technology to support both the residents and our partners in the provision of care services.
- Our partners currently do use AI where it has been shown as a result of engagement and scoping processes to be the most suitable technology and the providers of this, and any other utilised technology, have undergone an open process to ensure fair selection.
- Potential future suppliers should continue to engage through the procurement frameworks the ICB and indeed the NHS operate within.

Amal, Somali Voices Enabled

Question:

I would like to submit the following question for consideration at the ICB Board:

We understand that the ICB's received funding for pelvic health, which FGM is part of. Can the ICB confirm what allocation they have for this and what the funding is currently used for?

Response from Sarah Stanley, ICB Chief Nurse

- Thank you for this question which I am pleased to answer as ICB Chief Nurse.
- To clarify for the Board, FGM stands for female genital mutilation. The term refers to all procedures that involve the partial or complete removal of external female genitalia or any other injury to female genital organs for non-medical purposes. The practice offers no health benefits for girls and women and can lead to serious consequences, including severe bleeding, urinary issues, cysts, menstrual complications, infections, childbirth difficulties, and an increased risk of newborn mortality.
- The total value of the contracts for Pelvic Health Services this financial year are £150,033.
    - BHFT - £86,756
    - MKUH - £63,277

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- **MKUH** do not have a specific FGM pathway, however there is training with the Perinatal mental health service regarding the link between Mental Health and Pelvic Floor Dysfunction, for those in pregnancy.
- They also highlight Pelvic Floor Dysfunction in monthly midwife training regarding symptoms for referral - irrespective of due to FGM or not - and these pathways are clearly publicised for Perinatal Pelvic Health Services. A service spec is currently in development.
- **Bedford** have a small pelvic health physio team who will see patients as referred both under generic Pelvic Health and Perinatal Pelvic Health Services and are in the process of developing a FGM pathway. There has been protected time allocated for Bedford Maternity training on Pelvic Floor Dysfunction symptoms and referral over the last year.
- **Luton** have a part time Pelvic Health physio working under Perinatal Pelvic Health Service contract, the role is to support Pelvic Floor Dysfunction in the Perinatal population
- The pathway for women in Bedfordshire, Luton and Milton Keynes for FGM support is through the National FGM Support Clinics, there are no local FGM support clinics as these clinics need significant specialised clinical, multiprofessional, multidisciplinary support which has been consolidated at national centres to get the best support for women who need this. This is part of the national pathways developed to support women with FGM who need specialist support which is key.

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Date: 26 March 2025
Time: 12:02 – 12:05
Venue: MS Teams

Minutes of the Extra-Ordinary Board of the Integrated Care Board (ICB) In PUBLIC

Members:		
Manjeet Gill	Acting Chair, ICB	MG
Alison Borrett	Senior 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	LC
Marcel Coiffait	Chief Executive, Central Bedfordshire Council - Partner Member, Local Authorities	MC
Felicity Cox	Chief Executive Officer (CEO), ICB	FC
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
Vineeta Manchanda	Non-Executive Member, ICB	VM
Shirley Pointer	Non-Executive Member, ICB	SP
Robin Porter	Chief Executive, Luton Borough Council - Partner Member, Local Authorities	RP
Dr Andrew Rochford	Chief Medical Officer (CMO), ICB	AR
Sarah Stanley	Chief Nursing Director (CND), ICB	SSt
Dean Westcott	Chief Finance Officer (CFO), ICB	DW
Participants:		
Bethan Billington	Deputy Chief People Officer, ICB *deputising for Martha Roberts, Chief People Officer, ICB*	BB
Elizabeth Elliott	Joint Interim Director of Public Health Luton	EE
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Dominic Woodward-Lebihan	Deputy Chief of Strategy & Assurance, ICB *deputising for Maria Wogan, Chief of Strategy & Assurance, ICB*	DWL
In attendance:		
Michelle Evans-Riches	Head of Governance (*support),* ICB	MER
Matt Hollex	Head of Programme Management Office, ICB	MH
Laura MacSweeney	Corporate Governance Officer *(minutes)*, ICB	LMS
Lorraine Sunduza	Chief Executive Officer, East London Foundation Trust	LS

No members of the public were in attendance.

Apologies:		
Vicky Head *(participant)*	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Dr Omotayo Kufeji	General Practitioner	OK
Lorraine Mattis *(participant)*	Associate Non-Executive Member	LM
Nicky Poulain *(participant)*	Chief Primary Care Officer	NP
Dr Sahadev Swain	GP - Partner Member, Primary Medical Services	SSw
Cllr Martin Towler (*participant)*	Co-Chair, Health & Care Partnership	MTo
Matthew Winn *(invited attendee)*	CEO, Cambridgeshire Community Services (CCS)	MWi

No.	Agenda Item	Action
1.0	The Chair **welcomed** all present to this meeting of the Board of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only. a) Apologies were **noted** as above. b) It was confirmed that the meeting was **quorate**. c) When the meeting papers were circulated, members of the committee were asked to confirm that the Register of Interests was up to date in respect of their declarations. **No changes** were identified. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made. d) **Disclosure of Interests –** None were made. e) Remaining members were asked to declare any conflicts of interest in relation to the item on today's agenda relating to musculoskeletal services. There were no further declarations.	
2.0	**Resolution to exclude members of the press and public** The Board of the Integrated Care Board resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted regarding the musculoskeletal (MSK) service procurement, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960. The meeting finished at 12:05	

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Manjeet Gill	Acting Chair of the ICB	21/05/2025

DRAFT

Date: 02 May 2025
Time: 09:00 – 09:10
Venue: MS Teams

DRAFT Minutes of the Extra-Ordinary Board of the Integrated Care Board (ICB) In PUBLIC

Members:		
Robin Porter	Chair, ICB	RP
Alison Borrett	Senior Non-Executive Member, ICB	AB
Michael Bracey	Chief Executive, Milton Keynes Council - Partner Member, Local Authorities	MB
Marcel Coiffait	Chief Executive, Central Bedfordshire Council - Partner Member, Local Authorities	MC
Felicity Cox	Chief Executive Officer (CEO), ICB	FC
Manjeet Gill	Non-Executive Member, ICB	MG
Joe Harrison	Chief Executive, Milton Keynes University Hospital - Partner Member, NHS Trusts and Foundation Trusts	JH
Dr Omotayo Kufeji	GP - Partner Member, Primary Medical Services, ICB	OK
Vineeta Manchanda	Non-Executive Member, ICB	VM
Shirley Pointer	Non-Executive Member, ICB	SP
Kate Robertson	Interim Corporate Director for Population Wellbeing Deputising for Mark Fowler, Luton Borough Council	KR
Dr Andrew Rochford	Chief Medical Officer (CMO), ICB	AR
Mahesh Shah	Partner Member, Primary Medical Services, ICB	MS
Sarah Stanley	Chief Nursing Director (CND), ICB	SSt
Dr Sahadev Swain	GP - Partner Member, Primary Medical Services, ICB	SSw
Dean Westcott	Chief Finance Officer (CFO), ICB	DW
Participants:		
Elizabeth Elliott	Joint Interim Director of Public Health Luton	EE
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Khtija Malik	Co-Chair, Health & Care Partnership	KMa
Lorraine Mattis	Associate Non-Executive Member	LM
Martha Roberts	Chief People Officer, ICB	MR
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MTa
Cllr Martin Towler	Co-Chair, Health & Care Partnership	MTo
Maria Wogan	Chief of Strategy & Assurance, ICB	MWo
In attendance:		
Dr Sanhita Chakrabarti	Deputy Chief Medical Officer, ICB	SC
Andrew Clayton	Partnership Governance Lead, ICB	AC
Michelle Evans-Riches	Head of Governance (*support),* ICB	MER
Laura MacSweeney	Corporate Governance Officer *(minutes)*, ICB	LMS
Kathryn Moody	Director of Contracting, ICB	KMo
Lorraine Sunduza	Chief Executive Officer, East London Foundation Trust	LS

2 members of the public were in attendance online

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Apologies:		
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	LC
Mark Fowler	Chief Executive, Luton Borough Council - Partner Member, Local Authorities	MF
Ross Graves	Chief Strategy & Digital Officer, CNWL - Partner Member, NHS Trusts and Foundation Trusts	RG

No.	Agenda Item	Action
1.0	The Chair **welcomed** all present to this meeting of the Board of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only. a) Apologies were **noted** as above. b) It was confirmed that the meeting was **quorate**. c) When the meeting papers were circulated, members of the committee were asked to confirm that the Register of Interests was up to date in respect of their declarations. **No changes** were identified. It was noted that the Chair's conflicts were not on the document but that they were retained on the master register. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made. d) **Disclosure of Interests –** JH advised that his wife, Samantha Jones is now serving as Permanent Secretary of the Department of Health and Social Care. No mitigating actions required. e) Remaining members were asked to declare any conflicts of interest in relation to the item on today's agenda relating to musculoskeletal services. There were no further declarations.	
2.0	**Chair of the ICB** FC advised the Board that, following a delay, formal confirmation had been received on Wednesday that Robin Porter has been appointed as Chair of the Integrated Care Board (ICB) by the Secretary of State for a standard three-year term. Due to local elections, the public announcement was deferred and is taking place concurrently with the meeting. RP expressed appreciation for the support received, particularly acknowledging MG's exceptional leadership and personal support during the transitional period. RP also conveyed gratitude to the Board and stated his commitment to serving the residents of Bedfordshire, Luton, and Milton Keynes. He reaffirmed the ICB's shared goals to improve health outcomes, reduce inequalities, enhance productivity, and support broader socio-economic development. RP emphasised the importance of collaboration, staff wellbeing, and resilience in the face of ongoing national and system-level challenges and thanked the Board for its support during the appointment process. The Board **noted** the appointment.	

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3.0	**Any Other Business** No further business was raised.	

Resolution to exclude members of the press and public

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

The meeting finished at 09:07

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Robin Porter	Chair	27/05/2025

Board of the Integrated Care Board in Public Action Tracker as at 19.06.2025

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
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	27/06/2025	19/06/25 - Update to be covered under item 11.0. Propose closure following the meeting of the 27/06/25. 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.	COMPLETE: Propose closure at next meeting 27 June 2025
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	27/06/2025	19/06/25 - Update to be covered under item 7.0. Propose closure following the meeting of the 27/06/25. 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.	COMPLETE: Propose closure at next meeting 27 June 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	19/06/25 - Limited funding in the communications budget this year meant we were unable to take this idea forward. 21/3/25 - Update being collated and will be circulated accordingly. 6/1/25 Msu - there are issues to overcome regarding funding and contracting. Will update when possible.	COMPLETE: Propose closure at next meeting 27 June 2025
103	21/03/2025	Chief Executive Officer Report	The Chair requested that the Primary Care Commissioning and Assurance Committee seek assurance on matters raised in relation to the primary care estate utilisation and modernisation fund for 2025/26. Any papers relating to the utilisation and modernisation fund to be shared with the Board.	Alison Borrett		27/06/2025	19/06/25 - Confirmed that the Primary Care Utilisation and Modernisation Fund for 25/26 is now a standing item on the Primary Care and Commissioning Assurance Committee. Papers due to the next Committee 01/08/2025. Once papers received, this will be shared with the Board.	In Progress
104	21/03/2025	Directors of Public Health Annual Report 2024/25	EE to circulate finalised Annual Report for Luton once available.	Elizabeth Elliott		27/06/2025		In Progress

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
WITHDRAWN	10105	Clinical Policy Development/ Process	Agree a Clinical Policy Development process	Board of the ICB	BLMK	27 Jun 2025	Chief Medical Director	Andrew Rochford 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	26 Sep 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	26 Sep 2025	Chief People Officer	Bethan Billington, Deputy Chief People Officer
FUTURE	10133	Cancer Strategy	Review and agree Cancer Strategy	Board of the ICB	BLMK	26 Sep 2025	Chief Medical Director	Kathy Nelson, Cancer lead
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

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	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: 27 June 2025

Executive Lead: Felicity Cox, Chief Executive Officer, BLMK ICB

ICS Partner Lead: N/A

Report Author: Georgie Brown, Chief of Staff, BLMK ICB

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 21 March 2025.

2.0 Recommendations

2.1 The members are asked to:
Delegate sign off of the System Winter Plan to the Chief Executives Group
and to receive this report 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 ICB Chair

We have been pleased to welcome Robin Porter, former Chief Executive of Luton Council, as the new chair of the Bedfordshire, Luton and Milton Keynes Integrated Care Board. Robin brings a wealth of experience in public service and leadership to this pivotal role in the Integrated Care System. Our thanks to Manjeet Gill, who led the ICB as Acting Chair from January 2025 until Robin was formally confirmed on 02 May.

4.2 ICB Target Operating Model (TOM)

The ICB has concluded the process to deliver on the instruction by Steve Barclay, then Secretary of State to reduce ICB running costs by 30%. All redundancy notices have been

served. Staff under notice of redundancy are in the open competition stage to support potential opportunities for suitable alternative employment. The ICB remains committed to supporting colleagues during the transition process. Colleagues have had an opportunity to raise with their line manager, trade union representative and/or HR any support they may wish to access.

The ICB has established several support mechanisms for staff during these times of change:

- Employee Assistance Programme;
- Access to health and wellbeing champions who have received training regarding supporting staff through transition;
- Access to coaching and mentoring;
- Access to training and development opportunities via NHS Elect;
- Dedicated line manager support sessions focussed on providing managers with the skills and information to hold consultation sessions with their staff;
- Listening circles;
- Regular all staff briefings to cascade information;
- Trade Union colleagues and their organisation's support offers for their membership.

New Executive Structure

The ICB has decided not to recruit to the Chief roles that are vacant (Chief Primary Care Officer and Chief Operating Officer). As a result, the proposed creation of a new Neighbourhood Health and Primary Care directorate will not be progressed, and the position will remain vacant whilst we progress through the next change process. The Primary Care Team will report to Chief Medical Director. The Deputy Chief of Primary Care will act into a temporary role of Director of Primary Care. Planned and Unplanned Care teams will move into the Chief Executive Office under the Chief of Staff who will act as Director of Operations.

4.3 **ICB Reconfiguration**

BLMK ICB submitted a headline plan to NHS England on 30 May, agreed between the three ICBs that will cluster together this year. This focussed on how the three could come together and meet the new cost envelope of £19 per head of population, and has been shared with the Board in full.

The Joint Transition Committee, which is overseeing the development of plans for the new cluster, met for the first time on 09 June 2025. The BLMK Programme Board, which is overseeing only the work in relation to the future of BLMK ICB, met for the first time on 16 June 2025. The readout from both is included in the Papers for the ICB Meeting in Private, where a verbal update will also be given.

A Transition Team has been established in BLMK, led by the Chief Strategy and Transformation Officer, to coordinate the work internally. This includes our detailed assessment of the risks posed by the ICB Reconfiguration process, including to the delivery of our 2025/26 Operational and Financial Plan. The latest on this is set out in the Operational and Financial Plan paper presented to the ICB Board in Public.

The BLMK Chief Executive Officer is also acting as the lead CEO for the transition to the new cluster. The BLMK system, through the joint ICB/ICP Seminar event on 23 May, has agreed its 10 priorities going into the reconfiguration process. At the Seminar event it was also confirmed that BLMK's existing Integrated Health and Care Strategy would run to at least end 2025/26, and would not be substantially updated in view of the reconfiguration process.

4.4 **Health Services Strategy Update**

Work continues on the Health Services Strategy. There are now clear governance structures in place for all the programmes of work. We are adopting an improvement approach and developing system charters for each programme. Since the last Board there has been a specific focus on clinical leadership and engagement. The Health & Care Senate has been reconvened; we continue to recruit to our multi-professional strategic clinical leadership roles

for place, priorities and programmes, and there is a system-wide clinical leadership day on the 14 July.

4.5 **ICB Regional Review Meeting, 23 April 2025**

The BLMK ICB quarterly review meeting discussed successes and challenges in BLMK; the system Financial, Operational and Workforce Plan for 2025/2026; ICB transformation; the Bedfordshire Hospitals Foundation Trust (BHFT) Integrated Improvement Plan; Community and Mental Health Programme and Bedfordshire Places and BCA Review. The regional team acknowledged gradual improvements by BHFT against the Integrated Improvement Plan and highlighted that paediatric audiology remains an issue. Colleagues across the system were thanked for their continued hard work and progress through the operational planning period.

4.6 **Local Government Association Independent Report – Milton Keynes Council**

The Chief Executive Officer congratulates Milton Keynes Council on their recent report by the Local Government Association which highlighted strong leadership, motivated workforce and effective partnerships that are already supporting both local government and the NHS to deliver on prevention and tackling health inequalities.

4.7 **MSK Procurement**

The procurement process for the Community MSK Service remains in standstill period.

4.8 **Mount Vernon Cancer Centre**

The Health and Care Partnership and Integrated Care Board met for a Joint Seminar on 30 May 2025. Here they gave views to shape the system's position on the future of Mount Vernon Cancer Centre, and to feed into the consultation on this topic. That position statement is included in the Board's papers today.

4.9 **National Urgent and Emergency Care Plan and Winter Planning**

NHS England published its National Urgent and Emergency Care (UEC) Plan on 05 June 2025, which sets out the focus on how these services can be improved and maintained over the next 12 months following successive winters where performance dropped to unacceptable levels. This includes, accelerated winter planning, bringing back confidence in the service, delivery of what was set out in the planning guidance. This is about doing all the things consistently and robustly that the BLMK system knows it needs to do – taking organisational responsibility for the elements within our control.

- From treatment to prevention: taking steps now to reduce demand for urgent care later this year
- From hospital to community: increasing the number of patients receiving care in community settings
- High-quality emergency care: meeting the maximum 45-minute ambulance handover
- Improving flow through hospitals and all settings
- Ending 12-hour waits in corridors for a bed
- Mental health teams leading from the front
- A whole system approach to improving patient discharge: working with Local Authority partners and making effective use of system capacity
- From analogue to digital: using data and digital investment to improve flow

The accelerated winter planning will require system winter plans to be in place in July, and signed off by Boards in August, with ICBs being required to nominate a Winter Director with the specific accountable role of convening executives from across providers in a system to mitigate pressures between providers.

As there are no BLMK Boards scheduled in August, the Board is asked to delegate authority to the CEOs Group to sign off the 25/26 Winter Plan on its behalf.

4.10 **ICB Shadow Executive Team**

The ICB has recently launched its Shadow Executive Team. This initiative offers participants from across the organisation, executive-level exposure and opportunities to develop the skills necessary for effective senior-level performance. It also supports strategic succession planning at the executive level. Further benefits of a shadow executive group with membership of individuals that are under-represented in leadership positions also include:

- learning lessons on how to improve the diversity of our decision making;
- providing learning and development for leaders from diverse backgrounds;
- enhancing the diversity of decision-making processes and providing valuable learning and development opportunities for colleagues from diverse backgrounds.

The Shadow Executive met for the first time as a group on 23 April to receive their induction and held their inaugural meeting on 3 June 2025 at which they gave valuable feedback on staff support during the recently announced 50% reduction in staff in ICBs, amongst other agenda items.

4.11 **Transformational Reciprocal Mentoring Scheme**

The Transformational Reciprocal Mentoring Scheme is a pioneering programme of mentoring developed by BLMK ICB and Bedfordshire Hospitals NHS Foundation Trust with the aim of reshaping workplace culture and transforming leadership to attract and retain the workforce and improve care for local people.

The scheme has brought together managers from diverse backgrounds and seniority levels, providing opportunity for meaningful conversations and driving real change across the organisations. The scheme paired colleagues from diverse backgrounds and seniority, enabling open and honest conversations about lived experiences, systemic challenges, and opportunities for improvement.

The ICB Chief Executive participated in the scheme and reported her experience to be transformative and revolutionary, providing safe spaces for people to share real insights that will foster creativity and ultimately support innovation. The Chief Executive of Bedfordshire Hospitals NHS Foundation Trust attended two sessions and the graduation and commented on how he could see the change and influence it was having.

4.12 **Women's Health Summit**

On 27 March, the system held its first ever Women's Health Summit in Luton, which was attended by Dame Lesley Regan, Dr Sue Mann and members of the national Women's Health Team. More than 100 people attended the event, led by Dr Sanhita Chakrabarti. The event saw the launch of the Women's Health Network in Luton. Positive feedback was received from all attendees, and the national team particularly enjoyed the poems and dancing led by the Restoration and Revival Church in Luton.

4.13 **Ministerial Letter of Congratulations – Bedford Borough Council**

Along with colleagues at Bedford Borough Council, the Chief Executive Officer was delighted to receive a letter from Janet Dalby MP, the Minister for Children and Families. The letter was to congratulate teams on the recent findings in the Ofsted and Care Quality Commission inspection report, published on February 4 April 2025. A huge well done to all involved. The Minister made a point of saying how pleased she was to see actions taken by leaders across the local area partnership leading to positive outcomes for children and young people with special educational needs and disabilities (SEND).

4.14 **Dying Matters Awareness Week, 5 – 9 May 2025**

This sensitive but important subject is part of the system priority to improve end of life care. ICB staff and colleagues from across the Hospice sector came together to deliver a series of great events, blogs and news stories. The highlight was a powerful play called *Fighting for Life*, by playwright Brian Daniels,

4.15 **Positive News from Places**

Across the ICB it is positive to hear about the excellent work being done across all of the BLMK places to support residents, including:

Luton place team supported Luton Borough Council and NHS partners to deliver a series of successful health and fun days to promote the national "Know Your Numbers" campaign, encouraging residents to monitor and understand their blood pressure. The Hypertension Learning Action Network (LAN) has recently supported residents to receive treatment through cohort 1 - Black African residents aged 30-60 years old diagnosed with unmanaged hypertension and cohort 2 – Indian residents, undiagnosed aged 40-50 (with pre-existing conditions) who do not have a diagnosis of hypertension. There are plans to further roll out this work.

Bedford Borough, several events have taken place locally to raise awareness about the importance of breast screening and to encourage more women to attend breast screening when invited. This included a Breast and Bowel Screening event at the Harpur Centre and a Breast Health Coffee morning for International Women's Day at Fujifilm.

Central Bedfordshire, the Central Bedfordshire Falls Prevention Service, delivered by East London Foundation Trust in partnership with key local stakeholders, held their first West Mid Bedfordshire neighbourhood group to bring together key stakeholders to focus on creating healthier communities.

Milton Keynes, as part of the Bletchley Pathfinder Programme, have launched a Monthly Multi Agency Complex Case Forum for all schools in Bletchley to improve outcomes for children and young people with unmet health and social care needs, and held a Child Development Information & Advice Community Event, in collaboration Milton Keynes City Council and Central and North West London NHS Foundation Trust (CNWL).

4.16 **Speaking Engagements**

The Chief Executive Officer attended the NHS Confederation Expo on 12 June in Manchester and participated in an interview and a presented on Specialised Commissioning.

4.17 **Events and Meetings**

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

28 March	The ICB Chief Executive Officer met with Lord Lieutenant of Bedfordshire, Susan Lousada, for an annual catch up to discuss plans for the year.
4 April	The ICB Chief Executive Officer and Chief Primary Care Officer met with Richard Fuller MP to discuss Saffron Health Partnership.
8 April	The ICB Chief Executive Officer was interviewed by Grant Thornton as part of the Well Led assessment of Bedfordshire Hospitals NHS Foundation Trust.
9 April	The ICB Chief Executive Officer attended a workshop on the regeneration of the Greyfriars site in Bedford.
14 April	The ICB Chief Executive Officer met with the Chair of Milton Keynes University Hospital NHS Trust.
15 April	The ICB Chief Executive Officer, Executive Team and local authority Chief Executives attended a feedback session with Carnall Farrar on the Independent Review of Bedfordshire Places and Bedfordshire Care Alliance.
15 April	The ICB Chief Executive Officer attended the first monthly catch-up meeting with local authority Chief Executives in Bedfordshire with Bedfordshire Police Chief Superintendent and Chief Fire Officer.
16 April	The ICB Chief Executive Officer spoke at the Member Partner Meeting hosted by Mayor Tom Wootton.
17 April	The ICB Chief Executive Officer met with Councillor Adam Zerny
25 April	The ICB Chief Executive Officer delivered a speech at the Aspiring Chief Executive Programme in Leeds.

25 April	The ICB Chief Executive Officer met with Chris Curtis MP.
28 April	The ICB Chief Executive Officer attended East of England CEO and Chairs event.
29 April	The ICB Chief Executive Officer attended an NHS leadership event in London.
20 May	The ICB Chief Executive Officer delivered a speech at the BLMK System People Profession Conference celebrating the HR and People functions across the ICS.
29 May	The ICB Chief Executive Officer participated in an interview with East London NHS Foundation Trust on 10 years in BLMK.
8 May	The Deputy Chief Executive Officer met with Lord Lieutenant of Bedfordshire, Susan Lousada, to discuss how the ICB support the workforce and growth and education across Bedfordshire.
2 June	The ICB Chief Executive Officer and Chief Nursing Officer met with representatives from Willen Hospice.
3 June	The ICB Chief Executive Officer met with Alex Mayer MP.

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

NHS England is consulting on the draft NHS Performance Assessment Framework, focussed on the proposed approach and methodology for assessing the performance of integrated care boards and NHS trusts and foundation trusts. The consultation will run until 30 May 2025 and feedback will help refine the framework's approach to oversight across the NHS ahead of publication and implementation later this year. https://www.england.nhs.uk/publication/consultation-on-the-draft-nhs-performance-and-assessment-framework/

The being fair tool will support decision-making for patient safety incidents referred to workforce, and to ensure that staff are not treated unfairly after a patient safety incident.
https://www.england.nhs.uk/publication/being-fair-tool/

A letter from Sir Jim Mackey (1 April 2025) to set out the foundations for reform.
https://www.england.nhs.uk/publication/working-together-in-2025-26-to-lay-the-foundations-for-reform/

This framework aims to ensure consistent service improvement, innovation, and reduce unwarranted variation. It sets a roadmap for service maturity across seven domains, underpinned by minimum standards. https://www.england.nhs.uk/publication/advice-and-guidance-operational-delivery-framework-for-integrated-care-boards/

This document provides additional guidance on the interpretation and verification of the QOF indicators for 2025/26. https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2025-26/

5.0 Next Steps

5.1 As described in this report.

List of appendices
None.

Background reading
None.

Date: 27 June 2025

Executive Lead: Andrew Rochford, Chief Medical Officer BLMK ICB

Report Author: Dominic Woodward-Lebihan, Director of Strategy & Population Health, BLMK ICB

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

Item 6.0: BLMK Hospital Opportunities Assessment

Reason for report to the Board: Power to approve the commissioning of the Hospital Opportunities Assessment rests with the ICB Board.

1.0 Executive Summary

The BLMK system faces major sustainability challenges and significant health inequalities. In response to these, the chance to inform the community and mental health transformation programme, and the need to deliver a "left shift" of resources from acute to primary and community care, BLKB ICB intends to commission a strategic 'Hospital Opportunities Assessment'.

This Assessment will influence how the system responds to the "left shift" expected to be at the heart of the forthcoming 10 Year Plan. It will also serve as a basis for developing a compelling, longer-term capital strategy for BLMK, noting that future investment is expected to be predicated on a clear clinical strategy.

BLMK ICB will be the strategic commissioner of the Assessment, which is proposed to be delivered by expert external support. Bedfordshire Hospitals Foundation Trust and Milton Keynes University Hospital will engage actively and constructively with it.

ICB and acute trust leaders, together with all BLMK system partners, want to secure the delivery of sustainable, quality acute care for the BLMK population whilst also achieving the "left shift" of resources into primary and community care. The Hospital Opportunities Assessment will help us to do this well.

2.0 Recommendations

Board members are asked to **agree** that the ICB commission independent, external support to undertake the Hospital Opportunities Assessment as soon as possible, as set out in this paper.

3.0 Key Implications

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

Resourcing

It is proposed the Opportunities Assessment be undertaken by expert external support.

Equality and Health Inequalities
The Opportunities Assessment will consider the significant health inequalities in BLMK building upon the existing and substantial evidence base that exists in this area, including the Denny Review.

Engagement
BLMK's two acute trusts are positive participants in the development of the Opportunities Assessment. BLMK ICB is the strategic commissioner. The Assessment will include engagement with a wide range of system partners to support its findings.

Board Assurance Framework (BAF) Risks
Risks on the system's risk register attest to the fragility of local services and associated resourcing concerns which the Opportunities Assessment will consider, as appropriate.

4.0 Report

The BLMK system faces major sustainability challenges and significant health inequalities. These are best summarised in our Health Services Strategy, agreed by the ICB Board in September 2024.

Moving from reactive, acute care to more proactive community and primary care requires significant clinical and operational transformation. This opportunity assessment is critical to the long-term sustainability of the health system in BLMK.

The key drivers for this Assessment are:

- the need for a clear strategy to achieve a 'left shift' from acute to primary and community care in a sustainable way, and one which meaningfully addresses the significant quality and financial challenges facing our acute services;
- the need to maximise the potential of the BLMK NHS estate, addressing long-standing challenges related to the quality of estate at a time of rapid population growth; and,
- the opportunity for this work to influence the development of new specifications for community and mental health services in BLMK – itself a core part of the system's "left shift" ambition.

The Assessment will serve as a basis for the longer-term capital strategy for BLMK and will strengthen the system's position to secure strategic capital over the next 10-20 years.

The Assessment is also expected to inform the future of specialised commissioning in BLMK, supporting a more evidence based and coordinated approach to commissioning for the longer-term needs of the BLMK population.

The Opportunities Assessment will consider the significant health inequalities in BLMK, building upon the existing and substantial evidence base that exists in this area, including the Denny Review.

5.0 Next Steps

We are expecting to make a direct award through a framework contract. This will be then recorded in the ICB's register of procurement decisions, published annually.

The Hospital Opportunities Assessment will be presented back to the ICB Board, where the findings of the Assessment will be considered in detail. No decisions have yet been made on next steps.

List of appendices

No appendices

Background reading

No background reading

Date: 27 June 2025

Executive Lead: Dean Westcott, Chief Finance Officer, BLMK ICB

Report Author: Nikki Barnes, Associate Director of System & ICB Estates, BLMK ICB

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

Item 7.0: BLMK Infrastructure Strategy

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

1.0 Executive Summary

1.1 An Infrastructure Strategy for BLMK ICB has been developed building upon the extensive infrastructure assessment and engagement completed last year. The Strategy sets out clear priorities for improving healthcare infrastructure across BLMK and the approach to addressing system challenges.

2.0 Recommendations

2.1 The Committee is asked to **approve** the Strategy.

3.0 Key Implications

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

3.1 Resourcing – The Infrastructure Strategy commits the ICB and partners to additional workstreams, some of which may require additional resources.

Equality / Health Inequalities – A key focus of the Strategy is around supporting the ICB and wider ICS in its mission to reduce health inequalities.

Engagement – Views gathered from residents and elected representatives including MPs and local Councillors, Healthwatch, VCSE have been reflected in the Strategy. Significant engagement has also taken place with system partners in the development of this Strategy.

Green Plan Commitments – Key objectives within the Strategy are around reducing the carbon footprint of our estate and taking action to adapt our estate to mitigate the impact of climate change.

BAF Risk – The Strategy includes mitigating actions associated with the following risks:
- BAF004 Widening Inequalities
- BAF007 Climate Change
- BAF008 Population Growth

4.0 Report

4.1 Context

The ICB submitted information to NHS England in 2024, in line with the national Infrastructure template. This work included a comprehensive assessment of the current and future challenges relating to the healthcare estate in BLMK and enabled the completion of a national Capital Template, outlining the forecast capital funding requirements for the system for the next ten years, totalling circa £3bn.

It was recognised by the ICB Board that further work was needed to develop a BLMK-owned ICB Infrastructure Strategy based on a locally agreed scope, aligned to the BLMK Health Services Strategy and Health and Care Partnership Strategy.

4.2 Infrastructure Strategy

Fit-for-purpose estates, equipment and technology are fundamental to the delivery of high-quality healthcare services. This Infrastructure Strategy for BLMK Integrated Care Board outlines how we will work to ensure that our healthcare infrastructure continues to support us to improve health outcomes for local people and to protect the sustainability of our services and the facilities they are delivered from.

We know there are challenges with our existing infrastructure, and we need to plan for further substantial growth within BLMK, within the context of significant financial constraints. This Strategy sets out these challenges and our opportunities, and confirms our infrastructure priorities and our strategic approach to support their delivery.

The Infrastructure Strategy is a key enabling strategy to support delivery of the BLMK Health Service Strategy. It is an ICB Strategy and therefore focused on the healthcare estate within our area, but strongly references the need for joined-up multi-agency infrastructure planning and further opportunities along the principles of One Public Estate.

Healthcare estates is one of the most impactful and sensitive issues for our patch. Progressing this Strategy at this stage ensures that there is a clear plan for continuing to improve our healthcare infrastructure in BLMK for the mid-term.

4.3 Developing this Strategy

The intentions and priorities set out in the Strategy reflect extensive public feedback, comprehensive data analysis and engagement with system partners.

The ICB carried out a robust infrastructure assessment in support of the 2024 submission to NHS England, which along with engagement with partners, forms a strong basis for a new Infrastructure Strategy in 2025. Note this assessment (Appendix A to the Strategy) has not been updated since the 2024 exercise.

Over the last two years, the ICB has worked with residents and elected representatives including MPs and local Councillors, Healthwatch, VCSE and local people to listen to their views and work with partners to identify solutions. These views have been reflected in the Strategy.

The Strategy has been developed iteratively through discussions with various groups and sub-committees of the ICB Board, including the Primary Care Commissioning & Assurance Committee, the Finance & Investment Committee, the system Capital & Estates Oversight Group, and a recent joint seminar between members of the ICB Board and the BLMK Health & Care Partnership.

Key themes to emerge from these discussions have included:

i) The value of a Strategy setting out clear priorities for improving infrastructure in BLMK to enable coordinated messaging across all partners at a national level and to best respond to NHS and other capital funding opportunities.
ii) The need to work even more closely together across partners to maximise the utilisation and productivity of the collective estate, including with VCSE and wider public sector partners.
iii) Acknowledgement that this Strategy needs to be organic and respond to evolving service models, particularly including the "left-shift" of care, in line with the anticipated NHS Ten-Year Plan.
iv) Reflection that the role of digital tools is likely to increase over time as the demographic of our population changes.
v) Recognition of the positive partnership working between the ICB and the four local authorities in BLMK in relation to infrastructure planning, and potential opportunities for further strengthening these joint approaches and to supporting the wider determinants of health at community level.

5.0 Conclusion

Members of the Board of BLMK ICB are asked to **approve** the ICB Infrastructure Strategy.

List of appendices

BLMK ICB Infrastructure Strategy
Appendix A – BLMK Infrastructure Assessment June 2024
Appendix B – BLMK System Estates Programme
Appendix C – Primary Care Estates Prioritisation Criteria

Date: 27 June 2025

Executive Lead: Dean Westcott, Chief Finance Officer, BLMK ICB

Report Author: Finance Department

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

Item 8.0: BLMK Joint Capital Resource Use Plan

Reason for report to the Board
Power to approve the System Joint Capital Resource Use Plan (JCRUP) is reserved to the Board.

1.0 Executive Summary

1.1 The Joint Capital Resource Use Plan (JCRUP) sets out the planned capital resource use of the ICB and its system partner Trusts for the year 2025-26. Once approved by the Boards of the system, the report will be published on the ICB website and given to the integrated care partnership, health and wellbeing boards and NHS England, as required by NHSE.

The full plan is shown in **Appendix A**.

1.2 The plan is aligned to the system pipeline of capital initiatives for the year 2025-26 and the 2025-26 financial plan.

1.3 Total capital allocations (including indicative allocations), published by NHSE in 2025-26 for BLMK and including the New Hospital Programme (NHP), amount to £148m.

2.0 Recommendations

2.1 Members are asked to **approve** the Joint Capital Resource Use plan.

3.0 Key Implications

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

3.1 The JCRUP reflects capital plans for the next financial year included in organisational financial plans. These are reflected in the infrastructure strategy and include a focus on addressing Green Plan Commitments and Health Inequalities.

3.2 The report includes content provided by partner organisations.

4.0 Report

4.1 The Joint Capital Resource Use Plan (JCRUP) at Appendix A, sets out the planned capital resource use of the ICB and its system partner Trusts for the year 2025-26.

The plan provides transparency for residents, patients, NHS health workers and other NHS stakeholders on how capital funding will be spent across the financial year.

This broadly aligns with the first year of the ICB Infrastructure Strategy and the pipeline of capital initiatives contained therein and is aligned to the 2025-26 financial plan.

The plan will be submitted to system Trust Boards for approval. The BHFT Board is being held towards the end of June, whilst MKUH will request approval for the plan in July, following the ICB Board. All Chief Finance Officers have signed off this approach and have fully reviewed the report prior to it being taken to the ICB Board.

4.2 The system operating capital allocation across the system and including Primary Care, is £74m. Trusts and the ICB will progress the use of this capital subject to their own internal governance processes. Plans for this allocation have been included in financial planning for 2025-26.

4.3 Indicative national capital allocations have been published by NHSE as shown in the table below. National allocations are subject to a bidding and approval process as set out by NHSE. This process is currently being undertaken. Approvals in principle are then followed by a requirement (from NHSE) to work up a programme of works (business case) for final approval, before the initiative can commence. The bids must have no net revenue consequences for the system.

Where bids are not approved, NHSE may request a further round of bids, to ensure the full allocation is utilised across the Region.
Trust financial plans for 2025-26 include the indicative bids made at the time Financial plans were finalised, as requested by NHSE.

BLMK Capital Allocations	Allocation from NHSE
System Operating Capital Allocation incl IFRS 16	47,299.0
24-25 Revenue Fair Shares Allocation adjustment	12,666.0
25-26 Revenue Fair Shares Allocation adjustment	12,015.0
Adjustment for 24-25 BHFT overspend	
25-26 ICB Capital Allocation	2,006.0
System Operating Capital Allocation incl IFRS 16	**73,986.0**
New Hospital Programme (NHP) - MKUH	22,459.0
sub-total National Capital	**22,459.0**
National Primary Care Utilisation Fund	1,677.0
National Estates Safety Capital	15,463.0
Constituional Standards - Diagnostics - CDC / Endoscopy	23,000.0
Constituional Standards - Diagnostics - Imaging	100.0
Constituional Standards - Diagnostics - Equip for psychological science	900.0
Constituional Standards - for Surgical Hubs - Seed funding	2,000.0
Constituional Standards - for Surgical Hubs - by weighted pop	1,500.0
Constituional Standards - UEC	5,000.0
Mental Health	1,954.0
Total Indicative National Capital new in 2025-26	**51,594.0**
Total Capital included in Plans	**148,039.0**

4.4 New Hospital Programme (NHP) capital allocations relating to the 3 enabling schemes for the Multi storey Car Park (MSCP), High Voltage (HV) power supply and the Imaging Centre are also included in the capital allocation above. The funding totals £22.5m.

5.0 Risk

In BLMK there continue to be risks associated with the estate that services are located within. This arises from having the fastest growing population, where investment is not keeping pace with population growth. Additionally backlog estate issues continue to worsen, with some estate that is not fit for purpose.
There are further risks related to inflation and managing the consequences of global conflicts on the supply chain.
These risks continue to affect estate across all care sectors.

MKUH has indicated to NHSE and the ICB that given the Trust's current cash position, additional cash support will be required to fully utilise the system operating capital CDEL allocation. The ICB is supportive in principle of this application being made which will be subject to a formal request for funding and final approval by the NHSE central team. If approval is not granted, there is a risk the Trust may not be able to fully utilise the allocation it has been given in 2025-26.

The announcement to restructure NHSE and ICBs earlier in the year adds a further risk to the development and approval process of business cases in 2025-26. Any capital that is not spent in-year will be lost, in line with NHSE guidance.

6.0 Collaboration

The system continues to work collaboratively with all system partners.
The monthly Capital and Estates Group continues to meet, bringing together all partners to consolidate work and ensure excellent communication across all parties. There are many good examples of the work being carried out, which are described in the plan (Appendix A).

7.0 Net Zero Carbon Strategy

The ICS Green Plan is aligned to the national net zero targets of 2040 (for controllable emissions) and 2045 (for all other emissions), with an ambition to meet the former by 2035. The refreshed ICS Green Plan for 2025 reiterates these ambitions and sets out a detailed delivery plan.
Both Trusts have outlined heat decarbonisation plans to reach net zero for buildings and energy, which are contingent on receipt of sufficient capital funding. The Trusts continue to take advantage of national capital which is made available to progress net zero ambitions.

List of appendices

Appendix A – BLMK Joint Capital Resource Use Plan – for approval

Date: 27 June 2025

Executive Lead: Dean Westcott, Chief Finance Officer, BLMK ICB; ICS Green Plan SRO

ICS Partner Lead: Dean Westcott, Chief Finance Officer, BLMK Integrated Care Board

Report Author: Tim Simmance, Associate Director of Sustainability and Growth, BLMK ICB

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

Item 9.0: BLMK ICS Green Plan 2025-2032

Reason for report to the Board:
(a) power to approve is reserved to the Board
(b) NHS England requirement to report to Board
(c) statutory requirement

1.0 Executive Summary

1.1 The Integrated Care Board (ICB) has led the creation of a refreshed Integrated Care System (ICS) Green Plan, in collaboration with partners and residents. The ICB Board is asked to approve and adopt this as the new ICS Green Plan for the period 2025-2032.

1.2 The ICS has a statutory duty to address the causes and impacts of climate change. Since 2022 it has done this via an approved Bedfordshire, Luton and Milton Keynes (BLMK) ICS Green Plan. Trusts were also required to have their own Green Plans. These all ran for the period 2022-2025.

1.3 Over the past 3 years, the ICS partners have all progressed work on reducing greenhouse gas emissions, aiming towards net zero. To date, at least 9 ktCO_2e reductions have been achieved within primary care and the two acute trusts (16% of directly controllable emissions). Further details of achievements are within the refreshed green plan (see appendix) and on the BLMK Health and Care Partnership (HCP) website.

1.4 The new Green Plan builds on the progress to date, and incorporates good practice and learning we have developed, and the input of over 150 people, from the ICB, NHS providers, local authorities, voluntary, community and social enterprise (VCSE) representatives and residents. This includes the system-wide ICB/HCP seminar in November 2024 attended by 87 people generating 71 recommendations for inclusion.

1.5 The key components of the refreshed Green Plan will be:

- A bold new vision to create a sustainable health and care system: “People, Places, Planet: BLMK CARES”. This goes beyond the net zero ambition, to meet the core ICS goal to improve health and reduce inequalities, whilst improving nature.
- A stark summary of the current state of the local environment, its impact on health and progress towards net zero.
- Clarity about the scope of the Green Plan, and how different organisations will interact with it. This includes providing an umbrella Green Plan for the ICS’s two hosted NHS Trusts (Milton Keynes University Hospital and Bedfordshire Hospitals), so they can use the context, priorities and shared opportunities to set their own local activities. Both Trusts intend to adopt this single Green Plan as their own.
- A more-comprehensive set of themes and a more-detailed underpinning set of commitments and activities to drive progress.
- A clearer set of measures to monitor progress.

1.6 The ICB Board are asked to discuss the report, in particular:

- To note the progress made since publication of the initial Green Plan (2022-2025)
- To endorse the Vision and the "We Will" statements.
- To recognise and support the breadth of activities set out
- To adopt the ICS Green Plan for the period 2025-2032.

2.0 Recommendations

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

1. The refreshed BLMK ICS Green Plan for adoption and delivery by BLMK ICB and ICS partners (specifically acute trusts and primary care, supported by community and mental health trusts, local authorities and VCSE) for the period July 2025 – June 2032.

2.2 The members are asked to **discuss** the report.

3.0 Key Implications

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

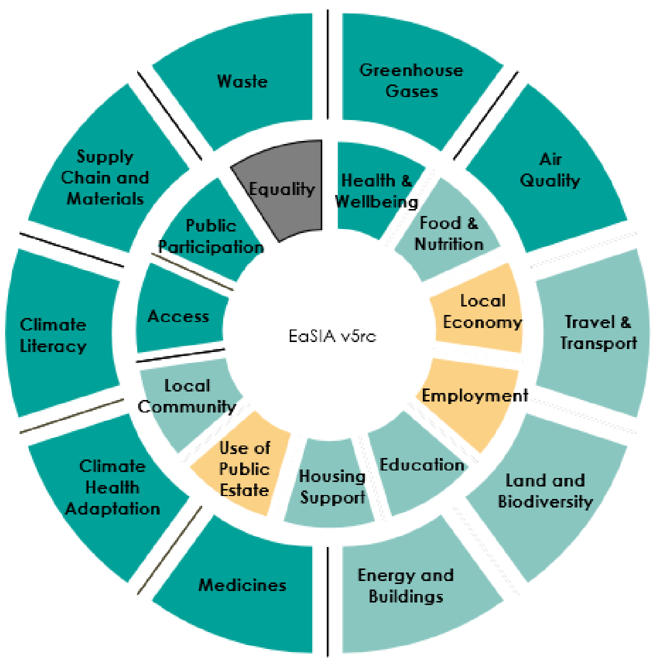
3.1 **Resourcing:** The refreshed Green Plan sets out commitments for organisations within the Integrated Care System. There are no immediate additional direct resource implications outlined as achieving net zero and environmental improvement will require a broad range of activities over many years. Organisations approving and committing to the Green Plan do so in the knowledge that some activities may require additional resource, both financially and in terms of people-time, whilst other activities will result in financial savings; any sustainability initiatives will require approval in line with existing organisational processes. The ICB and the two acute Trusts who are considered by NHS England to be held accountable for delivery of the ICS Green Plan are required to commit to supporting delivery of the outputs and outcomes by providing coordinating resource in the form of an identified executive-level Senior Responsible Officer (already in place at the ICB and both acute Trusts), and appropriate operational resource for sustainability activities.

3.2 **Equality:** The Green Plan recognises that climate change and environmental degradation impact on health and health inequalities. The Green Plan supports the need for a shift from treatment to prevention, to ensure service accessibility and early intervention, to explore and introduce lower-carbon care pathways, and to mitigate unequal impacts of climate change. Activities outlined should reduce the unequal impact of pollution and climate change on different populations.

3.3 **Engagement:** Development of the new Green Plan has involved input from residents (including youth councillors), VCSE, local authority sustainability leads and public health, and NHS sustainability leads and clinicians (primary and secondary care). The refreshed Green Plan will do more to engage staff and members of the public to take individual and collective action to improve the environment.

3.4 **BAF Risk:** The refreshed Green Plan forms the ICS's response to BAF risk 7: "Health, inequality and healthcare service impacts from Climate Change and environmental degradation, and the risk of not achieving net zero".

3.5 **Impact assessment:** A new Environmental and Social Impact Assessment (EaSIA) has been developed internally by the ICB. This tool and process will be used for large service changes to qualitatively assess the likely impact on a range of factors, and displayed as a wheel. The Green Plan has been assessed using this tool, giving the following output, indicating an expected positive impact across 16 of the 19 assessment categories:



Key	Impact
Very Positive	Significant and/or long-term positive impact identified.
Somewhat positive	Slight or short-term positive impact identified.
Neutral	No net change or not applicable.
Somewhat negative	Slight or short-term negative impact identified.
Very Negative	Significant and/or long-term negative impact identified.
	Equality Impact is not currently assessed using this tool

4.0 Report

Context

4.1 The fourth purpose of an Integrated Care System (ICS) is to help the NHS support broader social and economic development. This means addressing the wider determinants of health (socio-economic, lifestyle, and environmental) in support of the ICS's core objectives of improving health and wellbeing and reducing inequalities.

4.2 There is a statutory requirement for Integrated Care Systems to pay due regard to climate change. The statutory guidance, Delivering a Net Zero NHS (July 2022), requires ICBs to develop and approve an ICS Green Plan, setting out how it will support activities to reduce environmental impacts and work towards net zero carbon emissions by 2040, for direct emissions, and 2045 for indirect emissions (predominantly in the supply chain). This guidance already requires Trusts to have equivalent Green Plans.

4.3 Some developments may have a negative impact on one health determinant whilst simultaneously benefiting another – there is a need, therefore, to try to balance the different impacts for the largest possible health benefit to the population. This not only means that sustainability initiatives progress non-linearly, but means it is necessary to have a Green Plan with a clear strategy, that requires consideration of environmental impacts in all decisions.

4.4 The ICB also acts as partner and statutory consultee in relation to other local developments that have a bearing on the health and wellbeing of the population; in exercising this duty, the ICB aims to balance the different impacts. Examples include local large-scale developments, such as Luton airport expansion, Universal Studios, and East-West Rail. These will impact on the many wider determinants in different ways, and achieving the biggest health and wellbeing benefit for the best value remains the ICB's core purpose.

4.5 A three-year system Green Plan was approved in April 2022; Trusts approved their own Green Plans at a similar time.

4.6 The ICB has developed governance to support delivery of Green Plans: a system-wide health environmental sustainability leadership group meets quarterly and a working group of sustainability leads meetings monthly. The ICB and all NHS organisations have allocated resource to support delivery of this plan, and their respective Trust Green Plans.

4.7 The refreshed ICS Green Plan is for at least the period 2025-2032, to continue the good progress made to date. This period covers up to the interim national target to have reduced directly controllable emissions by 80% by 2032.

4.8 It is hoped that the Green Plan is sufficiently forward-looking and comprehensive to allow for future updates to be more agile, focusing on actions rather than strategic elements.

4.9 This new ICS Green Plan addresses the statutory requirement to have a Green Plan for the system. It also acts as a Carbon Reduction Plan for primary care, which is required by all suppliers bidding for NHS contracts.

4.10 The two acute Trusts hosted within BLMK ICS have signalled their intent to adopt this refreshed Green Plan as their own, addressing the statutory requirement to have a Trust Green Plan. This not only reduces duplication and unnecessary effort, but demonstrates the alignment and mutual support within the system that has been a key component of work to date, and that will continue.

4.11 Local authorities have their own sustainability plans to which they are held to account. Non-hosted Trusts are held to account through their host ICSs. The BLMK ICS Green Plan therefore provides direction for organisations developing their own Green Plans, and requests that other ICS partners (local authorities and non-hosted NHS Trusts) support delivery of the objectives where required.

4.12 The refreshed Green Plan is the product of nearly a year of co-development, including the November 2024 HCP/ICB board seminar where 87 people generated 71 recommendations for the Green Plan. Over 170 people have received a copy of drafts to provide input, including the youth councillors participating in the seminar. In a subsequent meeting with two of the youth councillors, they explicitly signalled their approval of the Green Plan structure and content.

4.13 The Green Plan covers all elements of the NHS England Green Plan Guidance, except the recommendation to structure the Plan in line with the guidance. This was a considered decision so as to best reflect the voices and views of those involved in the co-design of the refreshed Green Plan. This refreshed plan is for the BLMK system and those living and working within it.

People, Places, Planet: BLMK CARES - the Refreshed Green Plan

4.14 The BLMK ICS Green Plan 2025-2032 contains a simple vision: People, Places and Planet. "We will" statements describe the desired impacts and commitments that the partners of the ICS will set out to achieve, specifically:

- We will improve health and wellbeing, reduce health inequalities, and work to help our communities adapt to climate change and protect themselves from the health impacts of environmental degradation.
- We will care for our surroundings, improving the built environment, supporting the regeneration of the natural environment, and reduce pollution from health and care services.
- We will reduce healthcare-associated greenhouse gas emissions, achieving "net zero" across the health and care system by 2045 or earlier, and reducing the contribution of healthcare to climate change.

4.15 The Green Plan activities have been arranged into four drivers, spelling out CARES:

- **C**ulture supporting sustainable health and care
- **A**dapted communities and infrastructure
- **R**esource-Consciousness
- **E**nvironmentally **S**ustainable design and delivery

4.16 Each driver has a subset of secondary drivers, summarised in the diagram below:

Culture	Adaptation	Resources	Environmental Sustainability
Inspire, inform, educate and celebrate	Building resilience and minimising climate risks	Reduce, Reuse, Recycle	Supporting healthier lifestyles
Environmentally aware leadership and decision-making	Climate-adapted Infrastructure	Influencing our supply chain	Sustainable service design and delivery
Removing barriers to change	Optimising transport	Minimising waste	Low carbon alternatives

4.17 Within each secondary driver there are a number of activities outlined that make up the full ICS Green Plan.

4.18 Full details of actions to be taken to support the delivery of the Green Plan, including accountable and responsible organisations and people, dates, measures and aims are contained in a Delivery Plan, as an annex to the main Green Plan. These actions will be those monitored for progress to ensure delivery.

One System Green Plan

4.19 The Green Plan is for the whole healthcare system. The ICB and hosted Trusts will be held to account for delivery, in accordance with the national statutory emissions-reduction targets, and as per the Delivery Plan RASCI (Responsible-Accountable-Supporting-Consulted-Informed).

4.20 Non-hosted Trusts and local authorities, whilst accountable through their own respective ICS and LA governance routes, are asked to support delivery where relevant, and align their activities to the system vision and Green Plan priorities.

Impact

4.21 The Plan aims to improve healthy life expectancy, by reducing premature mortality, by addressing pollution and emissions that cause climate change. Studies show that beyond approximately 400 kgCO_2e per head of population, higher emissions do not result in improved quality outcomes with current technologies, supply chains, and energy infrastructure. Whilst the BLMK system appears to have been beneath this level when the baseline emissions were taken in 2019/20, a carbon footprint provided by NHS England (~325 ktCO_2e, against a population of ~900,000) did not take into account any community, mental health or ambulance service emissions (as they are reported through other ICSs). NHS England's emissions in 2019/20 were nearly 550 kgCO_2e per head. It is therefore likely that BLMK is above 400 kgCO_2e per head – determining the exact level will be part of the activities of the Green Plan.

4.22 To perform against national targets, the ICS Green Plan needs to achieve reductions of 77 ktCO_2e within 7 years. This would reduce global deaths by up to 77, as well as reducing local instances of cancer, respiratory conditions, heat-related mortality, mental ill health and trauma, and other environmentally-linked illness, as outlines in the BLMK Green Plan Health Impact Assessment 2022.

4.22 The ICS Green Plan 2025-2032 has identified opportunities of over 30 ktCO_2e against the 2019/20 baseline carbon footprint, merely by achieving median or better performance in a number of areas. This will be further enhanced by existing initiatives that have yet to impact the data (for example, energy and building efficiency measures at the acute trusts), and national infrastructure changes (for example national grid decarbonisation).

Risks to delivery

4.23 Despite good progress to date, the identification of a number of opportunities (as detailed above and in the appendix of the BLMK Green Plan 2025-2032), and activities designed to implement best practice and identify further opportunities, there remains a gap between actions with a quantifiable emissions reduction (30 ktCO_2e) and the required reductions to stay on target (77 ktCO_2e). If insufficient new opportunities can be found, then BLMK ICS risks increasing the emissions reductions required, and therefore the health benefit still to be achieved, from 2032 onwards.

4.24 Each activity outlined in the Green Plan and its Delivery Plan has been designed to be either deliverable within existing resource, or to require appropriate business case approval and/or external funding.

4.25 Progress will be overseen by a Green Plan Leadership Group, with representation from ICS partner organisations. The Delivery Plan (annex to the Green Plan) will be reviewed at least annually to ensure maximum impact, and the Green Plan as a whole will be reviewed after three years (in 2028) to ensure it remains relevant.

4.24 Any reductions to existing sustainability resource or a further lack of external capital funding for decarbonisation will be monitored by the Green Plan Leadership Group, to understand the likely impact on progress, if and when these risks materialise.

4.24 The forming of the Green Plan as a system plan, with both acute trusts looking to adopt it as their Trust plans, will help mitigate risks to system resource levels. Discussions have been initiated to identify opportunities for sharing sustainability action across organisations, to minimise duplication.

4.25 Community and mental health trusts have also been asked to support the system Green Plan delivery. Planning is ongoing to ensure primary care organisations continue to be supported with decarbonisation efforts once the future structures of ICBs have come into being.

4.26 Whatever the resource availability and structure within the ICB and partner Trusts, the need to reduce emissions, protect the environment, and support improvements in the environmental wider determinants of health are vital to achieve the ICS mission of improving healthy life expectancy and reducing inequality in life expectancy. The Green Plan sets out the necessary aims and a structured approach to progress towards them and is it this that the ICB Board is asked to approve.

5.0 Next Steps

5.1 ICB Board approval – June 2025
5.2 Publication on public website, with notification to NHS England – by end of July 2025
5.2 Acute trust board approval (both acute Trusts) – by August 2025 (followed by publishing of updated website version).
5.3 Final Health and Care Partnership approval – September 2025 (followed by publishing of updated website version).
5.4 Green Plan Leadership Group quarterly meetings – continue from September 2025.
5.5 Acute Trust Green Plan progress meetings to continue twice-annually (with the next meeting in November 2025).
5.6 Progress reports to be submitted quarterly to Quality and Performance Committee, and annually to the ICB Board.

List of appendices

Appendix A – BLMK ICS Green Plan 2025 – for approval

Date: 27 June 2025

Executive Lead: Maria Wogan – Chief Strategy and Transformation Officer, BLMK ICB

Report Author: Matt Hollex – Associate Director of Programme Management Office (PMO)

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

Item 10.0: Delivering the Financial & Operational Plan 2025/26

Reason for report to the Board: The ICB Board is accountable for delivery of the system's 2025/26 Operational and Finance Plan.

1.0 Executive Summary

The ICB Board approved the BLMK Financial and Operational Plan for 2025/26 on 26 March 2025 ahead of its submission to NHS England on 30 March 2025. A final version of the BLMK Plan was then submitted on 16 May 2025, updated to reflect improvements in MKUH's 18-week RTT performance to meet the 60% national target.

On 21 May 2025, the NHSE Regional Director wrote to the Chair and Chief Executive of the ICB to formally acknowledge the commitments made in the 2025/26 Plan. That letter is presented to the Board in the ICB Board meeting in Private.

Robust oversight and governance arrangements have been established to support delivery of the 2025/26 Plan, further detail on which is set out in this paper.

This paper presents new risks that have been added to the system risk register:

- BAF015, which summarises the risk of failing to deliver our 2025/26 Plan; and,
- BAF016, to reflect the additional challenges arising from the reconfiguration of ICBs which were unknown at the point of the Plan being developed and agreed.

This paper provides Board members with an early view of our progress against our commitments set out in the Financial & Operational Plan as of month 2. A summary is provided in Section 4.0, with further detail available in the new 'Delivering our Financial & Operational Plan' (DoFP) Dashboard included as Appendix A.

2.0 Recommendations

Board members are asked to **note**:

- that the final BLMK Plan met national targets in relation to 18-week RTT performance;
- the robust oversight and governance arrangements set up to deliver our plan;
- progress in the number of difficult decisions and QEIAs presented to date and the need for further progress in this area to deliver a balanced plan;
- the system risk in relation to not delivering our 2025/26 Plan and the key risk indicators behind this, which exist to support Board oversight, and:
- our progress against our commitments set out in the Financial & Operational Plan as of month 2, as summarised in Section 4.0 and detailed in the new DoFP Dashboard at Appendix A.

3.0 Key Implications

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

Resourcing
Delivering the Financial and Operational Plan 2025/26 will require significant input from all BLMK partners. In addition to existing resourcing commitments, the ICB is exploring options to free up further capacity by pausing or stopping current programmes and projects.

Equality and Health Inequalities
Any service changes considered to meet our balanced plan will be subject to a Quality and Equality Impact Assessment (QEIA) to ensure full understanding of their impact on safety, clinical effectiveness, protected characteristics, and health inequalities.

Engagement
Achieving financial balance will involve making difficult decisions. Section 4.0 outlines the role of the Clinical Advisory Group (CAG) in assessing proposed service changes, and, with expert advice, determining the appropriate level of engagement and scrutiny.

Green Plan Commitments
Successful delivery of the plan is expected to support Green Plan outcomes

Board Assurance Framework (BAF) Risks
This paper presents the new risks that have been added to the system risk register:

- BAF015, which summarises the risk of failing to deliver our 2025/26 Plan; and,
- BAF016, to reflect the additional challenges arising from the reconfiguration of ICBs which were unknown at the point of the Plan being developed and agreed.

4.0 Report

The final BLMK Financial and Operational Plan for 2025/26, submitted in May, met almost all key requirements, including financial balance, achieving 60% of RTT within 18 weeks, and delivering 10% reductions in bank staff and 30% in agency workforce usage.

The focus is now on delivering the ambitious Financial and Operational Plan we have agreed. Robust oversight and governance structures have been established to support this. Governance for the 2025/26 Financial and Operational Plan is summarised as:

ICB Board: Holds overall accountability for the delivery of the 2025/26 Financial and Operational Plan. The Board will make decisions on Service Change Proposals or Difficult Decisions that the Clinical Advisory Group (CAG) categorises as “Significant Change to Service Provision or Access”, as outlined in **Diagram A**.

ICB Finance & Investment Committee (FIC): Responsible for holding the BLMK Integrated Care System (ICS) to account for achieving a financially balanced position.

ICB Quality & Performance Committee (QPC): Will make decisions on Service Change Proposals or Difficult Decisions following CAG review, where the change is categorised as “Moderate Change to Service Provision or Access”, as per **Diagram A** below.

Mental Health Collaborative Committee: Responsible for decision-making on Mental Health, Learning Disabilities and Autism (MHLDA) Service Change Proposals or Difficult Decisions, based on CAG review and recommendations.

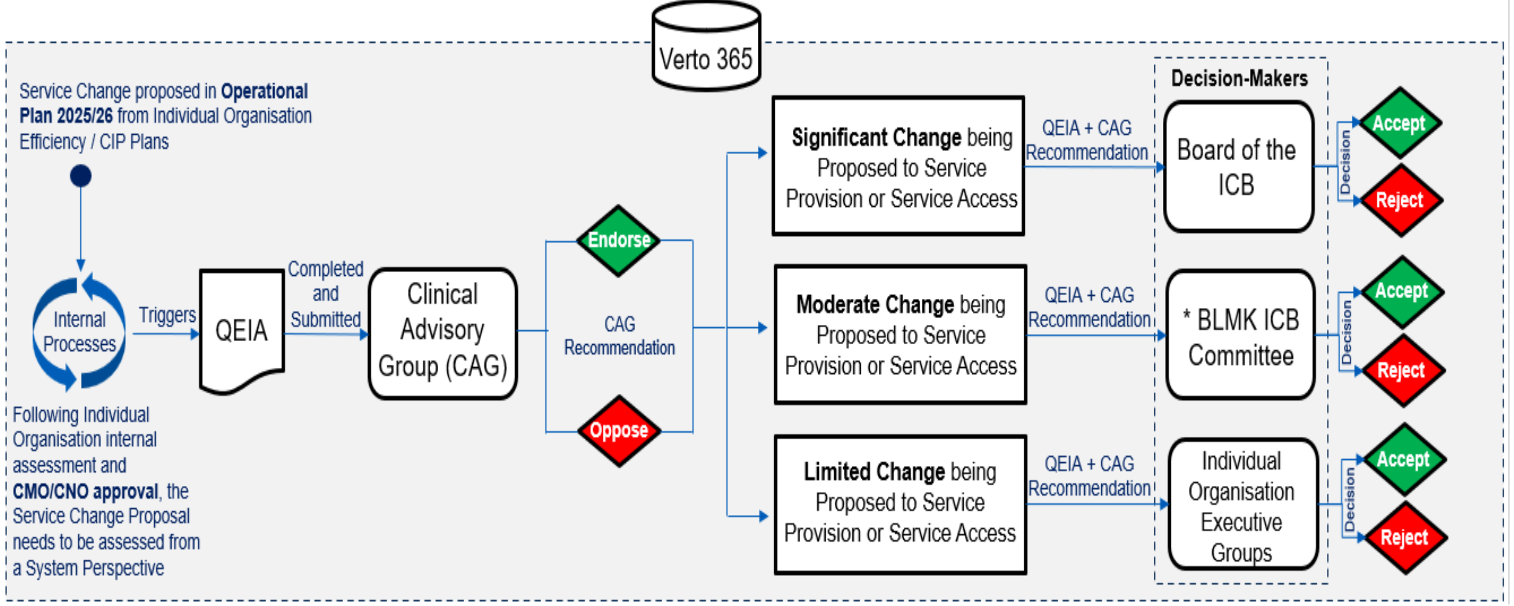
Clinical Advisory Group (CAG): Considers Quality and Equality Impact Assessments (QEIA) on all Service Change Proposals or Difficult Decisions. Provides recommendations to either support or not support each proposal, and aided by expert advice, gives guidance on engagement and scrutiny, and appropriate governance route.

Mental Health, Learning Disabilities & Autism (MHLDA) and Community Health Services (CHS) Executive & Chief Finance Officer (CFO) Group: Provides Exec level support and oversight to best ensure the successful delivery of the MHLDA and CHS commitments in the Financial and Operational Plan

Delivering our Financial & Operational Plan (DoFP) Group: Oversees the successful delivery of the BHFT, MKUH and ICB commitments in the Financial and Operational Plan. Executive level representatives from ICB, BHFT and MKUH.

Financial Improvement/Recovery/Oversight Groups: Individual organisations' groups such as BLMK ICB's Investment Oversight Group (IVOG), Financial Improvement Group (FIG) or BHFT/MKUH Financial Recovery Groups will continue to provide grip and control over the finances and efficiencies in 2025/26:

Diagram A – the Board of ICB agreed process for Service Change Proposals / Difficult Decisions



Service Change Proposals and Difficult Decisions

During the development of the 2025/26 Financial and Operational Plan, the ICB, BHFT, MKUH, ELFT, and CNWL identified over 80 potential service changes and difficult decisions. These were identified to respond to ongoing financial pressures, being required beyond traditional efficiency and mitigation options and required further development and review prior to implementation.

A formal process for handling Service Change Proposals and Difficult Decisions was established and approved by the Board on 21 March 2025.

This process includes a revitalised Clinical Advisory Group (CAG), an updated Quality & Equality Impact Assessment (QEIA), a new Resident Engagement Risk Matrix, and all activities managed through Verto 365, our Project Management and Collaboration system.

The CAG's role is to assess the impact of proposed system changes across key areas such as patient safety, clinical effectiveness, stakeholder engagement, protected characteristics, and health inequalities.

Chaired by Sarah Stanley (ICB Chief Nursing Officer), CAG includes Chief Medical Officers and Chief Nursing Officers from the five partner organisations, along with expert representatives from the PMO and Communications & Engagement teams.

CAG reviews QEIAs that are submitted by providers and makes recommendations by either endorsing or rejecting proposals. CAG also determines the required level of resident engagement based on a Risk Matrix outlined in the CAG Terms of Reference (ToR).

To date, CAG has convened twice—on 1 May 2025 and 3 June 2025—with a third meeting scheduled for 24 June 2025.

CAG has thus far supported two proposals, with two proposals being withdrawn, and two other proposals not being supported. Those proposals supported, considered to be internal reconfigurations of limited impact, did not required Board approval.

An extended MHLDA & CHS Executive and CFO meeting was held on 11 June 2025 to support the progression of the ELFT & CNWL QEIAs, and to surface and resolve any issues ahead of the 24 June 2025 CAG meeting. 24 QEIA proposals were presented to the group, which resulted in the following outcomes (associated savings also shown below):

- 7 x QEIAs (internal reconfigurations of limited impact) - **Supported and Approved**
    - c£1.1m saving in 2025/26, c£2.1m saving full year
- 10 x QEIAs **Ready to be presented to CAG on 24 June**
    - c£800k saving in 2025/26, c£1.9m saving full year
- 3 x QEIAs need some **Minor tweaks before CAG on 24 June**
    - c£70k saving in 2025/26, c£1.4m saving full year
- 4 x QEIAs require a **System discussion to agree a way forward**
    - c£700k saving in 2025/26, c£900k saving full year

The above reflects the progress with the difficult decisions required in MHLDA and Community Services. To date, no QEIAs from BLMK acute providers have been submitted to CAG although progress has been made with the Trusts in relation to some of the schemes related to medicines. Further progress on these schemes is required to deliver a balanced financial plan and the ICB executive continues to work with the Trusts on this. Progress will be tracked via the dashboard KRI.

Accurately assessing whether we're on track with difficult decisions remains challenging, as timescales weren't agreed during planning and each organisation handled difficult decisions differently—for example, BHFT incorporated some into their efficiencies plan, while MKUH took a more high-level approach.

Managing the Key Risks linked to the Financial and Operational Plan 2025/26 - BAF015 and new BAF016

BAF015 — 'Failure to deliver the Financial and Operational Plan 2025/26' — was approved by the Audit & Risk Assurance Committee on 25 April 2025. To support this, a new DoFP Dashboard has been developed to track progress against our plan commitments, using the Key Risk Indicators agreed by the Committee. Further details are provided in the following section of this report.

BAF016 – 'ICB Reconfiguration - potential destabilisation of BLMK ICB's delivery'

The Board should also be aware of a new BAF risk created to recognise the risk of ICB reconfiguration to the delivery of our Financial & Operational Plan 2025/26. Below is the risk description agreed for this:

As a result *of the NHSE requirement for ICBs to implement significant structural and operational changes in 2025/26 to deliver a reduced running cost envelope of £18.76 per head by 1 April 2026, which includes plans to cluster during 2025/26, and a likely merger by April 2026 into a wider geographical area covering Bedfordshire, Luton, Milton Keynes, Cambridgeshire, Peterborough, and Hertfordshire*
There is a risk *that the scale and pace of this structural and operational change could destabilise BLMK ICB*
Which may result in *failure in delivering core statutory duties, the ICB's strategic priorities and its operational plan, declining staff morale, increased sickness absence, strained partner relationships, and ultimately, a weaker financial and operational position for BLMK ahead of any future transition to a larger ICB structure.*

Risk indicators are being developed for BAF016 – these are likely to overlap with those indicators from BAF015, but will also include risk indicators for staff sickness/absence, staff turnover and staff morale. BAF016 will be taken to Audit & Risk Assurance Committee on 11 July 2025. A comprehensive risk update is provided in the ARAC Paper for today's meeting.

The Delivering our Financial & Operational Plan (DoFP) Dashboard – Progress against our commitments in the plan as of month 2.

A new DoFP Dashboard (Appendix A) has been developed to monitor progress against our commitments in the Financial & Operational Plan 2025/26, using the Key Risk Indicators approved by the Audit & Risk Assurance Committee on 25 April 2025.

The Dashboard serves as a 'one-stop-shop' information tool, offering clear visibility of our key commitments and how effectively we are delivering against them. It will be updated monthly and shared at key forums supporting plan delivery, including the fortnightly Delivering our Financial & Operational Plan meeting with BHFT and MKUH.

The primary purpose of the Dashboard is to provide early insight into improvement, stability, or deterioration across a set of Key Risk Indicators. These indicators are grouped into core areas: Finance, Activity, Workforce, Efficiencies, Locally Agreed Actions to deliver National Expectations, Service Change Proposals & Difficult Decisions, and Transformation Priorities. This early visibility enables timely decision-making and the implementation of appropriate remedial actions.

The improvement, stability, or deterioration in Key Risk Indicators is then used to provide an overall Risk Level for each key area.

The table below provides a summary of progress as at Month 2. Full details for each Risk Indicator are available in the DoFP Dashboard, which is included in the Board papers folder.

Some data required to fully populate the Dashboard at Month 2 is not yet available. If this information becomes available ahead of the Board meeting, an updated version of the Dashboard will be included in the folder.

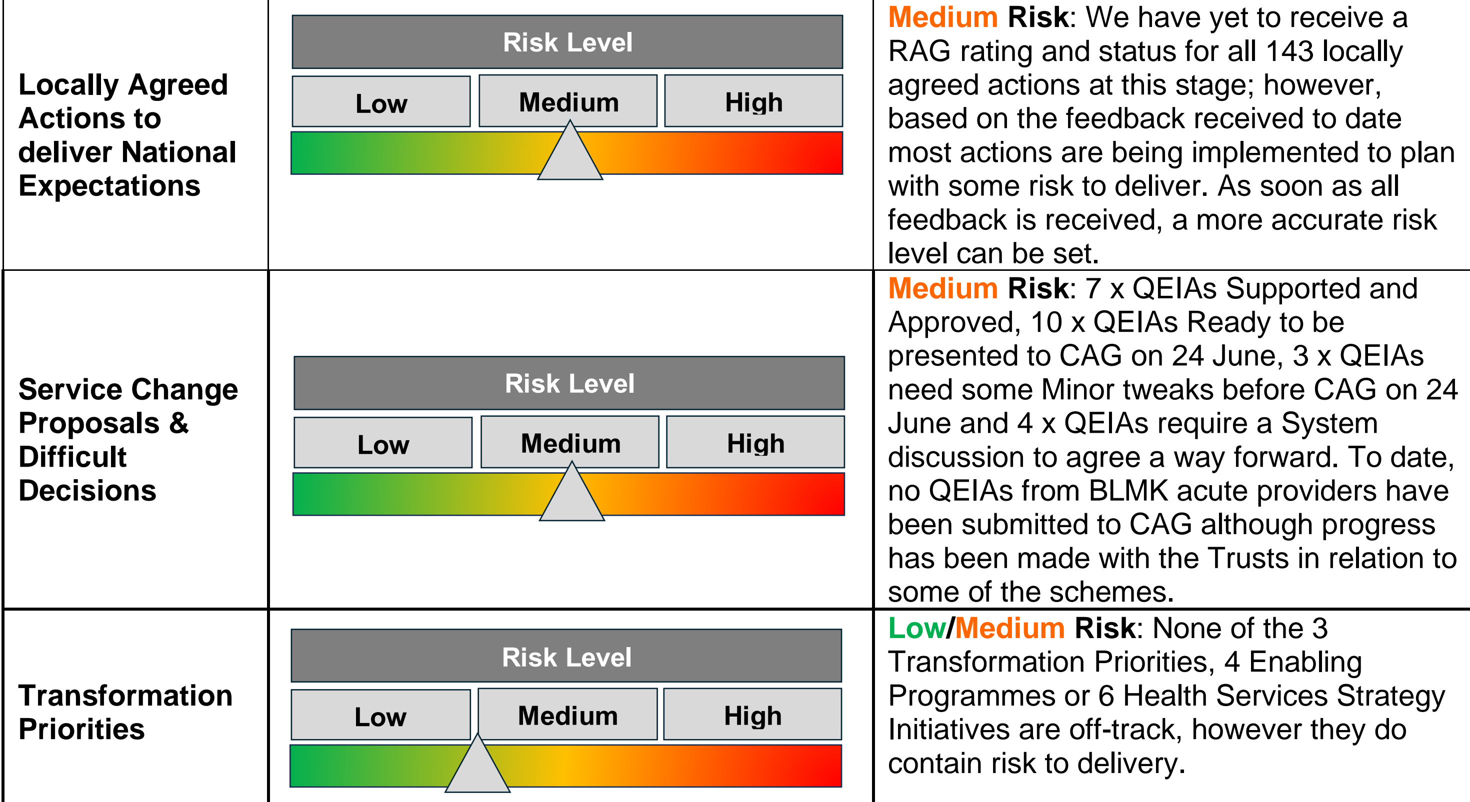
A fully populated version of the DoFP Dashboard will be presented to BHFT and MKUH colleagues at the Delivering our Financial & Operational Plan meeting on 20 June 2025. Any further updates arising from that meeting will also be reflected in an updated version, which will be added to the Board papers folder if time allows.

Board members should also note that responsibilities for performance oversight may change, in line with ongoing changes involving NHS England and Integrated Care Boards (ICBs). The performance management regime is expected to shift increasingly towards national and regional oversight.

Finally, BLMK ICS is currently rated as a segment 2 ICB and is awaiting its rating under the incoming NHS Performance Assessment Framework. The DoFP Dashboard will play a key role in supporting the ICS to provide assurance to NHS England.

Progress against Plan at Month 2 – as taken from the DoFP Dashboard:

Key Area of the Financial & Operational Plan	Current Overall Level of Risk based on Risk Indicators	Commentary & Remedial Actions
Financials	Risk Level: Low / Medium / High	**Medium/High Risk**: Month 2 returns are showing all three organisations in BLMK adrift from plan YTD; the ICB has a £623k variance YTD, BHFT has a £2,352k variance YTD and MKUH has a £849k variance YTD. Year-end positions all remain break-even. All three organisations will be recovering performance through internal Financial Improvement groups, and system CFO and DoFP Groups. The ICB and BHFT had an escalation meeting on 18 June 2025 to discuss the worsening position; follow up actions have been agreed and a follow-up meeting is being arranged.
Activity	Risk Level: Low / Medium / High	**Medium Risk**: A&E 4hr performance is above plan YTD. RTT waiting lists 18 weeks and over, BHFT is 3.4% above plan YTD and MKUH is 1.3% below plan YTD. CYP access is above plan YTD. However, some indicators are showing below plan performance, including OOA MH Beds and Virtual Ward Occupancy. Both Elective and UEC Boards are agreeing follow up actions to address variance.
Workforce	Risk Level: Low / Medium / High	**TBC –** details awaited – update to be provided at Board
Efficiencies	Risk Level: Low / Medium / High	**Medium/High Risk**: Month 2 returns are showing all three organisations in BLMK adrift from plan YTD; ICB has a £173k variance YTD, BHFT has a £2,134k variance YTD and MKUH has a £712k variance YTD. All three organisations will be recovering performance through internal Financial Improvement type groups, and system CFO and DoFP Groups.



Locally Agreed Actions to deliver National Expectations	Risk Level: Low / Medium / High	**Medium Risk**: We have yet to receive a RAG rating and status for all 143 locally agreed actions at this stage; however, based on the feedback received to date most actions are being implemented to plan with some risk to deliver. As soon as all feedback is received, a more accurate risk level can be set.
Service Change Proposals & Difficult Decisions	Risk Level: Low / Medium / High	**Medium Risk**: 7 x QEIAs Supported and Approved, 10 x QEIAs Ready to be presented to CAG on 24 June, 3 x QEIAs need some Minor tweaks before CAG on 24 June and 4 x QEIAs require a System discussion to agree a way forward. To date, no QEIAs from BLMK acute providers have been submitted to CAG although progress has been made with the Trusts in relation to some of the schemes.
Transformation Priorities	Risk Level: Low / Medium / High	**Low/Medium Risk**: None of the 3 Transformation Priorities, 4 Enabling Programmes or 6 Health Services Strategy Initiatives are off-track, however they do contain risk to delivery.

5.0 Next Steps

- Fully populate the DoFP Dashboard for month 2 in readiness for the DoFP meeting on 20 June 2025 and Board of the ICB on 27 June 2025.
- Support the actions from the Extended MHLDA & CHS Executive and CFO meeting on 11 June 2025 on the remaining ELFT and CNWL Service Change and Difficult Decision Proposals (including QEIAs), preparing for final review at CAG on 24 June 2025.
- ICB colleagues will continue to support BHFT and MKUH with Service Change and Difficult Decision Proposals, either through the CAG meeting on 24 June 2025 and future CAG meetings or by providing system support to achieve efficiencies. Progress on these initiatives will continue to be reported fortnightly at the DoFP meetings.
- BLMK's progress against plan will be a key focus in the upcoming NHS England ICB Performance Review on 4 August 2025; the robust governance outlined in this paper will ensure BLMK is fully aware of its performance against plan and the actions needed to recover any variance going into the meeting.
- Continue to provide regular reports on plan delivery to the Finance and Investment Committee, Quality and Performance Committee and Board.

List of appendices

Appendix A - DoFP Dashboard

Date: 27 June 2025

Executive Lead: Maria Wogan, Chief of Strategy and Transformation, BLMK ICB

Report Author: Tara Dear, Head of System Transformation Team. Individual reports for each System Transformation Priority to be presented by ICB System Champions.

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

Item 11.0: System Transformation Priorities – Progress Report

Reason for report to the Board:
(e) other – progress update requested by ICB Board

1.0. Executive Summary

1.1. The report outlines the aims and progress made in delivering BLMK's three System Transformation Priorities – Transforming Complex Care, Transforming End of Life Care and Transforming Admission and Discharge Pathways. These were agreed by the Board at the ICB Board Seminar in January 2025.

1.2. System Champions have been leading the work with system representatives and will each provide their summary report during the ICB Board Meeting on 27th June 2025.

1.3. Progress in the three System Transformation Priorities and Enabling Programmes is managed and monitored using the Verto 365 Programme/Project management software, with bi-monthly progress reports included in the Portfolio Report.

1.4. The System Transformation BAF risk #0005 highlights the risk of reduced benefit from strategic transformational change due to sustained operational pressures and complexity of organisational change. Programme-level risks have also been identified, prompting a review of the BAF risk to ensure it considers wider causes and mitigations. This review will be completed by the end of June 2025 and will be presented to the Audit and Risk Assurance Committee on 11th July 2025.

2.0. Recommendations

2.1. The members are asked to **note**:

- the progress that has been made in each of the three Transformation Priorities, led by the System Champions;
- the intention to bring a further update on the four enabling priority programmes, led by the System Champions, to the ICB Board on 26th September 2025
- that this progress is being reported in the bi-monthly Portfolio Report and a summary report will be provided to each ICB Board meeting; and
- that the System Transformation BAF risk is being reviewed to reflect key risk themes identified by each of the three priority programmes

3.0. Key Implications

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

3.1. Resourcing needs have been assessed in each of the priorities with additional resources secured where essential. The requirements are likely to change over the full course of the programmes and will be explored as appropriate. Where expertise is not available in key organisations, the programmes will explore opportunities to share skills and resources.

3.2. The report highlights the opportunity to revise the System Transformation BAF risk #0005 to reflect new risk causes identified by these key programmes.

4. Report

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

4.2. The three System Transformation Priorities are:

- Transforming Complex Care (split by Children and Adults)
- Transforming End of Life Care
- Transforming Admission and Discharge Pathways

4.3. The three System Transformation Priorities are linked to one or more of the Health Services Strategy focus areas, and were specifically identified as priorities due to their complexity, the scale, the efficiency opportunity and/or the urgency of achieving radical improvements.

4.4. Each of the three System Transformation Priorities represent significant opportunities to improve both quality and deliver financial efficiencies for the BLMK system. Recognising the complexity of change in these areas, the priorities are considered to be multi-year programmes with the expectation that recurrent efficiencies are identified in 2025/26 making a significant contribution to the system financial and operational plan in 2026/27 or before.

4.5. The ICB Board also agreed four Enabling Programmes that act as critical enablers to the three Transformation Priorities and the Health Service Strategy focus areas.

4.6. This report sets out the aim, scope and progress in each of the three priorities, with updates led by the System Champions. The Board should expect to take similar such items at all 2025/26 Board meetings. This report also sets out the governance, the leadership, the approach to reporting progress and how the overarching risks to delivering System Transformation have been reflected in the BAF risk #0005.

4.7. **Transforming Complex Care – Children** [ICB Board update led by Michael Bracey as System Champion for this priority]

System Champion	Michael Bracey, Chief Executive, Milton Keynes City Council
ICB Lead	Sarah Stanley, Chief Nursing Officer, BLMK ICB
Aim	To develop a new approach to supporting children most impacted by childhood trauma resulting in health and social care needs not being met through the Mental Health Act 1983 or meet the criteria for Children's Continuing Health Care.

Link to Strategic Priorities	Start Well
Link to Health Services Strategy	Children & Families

4.7.1. On 13 December 2024, ICB Board reviewed a report identifying new risks to young people most impacted by developmental trauma, leading to the establishment of the Transforming Complex Care Programme as a system transformation priority.

4.7.2. This programme focuses on addressing the unmet health and social care needs of children affected by childhood trauma, particularly those who do not meet the criteria for the Mental Health Act 1983 or Children's Continuing Care.

4.7.3. The programme, developed through workshops in February and May 2025, will implement a new decision-making process for joint health and social care packages, monitor residential placements, and track progress to prevent unnecessary escalations in care.

4.7.4. The programme aims to ensure a sustainable and localised approach to care by creating a coordinated, proactive, and personalised response to support these children, ensuring they receive the necessary care while keeping them close to home and in education. Thereby, reducing reliance on costly, long-distance placements while improving outcomes for children and supporting the broader green agenda by minimising the environmental impact of care.

4.7.5. Key stakeholders, including local authorities and ICB representatives, are involved in the programme, with further collaboration anticipated as it evolves.

4.7.6. Governance will be provided by the ICB Internal Steering Board and supported by the Children's Trauma System Board, which will drive transformational change across children's services.

4.7.7. **Appendix A - Childhood Trauma System Board and the Focused 40 process** provides more insight into the approach of this programme and the Focused 40 initiative.

4.7.8. The next steps include setting up regular meetings for the Childhood Trauma System Board, designing a tracking tool for the Focused 40 group, and developing communication materials to engage practitioners.

4.8. **Transforming Complex Care – Adults** [ICB Board update led by Sarah Stanley as ICB lead for this priority and a verbal update will be provided]

System Champion	Laura Church, Chief Executive, Bedford Borough Council
ICB Lead	Sarah Stanley, Chief Nursing Officer, BLMK ICB
Aim	To address the unmet health and social care needs of individuals who fall between the standard CHC and S117 aftercare eligibility. Focus will be on managing complex cases, developing specialised care pathways, and ensuring integrated service delivery. Additionally, the project aims to develop a unified approach that considers the financial and healthcare implications of unmet needs, to ensure individuals receive the necessary support.
Link to Strategic Priorities	Live Well / Age Well

Link to Health Services Strategy	Urgent and Emergency Care

4.8.1. A verbal update will be provided by Sarah Stanley following recent meetings with each of the four Local Authorities and proposed next steps for this programme.

4.9. **Transforming End of Life Care** [ICB Board update led by Maxine Taffetani as System Champion for this priority]

System Champion	Maxine Taffetani, Chief Executive, Healthwatch Milton Keynes
ICB Lead	Sarah Stanley, Chief Nursing Officer, BLMK ICB
Aim	1. To have a maximum of 2 coordination centres across Bedfordshire, Luton and Milton Keynes delivering standardised care with a single point of access. 2. To reduce the number unplanned palliative care bed days in hospital in the last 3 months of life by 50% by March 2027, following development of the co-ordination centres. 3. To increase recognition of people in their last year of life and evidence an improving trend of palliative care registrations with ambition to have 80% expected registered by year 3 [~8000 patients]. 4. Hospital staff within identified clinics [eg heart failure, respiratory, oncology] feel more confident to facilitate meaningful conversations about end-of-life choices and signpost to the co-ordination centres accordingly. 5. 100% of co-ordination centre contacts offer an advanced care plan [ACP]. 6. To raise the profile and talk more about death and dying across communities.
Link to Strategic Priorities	Die Well (suggested Strategic Priority)
Link to Health Services Strategy	Urgent and Emergency Care

4.9.1. On 17th December 2024, the ICB Board reviewed the Dying Well report that included 12 recommendations to support people in BLMK to die well and quantified the impact that poor access to end of life care was having a significant impact on hospital admissions and length of stay. The findings from the report became the key driver in recommending End of Life Care as one of three System Transformation Priorities, which was agreed by the ICB Board Seminar on 10th January 2025.

4.9.2. A small workshop was held on 24th January 2025 which focussed on the aim, scope, key stakeholder leads and the structure of the programme. This has since been reflected in the End of Life Care System Charter (Appendix B).

4.9.3. The first Programme Board is scheduled to meet on 16th June 2025 which will approve the System Charter, review the programme plan milestones beyond the immediate quarter and agree actions to be taken forward by the two sub-groups –

Finance Steering Group and Clinical Steering Group (including data, digital and education).

4.9.4. To support the Business Cases that will be required to consider new models of care, recent mapping work has brought leads together to understand the digital barriers and opportunities. Other mapping work is in progress to understand the patient pathway and existing service arrangements to help articulate the positive impact of new models of care.

4.10. **Transforming Admission and Discharge Pathways** [ICB Board update led by Matthew Winn as System Champion for this priority]

System Champion	Matthew Winn, Chief Executive, Cambridge Community Services
ICB Lead	Georgie Brown, Acting Director of Operations, BLMK ICB
Aim	The overarching aim of the Transforming Admissions and Discharge Flow programme is to fully optimise and maximise Urgent and Emergency Care Pathways across BLMK. Focusing on Avoidable Admissions, Improving Discharge flow and rehabilitation/recovery services. System Aims under review: **Admission avoidance** – • Enhance and expand admission avoidance initiatives and pro-active care models, through integrated working and risk stratification, targeting high users of resources • Increasing the number of patients receiving urgent care in primary, community and mental health settings, including the number of people seen by Urgent Community Response teams and cared for in virtual wards • Embed a Home First culture across BLMK to support people in their own homes, creating a true ‘left shift’ from hospital-centric care. **Flow / Discharge** • Embed robust multidisciplinary teams in preparing discharges, fostering a Home First culture, and ensuring all decisions are made through multi-agency collaboration focused on neighborhood care. • Establish local, stretching daily/weekly ambitions for discharge profiles across the system • Improve patient discharge times and eliminate internal discharge delays of more than 48 hours in all settings • Review and re-design, where necessary, the discharge pathways to increase patients that can be discharged through the P0 pathways and to left shift pathways P1 – P3 • Review and restructure step down beds to lower vacancy rates and decrease use of Spot purchase ◦ Reduce average discharge delay (DRD to actual discharge) from 12 to 4 days by March 2026 X% of people are discharged on the day they are medically fit (yet to be defined)

Link to Strategic Priorities	Live Well and Age Well
Link to Health Services Strategy	Urgent and Emergency Care

4.10.1. A stocktake of all existing Urgent and Emergency Care projects was completed and presented to the UEC Planning and Assurance Group on 1st April 2025. The plan brought together the work that was being led by Primary Care, Milton Keynes Health & Care Partnership, Bedfordshire Care Alliance, Place Teams, BLMK ICB and other partner organisations.

4.10.2. A BLMK UEC Health and Care Workshop was held on 16th May 2025 that brought together key leads across BLMK and agreed the ambitions, expectations and to rationalise core initiatives to be focused on in 25/26 and beyond. To make the largest impact and minimise the time of clinical and operational teams the projects will be rationalised to one or two major opportunities.

4.10.3. This will be overseen by the BLMK Urgent and Emergency Health and Care (UEHC) Board, which met for the first time on 2nd June 2025, chaired by Matthew Winn as System Champion. Through collaborative working, the Board will focus on getting our 'business as usual right', and to enable, a focused number of specific transformation areas. The Board will also encompass the requirements from the National UEC Improvement Plan, published on the 6th June 2025.

4.10.4. The UEHC Board reviewed the workshop outputs to help define its key areas of focus, alongside consideration of the key KPIs and measures that will enable the Board and its members to have strategic visibility of how the system should be operating in order to maintain a sustainable offer.

4.10.5. Both the Bedfordshire System Leadership Group and the Milton Keynes Improving System Flow Group were asked to review the suggested aims, ambitions and driver diagrams to identify the key priorities and areas of focus. The outputs will be reviewed at the next UEHC Board on 7th July 2025.

4.11. Enabling Programmes

4.11.1. In addition to the three priorities, the Board also agreed four enabling transformation programmes with aligned System Champions, which are:

Priority	System Champion (ICB Board Member)
Integrated Neighbourhoods	Tayo Kufeji, GP 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	Maria Wogan, Chief of Strategy & Assurance

4.11.2. The four Enabling Programmes are transformation programmes in their own right, requiring a dedicated mandate, leadership and resource to progress to implementation, but they also act as critical enablers to the three Transformation Priorities and the Health Service Strategy focus areas. The Enabling

Programmes also represent significant opportunities for left shift to prevention, community and digital.

4.11.3. A progress update on each of the four Enabling Programmes will be presented to the ICB Board on 26th September 2025 by the System Champions. The update will set out the aims, scope and progress to delivering key objectives.

4.12. **Progress Reporting**

4.12.1. Both the System Transformation Priorities and the Enabling Programmes are managed and monitored using the Verto 365 Programme/Project management software. From Verto, bi-monthly progress reports are developed for inclusion in the Portfolio Report.

4.12.2. The latest Portfolio Report was published in May 2025 and can be publicly accessed from the BLMK Health & Care Partnership website or via this link https://blmkhealthandcarepartnership.org/publications/uncategorized/blmk-ics-portfolio-report/blmk-ics-portfolio-report-may-2025/?layout=file

4.12.3. Due to the pace required to deliver these programmes, the frequency of reporting will be tailored to the needs of the relevant Programme Boards and other committees to ensure visibility of progress and escalation of key issues. Verto will be utilised as much as possible to avoid duplicate reporting requirements.

4.12.4. Given the financial efficiency expectation set out in 2.4. of this report, monitoring of the three System Transformation Priorities are included in the **BLMK Financial & Operational Plan 2025/26 - Overall Status Dashboard** which has also been included in ICB Board papers.

4.13. **System Transformation Risk**

4.13.1. The System Transformation BAF risk #0005 states that due to sustained operational pressures and complexity of change, there is a risk of reduced delivery and benefit from strategic transformational change to deliver improved outcomes for our population.

4.13.2. Programme level risks have been identified for each of the System Transformation and Enabling Programmes which extend beyond the risk of operational impact and complexity of change and therefore have prompted a review of the BAF risk to ensure that it considers wider causes and mitigations.

4.13.3. These additional risk causes include access to adequate system resourcing, availability of new or re-purposed system funding and impact of NHS reform. Further causes are being identified as programmes develop.

4.13.4. It is therefore recommended that the risk is revised to reflect the additional cause and new mitigations are identified. The proposed revisions will be completed by the end of June 2025 and will be presented to the Audit and Risk Assurance Committee on 11th July 2025.

5.0. Next Steps

5.1. Programmes will continue to implement key tasks as set out in the individual programme plans with progress reported through the bi-monthly Portfolio Report and a regular summary report to the ICB Board Meetings.

5.2. The System Transformation BAF risk will be revised by the end of June 2025 and presented to the Audit & Risk Committee on 11th July 2025.

5.3. Enabling Programmes to present a progress report to the September Board.

List of appendices

Appendix A – Transforming Complex Care – Children
Appendix B – Transforming End of Life
Appendix C – Transforming Admissions and Discharge Pathways

Background reading

None

Date: 27 June 2025

Executive Lead: Felicity Cox, Chief Executive Officer, BLMK ICB

Report Author: Georgie Brown, Acting Director of Operations, BLMK ICB

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

Item 12a: Bedfordshire Care Alliance (BCA) and Bedfordshire Places Review

Reason for report to the Board:
(e) other – For Information

1.0 Executive Summary

1.1 CF (rebranded from Carnall Farrar) were commissioned by BLMK ICB to undertake a comprehensive, independent review of Bedfordshire Place based arrangements and the Bedfordshire Care Alliance (BCA) in early 2025.

1.2 This report sets out the objectives and key findings from the independent review.

1.3 This review has included the three places within the Bedfordshire footprint of BLMK; Bedford Borough, Central Bedfordshire and Luton, in addition to the Bedfordshire Care Alliance.

1.4 The scope of the review included a desktop review of documentation within each place, including meeting Terms of Reference, and Place Strategies; observation of individual Place and BCA meetings to observe governance and current ways of working; and 1:1 interviews with key partners from across Places to explore progress, enablers and opportunities for the future. It builds upon the findings of a previous independent review of collaborative arrangements in Milton Keynes, undertaken by in 2023. The MHLDA Collaborative was out of scope for this review as the committee was only formally established in October 2024.

1.5 The findings, presented today by CF, include a set of defined next steps to be progressed to support improvements across the arrangements – however, these should be understood in the current context of the changing ICB landscape, including the recent publication of the Model Integrated Care Board Blueprint.

1.6 Feedback workshops to the BCA and the three Bedfordshire Places, led by CF were held prior to the final report being completed.

2.0 Recommendations

The members are asked **discuss** the report to **approve** the following:

2.1 Once greater clarity exists surrounding the form, structure, and responsibilities of the ICB, the findings of this report should be used to inform an agreed action plan for collaboration throughout BLMK.

2.2 To support development of an interim plan to enable collaborative arrangements to proceed in addressing the themes, challenges, and opportunities identified throughout this review.

2.3 The Bedfordshire Places have all developed specific local focuses, and the next step would be to create greater strategic alignment between BLMK system priorities and system roles, with clarity on language and reporting.

2.4 To enable place-based priorities to be recognised at ICB level and enable them to be distinct to each place.

3.0 Report

Background

3.1 In December 2023, the Board received an independent review by CF of the MK Deal and place working in MK. This review has helped to shape the direction of work in MK to 2028 and enabled place working to function well. It was suggested that this should be done across the ICB, but it was felt at that time that other places were not yet as developed as MK.

In 2024 the Local Authority CEOs and BCA within the Bedfordshire geography confirmed that they would like a similar review to be undertaken.

Concurrently, BLMK ICB met with the NHSE Regional team on 17th July 2024, which formed the formal annual assessment of the ICB for 23-24. Two key areas for development included:

- A need to improve the relationships within the Bedfordshire Care Alliance and between the ICB and Bedfordshire Hospitals NHS Foundation Trust to drive improvements for patients. This requires better working from all sides.
- A need for greater joint working across the system

As a result, the ICB commissioned a review to be undertaken, encompassing Bedfordshire Places and the Bedfordshire Care Alliance (BCA), supported by the Chief Executives across Bedfordshire.

3.2 This review has included the three places within the Bedfordshire footprint of BLMK; Bedford Borough, Central Bedfordshire and Luton, in addition to the Bedfordshire Care Alliance.

3.3 **Review Objectives and Outputs**
The aim of the review was to:

Key Objectives:

- Provide **clarity for partners working across Bedfordshire** on the **progress** made to date and the current **approach** to Place and BCA working, in terms of how programmes are governed, what work is done where and how this is led
- Use learning from within Bedfordshire and from best practice elsewhere to determine **how to evolve working arrangements** to enable the realisation of benefits for the population of Bedfordshire and staff working across the patch
- Create **alignment around tangible actions** that can be integrated into planning for the forthcoming year

Specific outputs:

- A **baseline mapping of the current governance arrangements, operating model and leadership model** across the three Places and BCA and an **overview of the progress that has been made by Places and the BCA** towards achieving their vision.
- An **assessment of the maturity** of Places and of the BCA in relation to best practice and national guidance
- An **assessment of how effectively the Places and BCA work with the ICB** as a key partner, including how they reflect the strategy of the ICB, develop and align priorities to work on, and embed accountability in relationships with the board

- A set **of aligned opportunities to continue development of Place-based and BCA approach,** and a shared understanding of the relative effort and impact on patients and staff
- A **co-produced set of actions and findings**

3.4 The review included a desktop review of documentation within each place, including meeting Terms of Reference, and Place Strategies; observation of individual Place and BCA meetings to observe governance and current ways of working; and 1:1 interviews with key partners from across Places to explore progress, enablers and opportunities for the future. It builds upon the findings of a previous independent review of collaborative arrangements in Milton Keynes, undertaken by in 2023. The MHLDA Collaborative was out of scope for this review as the committee was only formally established in October 2024.

3.5 Feedback workshops to the BCA and the three Bedfordshire Places, led by CF were held prior to the final report being completed.

Summary Findings

3.6 Summary Findings from the review:

Findings from the Bedfordshire Care Alliance:

1. The BCA in its current form should cease to exist
2. People should work together to determine what should be planned or delivered collaboratively across Bedfordshire

Findings applicable for all three place-based arrangements:

3. Create greater strategic alignment between BLMK system priorities and system roles with clarity on language and reports

Findings for individual Place Boards:

4. Bedford Borough: Accelerate progress on key transformational areas already underway
5. Central Bedfordshire: Solidify the place as a vehicle for transformation, rather than information sharing
6. Central Bedfordshire: Accelerate progress on key transformational areas already underway
7. Luton: Focus resource on delivering a smaller number of transformational priorities
8. Luton: Strengthen cross-working across local authority teams
9. Luton: Redesign meeting structures around delivery workstreams

3.7 The full review of findings and evidence can be found within the CF report in Appendix A - Health and Care integration in BLMK – Independent Review of Bedfordshire Places and Bedfordshire Care Alliance.

4.0 Next Steps

4.1 Bedfordshire Care Alliance Follow up Workshop: 19th June 2025

4.2 Bedfordshire Places to review findings and confirm next steps

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List of appendices

Appendix A – Health and Care integration in BLMK – Independent Review of Bedfordshire Places and Bedfordshire Care Alliance

Date: 27 June 2025

Executive Lead: Maria Wogan, Chief Strategy and Transformation Officer, Milton Keynes Place Link Director

ICS Partner Lead: Michael Bracey, Chief Executive, Milton Keynes City Council

Report Author: Rebecca Green, Head of Milton Keynes Improvement Action Team

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

Item 12b: MK Deal Next Level

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

1.0 Executive Summary

1.1 This paper provides an overview of the proposed changes to the MK Deal as endorsed by the Milton Keynes Health and Care Partnership on 12 March 2025. These changes, also known as MK Deal Next Level, build on existing progress and reflect the updated government guidance on neighbourhood working and urgent and emergency care.

2.0 Recommendations

2.1 The Board is asked to **approve** the MK Deal Next Level with a target implementation date of 1 July 2025.

2.2 The Chair of the ICB is asked to write to the Leader of Milton Keynes City Council with the Board's decision

3.0 Key Implications

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

3.1 The proposals in this paper have been developed through the Milton Keynes Joint Leadership Team which comprises of senior leaders from the main health and care partners in Milton Keynes.

3.2 This proposal was presented to the Health and Care Partnership in Milton Keynes on 12 March 2025 and received the support of the Partnership.

3.3 Tackling health inequalities runs through all aspects of the MK Deal with this proposal strengthening the focus.

4.0 Report

4.1 The original MK Deal was agreed between the Milton Keynes Health and Care Partnership and the BLMK Integrated Care Board in October 2022. It has successfully enabled progress on several key health and care priorities and shows the strength of place-based leadership demonstrating how partners can work together to drive meaningful change.

4.2 Since 2022 the Milton Keynes partners have continued to develop their way of working and have recently completed their first annual assessment of progress against the goals set out in 'Our Ambition for Health and Social Care'.

4.3 This ambition was developed when colleagues working together in the city to deliver improvements in health and care came together to discuss and agree the medium-term ambition for each of the MK Deal priorities.

4.4 The Joint Leadership Team (JLT) considered the findings of these assessments and put forward recommendations to the Milton Keynes Health and Care Partnership of updates to each of the existing MK Deal Priority projects of Improving System Flow, Locality Working (the Bletchley Pathfinder), Tackling Obesity and Children & Young People's Mental Health.

4.5 In addition the MK Deal Next Level proposes an expansion of the JLT membership to include both a senior provider VCSE leader and to invite the Director of Children's Services at Milton Keynes City Council to join JLT. This is to broaden the expertise in the room and to ensure that the opportunities and challenges for the VCSE sector are considered.

4.6 Following endorsement of the MK Deal Next Level by the Health and Care Partnership in Milton Keynes the Chair wrote to the ICB Chair detailing the proposed changes to the MK Deal and seeking approval of the proposal by the ICB Board. This letter is attached as Appendix A.

List of appendices

Appendix A – Letter from Cllr Pete Marland, leader of Milton Keynes City Council, to Robin Porter, Chair of BLMK Integrated Care Board dated 30 May 2025.

Background reading

Annex A – The MK Deal Next Level case for change slides from 12 March 2025 Health and Care Partnership

Robin Porter
Chair of the Bedfordshire, Luton and Milton Keynes Integrated Care Board

30 May 2025

Dear Robin

I am writing to seek the BLMK Integrated Care Board's approval of the revised MK Deal, following its endorsement by the Milton Keynes Health and Care Partnership (MKHCP) on 12 March 2025.

The original MK Deal was agreed between the MKHCP and BLMK ICB in autumn 2022. It has successfully enabled us to make progress on several important health and care priorities and shows the strength of place-based leadership and our capacity to work together to drive meaningful change.

Since 2022 we have continued to develop our way of working in Milton Keynes and have recently completed the first annual assessment progress against the goals set out in 'Our Ambition for Health and Social Care'. This ambition, also known as MK2028, was developed when colleagues working to improve health and care in the city came together in February 2024 to discuss and agree the medium-term ambition for each of our four MK Deal priorities.

This in turn built upon the BLMK ICB commissioned Carnall Farrar independent review which positively highlighted how our place-based partnership had built strong foundations and challenged us to develop a clearer picture of what we were trying to achieve over time.

The Joint Leadership Team considered in full how the MK Deal might be revised, and the attached slide pack sets out the case for change. As detailed it is proposed, subject to ICB Board approval, the revised MK Deal will include the following updated priority projects with a target implementation date of 1 July 2025.

Improving System Flow

Within the revised MK Deal we will continue to hold responsibility for the design and delivery of local urgent and emergency care services, including all decisions on the deployment of funding for these services to reduce delays in acute discharge and to ensure that more people are supported at home. In addition to these duties, we wish to make the following changes;

1. Widen the remit of Improving System Flow to include all aspects of community and social care system flow as well as hospital admission and discharge.

Leader's Office
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Civic, 1 Saxon Gate East, Milton Keynes MK9 3EJ

2. Lead and co-ordinate all 'hospital at home' initiatives, including virtual wards.
3. Approve and co-ordinate all multi-agency pathway redesign work.
4. Strengthen the links with our Neighbourhood Health and Care priority

   Partners within MKHCP will continue to report on all mandated indicators to ensure transparency of performance and the ICB will continue to support reporting to NHSE as required.

Locality Working 'The Bletchley Pathfinder'

The Bletchley Pathfinder has helped set the foundation for the neighbourhood model within Milton Keynes which can be scaled across all 5 of our neighbourhoods in the future. To respond to national policy developments and to further accelerate towards our 2028 vision of a new way of working for the NHS, local government, social care and our partners we recommend the following adjustments to the MK Deal:

1. Retitle the work to 'Neighbourhood Health and Care' and include within this remit launching and supporting our five neighbourhoods
2. Become responsible for advising on the development of community health services locally.
3. Work with the ICB to provide sufficient resourcing at place level to deliver Neighbourhood Health and Care across Milton Keynes. We recognise this needs to be set within the context of the ICB model blueprint.
4. Strengthen the links with our Improving System Flow priority to delivery urgent neighbourhood services and integrated intermediate care.

Tackling Obesity

Supported by a national direction focused on increasing investment in prevention, community-based care, and harnessing the power of digital we will broaden our focus into prevention and early diagnosis:

1. Integrate multi-agency prevention and early diagnosis initiatives into the obesity tackling strategy.
2. Retitle the priority to 'Prevention and Early Diagnosis' to better reflect broader health challenges, such as smoking and hypertension.
3. Extend the MK2028 vision to encompass prevention of various health issues.
4. Retain and build upon the focus framework developed and tested within Tackling Obesity

   Our 'Prevention and Early Diagnosis' focus framework will have 3 themes

   Theme 1 - Service provision - Reviewing NHS and Public Health commissioned prevention services to ensure the offer and referral routes are as effective and simple as possible and residents have appropriate access

   Theme 2 - Innovation and upscaling – Exploring new ways to support people through early diagnosis and prevention so that we can provide support to more people - for example through population health management, the use of wearable technology, use of pharmacological therapies, campaigns in schools and primary care, and proactive work to engage people in community clubs, groups and activities.

Theme 3 - Shaping the environment - Through our organisations' roles in policymaking and as employers we will shape the environment in the city in order to integrate multi-agency prevention and early diagnosis initiatives.

Children & Young People's Mental Health

We will address the areas for development set out in the MK2028 first year review particularly in relation to messaging, accountability and expectations.

Specifically, we will

1. Rename this priority Children's Emotional Wellbeing and Mental Health Reform
2. Refresh and prioritise objectives for this workstream, crafting a focused one-year delivery plan from April 2025 to March 2026.
3. Revise steering group arrangements, enhancing membership and accountability. This includes increasing the frequency of steering group and sub-group meetings to ensure better coordination and progress.
4. Invite the Director of Children's Services at Milton Keynes City Council to join the Joint Leadership Team of the MKDeal.

Our Joint Leadership Team

In addition to inviting the Director of Children's Services to join JLT we will expand JLT to include a senior provider VCSE leader. This will inform our debates and ensure that we think about the VCSE sector opportunities and challenges.

I look forward to hearing the outcome of the Board discussion and the formal decision.

Yours sincerely

Cllr Peter Marland
Leader of the Council and
Chair of the Milton Keynes Health and Care Partnership

cc: Michael Bracey
Felicity Cox
Maria Wogan
Rebecca Green

Enc: 'MK Deal – Next Level – slide pack'

Date: 27 June 2025

Executive Lead: Lynelle Hales, Managing Director of Specialised Commissioning for East of England

Report Authors: Rachel West, Simon Griffith, Denise Clarke, Anu Babu, Jessamy Kinghorn, Jo Pope

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

Item 13.0: Quarterly Update Report on the Commissioning of Delegated Specialised Services

Reason for report to the Board:

(e) other – The revised Collaboration Agreement (March 2025) between the six East of England (EoE) ICBs and NHS England EoE requires a quarterly update report to each Integrated Care Board

1.0 Executive Summary

1.1 Oversight of specialised commissioning occurs through structured governance between and within the EoE ICBs and the Specialised Commissioning Team (SCT) through the Joint Commissioning Consortium (JCC) and its subcommittees.

1.2 The JCC is chaired by Felicity Cox and is made up of the six ICBs and NHS England in the East of England region and provides governance and oversight of this work at a regional level. The Managing Director of Specialised Services for East of England is employed by BLMK, and a member of the BLMK Executive Team. The BLMK SC Programme Board meets monthly, to oversee and discharge of BLMK ICB responsibilities as Host of the SC function in EoE.

1.3 The recent announcements around the changes in the NHS and reduction and merger of NHS England (NHSE) with the Department of Health and Social Care (DHSC), has set in motion a further review of all NHSE Direct Commissioned Services, reviewing where accountability and responsibility should sit in future. This report is due to go back to the NHSE National Executive Team at the end of June 2025. The review has delayed the transfer of the SC team from NHSE to host ICBs, to **1 April 2026.**

1.3 The key focus of the Specialised Commissioning Team (SCT) over the last quarter has been the 2025/26 contract planning process with both acute and mental health providers. The first step was agreeing a Specialised Services Commissioning Framework, which was agreed at JCC in February 2025, along with the 25/26 contract planning approach.

1.4 In addition, the JCC Workplan for 25/26 has commenced, which includes existing transformation programmes and new work programmes around the identified clinical priority areas. Highlight reports on each programme in the workplan are provided to JCC each quarter.

2.0 Recommendations

2.1 **Note** the quarterly update report for delegated specialised services in the EoE region.

3.0 Key Implications

3.1 Resourcing for the commissioning of specialised services has been transferred to ICBs, with appropriate risk sharing and joint commissioning arrangements in place.

3.2 Workforce resources are tight, with NHS England holding all vacancies, so the SCT have a 30% vacancy rate (16 vacancies out of 54 posts), which is impacting ability to fully realise the potential of whole pathway commissioning this year.

3.3 The strategy and transformation work plan include deep dives and demand and capacity reviews to identify and improve health inequalities and equality in access across the region.

4.0 Report – Update on Delegated Specialised Services Commissioning East of England

4.1 Background

4.1.1 Specialised Services support people with a range of complex conditions, they often relate to care given to people with rare cancers, genetic disorders or complex medical or surgical situations. They are provided by a relatively small number of hospitals to a small number of patients. Legislative changes in 2022 to the Health and Social Care Act permits ICBs to take on delegated responsibility for some specialised services. Moving to ICB-led commissioning supports a focus on population health management across whole pathways of care, improving the quality of services, tackling health inequalities and ensuring best value.

4.1.2 The NHS England (NHSE) Board (December 2023) approved the delegation of specialised commissioning to ICBs in England. In March 2024, all six EoE ICB Boards ratified the Delegation and Collaboration Agreements paving the way for delegation of commissioning responsibilities for 59 specialised services to ICBs with governance and oversight through the Joint Commissioning Consortium (JCC) and the regional Specialised Commissioning function (across the six ICBs and NHS England), hosted by BLMK ICB. A further 11 specialised services were delegated from April 2025.

4.1.3 All ICBs are responsible for the planning and commissioning of services for their population. Although the specialised commissioning team (SCT) currently sits with NHS England, they work on behalf of the six ICBs and NHS England for both the retained and delegated services reporting through the Joint Commissioning Consortium (JCC) and its subcommittees. The follow sections provide an update on work areas of the specialised commissioning team.

4.2 Governance

4.2.1 Governance arrangements for the 70 Delegated services in 2025/26 are now in place, with the Delegation Agreement and Collaboration Agreements signed and finalised in March 2025, and the JCC Strategic Risk matrix and Specialised Services Commissioning Framework finalised and in operation. Please note Annex A for the 2025/26 governance structure for the JCC.

4.2.2 Delegation arrangements have now been in place for 12 months, and BLMK as the host ICB has undertaken an internal audit advisory review, which aims to support the ICB in ensuring that it has appropriate processes in place to progress with the delegated commissioning arrangements and staff transfer for Specialised Services as the host ICB in the EoE region.

4.2.2 The delay in the transfer of the SC team from NHSE to BLMK to 1 April 2026 has impacted on the full implementation of Safe Delegation Checklist, which will recommence once the review report and revised guidance is released in Quarter 2. The delay has also impacted on staffing levels within the SC team, as vacancies have been held, limiting capacity to fully implement new ways of working.

4.3 Strategy and Transformation

4.3.1 The high-level strategic aims, principles and clinical priority areas has been developed through a number of workshops with stakeholders and approved by the JCC in December 2024. The full strategy and transformation plan is currently being finalised and will go to the JCC at the end of June for review/approval, and includes:

- The key clinical priority areas, identified through the strategy workshops, have been worked up with Clinical Networks and partners identifying opportunities, priority focus areas and actions, which will be included in the strategy report (cancer, renal, cardiovascular, neonatal, major trauma, neurosurgery and rehabilitation, and mental health).
- A workshop with EoE Healthwatch partners was held in May 2025, to agree the governance around patient and public involvement in specialised service improvements and change processes. This will be reported to JCC in June and included in the strategy.

4.3.2 **Work Programme and Priority Areas**: The JCC Work programme of current transformation programmes (e.g. the Mount Vernon Cancer Centre, Mechanical Thrombectomy, New hospital Programme) is ongoing, with regular detailed reporting into the Specialised Services Management Oversight Group and highlight reports on progress each quarter to the JCC.

4.3.3 **Strategic Clinical Priority Areas:** The quarter one (Q1) work plan updates within five of the seven JCC agreed clinical priority areas, are included in **Annex B**. The two specialised service

provider collaboratives are leading work on Mental Health and Neurology Transformation and this work will be incorporated in the overall plans during Q2.

4.3.4 **ICB Transformation and Innovation 2025/26:** An expressions of interest process is being finalised and will be presented to JCC for approval for use through Q2 and Q3. This process will provide oversight to JCC to support the drawing down of transformation allocations by ICBs. Feedback on the process will be invited from users pending a formal review Q3.

4.4 Acute Services Finance and Contracting update 25/26

4.4.1 The 2025/26 contract planning round entails significant change. In 2024/25 NHSE held separate contracts with Trusts for specialised services. With the delegation of the majority of specialised services and spend, 2025/26 will see specialised services included with a single host ICB managed contract.

4.4.2 The specialised commissioning team retains responsibility for negotiating those elements of the contract relevant to specialised services (both retained and delegated) and has been working with Trusts and ICB colleagues to this end.

4.4.3 The team is negotiating to agree 14 acute, 2 community and 3 independent sector contracts with a combined value of £1,760m. In addition, our colleagues in other regions are incorporating East of England (EoE) financial plans in contracts led by their host ICBs. There will be contractual relationships with 13 providers in London, 3 in South East and 1 in the Midlands, in addition to LVA (Low Volume Activity – block payment) values that will be included for spends below £1.5m. In total there is £506m of spend outside EoE Providers for delegated acute specialised services in contracts to which EoE ICBs are associates as the allocation for the services are delegated to ICBs for their population.

4.4.4 **Planning principles** were agreed at the Finance and Contracting subgroup and recommended to the JCC, to ensure a simple and streamlined approach to setting the 25/26 financial plans and agreeing contracts. These were endorsed by the JCC in February 2025.

4.4.5 **Discretionary Growth:** Review of the activity value in contract envelopes is a requirement of the guidance, but baseline values are not expected to change in 2025/26. The review of unearned income and the market forces factor (MFF) changes will be considered for contract negotiations. But to ensure the financial stability of providers this will be considered as part of the discretionary growth discussion and agreement i.e. not proposing clawbacks of the block values in 25/26 and no discretionary growth above cost uplift factor (CUF) considered.

4.4.6 No discretionary growth to be applied to contract envelopes where provider activity reports reflect “unearned income” gaps. Providers will need to consider applying sums not currently attributed to service activity to areas within the indicative activity plan (IAP), to where pressures exist. Application of discretionary growth to providers (if any) to be on a differential basis based on evidence from business intelligence information (activity data analytics) and service developments. (11 of the 15 provider contracts have unearned income ranging between 5%-30%, only 1 provider is overperforming against the fixed payments).

4.4.7 **Elective Recovery Fund (ERF):** Specialised Commissioning ERF funding has been limited as with all ERF funds and therefore SC ERF payments will be subjected to a cap as with ICB ERF. And ERF funding remains non recurrent for 25/26.

4.4.8 **Wider Variable (chemotherapy, diagnostics, nuclear medicine):** Wider variables (excluding ERF, mainly chemotherapy and diagnostics) to be agreed at forecast outturn as at month 9 + 5% growth.

4.4.9 **Transformation and Innovation fund:** To transform patient care services, including the left shift in patient pathways, 0.5% of allocation to be set aside as an investment fund for transformation and innovation. Investments against this fund to be approved by JCC. The expressions of interest (EOI) process is under development as outlined in 4.3.4.

4.4.10 **Renal Dialysis:** National Renal Dialysis services were considered for moving into the wider variable (specialised commissioning services that are considered for variable payment over and above ERF – elective recovery funded elective and outpatient activity captured, mainly chemotherapy, diagnostics, and nuclear medicine) due to the increased demand for the services. But due to delegation this move to variable was paused. Therefore, although the SCT are assuming no discretionary growth for 25/26 considering the significant levels of unearned income in contracts, due to the fragility of the renal service within our region, the renal service

pressures are considered in isolation and will provide additional funding specifically for renal services where appropriate.

4.4.11 **London & South East Regional planning assumptions:**

- London - Continuing to apply no discretionary growth to contracts in line with their 24/25 planning assumptions
- South East – Not applying discretionary growth to contracts in 25/26, looking to apply – convergence where appropriate.

4.4.12 Late planning round changes, resulting in the removal of the elective payment limit in the NHS Payment Scheme, (which has been replaced by new activity management terms and conditions), introduced as part of a second consultation on the NHS Standard Contract, now mean that the setting and agreement of the Indicative Activity Plan (IAP) will require greater scrutiny for the purposes of managing elective activity during the contract term to support the management of financial risks. Contracts should not be signed without agreement of the IAP by the parties and, and significant work is underway to create and agree IAPs with providers.

4.4.13 Financial plan values have been agreed with most Trusts. IAPs are being produced which will be shared with Trusts for agreement.

4.5 Mental Health (MH)

4.5.1 Finance and Contracting update 25/26

Contracts

- CPFT (Cambridgeshire and Peterborough NHS Foundation Trust) Lead Provider draft Contract Variation (CV) sent to the Mental Health Provider Collaborative (MHPC) on 22/04. Financial envelope agreed.
- CPFT Retained service contract sent 24/04. Trust have not confirmed if agree with finances
- EPUT (Essex Partnership University NHS Foundation Trust) Lead Provider draft CV sent to MHPC on 23/04. Financial envelope agreed.
- HPFT (Hertfordshire Partnership NHS Foundation Trust) Lead Provider draft CV sent to MHPC on 23/04. Financial envelope agreed.
- HPFT Retained service contract sent 24/04. Finances agreed
- Priory/PiC (several meetings have taken place to discuss finances). Sent draft contracts to Provider on 24/04.

Finances

- (Delegated) – £178,661,000 envelope for the four service lines which the Provider Collaborative is contracting on NHS England's behalf
    - Adult Secure – low and medium secure
    - Children and People Mental Health Services
    - Perinatal – mother and baby unit
    - Adult Eating Disorder

4.5.2 MH Strategy and Clinical Priority Areas (JCC workplan) update

National

1. **Women's Enhanced Medium Secure Services (WEMSS)** - Decommissioning and conclusion of associated funding (for two patients already transferred).
2. **Personalised Care Framework for mental health services** – Consideration to the key actions for delivering the minimum expected level of care for people across mental health services, focusing on the universal aspects of personalised care relevant across mental health services. Responding to feedback from services that there are gaps in guidance on the expectations of some aspects of care delivery for people with serious mental illness.
3. **Capital funding to eliminate inappropriate out of area/ outside of natural clinical flows –** following initial approval from the regional team, bids were approved by the National Leadership Group in early June. For specialised commissioning, two bids have been approved – both involving funding for refurbishment of seclusion facilities in adult secure settings. The next stage is for DHSC to issue an MOU for the funding draw down and for the works to be completed.

Regional

1. **Mental Health and Learning Disability and Autism Quality and Workforce Group** – new regional group (with ICB/Provider Collaborative and regional teams), with the purpose of routinely and systematically bringing together partners, to share insight and intelligence regarding mental health, learning disability and autism in relation to quality and workforce concerns and risks, to identify opportunities for improvement and to develop regional responses to actions required, including regulatory action.

MH Provider Collaborative: support all of the above and transformation schemes - a large work programme for the 3 service lines, including alternatives to admission and bed configuration.

4.5.3 **MH Quality and Service updates**

General: Workforce issues - Providers continue to report issues relating to workforce, recruitment, and retention of skilled staff.

Adult Secure:

- Capacity - Beds in the region are closed due to planned refurbishment and damage caused by patients. There is an ongoing theme of access to seclusion suites affecting in area admissions. There is consistent demand for male mental illness beds, particularly medium secure male referrals from prison, with some of these having exceeded the recommended timescale guidelines. The need for seclusion on admission makes the ability to admit more difficult.
- CQC - The report for EPUT's Brockfield House has been published and has been rated as 'Good' across all 5 domains. The inspection took place in early 2024 and followed the new style CQC inspection.

Children and Young People: Near to Young Adult - The Collaborative have identified that a third of children and young people in in-patient settings are 17 years old or over. A significant number of these have a diagnosis of learning disability and/or are Autistic, and these have been highlighted to regional leads for further consideration of support and oversight. An oversight meeting of these young people has now been arranged.

4.5.4 **Partnerships and Engagement:** The MH Provider Collaborative has a team of Family Ambassadors and Experts by Experience who meet with patients and their families, providers, and work with the Case Managers in undertaking provider quality review visits.

4.5.5 **MH Governance**

1. Regional Joint Commissioning Consortium for delegated services; Midlands and East of England Geographical Hub and East of England regional team for retained services
2. East of England Specialised Mental Health Provider Collaborative's Executive Committee, and Board; and East of England region Specialised Commissioning Assurance meeting with the Provider Collaborative's Transformation and Commissioning Team (all monthly); East of England Specialised Mental Health Provider Collaborative's quarterly Business (contract) meetings with the Lead Provider Mental Health Trusts.
3. National service lines Strategic Oversight Groups; and national Specialised Commissioning Programme of Care for Mental Health and Learning Disability and Autism.

4.6 Quality and Patient Safety

4.6.1 **Specialised Services Quality Dashboards (SSQD):** Currently most specialised services have associated quality dashboards. Providers of these services are required to submit a response to the metrics developed by the Clinical Reference groups on a quarterly basis. Following the pause in submission during the Covid period East of England providers have been slow to reinstate the quarterly submission, contract managers have focussed on this element of the contract in recent months.

4.6.2 SSQDs are reported as Red, Amber or Green against the metric, however a red outcome will also indicate non submission and therefore not representative of a failure to deliver a specific service specification item. **Annex C** provide applicable dashboards for Acute and Mental Health services in East of England.

4.6.3 The submission of Acute SSQ Dashboards by providers in East of England has required improvement over the past year and enhanced effort has been implemented by SCT contract managers over the past six months, which has resulted in a small improvement.

4.6.4 **April 2025 submission compliance – Acute**

Q3 Acute Quality Dashboard Submission Status

The Quarter 3 submission rate (24/25) for Acute services was 68.81 %

The second table shows the comparison with the other regions in England.

In comparison, at Quarter 3 last year the recorded submission percentage was 50.7%. Despite the 18% increase over the year (note Annex C) there is a significant room for improvement before the analysis of the submissions can be meaningful.

Q3 National Submission Status

Filters

Collection: Acute (excl. HSS)
PoC: All
CRG: All
Service: All

Submission Status

Region: Multiple Selected
ICB: All
Provider: All
Collection Quarter(s): 2024-25 Q3

Regional / Organisation Engagement Report (Service Level)

Organisation Region	Submissions Completed	Submissions in Draft	Submissions Not Started	Submissions Missed	% Engagement (Draft and Completed)	% Completion (Completed Only)
East of England	75	2		32	70.64%	68.81%
London	204	3		63	76.67%	75.56%
Midlands	196			55	78.09%	78.09%
North East and Yorkshire	176	2		44	80.18%	79.28%
North West	129			47	73.30%	73.30%
South East	167	1		19	89.84%	89.30%
South West	144	3		37	79.89%	78.26%
Total	1091	11		297	78.77%	77.98%

The submission of Dashboard data is a specific area of the contract and providers are aware that this is one of the key monitoring areas for improvement this year.

4.6.5 **April 2025 submission compliance – Mental Health**

Mental Health providers have consistently reported 100% with submission of dashboards (note Annex C for MH Directory of Service and SSQ Dashboards).

4.6.6 As the number of dashboards is high, quarterly highlights will be provided by Programme of Care (PoC) and focus on one area each time.

1. Cancer
2. Women and Children
3. Internal Medicine
4. Trauma and Head

With Mental Health highlighted on each occasion where submissions are above or below national averages. This quarter the Cancer PoC dashboards have been included in Annex C for information.

4.6.7 **Quarterly Dashboard Actions:** Analysis of dashboard data is challenging where it remains so incomplete, contract managers and the quality team will continue to pursue a greater submission rate from east of England providers and where a Red alert relates to a service issue will ensure that action is taken by the service to remedy the issue.

4.6.8 **Complaints:**

- Complaints for Specialised services are mainly reported via the ICB complaints process, currently no complaints have been forwarded to Specialised Commissioning from the ICB complaints teams.
- Complaints can also be received via the National complaints process and to date non have been received.
- As lead commissioner for the Royal Papworth contract complaints to the trusts from ICB and Specialised services are discussed at the CQRG (Clinical Quality Review Group), the meeting is held quarterly with attendance from Cambridge & Peterborough ICB. Seven complaints have been received by Royal Papworth in the past quarter and are discussed at the meeting, these complaints relate to: Treatment Delay – 2, Medical Records – 2, Cardiology – 1, Surgery – 2. Five of the formal complaints were closed in March 2025. Of the five closed complaints, 1 was not upheld with 3 being partly upheld and 1 being upheld.

4.6.9 **PSIRF (Patient Safety Incident Response framework):**

- All specialised serious incidents are managed via the ICBs and the patient safety incident investigation (PSSI) process, no specialised incidents have been reported to the specialised serviced quality team to date.
- As part of the quality oversight meeting at Royal Papworth one incident have been managed via the PSSI process, this incident relate to cardiology and is in the investigation phase.

4.6.10 **Operational Delivery Networks (ODNs) reported risks and mitigations:** ODNs provide a summary of their current risk register each year to the SCT Quality Team, and report into the JCC Oversight Group in terms of workplan and progress. The Trusts are the owners of the risks which are overseen by the ODNs to ensure actions and progress to mitigating and closing.

4.7 Patient and Public Engagement

4.7.1 Patient engagement is embedded within the specialised services programmes and so elements of this report may be repetitive. During April and May 2025 Partnership and Engagement highlights (relating to specialised commissioning – please note that the portfolio also currently covers public health and health and justice).

- Held discussions with the mental health provider collaborative and Hertfordshire Scrutiny's Head of Democratic Services regarding two planned service changes.
- Workshop with East of England Healthwatch Chief Executives / their representatives to discuss the impact of delegation and explore ideas around embedding patient and public involvement into commissioning strategy and future governance arrangements
- Planning for patient evaluations of recent service changes (i.e. MK radiotherapy).
- Collation of the national 13Q return, incorporating specialised commissioning for information purposes as now delegated so now subject to Section 14Z45 of the Health and Care Act.
- Mount Vernon Cancer Centre review key activities including engagement with ICB and Partners such as BLMK Partnership Board workshop; NWL JHOSC; Luton HWBB; London Mayor's office, MVCC consultation and engagement group; Patient Reference Group meetings for the MVCC review. Developing consultation documents, questions, summary document, FAQs and consultation plan, as well as the brief for consultation support.

5.0 Next Steps

5.1 The National Direct Commissioning Review will report back in July, which will determine what services, and staff will need to transfer from NHS England to ICBs in April 2026.

5.2 Next Quarter report will be able to provide the finalised Specialised Services Strategy and Transformation Plan, along with an updated transition plan to the transfer of services and staff in 2026/27.

Background reading

- Annex A: EoE Joint Commissioning Consortium Governance Structure 2025/26
- Annex B: Specialised Commissioning Clinical Priority Area Quarter One Activity, 2025/26
- Annex C: Specialised Services Quality Reporting

Annex A – EoE JCC Governance structure 2025/26

EoE JCC Governance Arrangements

NHS England Board

National Delegated Commissioning Group (DCG)

EoE Regional Executive Team (RET)

ICB Governance

EoE Regional Leadership Team (RLT)

East of England Specialised Services Joint Commissioning Consortium (JCC)

Regular Reporting/Updates:
- MH Provider Collaborative
- Acute Provider Collaborative
- Activity & Quality reporting

Finance and Contracting Subgroup
- Financial principles, risk shares and governance
- Activity, finance, performance monitoring
- Contract planning

Spec Services Management Oversight Group
- Provides oversight, ensuring issues and papers are considered and discussed appropriately with all relevant stakeholders, before submission to the JCC as the Governance Group
- Identify needs and oversee governance arrangements for service developments
- Monitor operational and development work plans, quality and safety and agree remedial actions as needed.

Governance and risk management arrangements via the JCC and Collaboration Agreement have been in place during 2024/25, and this will continue to provide the forum for **collective decision-making and oversight**

Annex B - Specialised Commissioning Clinical Priority Area Quarter One Activity, 2025/26

Clinical Priority	2025- 26 Quarter 1 - Priority Activity
Neonatal/ Paediatrics	Working In collaboration with the Neonatal Service Network: • Phase 1 - Demand and capacity review is in progress for completion end June 25. Will provide clearly defined neonatal provision needs assessment, including volume and unit levels required based on analysis and with forecast growth to inform planning, designation and NHP provision. • Phase 2 - Workforce Analysis – will follow once Phase 1 has concluded and any decision made to change pathway, flows and designation of units. The workforce review will provide detailed understanding of the current position and will inform workforce planning and support the development of the workforce models required to deliver new ways of working. • Neonatal OPEL (data reporting dashboard) status is being implemented. • Level 2 Critical Care Units – review of current position and paper coming to JCC later in the year. • Network led work to reconfigure ROP (Retinopathy of Prematurity) screening and treatment – in scoping. Early detection is vital as untreated ROP can lead to blindness and permanent visual impairment.
Renal	Working In collaboration with the Renal Service Network: • Demand and capacity analysis, review and growth forecasting and clinical pathway redesign for pathways impacted by NHP (New Hospital Programme). The capacity modelling will inform right sizing of commissioned capacity across the region. • Clinical model development for the provision of in-patient dialysis on NHP sites where renal dialysis is not included in reprovision scope. This will deliver an options appraisal including impact and risks of different models to inform the JCC and support decision making.
Cancer	• Head and Neck pathway – Milton Keynes, awaiting update from Oxford University hospital regarding business case. This has been repeatedly delayed and is being escalated. • Mount Vernon Cancer Centre – in assurance process for expected consultation go live in late summer. • Lung cancer surgery pathway review is being undertaken in collaboration with London and the South East region and the Alliances. • Aseptics – provider led work to develop case in progress.
Cardiac/CVD	• Mechanical Thrombectomy – delivery of the enhanced offer providing additional capacity and 24/7 service remains significantly delayed. Risk has been escalated and discussions continue with the provider.
Trauma	• Rehab workshop taking place on the 16th June. • Discussions regarding critical care capacity are ongoing.

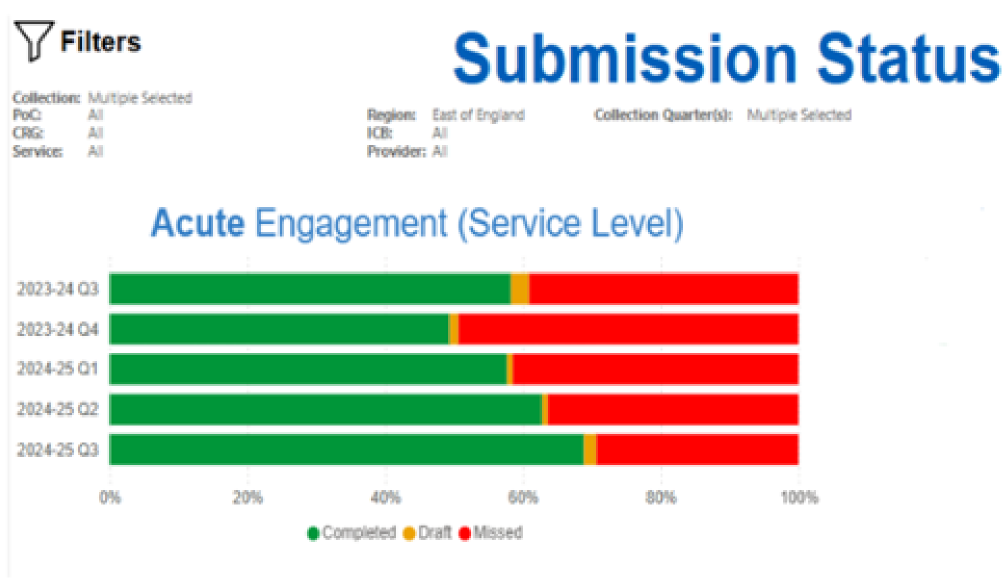
Directory of Acute Specialised Services EoE

Collection Type	Services	Providers	Sites / Units
Acute (excl. HSS)	65	18	55
Total	**65**	**18**	**55**

Programme of Care	Services	Providers	Sites / Units
Blood and Infection	7	11	14
Cancer	16	15	37
Internal Medicine	20	9	15
Trauma	10	16	41
Women's and Children	12	14	22
Total	**65**	**18**	**55**

Clinical Reference Group	Services	Providers	Sites / Units
Adult Critical Care	2	14	39
Blood and Marrow Transplantation	1	3	3
Blood Disorders	1	1	1
Cardiac Services	5	7	7
CAR-T	1	1	1
Chemotherapy	1	13	29
Children and Young Adult Cancer Services	4	13	17
Congenital Heart Services	1	2	2
Haemoglobinopathies	1	1	1
Hepatobiliary and Pancreas	3	2	2
Total	**65**	**18**	**55**

12 Months Submission Status



Q3 23/24 to Q3 24/25
12 Month National submission

Filters

Submission Status

Collection: Multiple Selected
PoC: All
CRG: All
Service: All

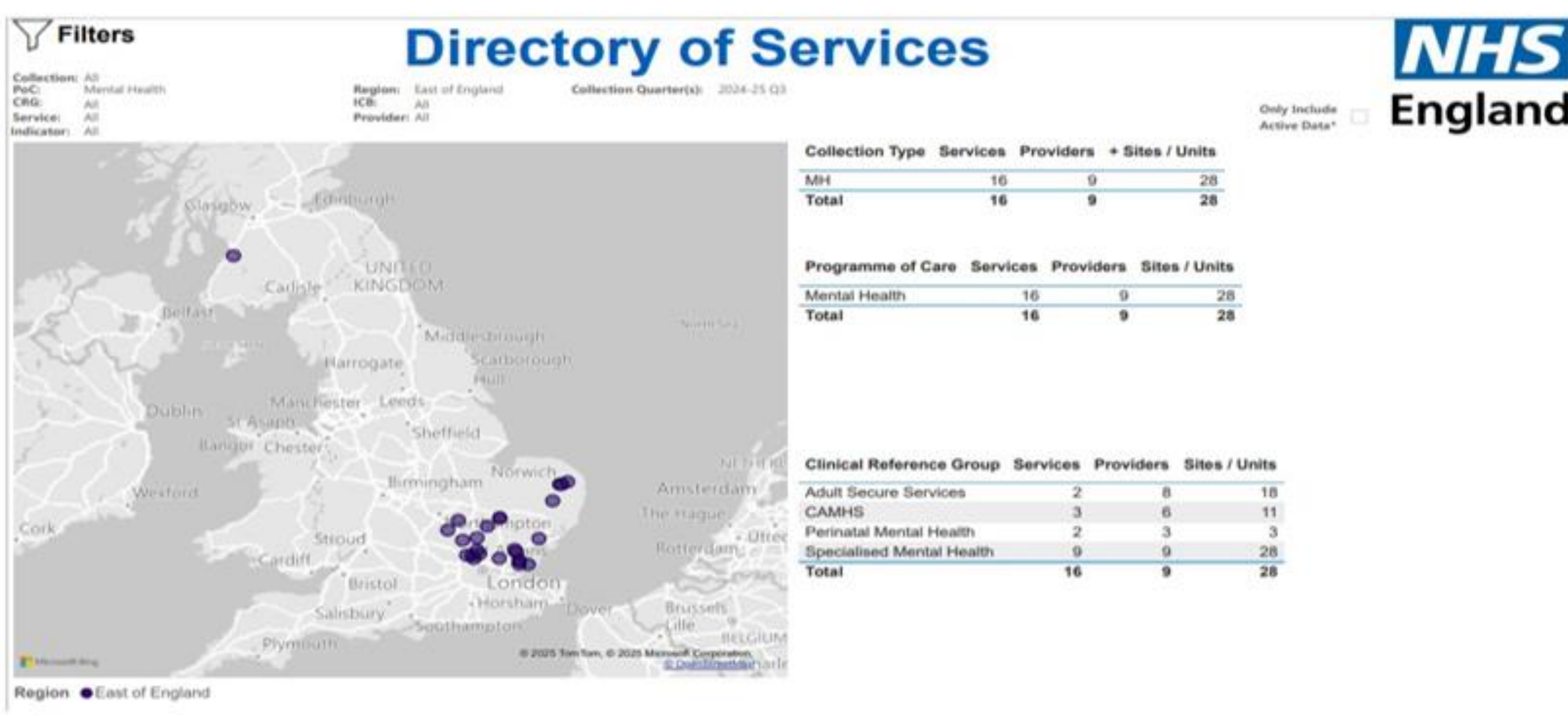
Region: Multiple Selected
ICB: All
Provider: All

Collection Quarter(s): Multiple Selected

Regional / Organisation Engagement Report (Service Level)

Organisation Region	Submissions Completed	Submissions in Draft	Submissions Not Started	Submissions Missed	% Engagement (Draft and Completed)	% Completion (Completed Only)
East of England	109	9		97	54.88%	50.70%
London	330	12		161	67.99%	65.61%
Midlands	300	9		128	70.71%	68.65%
North East and Yorkshire	293	30		109	74.77%	67.82%
North West	224	24		107	69.86%	63.10%
South East	236	15		117	68.21%	64.13%
South West	211	11		106	67.68%	64.33%
Total	**1703**	**110**		**825**	**68.73%**	**64.56%**

Directory of Specialised Mental Health Services EoE

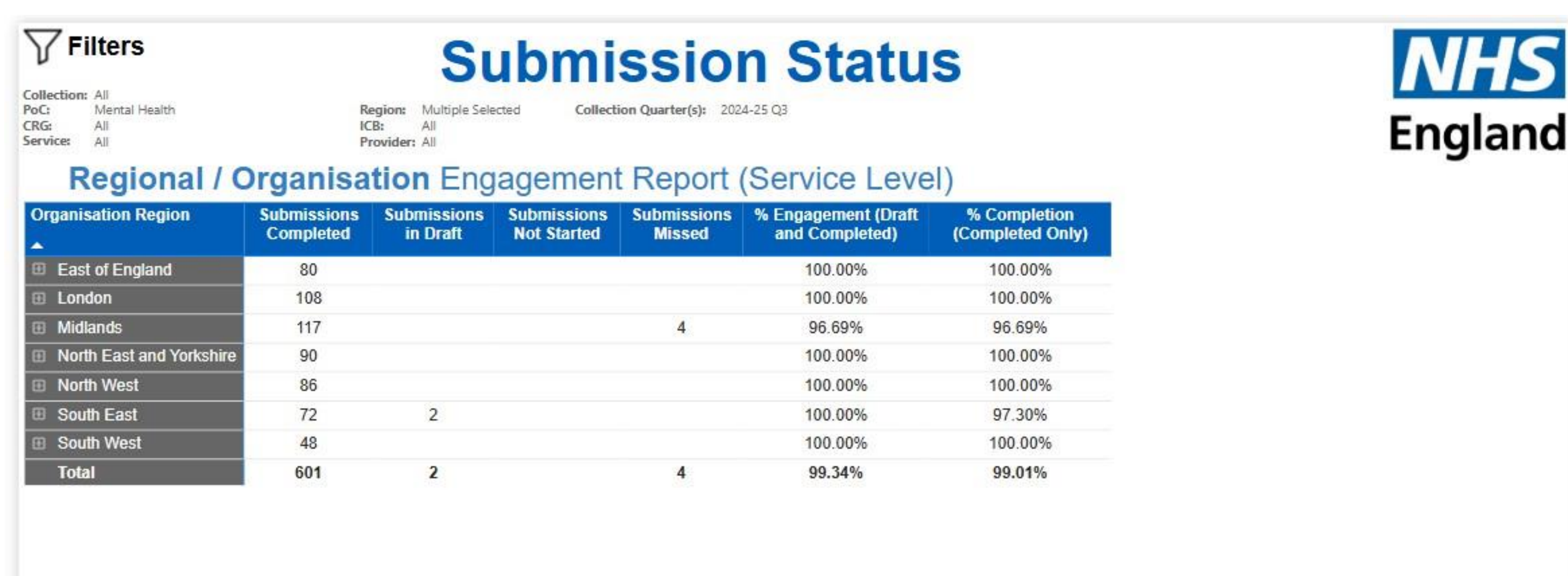


Collection Type	Services	Providers	Sites / Units
MH	16	9	28
Total	16	9	28

Programme of Care	Services	Providers	Sites / Units
Mental Health	16	9	28
Total	16	9	28

Clinical Reference Group	Services	Providers	Sites / Units
Adult Secure Services	2	8	18
CAMHS	3	6	11
Perinatal Mental Health	2	3	3
Specialised Mental Health	9	9	28
Total	16	9	28

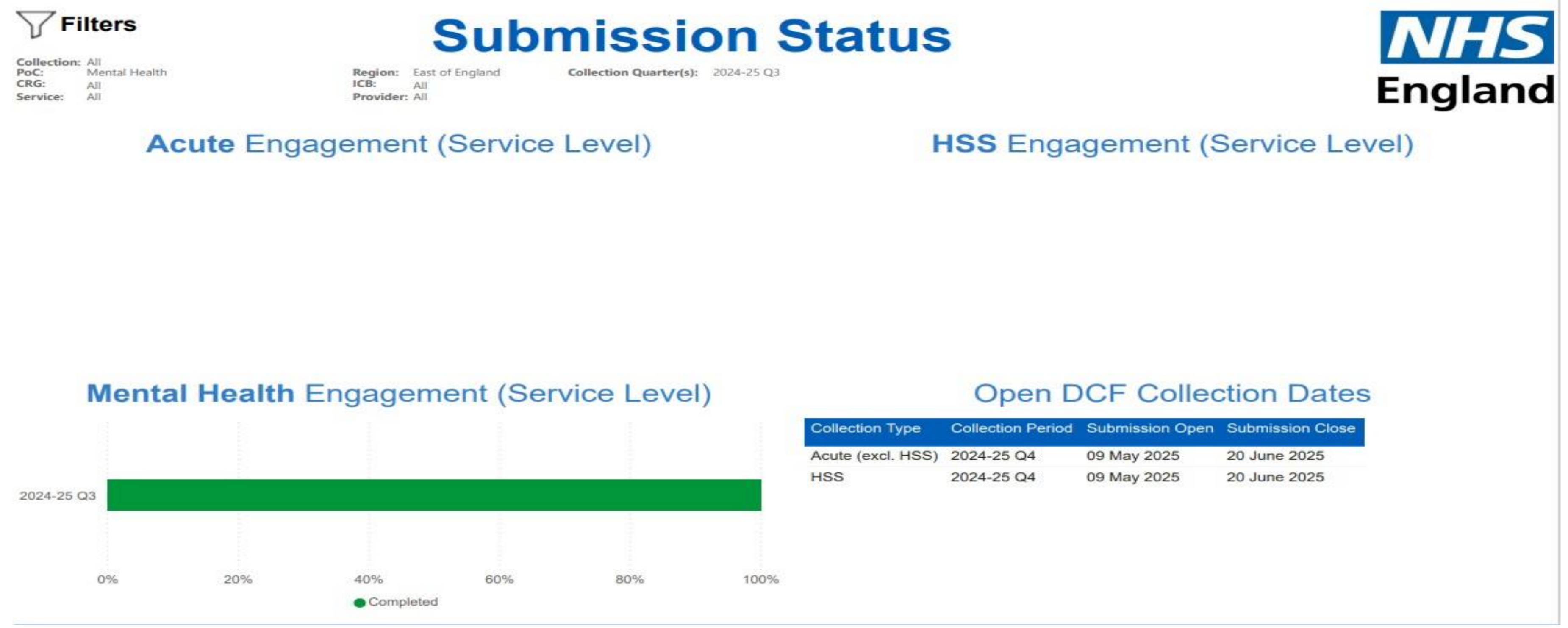
Q3 National Submission Status Mental Health



Regional / Organisation Engagement Report (Service Level)

Organisation Region	Submissions Completed	Submissions in Draft	Submissions Not Started	Submissions Missed	% Engagement (Draft and Completed)	% Completion (Completed Only)
East of England	80				100.00%	100.00%
London	108				100.00%	100.00%
Midlands	117			4	96.69%	96.69%
North East and Yorkshire	90				100.00%	100.00%
North West	86				100.00%	100.00%
South East	72	2			100.00%	97.30%
South West	48				100.00%	100.00%
Total	**601**	**2**		**4**	**99.34%**	**99.01%**

Q3 Submission Status Mental Health



Collection Type	Collection Period	Submission Open	Submission Close
Acute (excl. HSS)	2024-25 Q4	09 May 2025	20 June 2025
HSS	2024-25 Q4	09 May 2025	20 June 2025

Q3 Focus on Cancer Submission (National Comparison)

Filters

Submission Status

Collection: Acute (excl. HSS)
PoC: Cancer
CRG: All
Service: All

Region: Multiple Selected
ICB: All
Provider: All

Collection Quarter(s): 2024-25 Q3

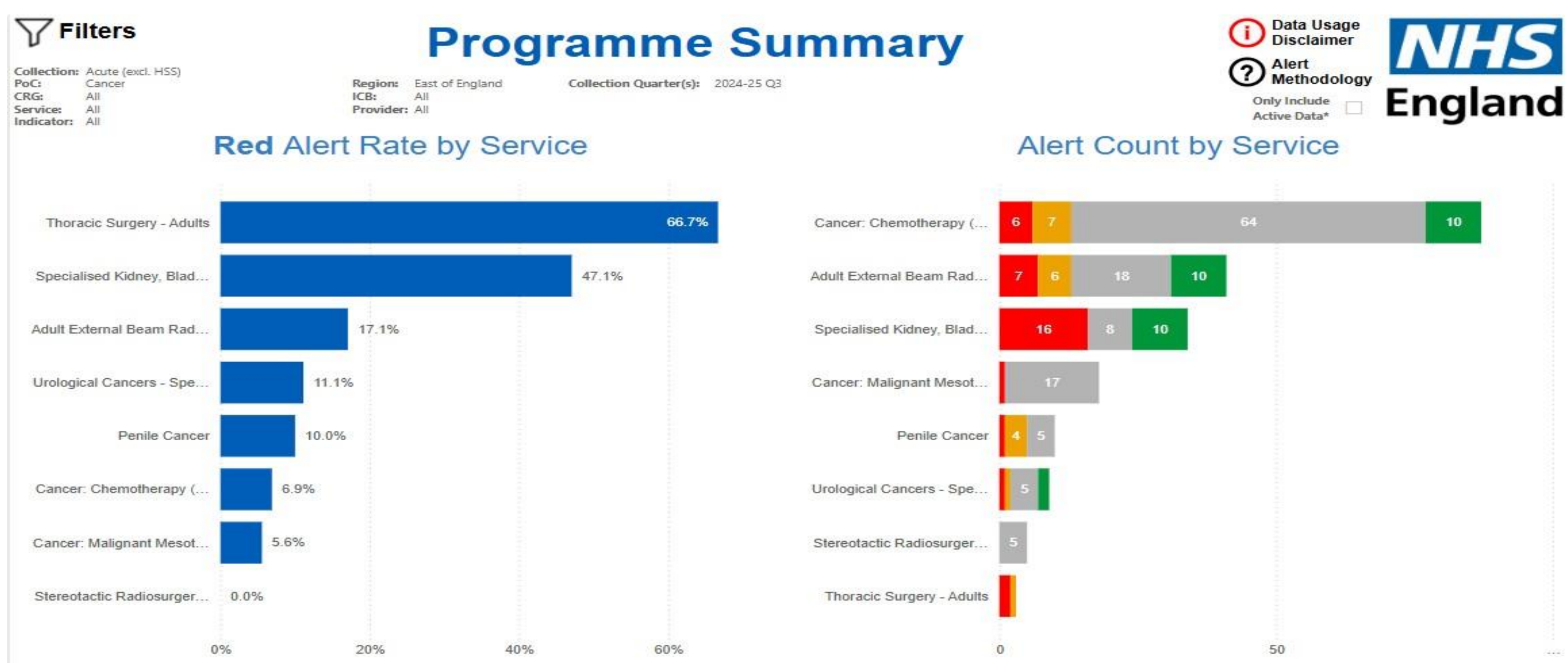
Regional / Organisation Engagement Report (Service Level)

Organisation Region	Submissions Completed	Submissions in Draft	Submissions Not Started	Submissions Missed	% Engagement (Draft and Completed)	% Completion (Completed Only)
East of England	37	1		8	82.61%	80.43%
London	75			25	75.00%	75.00%
Midlands	60			17	77.92%	77.92%
North East and Yorkshire	59			13	81.94%	81.94%
North West	59			12	83.10%	83.10%
South East	66			8	89.19%	89.19%
South West	33	1		13	72.34%	70.21%
Total	**389**	**2**		**96**	**80.29%**	**79.88%**

The table demonstrates a summary of the Cancer Dashboards, as previously highlighted a Red alert can mean missing the target or no submission so the target cannot be assessed. A Grey alert demonstrates achievement of the metric at the national average with Green indicating a submission greater than the national average.

Q3 Cancer Alerts

Red = negative alert
Amber = negative alert
Grey = no alert
Green = Positive alert
NB: some red alerts are due to lack of a submission



Date: 27 June 2025

Report Author: Vineeta Manchanda, Chair of Audit and Risk Assurance 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 14.0: Audit and Risk Assurance (Part 1, ICB Business and Part 2, System Risk)

Recommendation: The Board are asked to **note** the advice, assurance, risks and successes discussed at the Audit and Risk Committee on 25 April 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
• **External Audit – Audit Plan 2024/25 -** Grant Thornton (GT) presented the draft plan which had been developed in line with auditing standards highlights the risks for the 'financial statement' and 'value for money' areas of work. Interim testing has been completed and the financial statement audit is due to commence. GT has revised the materiality for the ICB from 1.5% to 2% based on their risk assessment. This is a change in what was presented when the services were procured and requires less work for GT. Review of the ICB's compliance with the Mental Health Investment Standard (MHIS) 2023/24 has been completed with no issues to report. Internal Audit Reports (presented by Internal Auditors BDO) • **Procurement Governance and Partnership Engagement Advisory Review Report -** This advisory review looked at effectiveness of governance, decision-making and partnership engagement arrangements for procurements and application of the Provider Selection Regime (PSR) for the musculoskeletal (MSK) and Integrated Urgent Care (IUC) procurements. Several areas of good practice were identified including clear procurement governance. Recommendations - one high, four medium and two low, for which actions have been agreed with management. Key recommendation **for the Board to note** –the ICB should determine its procurement risk appetite and have it endorsed by the Board, to ensure the ICB and its partners are aware of the level of risk tolerable for each service being procured and the procurement route being taken and develop a Procurement Strategy, which is aligned to the commissioning intentions and describes the procurement risk appetite. Consider including contract levers in contracts that permit work on transformation/service re-design. The committee has taken an action to 'think about how we define what we mean by procurement risk, e.g. risk of legal action, procurement route challenges and if the risk appetite should be per procurement or in general'. Arrangements to deliver procurement legislation refresher training to the Board (at an appropriate time) are being worked through. • **Primary Care Commissioning (Community Pharmacy Integration Programme) Audit Report -** Outcome – substantial for design opinion and design effectiveness. The purpose of the audit was to identify if the Community Pharmacy Integration Programme has adequate and effective controls to provide better access and efficiency across community pharmacies at place and neighbourhood. One observation - the lack of administrative support for the programme could lead to weakened governance especially when more projects are introduced. • **Draft Internal Audit Plan 2024/25 -** Committee members were asked to consider the draft plan for their approval, which had been developed taking into account the Board Assurance Framework (BAF), Corporate Risk Register (CRR) and looking at areas that have and have not been audited in the last two to three years, other client audit subjects and the national landscape. The plan is flexible to enable changes to be accommodates if and when required.

Contingency days have been incorporated. Discussions about the plan had taken place with the Chief Finance Officer (CFO) and the Chief of Strategy and Assurance (CoS&A). The initial draft plan was shared with ICB Executives. The committee agreed to approve the plan subject to BDO discussing recommendations from the committee with the CFO and CoS&A for consideration.

Counter Fraud Reports (presented by the ICBs Counter Fraud Specialist (provided by BDO)

- **Counter Fraud Report -** The report highlighted that the three high risk payroll matches identified during the Cabinet Office led data matching exercise have been resolved with no concerns. Review of Companies House matches (identified as part of the same exercise) is underway. A benchmarking graph included in the report showed that the majority of fraud allegations are mandate, prescription and staff sickness fraud.
- **Draft Counter Fraud Plan 2025/26 -** The committee was asked to consider the draft plan for their approval. The plan can be flexed throughout the year if required and aligns with the Government Functional Standard for Counter Fraud which were introduced to ensure consistency of approach across the public sector in protecting services against the risk of fraud, bribery and corruption. The plan details the proposed activities against each of the 12 functional standards. Bribery and corruption has been agreed with the CFO as the main focus for 2025/26. A date to deliver bribery and corruption **training to the Board** of the ICB has been agreed.

ASSURE: Inform the Board where positive assurance has been received

- **Information Governance (IG) Report -** The ICBs Data Protection Officer presented a report which confirmed that the ICB is on track to complete the Data Security and Protection Toolkit (DSPT) by the national deadline for final submission of 30 June 2025. It was noted that due to staff shortage evidence for the DSPT, internal audit, information governance incidents and subject access requests are being prioritised as these are the areas which carry the highest risk of non-compliance and regulatory action.
- **ICB Organisational Risk Management Annual Report and Corporate Risk Register -** The report presented by the Chief of Staff highlighted 166 risks across the ICB Directorate Risk Registers, 63% of which are made up of medium and low risks which are being managed and controlled by the relevant directorate. There was 10 risks on the ICB Corporate Risk Register (CRR), nine high and one medium. These are risks which are outside of the directorates ability to control and mitigate on their own and require and organisational wide approach. Two recommendations to be presented to executives from the Operational Group:
  - Workforce risk - increase in the likelihood from 3 to 4 following the recent government announcement for ICBs to reduce running costs by 50%.
  - Heightened political environment risk – re-worded following April Audit & Risk Assurance Committee meeting.

  Market Fragility Risk and Operational Resilience Risk has been added to the committees annual cycle of business as risks to consider for a future deep dive.
- **Committee Effectiveness Review -** The committee was provided with details of the outcome of the review of the effectiveness of the committee which showed the response rate of 9%. It was confirmed that the response rate was low compared to other committees due to the questionnaire being sent to just committee members of the other committees, for A&RAC it was sent to members, regular attendees and participants of part 1 and part 2. It was felt that the outcome is comparable as the absolute number of responses is similar to other committees regardless of the low response rate. Part 1 meeting is effective. Part 2 has been impacted by the lack of resources in terms of speed of progress. Reports to the committee have improved which could be the reason for low number of questions at each meeting and is the result of the hard work undertaken by the Chair with many of the report authors and presenters which should be acknowledged.
- **Committee and Board Effectiveness Review -** The committee was presented with the outcome of the review for all of the committees of the Board and the Board. Following a robust discussion the committee made recommendations for the next committee and Board effectiveness review exercise. See the separate Committee and Board Effectiveness Review Report to the Board.
- **Annual Report Progress Update -** The Head of Corporate Governance provided the committee with a verbal update confirming that, content for the annual report has been

provided by relevant subject matter experts. The draft report has been submitted to NHS England and Grant Thornton. The final report (including accounts) will be presented to the committee at an extraordinary meeting on 18 June for consideration to recommend the Annual Report and Accounts to the Board for their approval at an extraordinary meeting of the Board on 18 June. Deadline for submission of the final report to NHSE is 23 June. The report will be presented to the public on 26 September.

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

- **Risks of Delivering the Financial and Operational Plan – Deep Dive (part 2 attended by system partners, including audit Chairs) -** The Chief of Strategy and Assurance provided an overview of the proposed system-level risk relating to the delivery of the 2025/26 operational and financial plan and explained that the Board had requested that a new risk be added to the Board Assurance Framework (BAF) to reflect the increased uncertainty and challenge in delivering the plan and added that effective risk management, supported by clearly defined actions and controls is essential to ensuring the plan's successful delivery. A presentation outlined the proposed risk, highlighting that failure to fully implement the plan could result in missed financial, workforce and performance targets, leading to poorer outcomes, service disruption and increased scrutiny from NHS England. A robust discussion took place on the detailed information presented and the risk will be added to the BAF once further defined, with a one page Key Risk Indicator (KRI) dashboard created for easier oversight.
- **Data Security Breach Risk (as a result of a Cyber Security incident) -** Following a deep dive at 31 January meeting, and subsequent review by the Digital Transformation Board a draft risk description has been created which the committee approved noting ongoing work to further refine the controls, risk scoring, and key indicators.
- **Developing a Suitable Workforce Risk.** Score reduced from 20 to 16. Although the workforce environment remains challenging, significant improvements in risk management, workforce understanding, and retention initiatives were cited as justifications for the reduction. The Committee agreed to the score reduction, commending the achievement in a difficult environment.
- **Climate Change -** The Committee recommended splitting the Climate Change risk into two to help bring focus to mitigating actions: 1.) The risk to health and infrastructure of climate change and the adaptions we are making 2.) The risk of not meeting our carbon reduction targets.

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

- Review of the ICB's compliance with the Mental Health Investment Standard (MHIS) 2023/24 has been completed with no issues to report.
- Reports to the committee have improved which is the result of the hard work undertaken by the Chair of the committee with report authors, which should be acknowledged.
- Primary Care Commissioning (Community Pharmacy Integration Programme) Audit Outcome, substantial for design opinion and substantial for design effectiveness.

Date: 27 June 2025

Executive Lead: Maria Wogan, Chief Strategy and Transformation Officer, BLMK ICB

ICS Partner Lead: N/A

Report Author: James Bielby, Corporate and System Risk Manager, BLMK ICB

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

Item 14.1: 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 15 strategic system risks. Notably, 13 out of 15 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 relevant updates from these reviews are included in the reports from these Committees. The Audit and Risk Assurance Committee (ARAC) met on 25 April 2025 and 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 0015: Failure to Deliver the Operational and Financial Plan 2025/26 has been added to the SRR/BAF

An emergent risk was identified relating to the Integrated Care Board (ICB) transition and its potential impact on statutory duties. This has been documented as Draft BAF0016. The Executive Team has developed the initial components of the risk, including the risk title, risk rating, existing controls, and mitigating actions. This draft has been formally submitted to the Quality and Performance Committee on 13 June for review and the ICB Transition Programme Board on 16 June the draft risk description was supported with a deep dive planned on this risk at the Audit and Risk Assurance Committee Part 2 on 11 July 2025.

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
0001	Recovery of Elective Services	20	Quality and Performance report
0002	Developing suitable workforce	20	Quality and Performance Report, Finance Report
0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	20	Quality and Performance Report
0004	Widening inequalities	16	Improving Health Equity Report due in December
0005	System Transformation	20	Quality and Performance report – portfolio report, Operational Planning report
0006	Financial Sustainability & Underlying Financial Health	20	Finance Report & operational planning report
0007	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 on Board agenda June 2025
0008	Impact of Population Growth on Health and Care Services Infrastructure	20	Infrastructure Strategy due at Board June 2025
0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	Improving Health Equity Report due in December
0010	Partnership working	9	Quality and Performance report – portfolio report
0011	Health literacy - Denny Review	16	Improving Health Equity Report due in December
0012	System Collaboration	6	Quality and Performance report – portfolio report
0013	VCSE sustainability - Impact on Delivery of ICS Strategic Priorities	16	Operational Planning Report
0014	Maternity Services at Bedfordshire Hospitals Foundation Trust (BHFT)	16	Quality and Performance report, Quality & Performance Committee report
0015	Failure to Deliver the Operational and Financial Plan	16	Finance Report & Operational Planning Report

Resourcing: The ICB Risk Manager post has been recruited to, and James Beilby, the risk manager is now in post.

Summary of the SRR/BAF Risk appetite profile
The BLMK system risk profile is illustrated below at section 3.1.5. Using the risk appetites mapped within the policy the matrix at 3.1.5 illustrates how the current risk profile above compares to the BLMK system risk appetite.

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

3.1.1. The SRR/BAF presently comprises 15 strategic system risks. Since the Board last met two changes have been made.

3.1.2. 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:
• 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.

There is a risk of
• Increased incidence of avoidable harm
• Higher than expected mortality.
• Patient dissatisfaction

Resulting in
• 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

3.1.3. A new risk has been added to the Board Assurance Framework on the advice of the Board meeting and with the agreement of the Audit Committee. **BAF0015: Failure to deliver the operational and financial plan.**

The wording for this risk is: As a result of BLMK ICS failing to fully implement and mobilise its Operational and Transformational plans for 2025/26, there is a risk that BLMK ICS will not fully achieve the Financial, Performance and Workforce targets set out in 25/26 Financial & Operational Plan, which will result in failure to fully fulfil our commitment to improving services for our residents, poorer outcomes for patients and heightened scrutiny from NHS England, which could include less control over our finances and governance.

Controls identified include:

- Governance processes for cost improvement plans, efficiency programmes and service changes
- Regular reporting against progress.
- Oversight from NHSE.

Actions being taken to mitigate the risk include:

- Quality and Equality Impact Assessments being reviewed at CAG
- Agreement of the 2025-26 contracts
- Identification of further potential efficiency programmes.

3.1.4. **An emergent risk has been identified**. The risk relates to the ICB's ability to discharge its statutory duties in light of the ICB transition. The ICB has to reduce its running costs to £19 per head of population by 1 April 2026. This is likely to be achieved in part through clustering with two other ICBs. Given the speed, scale and complexity of the changes required, this could impair the ICB's ability to deliver its statutory functions (as well as increasing other delivery risks).

The proposed title of the risk is BAF 016 ICB Reconfiguration - potential destabilisation of BLMK ICB's delivery and the wording for the new risk is:

As a result of the NHSE requirement for ICBs to implement significant structural and operational changes in 2025/26 to deliver a reduced running cost envelope of £19 per head by 1 April 2026, which includes plans to cluster during 2025/26, and a likely merger by April 2026 into a wider geographical area covering Bedfordshire, Luton, Milton Keynes, Cambridgeshire, Peterborough, and Hertfordshire—**there is a risk** that the scale and pace of this structural and operational change could destabilise BLMK ICB – **which may result**

in failure in delivering core statutory duties, the ICB's strategic priorities and its operational plan, declining staff morale, increased sickness absence, strained partner relationships, and ultimately, a weaker financial and operational position for BLMK ahead of any future transition to a larger ICB structure.

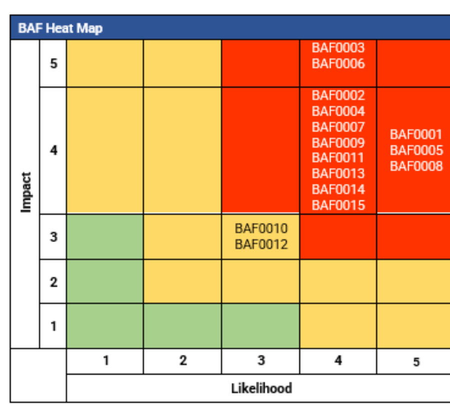
Controls already in place include:

- Daily BLMK ICB transition group meetings
- Being part of the Carnell Farrer facilitated design group
- Completion of the model ICB template
- Regular staff huddles
- Development of a programme plan
- Establishment of programme governance for the ICB and for the proposed Cluster
- Leadership of the transition process for the cluster by Felicity Cox

An inherent risk score of 25 (5x5) was given; the risk rating has been reduced to 20 (4x5) due to the controls in place. The BLMK ICB Transition Programme Board will be responsible for oversight of the risk. As this risk is further developed it will be reported to the Board and Audit and Risk Assurance Committee (ARAC). The Board is asked to comment on the wording and scoring of the risk.

3.1.5. The graphics below illustrate that the risk profile of the ICB has been relatively unchanged for some time, which continues to suggest that external factors impacting these risks have not changed significantly. The risk rating for BAF002 has been reduced with the agreement of ARAC on 25 April 2025.

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services	20	→
BAF0002	Developing suitable workforce	16	↓
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	16	→
BAF0015	Failure to Deliver the Operational and Financial Plan	16	★



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

Risk Movement Over Time – Rolling 12 Months	May - 24	Jun - 24	Jul - 24	Aug - 24	Sept - 24	Oct - 24	Nov - 24	Dec - 24	Jan - 25	Feb - 25	Mar – 25	Apr-25	May-25
BAF0001	20	20	20	20	20	20	20	20	20	20	20	20	20
BAF0002	20	20	20	20	20	20	20	20	20	20	16	16	16
BAF0003	20	20	20	16	16	20	20	20	20	20	20	20	20
BAF0004	16	16	16	16	16	16	16	16	16	16	16	16	16
BAF0005	20	20	20	12	12	12	20	20	20	20	20	20	20
BAF0006	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
BAF0008	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
BAF0010	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
BAF0012	6	6	6	6	6	6	6	9	9	9	9	9	9
BAF0013					16	16	16	16	16	16	16	16	16
BAF0014								16	16	16	16	16	16
BAF0015													16

3.2. Risk Reviews, Dynamic Risk Assessments and Deep Dives

3.2.1. A number of reviews, deep dives and dynamic risk assessments are planned for the coming months.

Ref	Risk	Action	Date
BAF0003	Pressure on UEC in BLMK system	This risk and the KRI were reported to the June Quality and Performance Committee. The UEC Planning and Assurance Meeting met in June to review its terms of reference. A review of this risk will be taken following decisions from that meeting.	Monthly
BAF 0013	VCSE Sustainability	Further review at system/VCSE meeting	by September 2025
BAF0014	Maternity Service at BHFT.	The ICB is awaiting assurance and formalisation of agreements intended to mitigate this risk. Further actions require long term monitoring.	Monthly
New BAF0015	Failure to Deliver the Operational and Financial Plan	Seven controls have been established with seven actions in place with current completion targets set for the end of August 2025.	Monthly reviews, focussed review in September 25
Draft BAF0016	ICB transition and impact on statutory duties	The BLMK Transition Programme Board will have oversight of this risk.	Deep dive at ARAC on 11 July Monthly review by programme board
(Draft) BAF0017	Data Security Breach within or Impacting BLMK System	The risk description is being developed alongside system partners and will be confirmed following input from subject matter experts. Initial controls and actions have been identified, these and others will be confirmed over the coming months and before the next Board meeting.	June-August 2025
Draft BAF0018	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
Draft BAF0019	Provider Selection Regime for Community and Mental Health Services	Dynamic Risk Assessment workshop	by September 25
Draft BAF0020	Benefits realisation from digital transformation	Dynamic Risk Assessment workshop	TBA
Draft BAF0021	Estates Infrastructure	Dynamic Risk Assessment workshop	TBA

4.0 Next Steps

4.1 The SRR/BAF will be presented to:

- Part 2 - Audit & Risk Assurance Committee: 11 July 2025

4.2 The ICB will continue to develop the wording of risk BAF0016 and other system risks as they develop. These will be shared in the next quarter.

Risk management communications and training are under review and will be rolled out within the ICB over next 12 months.

List of appendices

Appendix A – System Risk Register/Board Assurance Framework

Date: 27 June 2025

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

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

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

Committee: Finance and Investment Committee

Recommendation: The Board are asked to **note** assurance, risks and successes discussed at the Finance and Investment Committee on 16 May 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
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **Capital -** The system operational capital position at the end of 2024/25 was an overspend of £3.5m. This was due to Bedfordshire Hospitals Foundation Trust (BHFT) acute services block build running ahead of schedule through the winter. This overspend was mitigated by underspends in other areas within the system and the region. This overspend will be monitored closely in 2025/26. • **ICB Financial Plan and Efficiency Target 2025/26 -** The ICB has a balanced financial plan for 2025/26. Efficiency target is £32m, £4.8m is still unidentified and will be identified through additional opportunities. Based on current estimates, if the efficiency plan is delivered it will reduce the underlying deficit to c£10m. There are unmitigated risks of c£19.8m which **does not include potential redundancy and restructuring costs.** • **Financial Improvement Group (FIG) update –** The ICB efficiency plan was successful in 2024/25 delivering £33.9m of efficiencies, £6.9m above the initial plan. Finance Improvement Group (FIG) continues to focus on ICB efficiencies and submitted a 2025/26 plan within the operational plan for £33m of efficiencies which includes £27.7m of identified efficiencies from 49 schemes. There is £4.8m unidentified efficiencies. FIG has developed a pipeline which contains 15 opportunities. The Project Management Officer (PMO) will continue to manage the ICB efficiencies programme for 2025/26 using the same effective processes implemented in 2024/25 including monthly meetings with scheme leads, highlight reports, and PMO & finance review and validation meetings.
ASSURE: Inform the Board where positive assurance has been received
• **Month 12 ICB Finance report -** Subject to audit, the ICB is reporting a £165k surplus for the year against a £2.483 billion budget and has achieved the statutory duty to spend no more than its allocation. This is following challenges earlier in the year for which financial recovery measures were put in place including strengthened governance and development of the FIG. Improvement trajectories were set from autumn 2024 to March 2025 which were achieved each month. • **Month 12 System Finance report -** The Integrated Care System (ICS) ended 2024/25 with a surplus of £0.7m, which is the result of each organisation contributing through significant work to deliver efficiencies. Total system efficiencies were £112.6m, representing around 4.5% of the total allocation. BHFT delivered £55 million (just over 5.5% over its operating expenses) and Milton Keynes University Hospital Trust (MKUH) £24 million (just under 5.5% of its operating expenditure), which were both above plan. The ICB delivered efficiencies as noted above. • **Estates & Capital Activities -** Additional funding for ICBs has been made available, £1.7 million capital from the Utilisation and Modernisation Fund for premises improvement projects in primary care to increase capacity for appointments, enabling the ICB to take forward 13 extra premises improvement projects in 2025/26. All BLMK GP practices where given the opportunity to submit an application. Other projects have also been identified which can be funded by section 106. Currently in the due diligence phase, including building surveys to confirm the viability and

affordability of each project. The main risk is our ability to comply with NHSE legal requirements within 2025/26. The business as usual capital funding allocation has increased for 2025/26 to just under £2m which includes IFR section 16 implications for the ICB's corporate offices, now confirmed as £255k. Bonus capital of potentially up to £1.5m is expected to be received following submission of a balanced budget. The draft plan for allocation of these funds on a range of GP and IT estates projects has been endorsed by the Primary Care Delivery Group (PCDG) and the Primary Care Commissioning and Assurance Committee (PCC&AC).

- **Infrastructure Strategy -** The draft strategy has been developed building upon the extensive infrastructure assessment and engagement completed last year. It is aligned to the format and intentions of the BLMK Health Service Strategy. It is an ICB Strategy and therefore focused on the healthcare estate within our area, but strongly references the need for joined-up multi-agency infrastructure planning and further opportunities along the principles of One Public Estate. Progressing this strategy at this stage ensures there is a clear plan for continuing to improve our healthcare infrastructure in BLMK for the mid-term, whether within a future standalone footprint for BLMK or as a protected part of a larger arrangement.
- **Contracting Update -** Following the consultation we now have the contract and a payment scheme for 2025/26. The national deadline for contract signature is 30 May. Contracts not signed by then will go through an escalation process. Several meetings have been held with BHFT and MKUH with no identified issues which will delay signature. Cambridge Community Services NHS Trust is signed. Central and North West London NHS Trust and East London NHS FT have not signed yet but no issues have been identified to date. Discussions are taking place about how the money is used effectively without the reduction of service provision. Continuing to work with independent sector providers. As elective recovery funding is now part of ICB baseline there is now a requirement for ICBs to closely monitor activity and take contractual action.
- **Community and Mental Health Transformation Programme -** Following ICB Board approval of the Strategic Delivery Plan in March 2025 the first Programme Board met on 13 March, chaired by Felicity Cox, ICB Chief Executive Officer. Members include ICB executives, representatives from local authority partners and strategic and commercial advisors who have been appointed to support the ICB with senior commercial input and advice to the programme team and programme board as appropriate. A revised timeline sees new services go live on 1 July 2027 (9 months earlier than the original timeline). This is a complex large scale strategic commissioning programme and is the first on this scale since the ICB was established. Six key risks have been identified including resources and the restructure of the ICB.
- **Operational and Financial Plan 2025/26** - Each section of the plan was presented to the committee. The committee thanked all involved for their professionalism and hard work and noted the challenges ahead.

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

- The committee was presented with the Finance and Contracting Department Risk Registers. Assurance was provided that risks have been updated as appropriate.
- There are additional financial risks, controls and actions that will be added to the risk register over the coming weeks reflecting risks highlighted at the 2025/26 planning stage and a new risk will be added regarding the Delivery of the 2025/26 Efficiency Programme.

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

- **Month 12 ICB Finance report -** Subject to audit, the ICB is reporting a £165k surplus for the year against a £2.483 billion budget and has achieved the statutory duty to spend no more than its allocation.
- **Financial Improvement Group (FIG) update -** The ICB efficiency plan was successful in 2024/25 delivering £33.9m of efficiencies, £6.9m above the initial plan.
- **Month 12 System Finance report -** The ICS ended 2024/25 with a surplus of £0.7m, which is the result of each organisation contributing through significant work to deliver efficiencies. Total system efficiencies were £112.6m, representing around 4.5% of the total allocation.
- **Estates & Capital Activities -** Bonus capital of potentially up to £1.5m is expected to be received following submission of a balanced budget.

Date: 27 June 2025

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Finance Department

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

Item 16.1: BLMK ICS Finance Report at Month 12 (March 2025)

Reason for report to the Board
(e) Regular report providing an update of the financial position of the ICS.

1.0 Executive Summary

1.1 This report sets out the 2024-25 BLMK ICS year-to-date financial position at Month 12, March 2025. 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	G	G	G	G	R	R
Milton Keynes NHS FT	G	G	G	G	R	G
BLMK ICB	G	G	G	G		

1.2 NHS organisations hosted within the system are reporting a financial position **of £0.7m surplus** for the year ending 31st March 2025, subject to audit.

1.3 The system reports an overspend against the system operating capital allocation of £3.5m, subject to audit.

2.0 Recommendations

2.1 Members are asked to **note** the report.

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 12 (March) 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

More information about the position of each organisation is included in the Appendix.

4.2 Where NHS organisations outside of the BLMK system provide services within BLMK, financial information is included within Appendix A, alongside the latest publicly available financial information relating to Local Authority partners.

System NHS Income & Expenditure

4.3 NHS organisations that form part of the BLMK ICS financial control total individually and collectively set financial plans that aimed to deliver breakeven financial positions for the 2024-25 financial year.

The table below shows the year-end outturn is a small surplus of £0.7m. This has been achieved through various recovery actions and additional funding received to partially offset the costs associated with premium costs of delivering additional elective activity, pressures associated with escalation / UEC capacity, prescribing costs above plan, continuing health care (CHC) pressures and unfunded pay uplifts during the financial year.

Surplus / (Deficit)	Outturn (Subject to Audit)		
	Plan	Actual	Variance
	£m	£m	£m
Bedfordshire Hospital NHS FT	0.0	0.4	0.4
Milton Keynes NHS FT	(0.0)	0.1	0.1
BLMK ICB	0.0	0.2	0.2
Intra ICS Organisations	**(0.0)**	**0.7**	**0.7**

System Efficiencies

4.4 The delivery of the system efficiency plan is set out below. The system exceeded the efficiency plan target by c7%.

Efficiency Plan Summary	Outturn (Subject to Audit)		
	Plan	Actual	Variance
	£m	£m	£m
Bedfordshire Hospital NHS FT	54.8	54.8	0.0
Milton Keynes NHS FT	23.8	23.8	0.0
BLMK ICB	27.1	34.0	6.9
Intra ICS Organisations	**105.7**	**112.6**	**6.9**

System Capital

4.5 The system has overspent against the system operating capital allocation by £3.5m. Bedfordshire Hospitals over spent it's capital allocation by £6.5m. This was partially offset with a £3m capital underspend in the capital position at Milton Keynes Hospital. The primary cause was an overspend on the Acute Services Block at the Luton & Dunstable site.

Inter ICS NHS Financial Performance

4.6 Providers hosted outside the system, are reporting an overspend of £9.1m. The key drivers for the variances are reported in Appendix A. Discussions continue with the provider.

Surplus / (Deficit)	Outturn (Subject to Audit)		
	Plan	Actual	Variance
	£m	£m	£m
CNWL	0.0	0.1	0.1
ELFT	0.0	(9.3)	(9.3)
CCS	0.0	0.1	0.1
Inter ICS Providers	**0.0**	**(9.1)**	**(9.1)**

Service Development Funding (SDF)

4.7 As a system, BLMK received SDF funds during the year to support NHSE priorities linked to the NHS Long Term Plan. Funding of £65.2m was received, with £2m (3%) of this is uncommitted at the end of the year. A detailed breakdown is included in Appendix A.

Workforce – Agency Cap Compliance

4.8 A cap on agency spend has been introduced by NHS England and is set at £26m for BLMK. This is not applied to individual organisations, but to the combined in-system Trusts. The table below shows that at the end of 2024-25, spend was £2.1m (8.2%) above the pro-rata cap. The variance is driven by continued use of contingency areas, additional hours carried out to reduce elective backlogs, industrial action and escalation across both Trusts.

Agency Spend	Outturn (Subject to Audit)		
	FOT	Cap - pro rata	Variance
	£000	£000	£000
Bedfordshire Hospital NHS FT	19,307	17,815	(1,492)
Milton Keynes NHS FT	9,078	8,426	(652)
Total	**28,385**	**26,241**	**(2,144)**

List of Appendices – Appendix A: BLMK ICS Finance Report at Month 12 (March 2025)

Date: 27 June 2025

Executive Lead: Maria Wogan, Chief of Strategy and Transformation

ICS Partner Lead: Cllr Martin Towler and Cllr Khtija Malik, Co-Chairs Health and Care Partnership

Report Author: Michelle Summers, Associate Director of Communications and Engagement and Laura MacSweeney, Corporate Governance Officer, BLMK ICB

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

Item 17.0: Summary of Joint ICB and Health and Care Partnership Seminar 23 May 2025

Reason for report to the Board:
(e) other Update to the Board

1.0 Executive Summary

1.1 On 23 May 2025, the Joint ICB Board and Health and Care Partnership seminar brought together members of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) and Health and Care Partnership to discuss key strategic developments across the system.

Key highlights included:

- **Mount Vernon Cancer Centre Programme**: Updates were shared on proposals to relocate cancer services to Watford General Hospital, with satellite radiotherapy units proposed for Luton and Dunstable or Lister Hospitals. Members emphasised the importance of person-centred care and patient choice and agreed to develop a position statement ahead of formal consultation. This has been shared with Members of both the ICB Board and Health and Care Partnership.
- **Infrastructure Strategy**: The ICB's vision to expand estate capacity and support new models of care was outlined, including seven priority workstreams. Members welcomed the ambition and called for clarity on capital funding gaps to support national and regional advocacy. The draft strategy is on the Board agenda for approval.
- **Community and Mental Health Services**: A two-year programme was introduced to redesign community and mental health services across BLMK. Members supported a shift towards integrated, preventative, and digitally enabled care, with strong emphasis on resident and Voluntary, Community and Social Enterprise (VCSE) engagement. Members inputted to the development of commissioning principles that would underpin the programme.
- **ICB Transition and Reconfiguration**: Members were updated on proposals for the BLMK ICB to cluster and potentially merge with two other ICBs in the East of England (Cambridgeshire and Peterborough and Hertfordshire and West Essex) to enable the ICB to deliver national cost-saving directives. Members stressed the importance of retaining local strengths and ensuring fair resource allocation in the new structure. It was agreed that a draft position statement on this matter should be developed, and this has been shared with Members following the meeting.

2.0 Recommendations

2.1 The members are asked to **note** the report.

3.0 Key Implications

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

3.1 Resourcing

- Capital Funding Constraints: Concerns were raised about the availability of capital funding, particularly in relation to the Mount Vernon Cancer Centre relocation and the Infrastructure Strategy. These constraints could delay or limit the delivery of new facilities and services.
- ICB Running Cost Reductions: The mandated 50% reduction in ICB running costs by April 2026 poses a significant resourcing and delivery challenge.

3.2 Equality / Health Inequalities

- Impact of Cancer Care Relocation: The proposals for a hub and spoke model for cancer care is to move care closer to home to help address health inequalities.
- Service Redesign Sensitivity: The redesign of Community and Mental Health Services must ensure equitable access and outcomes, especially for vulnerable and underserved populations.

3.3 Engagement

- Stakeholder Involvement: There is a recognised need to engage residents, VCSE partners, NHS providers, and primary care in the co-design of services. Lack of inclusive engagement could undermine the success of transformation programmes.
- Public Consultation: The upcoming formal consultation on the Mount Vernon Cancer Centre proposals requires clear communication and meaningful public involvement to ensure legitimacy and support.

3.4 Green Plan Commitments

- Infrastructure Strategy: The green agenda is one of the seven priority workstreams There is a risk that sustainability goals may be deprioritised if capital funding is constrained.

4.0 Report

4.1 The session opened with a welcome from Cllr Martin Towler, Co-Chair of the Health and Care Partnership who introduced Robin Porter as the new Chair of the ICB. The Chair outlined his commitment to community-focused leadership and collaborative working across the system.

A key focus was the Mount Vernon Cancer Centre Programme. Members were briefed on proposals to relocate services to Watford General Hospital, with additional radiotherapy capacity planned closer to home. A position statement will be developed ahead of the formal consultation.

The Infrastructure Strategy set out a long-term vision to expand and modernise the estate through seven priority workstreams, aimed at enabling new models of care and meeting future population needs. While members welcomed the strategic direction, they emphasised the importance of clearly articulating the capital funding shortfall to strengthen the case for national investment.

Proposals to redesign Community and Mental Health Services were introduced, with a strong emphasis on co-design, prevention, and digital transformation. Members supported

the direction of travel and stressed the importance of engaging residents and VCSE partners to ensure services are inclusive and sustainable.

Finally, members were updated on the national directive to reduce ICB running costs by 50% and the resulting proposal to cluster then merge BLMK ICB with Cambridgeshire and Peterborough and Hertfordshire & West Essex ICBs. (West Essex will be incorporated in Greater Essex ICB). Members called for robust place-based teams to be retained in the new structure and agreed that a BLMK position statement should be developed based on feedback from Members.

The seminar provided a valuable opportunity to align on key programmes and ensure that local voices continue to shape the future of integrated care in BLMK.

5.0 Next Steps

5.1 Mount Vernon Cancer Centre Programme

- Develop and agree a formal position statement on the preferred option for relocating cancer services. This is contained in the CEO report on the Board agenda.
- Prepare for the formal consultation, ensuring that patient choice and health inequalities are central to the messaging and engagement approach.

5.2 Infrastructure Strategy

- Incorporate feedback from the seminar into the Infrastructure Strategy which is on the Board agenda.
- Progress the development of the seven priority workstreams, including diagnostics, digital, and green infrastructure.
- Clearly articulate the capital funding gap to support advocacy at national and regional levels.

5.3 Community and Mental Health Services

- Incorporate feedback from the seminar into the case for change.
- Begin co-design work with residents, VCSE partners and providers, ensuring a focus on prevention, integration, and digital transformation.
- Use data-driven modelling to shape service redesign and support neighbourhood-led interventions.

5.4 ICB Transition and Reconfiguration

- Continue development of the transition plan for the future of BLMK ICB within a larger ICB configuration.
- A BLMK position statement was agreed after the meeting.

List of appendices

Appendix A – Readout of the Joint Bedfordshire, Luton and Milton Keynes ICB Board and Health and Care Partnership Seminar

Date: 27 June 2025

Report Author: Vineeta Manchanda, Chair, BLMK MHLDA Collaborative Committee

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

Item 18.0: Alert, Advise and Assure Report to the Board of the Integrated Care Board

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

Recommendations:
The Board are asked to **note** the issues raised by BLMK MHLDA Collaborative Committee on 6 June 2025 and **approve** the reviewed approach to the Assertive & Intensive Community Outreach Review and Action Plan.

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
• NHSE asked all ICBs to review local provision of **intensive and assertive community mental health** care for people with serious mental illness, following the tragic events in Nottingham. The MHLDA Committee reviewed the Assertive & Intensive Community Outreach Review and Action Plan at its June meeting and was assured of the approach to meet NHSE guidance, subject to a further clinical review being undertaken, which has now been completed. The Committee **recommends** the approach and seeks the Board's **approval**.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **Mental Health Urgent & Emergency Care (UEC)** – a deep dive, focussed on Bedfordshire, highlighted the increased pressures on acute mental health beds and delays to discharge, primarily driven by insufficient care packages or housing, which has led to the use of out of area placements (OAPs) and longer wait times to discharge. Good work continues to reduce OAPs and length of stay, but BLMK remains an outlier in terms of delay to discharge in the region. A similar report for Milton Keynes will be discussed at the next meeting, together with comparisons between the different geographical areas. • **BLMK 2025-26 Mental Health Priorities and Operational Planning –** An update on the mental health priorities for 25/26 was provided. The Committee requested development of a set of metrics against which progress could be assessed as a standard item in each meeting. Against the reduced 8 national metrics access to MH for CYP remains red and another three are amber- see risks
ASSURE: Inform the Board where positive assurance has been received
• **MHLDA Strategic Delivery Plan for MHLDA and Community Services Transformation** The initial case for change has been produced this week, following engagement with residents and partners, including a Systems Insight Network event. This engagement and data has helped to define the transformation priorities for commissioning services in the future which are linked to both national and local priorities such as neighbourhood working, Right Care Right Place and the use of innovation and technology to support the service delivery. Feedback from the diverse Committee membership is yet to be incorporated. • **Mental Health Annual Report 2024-25** – This was a year of significant progress across the system despite the operational and financial pressures. The report highlights the

resilience of services, the hard work of staff and the strength of local partnerships, including with communities, service users and carers. It mentions innovation and system transformation work including the rollout of the Milton Keynes Youth Sanctuary and emotional well being service, which provides early intervention and crisis support, as well as the work on assertive outreach and complex emotional needs, the embedding of the Patient and Care Race Equality Framework and the work on suicide prevention.

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

- **Notes from most recent Transformation Boards** – Regular updates from the BLMK Mental Health Programme Board and the Mental Health Learning Disabilities Committee highlighted the following risks not covered below:
    - CYP MH Access;
    - Physical Checks for people with SMI- 57% vs 60 % target;
    - Individual Placement and Support; and
    - MH Support Team AHS Operational Planning.

- **Capital Development Planning** – there is insufficient funding in the successful ELFT bid (see below) to cover the High Dependency Unit (HDU), but negotiations are ongoing with NHSE in relation to additional funding.
- **Mental Health Finance Report** – After delivering the efficiencies required as part of the 2025/26 planning process, there is still a gap of £14m. There will be a summit next week to work through the 15 schemes for both organisations, that total just under £15m, to work through the Quality Impact Assessments (QIAs) and determine which of these will need to pass through the Clinical Advisory Group (CAG), which need to go to the Board for signoff and which can be implement by one of the organisations without further approval.
- **Learning Disabilities & Autism** – The ongoing risk in respect of the lack of forensic community provision for LDA across BLMK and the impact that this has on length of inpatient stays was highlighted.

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

- **ELFT's Bid for Capital Funding** to support the development of nine additional acute mental health beds, a crisis house and a high dependency unit (HDU) has been successful. The figure of £3.9m represents a high proportion of the region's allocation and is a great opportunity to address out of area placements (OAPs), although it does not fully cover the cost of the HDU (see above).
- **Assertive Intensive Community Outreach Review** – the review identified some good practice in the system, such as personalised care planning, continuity between inpatient and community services and multi-agency working.
- **Mental Health Performance Report highlights** – consistently good performance on perinatal mental health, exceeding national target, meeting targets for Talking Therapies for completed courses of treatment, reliable improvement and recovery and 6- and 18-week waiting times. The system is the highest in region for dementia diagnosis and above target for access to mental health services. There is continued good performance on the post discharge follow up within 72 hours and in relation to children and young people's paired scores.
- **Learning Disabilities & Autism** – although no longer included in national performance tables, BLMK has maintained the annual health checks for people with LDA.

Date: 27 June 2025

Report Author: Mahesh Shah, Deputy Chair of Primary Care Commissioning and Assurance Committee

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

Item 19.0: 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 09 May 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
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **Primary Care Transformation and Delivery Plan Progress in 24/25 and Workplan for 25/26:** Key achievements in 2024/25 include more appointments through expansion of the multidisciplinary team in general practice. In addition, capacity in primary care is being supported through delivery and increases in the national Pharmacy First services. Planning for 2025/26 is focused on reducing variation, improving contract oversight, and supporting practices to further develop and transform. The Committee discussed the need for continual improvements in triage, further integration of community pharmacy to continue to ease general practice pressure for low acuity and complexity presentations. Following the publication of the model ICB blueprint, future neighbourhood developments will require strengthened leadership in areas lacking primary care collaboratives. Members highlighted the importance of measuring impact beyond appointment numbers, noting local and national primary care dashboards continue to develop. Wider reflections stressed the importance of building public understanding of and trust in non-GP clinicians, system integration, and better patient education to aid self-care and primary care navigation. • **Primary Care Contracting:** The Committee noted improved dental performance with units of dental activity (UDA) delivery up from 88% to 92% but still below the 96% target, with access challenges in Bedfordshire and ongoing unmet demand. Delay in the national section 7a guidance for screening and immunisation delegation were noted. The Committee received assurance regarding the PSR approach to secure sustainable primary care medical services following agreed departure of ELFT from 1st July 2025; this impacts Cauldwell Medical Centre in Bedford and Kingsway and Bramingham in Luton. The Committee received assurance following completion of the PSR toolkit for Putnoe Medical Centre and Luton Town Centre for which Direct Award C to 2028 is recommended. The ongoing action regarding clinical waste was noted by the Committee. • **Draft BLMK Infrastructure Strategy:** The strategy focuses on seven priority areas, including hospital and primary care estates, digital infrastructure, sustainability, and population support, emphasising maximising existing assets and securing external funding where available. Revised primary care prioritisation criteria, developed with Population Health Intelligence, will guide project selection based on need, achievability, and equity. Members welcomed the evidence-based approach. The Committee urged greater inclusion of dental and pharmacy, optometry and dental (POD) services, better use of non-GP premises, and stronger emphasis on equity, quality, and realistic financial planning. The Committee supported the strategy.

- **Finance:** 2024/25 primary care year-end, reported an £11.3m deficit, audit pending, mainly from GP delegated budgets, prescribing, and the primary care framework. Prescribing position was a £6.5m overspend due to higher volumes and costly therapeutics. A £2.7m deficit plan for 2025/26 reflects a funding gap between NHS England allocations and forecasted costs. The Committee noted concerns regarding further financial and clinical impacts of new weight loss drugs, driving further health inequalities, and the need for supportive behavioural services. Broader risks include population growth, ageing, and rising premises costs. The Committee stressed aligning financial recovery with realistic service delivery and called for system-wide discussions on sustainable obesity management and public messaging.
- **Prevention:** Focus is on tackling lifestyle-related issues such as smoking, poor diet and inactivity, especially in deprived areas, through primary and secondary prevention. Priorities include boosting healthy behaviour conversations, expanding prevention in primary care, and enhancing cross-sector collaboration. Current work involves partnerships with public health, local authorities, and community groups. Social prescribing remains under-resourced and hard to measure due to data gaps. There are concerns that the ICB reconfiguration could dilute focus on the prevention agenda, risking reduced emphasis and investment in early intervention and population health. The Committee asked for further work to continue to improve metrics and assurance on services such as smoking cessation and NHS health checks.

ASSURE: Inform the Board where positive assurance has been received

- **Translation and Interpretation (T&I) Services:** Following a recommendation from the Denny Review, an evaluation of T&I services highlighted inconsistencies and gaps in provision, with only 1.35% of GP appointments using T&I services despite up to 11% of residents potentially needing the service. A Healthwatch report confirmed reliance on informal interpreters such as family or Google Translate, lack of staff awareness of available services, and inadequate coverage for emergency/unplanned care. Quality improvement tools revealed systemic issues, such as limited accessibility, poor awareness, and suboptimal booking processes. As a result, a single-provider model as initially recommended by the Denny Review is no longer considered a viable option. An options appraisal is in development for the Board, exploring scalable, inclusive, and standards-compliant alternatives. Concerns were raised around fair pay and conditions for interpreters contracted via agencies, with calls for the ICB to ensure ethical commissioning practices. The need for T&I services to be integrated in service redesigns and follow patients across care pathways was also emphasised.
- **Primary Care Estates**: Key discussion points included NHSE announcing on 6 May 2025, new capital funding of £102 million for the Primary Care Utilisation and Modernisation Fund in 2025/26, to support improvements in primary care estates. NHSE has approved 13 schemes under the scheme aimed at improving general practice premises to boost appointment capacity. Due diligence is ongoing, and the list remains subject to change. 7 additional schemes may be progressed via Section 106 funding. Concerns were raised over tight timelines and complex legal requirements. Development of a local framework for service charge support, aligned with national policy, to ensure equitable handling of practice requests is underway.

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. 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

- Significant progress of the Primary Care Transformation and Delivery Plan for 2024/25 includes increased access to appointments through the expansion of multidisciplinary

teams in general practice. In addition, capacity in primary care is being supported by the successful rollout and growth of nation Pharmacy First services.

- Ongoing work to embed prevention across primary care is progressing well, supported by strong collaboration with public health teams, local authorities, and community groups, ensuring a more proactive, joined-up approach to improving population health and reducing health inequalities.

Date: 27 June 2025

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

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

Item 20.0: Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Quality and Performance Committee

Recommendation: The Board are asked to **note** the issues raised by Quality and Performance Committee on 13 June 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
• **Elective Care and Wait Times:** Significant progress was made in reducing elective care wait times. From April to March, 52-week waits were reduced by 55%, and 65-week waits saw a dramatic 96% reduction. Despite these improvements, challenges remain, with 141 patients still waiting over 65 weeks. Milton Keynes University Hospital Foundation Trust (MKUH) reported 10 patients waiting over 78 weeks and one patient over 104 weeks. Looking ahead, the new target for 52-week waits is to reduce them to 1% of the total waiting list each month. The 18-week referral to treatment (RTT) target has also returned, now set at 60%. • **Children and Adolescents Mental Health Service Access (CAMHS) and Mental Health in Schools:** CAMHS access remains a significant challenge, with a 24% underperformance at month 12. Although the annual referral target was reduced from 17,500 to 15,900 (a 9% reduction), current performance still reflects a 15% stretch. The ICB is implementing actions such as improving data counting, increasing support through the VCSE sector, and acting on shared learning from high-performing areas. Additionally, there is national pressure to maintain Mental Health in Schools Teams, despite financial constraints. Locally, there is a desire to adapt the national model to better suit the system's needs and reach more young people cost-effectively. • **Local Maternity and Neonatal Services:** Maternity services across BLMK continue to show mixed performance. Birth rates remain high at both trusts, with Milton Keynes seeing a slight increase, contrasting with declining rates in neighbouring units. Acuity of cases, particularly at the Luton and Dunstable site, has risen by 18% over two years, raising concerns about the adequacy of block contract funding. Milton Keynes received a positive CQC rating, while Bedfordshire Hospitals Trust remains under improvement, supported by the national maternity support programme and a recent unannounced CQC visit, which raised no immediate concerns but highlighted ongoing estate issues. Early booking by 10 weeks remains a key improvement focus, especially in Bedfordshire and Luton, as it is a strong predictor of outcomes. Stillbirth and neonatal mortality rates remain above national targets but are attributed to higher acuity rather than systemic failings. • **Mount Vernon Cancer Centre Consultation Position Statement:** Following engagement with the Health and Care Partnership in May, while some concerns remain around capacity the position statement has broad support. The Committee endorsed the direction of travel and acknowledged the need for further work on clinical models and pathways to support the proposed relocation of services. Members agreed that, despite

longstanding challenges, the current statement represents a pragmatic and necessary step forward. The full position statement can be found in Appendix A.

ASSURE: Inform the Board where positive assurance has been received

- **Portfolio Report** provides oversight of 151 active projects, with 65% on track, 30% at risk of delay, and fewer than 3% lacking status updates. A maturity assessment of 37 projects has supported improved governance, alignment with strategic priorities, and identification of opportunities to pause or stop lower-value work. Transformation programmes in complex care and end-of-life care have progressed significantly, with measurable aims and early evidence of improved outcomes. The Committee recognise the need for clearer links between project delivery and the impact of outcome-focused reporting.
- **Bedfordshire Hospital Integrated Improvement Plan** continues to progress, with six-weekly oversight meetings now established and co-chaired by the ICB and Trust Chief Executive. Notable improvements include a reduction in risk within paediatric audiology, strengthened focus on financial sustainability, and ongoing delivery of the maternity improvement plan. The Trust has shown commitment to implementing actions across key domains including patient safety, governance, and service quality. While cultural challenges remain, the ICB is actively supporting the Trust to address these, particularly through the people and culture workstream. The Committee acknowledged the importance of the forthcoming Grant Thornton well-led review and emphasised that sustained improvement will depend not only on action delivery but also on demonstrable cultural change. Assurance mechanisms, including staff surveys and leadership metrics, are being developed to track this progress. The programme is expected to transition to regional oversight later in the year, subject to continued improvement.
- **System Clinical Advisory Group (CAG)** has now met four times and is functioning effectively, with a structured process in place to review and approve proposed service changes. To date, all approved changes have been low-risk, such as minor reductions in evening or overnight provision, typically affecting very small numbers of patients. All proposals have been clinically reviewed and supported by representatives from acute, mental health, and community providers. No proposals have met the threshold for ICB Board approval, and there have been no full service decommissions. All decisions are recorded in the Verto 365 system with a summary included in upcoming board papers. While the pace of progress has been slower than anticipated, the process has improved transparency and collaboration, with early engagement from relevant teams helping to manage messaging.

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

- A new risk (BAF0015) has been added to the Board Assurance Framework (BAF), reflecting the potential failure to deliver the 2025/26 operational and financial plan. This is being actively monitored through fortnightly "Delivering Our Plan" meetings, with performance against key risk indicators to be reported to the Board.
- A second emerging risk (BAF0016) has been identified relating to the scale and pace of ICB structural changes and the potential impact on statutory function delivery. While the inherent risk score was initially 25, it has been reduced to 20 due to mitigating controls.
- The Committee acknowledged the interrelated nature of these risks and the importance of maintaining focus on both delivery and transition. Further assurance will be provided through the ICB Transition Programme Board and ongoing refinement of risk scores and indicators.

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

- **Quality Improvement & Performance Report:** Over the course of the 2024/25 operational year, the ICB achieved several notable successes in primary care and preventive services. Access to primary care appointments improved by 16% compared to the previous year. Dementia diagnosis targets were consistently met, marking it as a flagship metric. Perinatal access also exceeded expectations, with targets surpassed every month. Talking therapies showed reliable improvement, consistently overachieving against set targets. Additionally, learning disability health checks reached the 75% target by year-end, reflecting strong performance in this incremental metric.

Date: 27 June 2025

Executive Leads: Sarah Stanley, Chief Nursing Officer and Maria Wogan, Chief Strategy & Transformation Officer, BLMK ICB

Report Author: Neve Patel, ICB Head of Performance

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

Item 20.1: Quality Improvement and Performance Report

Reason for report to the Committee: Quarterly Update

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 13th June and this paper reflects the feedback the Committee gave. This includes additional notes on the reduction of virtual ward capacity (p3) and the CAMHS target reduction on p6. Where latest developments supersede the data presented in this report, a verbal update will be provided in the meeting.

2.0 Recommendations

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

3.0 Key Implications

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

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

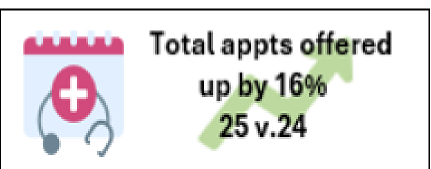
A performance dashboard is included as an appendix to this report, which focuses on narrative to explain changes in performance and associated action plans.

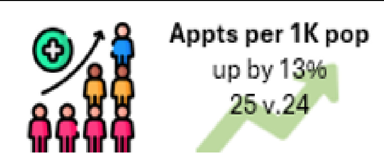
4.2 Key Performance Indicators

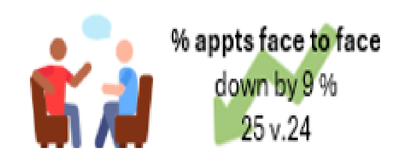
Primary Care - Responsible Body - Primary Care Delivery Group

Primary Care Appointments

Most practices in BLMK now use a modern triage-based access model, ensuring patients receive same day clarity on how their needs will be addressed (signposting, self-care, or an appointment with the most suitable clinician). In M12 the ICB held 563,047 appointments in practices across BLMK, equating to 26,812 per working day. This is 87,180 (18%) more appointments than in March 2024; England saw an increase of 5% across the same period. 42% of M12 appointments were with a GP, 65.5% were face to face with 44.8% of patients seen on the same day. The below graphics show improvements made between Q4 2024 and 2025.







Vaccinations – Covid-19 and Flu (final update) – Responsible Body – Primary Care Delivery Group / BLMK Portfolio Report slide 38.

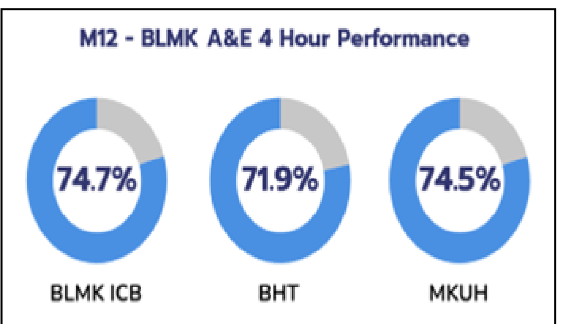
Covid-19 - The Autumn/Winter programme concluded on 31st January 2025. A total of 131,033 vaccinations were administered to the *eligible cohort* (no change from the previously reported February 2025 position); this equates to 38.9% of the expected population being vaccinated. The highest uptake was 70.3% from the care home resident cohort and the lowest uptake cohort (excluding children and young people <15y) were adults at risk at 21.2%, followed closely by frontline healthcare workers at 21.9%.

Influenza – By month 02-2025 a total of 50.8% of the *age specific cohorts* (over 65, at risk aged 6m-65, etc.) received the flu vaccination. Compared to the same week last year, this was a 0.4% *lower* uptake. A total of 33.6% of *clinical risk cohorts* have also been vaccinated (including pregnant women, carers, and those who are immuno-supressed). Compared to the same week last year, this was a 0.9% *higher* uptake.

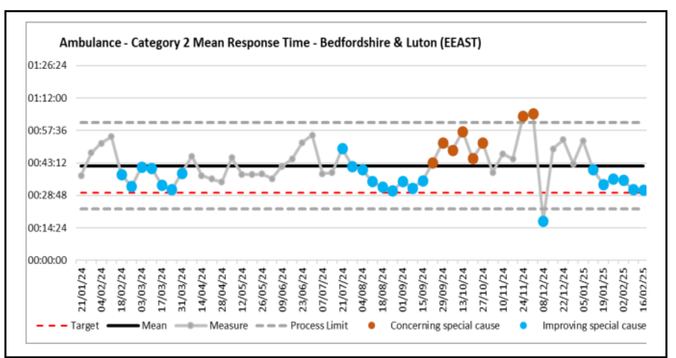
Pharmacy First – 97% of community pharmacies in BLMK are actively providing the Pharmacy First service, achieving a 92% increase over the year. **Hypertension –** referrals saw a growth of 54% over the year. **Contraceptive Services –** saw a 225% increase in referrals over the year. At year-end, the total allocated referrals were 8,781, but the ICB recorded 7,154, falling 18.5% short of the target. As a result, the 2025/26 plan reduces this allocation by 10%, aligning better with 2024/25 performance. However, this still represents a 10% increase, adding 746 more referrals over the year.

Challenges and Next Steps – **Digital -** Interoperability between pharmacies and GPs remains limited and is affecting data sharing. Currently circa 30% of practices have signed up to the Pharmacy Refer (EMIS) digital referral software pilot. The National team have advised of plans to procure the digital referral software nationally as proof of its benefits have been realised in other parts of the country, with practices who are actively using the system corroborating its effectiveness in streamlining the referral process.

3.1 Urgent & Emergency Care - BLMK Priority Programme, ICS Health Services Strategy, BLMK Portfolio Report slides 17-22 / 37 / 41 /50-52 /56 / 58 / 99-102 / 104-143.



A&E 4 Hour Waits - NHSE Constitution Measure / Operational Plan / SOF Metric (Improved – p10) **/** ICB 6-data point trend is improving.
In M12 (latest *published* data) BLMK ICB underachieved against the national target of 78%, with 74.7%. The ICB deteriorated to third in region (3/6), following months of first place. **MKUH:** Performance has declined, dropping to 5th in the list of Trusts in region with 74.5%. **BHT:** Ranked 7th in list of trusts in the region with 71.9%. At M12, against the 12-hour ED performance operational standard of 5%, BHT is currently performing well with 2.18% while MKUH is above threshold with 6.95%.

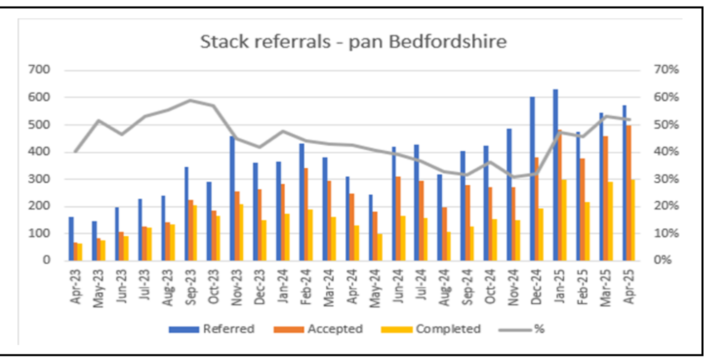


Ambulance Care - Category 2 Mean Response Times – In January, the CQC issued EEAST with S29 and S17 notices (regarding performance and areas of administration); the full report has yet to be published. Oversight meetings are in place with both the lead and BLMK ICBs and the Trust has made good progress against improvement plans in place. M12 published performance is over the 30-minute threshold with 32 minutes 25 seconds.

30-minute handovers across the system are variable; BH had an end of M12 performance of 16 (this has subsequently reduced based on unvalidated and unpublished May data), LDH ended M12 with 91 (this has slightly increased based on unvalidated May data) and MKUH ended M12 with 65 (with significant improvement (reduction) made in May).
60 Minute Handovers - BLMK are currently performing best in the region for >60m ambulance handover delays with a M12 MKUH position of 5 and BH with 9. Both Trusts have improved their 60m handover delays in May based on unvalidated data. Unvalidated and unpublished data cannot be reported due to variable nature of figures following the data validation process; these figures can be used as a guide.

Virtual Ward - NHSE Operational Plan / BLMK Portfolio Report slides 18, 26-29 / ICB 6-data point trend is improving.
M12 published performance shows achievement of 74.7% for the ICB (against a target of 80%). Virtual Ward leads are now embedded in both Bedfordshire and MK Provider Organisations, with Hub and Spoke models reviewed following GIRFT recommendations. In 2025/26, **Milton Keynes** (84%) virtual ward beds will reduce from 75 to 50, reflecting the resources needed manage more complex patients. The Milton Keynes system is also keen to learn from a paediatric virtual ward pilot in Bedfordshire, and this will be presented to the Milton Keynes Improving System Flow Group. In **Bedfordshire** (72%) the number of beds will reduce from 265 to 185 with both providers expecting occupancy rates expected to increase to above 80%. The virtual ward is also expected to expand into the north of Bedfordshire. ***Post Quality and Performance Committee note*** – *The reduction in VW bed capacity is in line with national guidance and revised eligibility criteria; revisions provide more clarity on who can be counted as occupying a virtual ward (higher acuity patients). Remote*

monitoring will continue for patents with lower acuity, who no longer meet the VW criteria, but they will no longer be counted within this cohort.



Release from Stack / Unscheduled Community Care Hubs (UCCH) - NHSE Operational Plan / BLMK Portfolio Report slides 21-25 / ICB 6-data point trend is improving.

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 continues to see improving completion rates, with the latest published data showing 53% (290) call completed in March. Unvalidated data for April shows 52% (299) completed; the ICB performed second best in the region (2/6).

Agreements are being finalised for EEAST ambulance crews to ensure they adopt “Call Before Convey” (CBC) to ensure crews call the UCCH before conveying a patient to hospital. Work is also underway to set up a Conveyance Avoidance Service through CBC. This will reduce unnecessary hospital trips for patients who do not have medical needs but do need support at home. Instead of being taken to hospital, the ambulance provider can arrange social or community care through CBC and the rapid response team.
SCAS, the ambulance provider for Milton Keynes, are currently facing technology barriers in progressing release from the stack. In addition, MK do not currently have a UCCH service in place; this continues to be addressed at place through the Improving System Flow project.

Planned and Elective Care (Responsible Body: Elective Leadership Group)
Long Waits – 78 and 65 weeks - NHSE Operational Plan / BLMK Portfolio Report slide 60 / NHSE SOF Metric / ICB 6-data point trend is improving for 78w and 65w.
At the end of M12 (published data) the ICB reduced waits from 506 to 65 patients waiting 65+w, placing us 3/6 in region and 13/42 nationally. MKUH held the majority of these waits with 44 (against a M12 plan of 0), due to refurbishment of a theatre impacting orthopaedic capacity (expected to impact performance for 4 months from April 2025) and several patients choosing to delay treatment. MKUH remain in Tier 1, receiving national support pending a review of NHSE’s support approach in 2025/26. At M12, BHT had 0 65+w patients (against a M12 plan of 204), as a result of in and outsourcing (including ISP), wait list validation and improvements in theatre productivity.

BLMK ICB currently have patients waiting both 65 and 78 weeks for treatment (65 and 10 respectively), and we will continue to monitor these patients, however, these metrics are not featured within the 2025/26 operational plan. The only long wait metrics within the 25/26 operational plan will be 52 week waits (1% of total WL) and a renewed target for RTT 18 week waits (60%). At M12, the ICB has 4,305 52w waits and is achieving an 18w RTT performance of 53%.

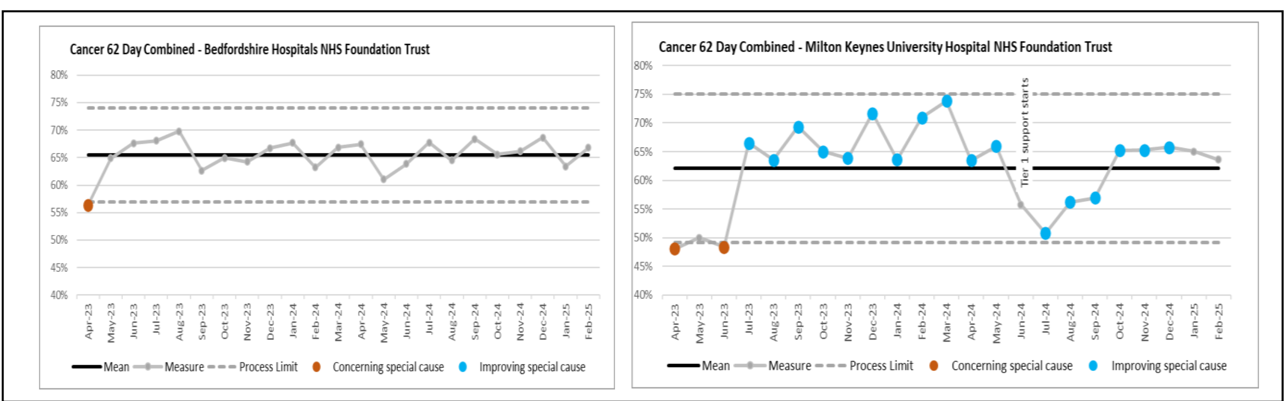
Diagnostic Waits - NHSE Constitution Measure / Operational Plan / SOF Metric / BLMK Portfolio Report slide 47 / ICB 6-data point trend is improving.
At M12 the ICB continues to be ranked 6/6 in region and nationally (40/42) due to the high volume of patients on the waiting list (30,139). 31.4% of patients waited more than 6 weeks for their

diagnostic test, against the local operational plan target of 15%; the National target is 5%. BHT (28.3%) and MKUH (31.3%) continue in- and outsourcing, and adding workforce and mobile capacity, leading to improved waits for NOUS, MRI, and CT (with the opening of Lloyds Court supporting NOUS at MKUH).

Audiology remains a challenge for both Trusts. MKUH is validating patient lists and extending an agency contract; a business case planning to outsource audiology activity, is currently on hold due to financial constraints. Whilst this decision is pending, the trust is developing multiple proposals to align capacity with demand. . BHT has recruited an Audiologist for Bedford, but service resilience remains limited. Moving into 2025/2, both Trusts face the challenge of sustaining performance in pressured modalities and maintaining financial balance alongside rising diagnostic demand linked to increased outpatient activity.

Cancer - 62 Day Standard - NHS Constitution Measure / NHSE Operational Plan / BLMK Priority Programme slides 49, 123-125 / NHSE SOF Metric / ICB 6-data point trend is improving.

Delivery of the 62-day target remains our biggest area of challenge and the focus for 25/26. At M12 performance for the ICB was 68.1% against the 70% target (BHT overachieved with 75% and MKUH achieved 67.3%). Key challenges are delays to diagnostic tests, treatment planning, inadequate elective capacity, and the management of complex cases. Our most challenged pathways are Gynaecology, Urology, LGI and Lung. The ICB continue to meet regularly as a delivery group with providers, to review action plans and oversee cross cutting services which are showing



improvements in turnaround times for diagnostics. This programme of work will continue into 2025/26 and is aligned SDF funding to support delivery of action plans.

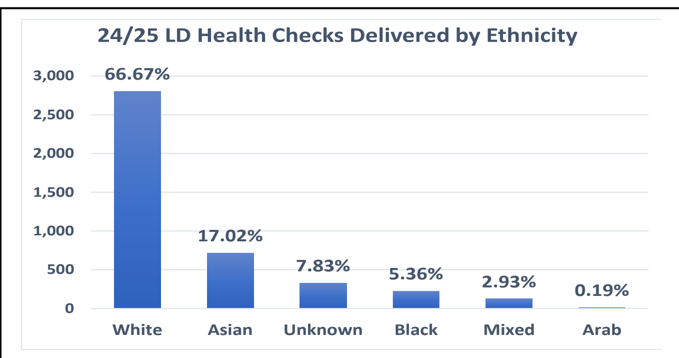
Mental Health - BLMK Priority Programme, portfolio report (20-27) Mental Health, Learning Disabilities & Autism– p22-29 / ICS Health Services Strategy.

Inappropriate Out of Area placements – NHSE Operational Plan / NHSE SOF Metric / BLMK Priority Programme, portfolio report (26) Complex Care (32) Enablers – p28/34.

Due to continued high demand and capacity pressures, especially in Bedfordshire and Luton, BLMK currently have 15 inappropriate adult acute mental health out-of-area placements, against our zero plan. In 2025/26, BLMK ICB will focus on systemwide priorities like avoiding admissions, improving discharge pathways, and reducing out-of-area (OOA) placements. ELFT will enhance care for LD&A patients in mental health units through sensory adjustments, personalised plans, and staff training. Development continues on the Discharge Hub, Flow Team, Community Safe Spaces, and enhanced care observations. CNWL is working to prevent and repatriate OOA placements through intensive community support, pathway redesign for Complex Emotional Needs, and reducing admissions and length of stay.

Serious Mental Illness (SMI) Health Checks- NHSE Operational Plan / Core20Plus5 / BLMK Priority Programme, portfolio report (24) Complex Care – p26
At the end of Q3, the ICB had carried out 4,655 SMI checks, equating to 57.5%, against the 60% end of year target (Q4 data yet to be published). Performance at place shows Milton Keynes as having carried out the most checks, 59.18%, compared with Bedford Borough as the lowest performing with 55.75%. Outreach projects have been recommissioned across BLMK to deliver health checks for groups who do not usually visit their GP, and to pro-actively help them access follow-up care. Data quality work continues, to ensure all patents who attend are accurately recorded by providers.

Learning Disability Health Checks Responsible Body: LD&A Transformation Partnership Board; underpinned by the BLMK LD&A Partnership Steering Group / NHSE Operational Plan / Outcome Measure / SOF Metric / BLMK Priority Programme, portfolio report (24) Central Bedfordshire – p26 / (41) MHLD Collaborative – p43, 84-86 / ICB 6-data point trend is improving.



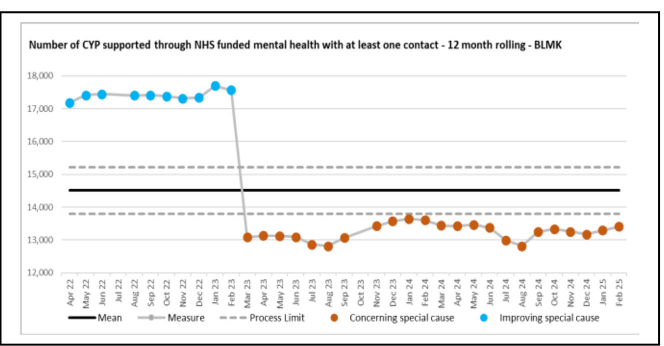
At the end of Q4, BLMK have carried out 4,200 LD&A health checks, which equates to 76.25%. This is 0.8% (465) *more checks delivered than the same time last year*. This table shows the total number of patients who received health checks (4,200) by ethnicity over the year. White British patients make up the highest with 66.7% (2,800) of the total eligible cohort and "mixed" making up 2.9% (123); the ethnicity of 329 patients was unknown . Whilst variation exists, it is positive to note that of their total population, at least 69% of *every* listed ethnicity received a health check i.e. 69.8% of the unknown eligible cohort and 84% of the Asian eligible cohort received health checks. The split between males and females receiving checks over the year was 61% and 39%, respectively. The number of GPs delivering health checks has increased by 15.8% since last year; LD&A health check training sessions will continue to be offered during protected learning time and lunch and learn sessions to Primary Care staff into the new financial year.

Perinatal Mental Health Access – Responsible Body: Overall leading on Transformation - Children & Maternity Transformation Board / NHSE Operational Plan / Core20Plus5 / SOF Metric
BLMK has over-performed for every month in the year with M12 access rate of 1,375 against the months target of 1,279. The ICB is over-achieving our total end-of-year target (15,348) by 11.3% (17,080). The ICB is confident we can meet the planned increased level of performance over 2025/26, of 1,440 patients each month (17,280 annual target).

Dementia Diagnosis - Responsible Body - Mental Health Programme Board; underpinned by the BLMK MH Transformation. NHSE Operational Plan / Core20Plus5
BLMK ICB have successfully achieved this metric for the last 12 months and achieved 69.3% against the 66.7% target in M12, ranking the ICB 1st place out of 6 regionally (9/42 nationally). Whilst overall dementia diagnosis is one of our consistently well performing areas, we do experience variance at place and in M12, whilst on a modest improving trajectory, Central Bedfordshire continues to under-achieve with 63.8% in contrast to one of our higher performing areas Luton, achieving 80.6%; work programmes targeting lower performing areas are progressing.

Children, Young People and Maternity - Responsible Body: Overall leading on Transformation - Children & Maternity Transformation Board / - NHSE Operational Plan / Core20Plus5
CYP Mental Health Access

BLMK has under-performed against the CYP access target for the second consecutive year, ranking 5/6 regionally and 28/42 nationally. M12 performance shows 13,500 contacts; this is 23.4% below the end of year target of 17,614.

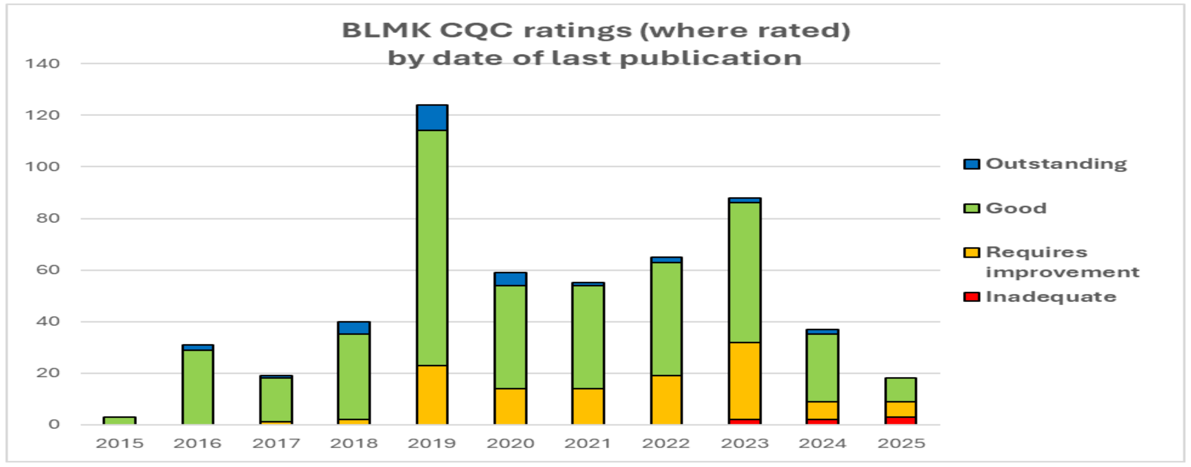


To support improved achievement, within the 25/26 operational plan, the BLMK system have reduced our CYP access ambition from 17,614 to 15,982 (-9.3%) by the end of March 2026. Whilst does not meet the *nationally* set ambition of 17,614, we are planning an *increase in current activity* of 2,482 (+15.5%) over the course of the year. ***Post Quality and Performance Committee note*** *–The target has been reduced in 25/26 due to challenges in meeting the required 24/25 levels. This in part has been due to changes to data set inclusion criteria, national (and local) inconsistencies in counting and coding affecting benchmarking, and insufficient BLMK referral levels for mental health services due to high acuity cases (not all activities being countable towards the access target).* To support this increase, we will enhance resourcing and capacity within the VCSE, and both mental health trusts (including the expansion of the MH Support Teams, where BLMK ICB will be adapting the national blueprint to suit our local population better). The ICB is actively engaging with leading peers to enhance understanding of our own referral patterns and identify opportunities for sustainable improvement, we will also be undertaking threshold benchmarking to maximise access. In addition, over 25/26, we are progressing opportunities from a recent NHSE productivity and efficiency report highlighting initiatives to improve access and reduce unwarranted variation in CYP access. Alongside, we continue to address known challenges around data quality and flow, and support for CYP who are waiting to be seen, and expansion of low intensity or single session / group interventions.

See Appendix 1 for place-based performance dashboard.

ICB Inspections and Reviews

The below table gives an overview of CQC assessments as of 1st April 2025 for all providers in BLMK. Over 500 BLMK locations have been visited and assessed by the CQC since 2015, including services where a rating is not given (e.g. dentists). Currently, 76% of providers in BLMK are rated as good or outstanding (this has reduced from the December reported position of 82%). The CQC are prioritising provider inspections, with ICS inspections on a 6-month hold. To date in 2025, 19 reports have already been published compared to 39 over 2024. Three of the 2025 inspections have been rated inadequate; these are all care homes situated across BLMK. Local Authorities are leading this work, each having well-established processes for care homes that are providers of concern. The Quality team works collaboratively with LAs to ensure appropriate support is in place for clinical issues with a view to improvement and remedy.



BLMK System Oversight Framework (SOF) - latest update February 2025

In February 2025, BLMK ICB remains at SOF Segmentation Level 2 (Flexible Support). In the latest publication, *there have been 5 improvements* (1 from Amber to Green and 4 from Red to Amber) and *there have been 4 deteriorations* (3 from Amber to Red and 1 from Green to Red). The SOF relies on historical data to assess performance and implement RAG changes. As a result, performance metrics may have shifted since the last SOF update. The table below outlines the assessment periods used by the SOF alongside the most recently published data, providing a more real-time view of performance.

NHS England are currently consulting on the new National Performance Assessment Framework (NPAF) *[NHS England » Draft NHS Performance Assessment Framework]* which will replace the System Oversight Framework (SOF). The NPAF will provide a clear and consistent approach to scoring and segmentation for all Providers and ICBs based solely on performance against a set of metrics. The Assessment will see Providers and ICBs put in a segment between 1 (highest performing) and 4 (lowest performing). The consultation on the new Framework was open until 30 May and a response on behalf of the system was submitted - the metrics as presented in it will form the basis of the next BLMK Quality & Performance report.

Metric movement across quartile ranges

Level	SOF assessment period	Target	Performance Indicator	RAG Change		Latest SOF Assessment Data	Latest Published Data	Report Section
LA - Central Bedfordshire	22/23 v. 23/24	70%	S049a Breast Screening Coverage	Amber to	Green	23/24 73.9%	23/24 73.9%	Not featured
Provider Aggregate	w/e 29/12/24 v. 02/02/25	-	S011a Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	Red to	Amber	w/e 02/02/25 111.6%	w/e 02/02/25 111.6%	Cancer Care section 8
BHT	M8 Nov V. M9 Dec	252	S009d RTT Waiting lists - Total patients waiting more than 65 weeks to start consultant led treatment	Red to	Amber	M9 Dec 17	w/e 04/05/25 37	Planned Care section 7
BHT	M8 Nov V. M9 Dec	75%	S012a Cancer – Proportion of patients meeting the faster cancer diagnosis standard	Red to	Amber	M9 Dec 76.5%	M11 Feb 77.34%	Cancer Care section 8
MKUH	M8 Nov V. M9 Dec	-	S067a Leaver rate	Red to	Amber	M9 Dec 7.27%	M9 Dec 7.27%	Not featured
MKUH	M8 Nov V. M9 Dec	75%	S012a Cancer – Proportion of patients meeting the faster cancer diagnosis standard	Amber to	Red	M9 Dec 75.3%	M11 Feb 79.1%	Cancer Care section 8
ICB	Q2 24/25 V. Q3 24/25	30 per million	S029a Inpatients with a learning disability and/or autism per million head of population	Amber to	Red	Q3 24/25 51	Q4 24/25 50	Not featured
ICB	M8 Nov V. M9 Dec	85%	S047a Proportion of people over 65 receiving a seasonal flu vaccination	Amber to	Red	M9 Dec 73.5%	M11 Feb 74.2%	Prevention section 5
ICB	M9 Dec V. M10 Jan	80%	S128a % of virtual ward capacity occupied	Amber to	Red	M10 Jan 32.9%	M11 Feb 74.7%	UEC section 6
MKUH	M9 Dec V. M10 Jan	92%	S123a Adult general and acute type 1 bed occupancy (adjusted for void beds)	Green to	Red	M10 Jan 21.2%	M1 April 89.45%	Not featured

5. Background reading

Annexes:

1. BLMK ICB Dashboard
2. Place Based Performance Dashboard

3. SPC Charts
4. BLMK 2024-25 Planning Close Down Performance Dashboard

Date: 27 June 2025

Report Author: Shirely Pointer, Chair of Remuneration Committee

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

Item 21.0: Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Remuneration Committee

Recommendation: The Board are asked to **note** the issues raised by Remuneration Committee on 4 April 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
• **Talent Management -** The Committee will consider the people and development requirements of the ICB configuration when it is published. • **Staff Survey –** The committee commended the improvement in the staff survey results this year, thanking the team for their work. Notably the percentage of staff experiencing discrimination in BAME employees had reduced from 18.8% to 6% since the last survey (the national average is 4%). The WRES Data showed that there was still a disparity between BAME, and white employees experience and work continues. The Committee acknowledged that the improved responses showed that the consolidated actions on Equality, Disability and Inclusion were having a positive impact on experience and there is commitment to making a positive difference.
ASSURE: Inform the Board where positive assurance has been received
• **Cost Reduction** – the ICB had achieved the 30% cost reduction in running costs required by the end of 2024/25 by removing posts, reviewing the classification of running and programme costs, and non-staff related savings particularly reducing the estates costs. The Executive were commended on achieving the running cost reduction. The Committee also recognised the pressures on staff and teams delivering services whilst managing vacancies. • **Target Operating Model (TOM) 2 –** the consultation on the proposed changes in TOM 2 had closed but due to the recent national announcements by NHSE to reduce ICB running costs by 50%, the consultation feedback to staff had been delayed until w/c 21 April. This is to enable further discussions and exploration of options of ICB configuration. The Committee were advised of the support being offered to ICB staff during this period of uncertainty and the opportunities for training and development to enhance skills. • **Appointment Process update –** an appointment had not been made to the Chief Neighbourhood Health and Primary Care Officer and interim arrangements had been put in place with the Chief Medical Officer taking on the Primary Medical Services portfolio and other acting up arrangements to cover other elements of the portfolio. • **Chair Appointment -** The Chair appointment was with the Secretary of State for Health and Social Care. **Chair, NEM and Executive Appraisal process** – guidance had been published by NHSE and Executives and NEMs would undertake the same process with 360 degree feedback from colleagues and partners. The Chair's performance is appraised by NHSE Regional Director, and the Chair appraisal will be part of the objective setting when the new Chair is appointed. The guidance states that NEMs and Executives will

have a performance rating of “improving, satisfactory, good or outstanding”. The Committee were not comfortable with these rating stating that using “performing, thriving and excelling” would be preferable, however, the appraisal needs to be compliant with the guidance. The Committee felt given the current period of uncertainty it would be helpful to include two areas of strength and two areas for development as part of the process.

- **Talent Management Process ‘Scope for Growth’** – the new Talent Management Framework that focused on succession planning and individual potential was shared. The new ICB staff appraisal process and scope for growth supported the framework and a variety of development opportunities are available for staff.
- **BLMK ICB Staff Survey Results 2024** – overall improving staff survey results with the ICB having the 5th most improved responses for the 21 ICB organisations that used Picker Ltd to run their survey. Positively, responses were above average in six of the seven people promises. *‘We are always learning’* performed just below average and there are clear action plans to address this e.g. new appraisal process – scope for growth.

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

- **ICB Configuration -** The ICB configuration is a concern for staff, as there is a period of uncertainty and instability which will adversely affect staff morale. The implications for staff on decisions made will be considered by the Committee.

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

- **Staff Survey Results 2024** – the Committee acknowledged the improvements in staff responses given the difficult circumstances i.e. running cost reduction and Target Operating Model.

Date: 27 June 2025

Executive Lead: Maria Wogan, Chief Strategy and Transformation Officer, BLMK ICB

Report Author: Michelle Evans-Riches, Head of Corporate Governance, BLMK ICB

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

Item 22.0: Corporate Governance Update

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

1.0 Executive Summary

1.1 In April 2025, the ICB Board agreed by email to three changes to the Constitution. Firstly to increase the number of Non-Executive Members on the ICB Board from four to five, secondly to add the provision to extend the term of office of partner members by one year to enable flexibility in tenure and finally, where there is a Chair vacancy, the Acting Chair would take on the responsibilities of the Chair. NHSE approved the changes to the ICB's Constitution which has since been published on the ICB's website.

1.2 The ICB's Constitution currently prohibits the Chief Executive from being employed in another executive role. With the plans for ICB reconfiguration and proposed clustering of ICBs and following NHSE advice it is proposed to remove this section and request approval from NHSE to amend the Constitution.

1.3 The term of office of Board partner members from local authorities and NHS Trusts appointed from 1 July 2022 comes to an end on 30 June 2025. Following a nomination and approval process by the ICB Chair, these terms of office have been extended by three years. The ICB Chair has approved the appointment of Mark Fowler as a local authority partner member from Luton Council, replacing Robin Porter who left the Council on 30 April 2025. The Primary Medical Services appointment process has been undertaken and interviews were held on 29 May and 2 June. The Chair has agreed the appointment of Omotayo Kufeji.

1.4 The ICB Chair has agreed a second term of three years to i) Manjeet Gill, Non-Executive Member, from 31 August 2025 and i) Lorraine Mattis, Associate Non-Executive Member from 29 August 2025. The Board is also asked to note that Shirley Pointer has agreed to serve as a Non-Executive Member until 31 March 2026.

1.5 With the departure of the ICB's Chief Operating Officer and the Chief Primary Care Officer, the Governance Handbook has been reviewed and amendments are proposed to Committee Terms of Reference and Scheme of Reservation and Delegation. To ensure quoracy at meetings, it is proposed to include in each of the Committee's Terms of Reference that nominated deputies for all voting members can attend and vote. This is particularly important as the number of ICB Executives has reduced.
The Governance Handbook has also been reviewed to ensure that the job titles reflect those in the TOM 2 structure. There are also proposed changes to Mental Health, Learning Disability and Autism Committee membership and the Health and Care Senate.

1.6 Following the appointment of the ICB Chair, the Non-Executive membership of Committees was reviewed and is reported to the Board for noting.

1.7 The Terms of Reference for the ICB **Joint Transition Committee**, between BLMK, Cambridgeshire & Peterborough and Hertfordshire & West Essex, are presented to the Board for approval. The purpose of the Joint Committee is to provide coordinated oversight and governance of the merger between Hertfordshire (excluding West Essex), BLMK, and Cambridgeshire & Peterborough Integrated Care Boards (ICBs), and the concurrent divestment of West Essex. It will ensure that key decisions and risks are managed collectively and transparently, and that the transition is delivered safely, legally, and in line with NHS England requirements.
The draft Terms of Reference for the **BLMK ICB Transition Programme Board** are presented for approval to the Board. It is responsible for the development plans in relation

to BLMK ICB and make submissions to the Joint Transition Committee as required deliver of the ICB reconfiguration within the required timescales and to provide assurance to ICB Board on delivery of robust & sustainable plan.

1.8 The Conflicts of Interest and Standards of Business Conduct Policy was approved by the Board in December 2024. An amendment is proposed to the Gifts and Hospitality section to include sponsorship and to amend the form to require the individual receiving the gift, hospitality or sponsorship to sign the form, as well as their manager. This is in accordance with best practice.

1.9 The ICB company seal was used for the lease agreement for Morton House, Luton and is reported to the Board for noting.

1.10 The report confirms that all Board members are compliant with the annual fit and proper person test (FPPT) Framework and this is overseen by the ICB Chair.

1.11 A Community and Mental Health Transformation Board is overseeing the programme and delivery of the mental health transformation and the draft Terms of Reference are reported to the Board for noting.

2.0 Recommendations

The Board is asked to:

2.1 **note** the changes to the Constitution approved by NHSE on 25 April 2025.

2.2 **agree** the proposed change to the Constitution in relation to Chief Executive Officers holding more than one executive role, and requests approval from NHSE for this alteration.

2.3 **note** the local authority, NHS Trust and Primary Medical Services Partner Member appointments to the ICB Board, and the Board participants appointment for Healthwatch and Director of Public Health as detailed in the report.

2.4 **note** the Chair's decision to extend the appointments of Manjeet Gill, Non-Executive Member and Lorraine Mattis, Associate Non-Executive Member for a further term of three years, and the change in Shirley Pointer's (Non-Executive Member) leaving date to 31 March 2026.

2.5 **note** the changes to the Non-Executive Membership of Committees in relation to Robin Porter being a member of Finance & Investment, Mental Health, Learning Disability and Autism and Remuneration Committees

2.6 **approve** the amendments to the Governance Handbook as detailed in the report to the Board.

2.7 **approve** the Joint Transition Committee and the BLMK Transition Programme Board Terms of Reference.

2.8 **approve** the change to the Conflict of Interest and Standards of Business Conduct Policy.

2.9 **note** the use of the ICB company seal on a lease of Morton House, Luton.

2.10 **note** the compliant Fit and Proper Person Framework submission to NHS England in relation to the ICB Board on 30 May 2025.

2.11 **note** the Community and Mental Health Transformation Board Terms of Reference.

3.0 Key Implications

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

4.0 Report

4.1 **ICB Constitution**

4.1.1 Following consultation with ICB Board members via e mail, the following changes (highlighted in red) to the ICB Constitution were considered by NHS England and approved on 28 April 2025:

Board membership

2.2.2 The ICB has also appointed the following further ordinary members to the Board:
a) Three Non-executive Members.

2.2.3 The Board is therefore composed of the following 20 members:
a) Chair.
b) Chief Executive.
c) Three partner member(s) NHS and foundation trusts.
d) Three partner member(s) primary medical services.
e) Four partner member(s) local authorities.
f) Five Non-executive Members (one of which, but not the Audit and Risk Assurance Committee Chair, will be appointed Deputy Chair; and one of which, who may be the Deputy Chair or the Audit and Risk Assurance Committee Chair, will be appointed the Senior non-executive member).
g) Chief Finance Officer
h) Chief Medical Director.
i) Chief Nursing Director

Chair – additional paragraph

3.3.5. Where there is a vacancy an Acting Chair can be appointed by the ICB Board with the support of NHS England to undertake the functions of the Chair.

Partner Members NHS Trusts

3.6.6. The term of office for these partner members will be three years and the total number of terms they may serve is two. One term may be extended up to one year subject to approval by the Chair.

Partner Members Primary Medical Services

3.7.7 The term of office for these partner members will be three years and the total number of terms they may serve is two. One term may be extended up to one year subject to approval by the Chair.

Partner Members Local Authority

3.8.6 The term of office for these partner members will be three years and the total number of terms they may serve is two. One term may be extended up to one year subject to approval by the Chair.

The Constitution has been updated and is available on the ICB Website here.

That the Board notes the changes to the Constitution approved by NHSE on 25 April 2025.

4.1.2 The current Constitution in paragraph 3.5.4 (b) precludes the Chief Executive from holding any other employment of executive role (see below). Given the re-configuration of ICBs it is proposed to request NHS England to approve the deletion of this sentence.

3.5.4 "Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.
~~b) Subject to clause 3.5.3(a), they hold any other employment or executive role."~~

That the Board agrees the proposed change to the Constitution in relation to Chief Executive Officers holding more than one executive role, and requests approval from NHSE for this alteration.

4.2 ICB Board partner member appointments

As reported to the last Board on 21 March 2025, the local authority, NHS Trust and Primary Medical Services appointments made on 1 July 2022 are coming to an end on 30 June 2025. Following the consultation process with local authorities and NHS Trusts for the respective categories the following appointments were made by the Chair for a 3-year period from 1 July 2025:

<u>Local Authorities</u>
Laura Church, Bedford Borough Council
Michael Bracey, Milton Keynes City Council
Marcel Coiffait, Central Bedfordshire Council

<u>NHS Trust</u>
David Carter, Bedfordshire Hospitals
Joe Harrison, Milton Keynes University Hospital
Ross Graves, Central and North West London.

With the departure of Robin Porter from Luton Council, a nomination was sought to fill the vacancy and following consultation with the local authorities in BLMK, Mark Fowler was appointed by the ICB Chair as the Local Authority Partner member representing Luton Council from 1 May 2025.

<u>Primary Medical Services Partner Members.</u>
Mahesh Shah and Omotayo Kufeji's term of office as Primary Medical Services partner members comes to an end on 30 June 2025. In accordance with the ICB's Constitution, primary medical services providers detailed in the Governance Handbook were asked for nominations and four were received. The primary medical services providers were asked to confirm the acceptance of the nominations or could register and objection (non-response is taken as assent). There were 15 formal responses, one of which was an objection.

The nominations and representations were considered by the panel chaired by the Chief Executive and it was decided that all 4 candidates would be interviewed on 29 May and 2 June. The panel comprised of Felicity Cox, Chief Executive, Andrew Rochford, Chief Medical Officer and Bethan Billington, Deputy Chief People Officer.

The panel made a recommendation to the Chair who approved the appointment of Omotayo Kufeji as a Primary medical Services partner member for a further term of three years.

<u>Board Participants Healthwatch and Director of Public Health terms of office</u>
Both Maxine Taffetani, the Healthwatch representative and Vicky Head, the Director of Public Health for Bedford Borough, Central Bedfordshire and Milton Keynes City Councils, were

appointed from 1 July 2022 for three years. Their appointments have been extended for a further three years following consultation with the ICB Chair.

That the Board notes the local authority, NHS Trust and Primary Medical Services Partner Member appointments to the ICB Board and the Board participants appointment for Healthwatch and Director of Public Health as detailed in the report.

4.3 Non-Executive Members

As reported to the last Board on 21 March 2025, Manjeet Gill's and Lorraine Mattis' term of office is due to come to an end on 31 August 2025 and 29 August 2025 respectively. The Chair has agreed to extend their appointments for another term (3 years) given their performance and their knowledge and experience on the ICB Board during this period of change to ICB's configuration.

Shirley Pointer had informed the ICB that she wished to stand down from 31 July 2025 but has agreed with the ICB Chair to defer this until 31 March 2026, given the ICB re-configuration. Shirley chairs the Remuneration Committee and Quality and Performance Committees.

That the Board notes the Chair's decision to extend the appointments of Manjeet Gill, Non-Executive Member and Lorraine Mattis, Associate Non-Executive Member for a further term of three years and the change in Shirley Pointer's, (Non-Executive Member) leaving date to 31 March 2026, which was agreed with the ICB Chair.

4.3.1 <u>Membership on Committees</u>

With the appointment Robin Porter the ICB Chair, the Non-Executive Membership of Committees was reviewed and Robin will be a member of Finance & Investment, Mental Health, Learning Disability and Autism and Remuneration Committees. A summary of NEM membership on Committees is detailed at Appendix B.

The Board is asked to note the changes to the Non-Executive Membership of Committees in relation to Robin Porter being a member of Finance & Investment, Mental Health, Learning Disability and Autism and Remuneration Committees.

4.4 Governance Handbook amendments

4.4.1 Anne Brierley, Chief Operating Officer left the ICB on 31 March 2025 and Nicky Poulain, Chief Primary Care Officer left on 30 April 2025. The Governance Handbook and Scheme of Reservation and Delegation have been reviewed and amendments to the respective entries are detailed in Appendix A for approval.

4.4.2 In addition, given the reduced number of ICB Executives. it is proposed that each of the Committee Terms of Reference has an additional paragraph included to enable appointed Deputies to attend the meetings, in the absence of the member and be included in the quoracy. It is proposed to include the following paragraph to each Committee Terms of Reference that does not have it already, with the exception of Audit and Risk Assurance and Remuneration Committees where the voting members are NEMs:

"Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible."

4.4.3 Following the implementation of the ICB's "Target Operating Model 2" transformation programme, the Governance Handbook has been reviewed to ensure that the roles are

accurately reflected e.g. Chief of Strategy and Assurance has changed to Chief of Strategy and Transformation.

4.4.4 Amendments to Terms of Reference for Mental Health Learning Disability and Autism Committee and Health & Care Senate.

The following amendments are proposed to the and Mental Health, Learning Disability and Autism Committee (MHLDA) and Health & Care Senate (H&CS) Terms of Reference.

Committee	Proposed Change
MHLDA	Membership – remover Chief Operating Officer for “Executive responsible for MHLDA (ICB)”; add Representative from Community Services organisation, and; Chief Medical Officer
MHLDA	Attendees – add MHLDA Director and representative from children and young people (1)
MHLDA	Quorum - a minimum of 50% of the members add “or nominated deputy” Addition of wording in paragraph 4.2.2 above regarding deputies.
MHLDA	Insertion at paragraph 7.1.13 to have oversight of the mental health specialised services delegated by NHSE.
Health & Care Senate	• Addition of purpose to oversee the delivery of the six priority programmes of the Health Services Strategy • Addition of “we commit” statements into Ways of Working • Deputy Chair updated from Dir. Public Health to Co-Chair - Chief Nursing Officer of the ICB • Insertion of figure 1: system strategy • Updated priorities – figure 2 • Updated duties- figure 3 • Updated membership to include Optometry, VCSE, ICB Clinical Leads, LMNS and representation of the resident voice • Changes to quoracy arrangements

4.4.5 Changes to Primary Care Contract Holders

The Primary Medical Services contract holders are listed at Appendix N of the Governance Handbook. Goldington Road Surgery has closed and the entry below needs to be deleted from the Governance Handbook.

Code	Practice Name	Added / Removed / Updated	Details
K82039	Bedford Street Surgery	Updated	Place updated to from Central Bedfordshire to Milton Keynes
E81064	Bramingham Park Medical Centre	Removed	Practice is a branch of Kingsway Health Centre
Y00328	Goldington Road Surgery	Removed	Practice relocated to Goldington Avenue Surgery – E81047
E81047	Goldington Avenue Surgery	Updated	Placed updated from Central Bedfordshire to Bedford

K82067	Hilltops Medical Centre	Removed	Practice is a branch of Watling Street Practice
Y00561	Shortstown Medical Centre	Removed	Practice is a branch of Wooton Vale Healthy Living Centre
Y00522	The Village Medical Centre	Removed	Practice is a branch of Queen's Park Health Centre
K82076	Watling Vale Medical Centre	Removed	Practice is a branch of Watling Street Practice

That the Board approves the amendments to the Governance Handbook as detailed in the report to the Board.

4.5 Joint Transition Committee

In order to oversee the development of the plans to cluster and merge ICBs, a Joint Transition Committee is being established with, BLMK, Cambridgeshire and Peterborough and Hertfordshire & West Essex ICBs. This is separate to and distinct from the BLMK Transition *Programme Board,* detailed below, which deals solely with BLMK's plans.

The purpose of the Joint Committee is to provide coordinated oversight and governance of the merger between Hertfordshire (excluding West Essex), BLMK, and Cambridgeshire & Peterborough Integrated Care Boards (ICBs), and the concurrent divestment of West Essex. The Committee ensures that key decisions and risks are managed collectively and transparently, and that the transition is delivered safely, legally, in line with NHS England requirements and made in the best interest of patients and residents.

The proposed membership includes the ICB Chairs, one NEM (Alison Borrett for BLMK) and CEO's from each ICB.

The draft Terms of Reference are attached at Appendix C for approval.

4.5.1 **BLMK Transition Programme Board**

The BLMK Transition Programme Board, which is separate from the Joint Transition Committee, will be responsible for the development of plans in relation to BLMK ICB and make submissions to the Joint Transition Committee as required deliver of the ICB reconfiguration within the required timescales and to provide assurance to ICB Board on delivery of robust & sustainable plan.

The membership of the Transition Programme Board is the ICB Chair, Deputy Chair and one NEM (Vineeta Manchanda) and the CEO, Chief Finance Officer and Chief Strategy and Assurance Officer.

The draft Terms of Reference are attached at Appendix D for approval.

The Board are asked to approve the Joint Transition Committee and the BLMK Transition Programme Board Terms of Reference.

4.6 Conflict of Interest and Standards of Business Conduct Policy

It is proposed to make a small modification to the Gifts, Hospitality and Sponsorship form in the Conflict of Interest and Standards of Business Conduct Policy to comply with best practice. The form will require both the recipient of the gift, hospitality or sponsorship and their manager to sign the form. The change is detailed in Appendix 6 pages 36 and 37 of the policy attached at Appendix D.

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

4.7 ICB Company Seal

On 23 May 2025, the ICB Company Seal was used for the Morton House, Luton lease and is reported to the Board for information.

The Board is asked to note the use of the ICB company seal on a lease of Morton House, Luton.

4.8 Fit and Proper Person Test

As reported to the Board in March 2025, 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.

The annual Fit and Proper Person's checks were submitted to NHSE on 30 May 2025, one month ahead of the deadline, with all board members being deemed as compliant and no breaches identified.

The Board is asked to note the compliant Fit and Proper Person Framework submission to NHS England in relation to the ICB Board on 30 May 2025.

4.9 Community and Mental Health Transformation Programme Board Terms of Reference

The governance arrangements for the Community and Mental Health Transformation requires the establishment of a Programme Board to oversee the delivery of the programme.

The Board is asked to note the Community and Mental Health Transformation Board Terms of Reference.

5.0 Next Steps

5.1 The Governance Handbook to be updated and published on the ICB website.

List of appendices

Appendix A – Proposed changes to the Governance Handbook
Appendix B - Non-Executive Member membership on Committees
Appendix C - Joint Transition Committee Terms of Reference
Appendix D - BLMK ICB Transition Programme Board Draft Terms of Reference.
Appendix E – Community and Mental Health Programme Board Terms of Reference

Background reading

None

Date: 27 June 2025

Executive Lead: Maria Wogan, Chief Strategy & Transformation Officer, BLMK ICB

Report Author: Laura MacSweeney, Corporate Governance Officer, BLMK ICB

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

Item 23.0: Board and Committee Effectiveness Report

Reason for report to the Board:
(e) other - Annual review of effectiveness across the Board and its Committees and approval sought for recommendations.

1.0 Executive Summary

1.1 To assess and enhance the effectiveness of ICB Committees and the Board of the ICB, a Microsoft Form was developed to capture member feedback for the annual review exercise. The questionnaires were designed collaboratively by Executive Leads, Non-Executive Members (NEMs) and internal auditors from BDO to ensure a balanced and insightful evaluation.

This initiative aimed to gather comprehensive insights into Committee and Board performance, governance and overall effectiveness.

To encourage honest and constructive responses, all feedback was collected anonymously. This approach was intended to provide an open forum for members to share their perspectives on operations, decision-making processes and areas for potential improvement. The results of questionnaires have been used to identify strengths, address challenges and implement measures to enhance the overall efficiency and impact of ICB governance structures.

During the last cycle of Committee meetings in 2024/25, feedback gathered through this process was presented to the respective Committees, which reviewed and supported recommendations for improvement. This structured approach ensured that the insights gathered translated into meaningful governance actions, reinforcing the ICB's commitment to transparency, accountability and continuous development in its governance practices.

2.0 Recommendations

2.1 The members are asked to **note** the key themes from the review and **approve** next steps to be taken.

3.0 Key Implications

Resourcing	
Equality / Health Inequalities	
Engagement	
Green Plan Commitments	
BAF Risks	

4.0 Report

4.1 To support the annual review of ICB Committees and the Board of the ICB, a Microsoft Form was developed to gather feedback from members. The questionnaires were jointly developed by Executive Leads, Non-Executive Members (NEMs) and internal auditors from BDO to ensure a balanced and insightful approach. The questions included Terms of Reference, Committee membership, meeting agendas and actions, Committee discussions, papers and reports, Committee effectiveness and relevance of the Committee to partner organisations.

4.2 During quarter 4 of 2024/25, the questionnaire was circulated to Quality & Performance, Primary Care, Finance & Investment, Audit & Risk and Remuneration Committee members. The Bedfordshire Care Alliance (BCA) and Mental Health, Learning Disability and Autism Collaborative (MHLDA) Committees and the Health and Care Partnership were excluded from the review for reasons detailed below:

a. **BCA Committee** - due to the independent review being undertaken by Carnall Farrar.
b. **MHLDA Committee** – having only formed late in 2024/25, a review of effectiveness would be undertaken in 2025/26.
c. **Health and Care Partnership (HCP)** – The Committee's effectiveness was reviewed during 2024/2025, leading to the decision to reduce meetings to twice per year

4.3 Findings:

The questionnaire responses were reported to each of the respective Committees at the meetings on:

a. Quality & Performance Committee 29 November 2024
b. Remuneration Committee 17 January 2025
c. Primary Care Commissioning and Assurance Committee 24 January 2025
d. Finance and Investment Committee 28 February 2025
e. Audit and Risk Assurance Committee 25 April 2025

4.3.1 Key Themes from the Board Effectiveness Questionnaire

The following summarises themes from Board member feedback.

1. **Board Strategy, Priorities, and Decision-Making**
The Board shows strong strategic thinking and engages well in high-level discussions. There is an opportunity to improve clarity on system-wide priorities and resource alignment, especially in prevention, long-term conditions, and mental health. While joint HCP seminars support shared understanding, translating vision into measurable outcomes remains a challenge. Strengthening confidence in complex decision-making, sharpening strategic focus, and enhancing transparency and collective ownership will help the Board increase its impact.

2. **Governance and Board Structure**
Governance is broadly sound, though effectiveness can be impacted by the Board's size and overlapping roles. Clarifying responsibilities between the Board and its Committees would help avoid duplication and ensure decisions are made at the right level. Enhancing role clarity, simplifying structures, and clearly distinguishing assurance from strategy would strengthen overall effectiveness. Reviewing the value of the BCA Committee was supported and this has been undertaken by Carnall Farrar and is reported elsewhere on the Board agenda.

3. **Board Meetings, Agendas, and Papers**
Agendas are increasingly relevant, but often overloaded, limiting time for strategic discussion. Papers would benefit from being more concise, with clearer objectives and better use of appendices. Improvements in action logs and summaries are noted, and

further gains can be made through stronger time management and sharper focus in Board materials

4. **Accountability, Challenge, and Leadership**
   The Board benefits from committed membership, though constructive challenge could be strengthened. Clarifying roles between NEMs and Partner Members and ensuring broader representation, particularly of clinical and frontline voices would support more effective oversight. These improvements would support the Board to have more challenging conversations and tackle difficult decisions with more confidence.

5. **Engagement, Communication, and Stakeholder Relationships**
   The Board fosters inclusive engagement, particularly at place level. Strengthening internal communication between members and their organisations, and encouraging a stronger system-wide perspective, would enhance alignment. There is also an opportunity to embed patient voice more consistently and deepen engagement with clinical and provider communities.

6. **Performance Monitoring and Impact Measurement**
   Performance monitoring is established but remains activity-focused. There was ongoing support for the work to define clearer metrics for health outcomes and strengthen the link between priorities, actions and resources. More detailed financial reporting and consistent follow-up on decisions would support better oversight and long-term impact.

7. **Risk Management and Assurance**
   Risk management processes are progressing, with regular escalation at Committee level. To enhance oversight, the Board could be more consistently involved in risk discussions. Continued development of the Board Assurance Framework and learning from peer ICBs would further strengthen assurance.

8. **Equity, Diversity, and Inclusion (EDI)**
   EDI is embedded in planning and decision-making, with an inclusive Board culture and strong participation. To build on this, more focus on workforce-related EDI and clearer links to measurable outcomes will ensure continued progress. Timeliness in addressing key issues can also be improved.

9. **System Collaboration and Local Integration**
   Place-based working is a significant strength, underpinned by inclusive structures and strong engagement. Joint sessions between the Health & Care Partnership and the Board support alignment. Continued emphasis on shared leadership and system-wide accountability will ensure greater integration and impact across health and care.

4.4 Development Areas for Committees

Committees are functioning well, with strong foundations in place, but there is clear potential to enhance their overall impact. Agendas should prioritise strategic issues and allow more time for meaningful discussion, while clearer decision-making responsibilities and improved use of integrated data would support more confident, outcome-focused decisions. Shifting from a compliance-led approach to one rooted in assurance, insight, and external learning will add real value. Strengthening engagement with clinical voices, system partners, and residents will help ensure decisions reflect the needs of the wider system. Continued focus on leadership development, succession planning, and making the most of workshops and deep dives will support more reflective, inclusive, and effective governance.

5.0 Next Steps

To address key areas for improvement identified through the effectiveness reviews, the Corporate Governance Team will work closely with the Chair of the Board, Committee Chairs, Executive Leads, and Report Authors to implement the recommendations set out in each report. This collaborative approach will ensure clear ownership of actions, prioritised improvements, and consistent embedding of best practice across governance structures.

Key areas of focus are to include rebalancing agendas to allow more meaningful discussion, improving representation and engagement, particularly of resident and clinical voices, and enhancing the quality and focus of papers to support more strategic, outcome-driven decision-making. Oversight will also be strengthened to reinforce the Committees' role in providing assurance across the system.

Progress will be monitored through regular check-ins with each Committee as part of the meeting effectiveness review process, enabling reflection, adaptation, and continuous learning. In parallel, we will refine our survey approach to standardise feedback, minimise duplication, and generate more actionable insights. Through this continuous improvement process, these actions will help build a more inclusive, transparent, and strategically focused governance environment, supporting the ICB's commitment to continuous improvement and system-wide accountability.

Given the proposed changes to ICB re-configuration, it is likely that changes will need to be made to the ICB's governance arrangements during this year and in preparation for working as part of a cluster with other ICBs. Insight from the Board and Committee effectiveness review will feed into the development of any new governance arrangements for the future.