

Meeting of the Board of the ICB in PUBLIC

26 September 2025 – 09:00 – 11:35

First East Connect and Collaborate, 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 the meeting held on 27 June 2025 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	Annual Report and Accounts 2024/25		Chief Executive Officer Chief Finance 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	System Transformation Priorities – Progress Report <ul style="list-style-type: none"> • Complex Care – Children • Complex Care – Adults • End of Life • Admission Avoidance and Discharge Pathways 	Note	System Champions Michael Bracey Sarah Stanley Maxine Taffetani Matthew Winn	09:40
7.0	Winter Planning and Board Assurance	Approve	Director of Operations	09:55
8.0	Community and Mental Health Transformation Programme Case for Change	Approve	Chief Strategy & Transformation Officer	10:05
System Assurance				
9.0	Audit & Risk Assurance Committee <ul style="list-style-type: none"> • Chair's report • System Risk Register and Board Assurance Framework 	Note	Chair, Audit & Risk Assurance Committee / Chief Strategy & Transformation Officer / Chief of Staff	10:30

10.0	Finance & Investment Committee: <ul style="list-style-type: none"> • Finance & Investment Committee Chair's Update • Section 75 Agreements • BLMK ICS Finance Report at Month 3/4 	Note Approve Note	Chief Finance Officer / Chair, Finance & Investment Committee	
11.0	Health and Care Partnership - <i>verbal</i>	Note	Co-Chairs, Health and Care Partnership	
12.0	Mental Health, Learning Disabilities and Autism Collaborative Committee Chair's Update	Note	Chair, Mental Health, Learning Disabilities and Autism Collaborative Committee	
13.0	Primary Care Commissioning & Assurance Committee Chair's Update	Note	Chair, Primary Care Commissioning & Assurance Committee	
14.0	Quality & Performance: <ul style="list-style-type: none"> • 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				
15.0	Remuneration Committee Chair's Update	Note	Chair, Remuneration Committee Chief People Officer	10:45
16.0	Transitional Governance Arrangements – Central East	Approve and Note	Chief Strategy & Transformation Officer	10:50
Closing Items				
17.0	Communication from the Meeting	Agree	Chair	11:20
18.0	Meeting Evaluation	Discuss	Chair	11:25
19.0	Any Other Business		Chair	11:30

Resolution to exclude members of the press and public

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

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Borrett	Alison	Non Executive Member	Yes	N	N	N	N	Director, 2Bilys Ltd, Company no 14038119, Unit 8 Churchill Court, 58 Station Rd, North Harrow HA2 7SA	11/04/2022	Ongoing	No conflict, as our cookie business does not provide goods or services to BLMK ICB. If this was to change in the future I would update my DOI and declare any interest.	21/06/2022
Bracey	Michael	Chief Executive, Milton Keynes Council	Yes	Y				Employee of Milton Keynes City Council	2009	Ongoing	None required	21/11/2022
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
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 trustee of a charity as a member (and secretary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
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
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			Chair, NHS Advisory Board for Procurement and Supply	Jun-25	Ongoing	Declare in line with conflicts of interest policy	11/06/2025
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Chair, NHS BLMK Digital Transformation Board	2023	Ongoing	Declare in line with conflicts of interest policy	11/06/2025

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
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Member, Health Innovation Oxford		Ongoing	Declare in line with conflicts of interest policy	11/06/2025
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Member, NHS Elect Advisory Board	2025	Ongoing	Declare in line with conflicts of interest policy	11/06/2025
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse, Samantha Harrison, Permanent Secretary, DHSC	16/06/2025	Ongoing	Declare in line with conflict of interest policy	11/06/2025
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				National Director for Digital Channels NHSE	2023	Ongoing	Declare in line with conflicts of interest policy	01/02/2023
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	Sister, Ruth Harrison, Director of Durrow Ltd	Circa 2012	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			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
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				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
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Chair, Milton Keynes Christian Centre (was previously Trustee)	01/09/2023	Ongoing	May need to be excluded from decisions regarding Primary care Networks	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			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				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
Malik	Khtija	Co-Chair and Councillor, Luton Borough Council	Yes		Y			Governor on East London NHS Foundation Trust	2019	Ongoing	Declare in line with conflicts of interest policy	12/09/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				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
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

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare					Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
				Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect					
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
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				CEO, University of Suffolk Dental CIC	Jun-23	Ongoing	Declared in line with conflicts of interest policy	08/08/2023
Mattis	Lorraine	Associate Non-Executive Member	Yes		Y			Member Primary Care Advisory Group, NH Confederation	Jun-24	Ongoing		
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes		Y			Bpha (a not for profit Housing Association). Non-Executive Director and Chair of the Remuneration Committee	Apr-19	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes			Y		Pavilions Management Co Ltd, (residents management co), Director. This is a voluntary role which is not remunerated	Sep-20	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Porter	Robin	Chief Executive, Luton Borough Council	Yes	Y				Chief Executive of Luton Council, an ICB Partner organisation	May-19	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
Roberts	Martha	Chief People Officer, BLMK Integrated Care Board	No									04/07/2022

Date: 27 June 2025

Time: 09:00 – 13:30

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:		
Robin Porter	Chair, ICB	RP
Alison Borrett	Senior Non-Executive Member, 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
Manjeet Gill	Non-Executive Member and Deputy Chair, BLMK ICB	MG
Joe Harrison	Chief Executive, Milton Keynes University Hospital - Partner Member, NHS Trusts and Foundation Trusts	JH
Dr Tayo Kufeji	GP - Partner Member, Primary Medical Services	TK
Vineeta Manchanda	Non-Executive Member, ICB	VM
Shirley Pointer	Non-Executive Member, ICB	SP
Dr Andrew Rochford	Chief Medical Officer (CMO), ICB	AR
Sarah Stanley	Chief Nursing Officer (CNO), 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 Council	EE
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes City Councils	VH
Cllr Khtija Malik	Luton Councillor & Co-Chair, BLMK Health & Care Partnership	KM
Lorraine Mattis	Associate Non-Executive Member, ICB	LM
Martha Roberts	Chief People Officer, ICB	MR
Kate Robertson	Interim Corporate Director, Population Wellbeing, Luton Borough Council – <i>Deputising for Mark Fowler</i>	KR
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 Strategy & Transformation Officer, ICB	MWo
In attendance:		
Frances Barnes	Deputy Chief Finance Officer – System Finance, Planning, Capital & Estates, ICB (<i>up to item 10.0</i>)	FB
Nikki Barnes	Associate Director System & ICB Estates, ICB (<i>up to item 10.0</i>)	NB
Dr Sanhita Chakrabarti	Deputy Chief Medical Officer, ICB	SC
Michelle Evans-Riches	Head of Governance (<i>support</i>), ICB	MER
Gaynor Flynn	Corporate Governance Manager, (<i>support</i>) ICB	GF

Zahra Gad	Culture and OD Consultant, Bedfordshire Hospitals Foundation Trust (<i>item 3.0</i>)	ZG
Lynelle Hales	Managing Director of Specialised Commissioning, ICB	LH
Matt Hollex	Head of Programme Management Office, ICB	MH
Phil Livingstone	Associate Partner, Carnall Farrar (CF) (<i>item 12.0 only</i>)	PL
Laura MacSweeney	Corporate Governance Officer (<i>minutes</i>), ICB	LMS
Kathy Nelson	Programme Director, Community and Mental Health Transformation, ICB (<i>item 3.0</i>)	KN
Azmi Peerun	Head of Organisational Development, Diversity & Inclusion, ICB (<i>item 3.0</i>)	AP
Tim Simmance	Associate Director of Sustainability and Growth, ICB (<i>up to item 10.0</i>)	TS
Michelle Summers	Associate Director, Communications & Engagement, ICB	MSu
Lorraine Sunduza	Chief Executive Officer, East London Foundation Trust (ELFT)	LS
Brayden Williams	Operational Manager Therapies CSU, Milton Keynes University Hospital, <i>shadowing Joe Harrison</i>	BW
Matthew Winn	Chief Executive Officer, Cambridgeshire Community Services (CCS)	MWi

There were 8 members of the public in attendance (2 in person and 6 remotely)

Apologies:		
Mark Fowler	Interim 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
Mahesh Shah	Pharmacist - Partner Member, Primary Medical Services	MSh

No.	Agenda Item	Action
	Opening Items	
1.0	<p>The Chair welcomed all present to the meeting of the Board of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only.</p> <p>Members were reminded that it is their responsibility to keep their Boards and Councils abreast of developments in the system.</p> <p>a) Apologies were noted as above.</p> <p>The Chair welcomed:</p> <ul style="list-style-type: none"> • Brayden Williams – Operational Manager Therapies CSU, Milton Keynes University Hospital Foundation Trust (MKUH), shadowing Joe Harrison. • Frances Barnes – Deputy Chief Finance Officer – System Finance, Planning, Capital & Estates, BLMK ICB. <p>b) The meeting was confirmed as quorate.</p> <p>c) Members of the Board were asked to confirm that the Register of Interests was up to date in respect of their declarations.</p> <ul style="list-style-type: none"> • Members were also asked to declare any gifts or hospitality that had been received. No declarations were made. 	

	<ul style="list-style-type: none"> • JH advised the Board that an updated declaration of interest had not been included in the extract. JH declared that his spouse, Samantha Harrison, was now Permanent Secretary for the Department of Health and Social Care. The master Register of Interests will be updated accordingly. <p>d) The minutes of the meeting held on 21 March and the extra-ordinary minutes of the meetings held on the 26 March and 2 May were approved as an accurate record of the meetings.</p> <p>e) The action tracker was updated with the following updates:</p> <ul style="list-style-type: none"> • Action 97 – Dying Well in BLMK Update – End of Life update scheduled for today’s meeting under item 11. The Board agreed to close the action. • Action 98 – Estates Projects within Primary Care Transformation Plan - Update scheduled for today’s meeting under item 7. The Board agreed to close the action. • Action 100 – To publish an animation to summarise what’s been for residents in terms of accessibility over the last year – Limited funding in the communications budget this year meant the ICB were unable to take the idea forward. The Board agreed to close the action. • Action 103 – Primary Care Commissioning and Assurance Committee to seek assurance on the primary care estate utilisation and modernisation fund for 2025/26 – Confirmed that the utilisation and modernisation fund for 2025/26 is now a standing item on the PCCAC agenda. Papers are due to the next Committee scheduled for the 1 August. • Action 104 – Elizabeth Elliot to circulate finalised Directors of Public Health Annual Report for Luton once finalised – EE confirmed that this is in progress and will be circulated once finalised. <p>f) The Board Decision Planner was noted.</p>	
2.0	<p>Questions from the Public</p> <p>One question was received from members of the public.</p> <p>The question was from The Leighton Linslade Health Provision Group. FC read out the question in full and answered all points.</p> <p>The question and full answer can be found as appendix A to these minutes and are also available on the ICB website here.</p>	
3.0	<p>Resident’s Story</p> <p>The Chair welcomed:</p> <ul style="list-style-type: none"> • Azmi Peerun – Head of Organisational Development & Inclusion, BLMK ICB • Zahra Gad – Culture and OD Consultant, Bedfordshire Hospitals Foundation Trust (BHFT) • Kathy Nelson – Programme Director, Community and Mental Health Services Transformation Programme, BLMK ICB <p>AP introduced the Transformational Reciprocal Mentoring Programme (TRMP), a joint initiative between the ICB and BHFT. The programme was a co-produced, systemic intervention designed to foster transformational and cultural change within partner organisations and across the wider system.</p> <ul style="list-style-type: none"> • Cohort 1 concluded in April 2025 with 16 participants (8 mentor-mentee pairs), including senior leaders and individuals from underrepresented backgrounds. • The programme aimed to facilitate reciprocal learning, strengthen leadership approaches and embed equity and inclusion in organisational culture. • Plans are in development to launch Cohort 2 by the end of 2025 or early 2026. 	

	<p>FC shared reflections as a participant in the programme emphasising:</p> <ul style="list-style-type: none"> • The deep value of reciprocal mentoring in understanding lived experiences of staff from diverse backgrounds. • A shift in leadership approach, including more inclusive staff engagement and the creation of a Shadow Executive in the ICB to ensure diversity is reflected in decision-making processes. • The importance of senior leaders participating in the programme to demonstrate commitment to equity and inclusion, highlighting the cultural and reputational benefits of such leadership. <p>ZG outlined the programme structure:</p> <ul style="list-style-type: none"> • Grounded in a transformational model, the programme explored participants' core values, bias, privilege and systemic inequality. • Participants developed tools to lead more equitably and inclusively. • Programme learnings have been integrated into BHFTs key initiatives, including the Clinical Directors Programme, the People & Culture Strategy and tools such as the Culture Web to improve organisational listening and inclusion. <p>KN reflected on the personal and organisational impact of participating in the programme:</p> <ul style="list-style-type: none"> • Differed from conventional equality, diversity and inclusion (EDI) programmes by focusing on lived experience, self-reflection and tangible actions. • Participants formed commitments to embed learning across the system. Examples included: <ul style="list-style-type: none"> ○ Establishment of a Shadow Executive in BLMK ICB. ○ Expansion of the BLMK Staff Network. ○ Reform of learning and development in the Finance Directorate. ○ Integration of programme methodologies into the Health Equity Programme. • Emphasised the connection between cultural awareness, staff retention and reducing reliance on agency staffing. KN cited national data that indicates £340 billion is lost annually to employee disengagement and £3 billion is spent annually by the NHS on agency staff. • Encouraged further participation in Cohort 2, especially from senior leaders. • Suggested leveraging the TRMP alumni group as a resource to support recruitment, retention, and cultural change across organisations. <p>The Chair thanked all contributors and confirmed intent to participate in Cohort 2.</p> <p><i>AP, ZG and KN left the meeting at 09:20.</i></p>	
4.0	<p>Chair's Report (verbal) <i>Presented by Robin Porter, Chair, ICB</i></p> <p>The Chair provided a verbal update, noting that he is in his eighth week in post and continuing his induction programme. Over the past two months, the Chair has held numerous introductory meetings with key stakeholders, including local authority leaders, partners and Members of Parliament.</p> <p>Recent activities included a visit to Milton Keynes University Hospital NHS Foundation Trust (MKUH) with their Chair Heidi Travis and attendance at the Leighton Buzzard Health Hub opening by the Secretary of State for Health and Social Care.</p> <p>The Chair also highlighted ongoing engagement at national and regional levels in relation to the forthcoming ICB transition.</p> <p>The Chair's Report was noted.</p>	

5.0	<p>Chief Executive Officer's Report <i>Presented by Felicity Cox, Chief Executive Officer, ICB</i></p> <p>Key report highlighted:</p> <p>ICB Reconfiguration and Vacancy Management</p> <ul style="list-style-type: none"> • The ICB is entering a further transition phase as it approaches its third anniversary on 1 July 2025. A second round of work on the Target Operating Model (TOM) is nearing completion. • A Joint Transition Committee has been established with Cambridgeshire & Peterborough and Hertfordshire & West Essex, and governance structures are in place to support the reconfiguration process. Preparatory work on consultation materials is underway. • Due to the ICB transition and financial constraints, non-essential vacancies are on hold. Essential roles are being covered internally, including the Chief Neighbourhood Health and Primary Care Officer and Chief Operating Officer posts. • MTa raised concerns about the risks of holding the Chief Neighbourhood Health and Primary Care Officer role. FC acknowledged the challenge, noting that leadership will be maintained by local authorities and current directors. MWO added that an update on Neighbourhood Working will come to the Board in September, with TK as system champion and AR providing oversight. <p>Health Services Strategy</p> <ul style="list-style-type: none"> • The strategy is progressing well, with increasing clinical engagement and a system-wide clinical leadership session scheduled for 14 July 2025. <p>Mount Vernon Cancer Centre</p> <ul style="list-style-type: none"> • A position statement, co-developed with the Board and the Health and Care Partnership, was included in the meeting pack. <p>National Urgent and Emergency Care (UEC) Plan</p> <ul style="list-style-type: none"> • Winter planning began on 5 June. The ICB must submit the plan by August and the Board was asked to delegate sign-off to the Chief Executives' Group. • TK raised concerns about the lack of primary care representation in the Chief Executives' Group. FC agreed and confirmed that winter planning will be place-based, and mechanisms will be explored to ensure primary care involvement in sign-off. <p>Shadow Executive</p> <ul style="list-style-type: none"> • The ICB Shadow Executive met on 3 June and contributed valuable perspectives on the system transition and resident experience. <p>Key Engagements</p> <ul style="list-style-type: none"> • Visits and stakeholder engagements continue across the footprint, including a visit from Dame Lesley Regan for the Women's Health Summit, attracting national attention. Bedford Borough Council and Milton Keynes City Council both received positive inspection outcomes from Ofsted and Care Quality Commission, recognised from both peers and Janet Dalby MP, Minister for Children and Families. <p>The Board:</p> <ol style="list-style-type: none"> 1. Noted the Chief Executive's Report. 2. Approved delegation of the sign-off of the 2025/26 system winter plan to the Chief Executives' Group. 	
System Strategy		
6.0	<p>BLMK Hospital Opportunities Assessment <i>Presented by Felicity Cox, Chief Executive Officer, ICB and Dr Andrew Rochford, Chief Medical Officer, ICB</i></p> <p>The Hospital Opportunities Assessment (HOA) aimed to inform a long-term capital strategy for hospital services across the BLMK Integrated Care System (ICS). FC confirmed that Chairs and Chief Executives of both hospital trusts had been engaged in</p>	

advance and fully support the initiative. AR highlighted the clinical and strategic importance of the work, given the region's growing population, rising health inequalities, and the aim of delivering care closer to home. The assessment will be clinically led, objective and evidence-based, with strong engagement from multi-professional clinical teams, residents, voluntary and community sectors and elected members. It was confirmed that a comprehensive stakeholder engagement plan was in place.

LC welcomed the initiative but requested clarity on the timeline and scope, given likely stakeholder interest. FC confirmed the scope would be shared with system partners and that the assessment will run from July to October 2025, supported externally due to the accelerated timeframe. MWO added that a series of development sessions involving the ICB Board and both hospital Boards will take place throughout the period, with the first joint session expected in late July or early August.

Board members raised a number of concerns and requested greater clarity on the purpose, scope, governance and integration of the proposed HOA:

Strategic Concerns and Alignment

- MWi challenged the hospital-focused framing, arguing it lacked alignment with system priorities and the left shift agenda, failing to evaluate which services could move out of hospital. The exclusion of key providers, East and North Hertfordshire and Hinchingsbrooke were noted, despite their importance to patient flows which flagged inconsistencies with other Board papers that prioritised primary and neighbourhood care. FC clarified that the HOA complements wider community infrastructure and capital planning work, it aligns with strategic programmes such as the Community and Mental Health transformation and includes engagement with key providers.
- The Board emphasised the need for better integration with primary care and neighbourhood strategies and called for broader stakeholder involvement beyond acute trusts to shape the left shift effectively.

Procurement, Budget, and Governance:

- Concerns were raised about the lack of detail in the paper regarding scope, accountability and budget, particularly given the significant investment of £500K - £750K. DW confirmed that the cost is budgeted. MWO clarified that the ICB is the accountable commissioner, with oversight provided through a joint Programme Board between the ICB and hospital trusts, chaired by AR as the Senior Responsible Officer (SRO) and including a non-executive member.

Clarity of Purpose and Strategic Coherence:

- Members cautioned against fragmentation and called for clearer governance and greater coherence across overlapping programmes to prevent duplication or conflicting approaches. It was clarified that the HOA is a diagnostic exercise focused on the acute sector and is intended to complement and not duplicate existing transformation efforts.

Timing and Scope:

- VM questioned the timing in relation to the ICB configuration and suggested the work might be more valuable if carried out across a wider system footprint. FC explained that Hertfordshire has already undertaken a similar review, and broadening the scope would delay delivery and increase costs.

The Board:

1. **Agreed** that the scope would be circulated to members for review and feedback.
2. **Delegated** authority to the Chair to approve the final version, ensuring Board input is reflected before the work begins.

	<p>3. Agreed that the ICB commission independent, external support to undertake the Hospital Opportunities Assessment following the points above.</p>	
7.0	<p>BLMK Infrastructure Strategy <i>Presented by Frances Barnes, Deputy Chief Finance Officer – System Finance, Planning, Capital & Estates, ICB and Nikki Barnes, Associate Director System ICB Estates ICB</i></p> <p>FB introduced the updated infrastructure strategy, building on the NHS England (NHSE)-led template discussed in September 2024, which identified schemes which would require £3bn funding. In response, the Board had requested a more locally focused approach. The revised strategy aligns with the Health Services Strategy, prioritises areas of deprivation and health inequalities and has been shaped through extensive engagement, including at the Primary Care Commissioning and Assurance Committee, the Finance and Investment Committee and the Joint Board and Health and Care Partnership Seminar.</p> <p>NB advised the strategy sets out clear local ambitions within financial constraints and aimed to support partnership working to secure infrastructure investment across the system. It will remain a live document, adapting to developments such as:</p> <ul style="list-style-type: none"> • The NHS 10-Year Plan, • Community and Mental Health transformation programmes, • The acute Hospital Opportunities Assessment, and • Government reorganisation. <p>The strategy highlighted both ongoing delivery and emerging opportunities.</p> <p>Board Discussion and Comments</p> <ul style="list-style-type: none"> • JH welcomed the strategy but raised concern about the impact of government policy on new towns and the Office for National Statistic's (ONS) consistent underestimation of population growth in the patch. This could be worsened by new developments. NB confirmed the strategy addressed this under "Planning for Growth" and that the ICB is working with local authorities to align with local plans such as the Milton Keynes City Plan. VH added that while ONS methodology cannot be influenced, local authorities and Directors of Public Health (DPH) are using bespoke forecasts, which will be updated to reflect expected growth. • JH requested that the Board formally acknowledge ONS underreporting and inform NHSE, which relies solely on ONS data for planning. FC supported this, adding NHSE should also consider registered populations to capture cross-boundary primary care demand. MWO recommended the strategy explicitly note that BLMK uses DPH-led population forecasts for health planning. • MB expressed support for the strategy and asked the Board to consider, in future iterations, how to build in flexibility to respond to unplanned capital opportunities. The value of a structured framework was recognised but the need to occasionally work outside of that to take advantage of emerging opportunities was noted. <p>The Board:</p> <ol style="list-style-type: none"> 1. Approved the BLMK Infrastructure Strategy, subject to the inclusion that BLMK uses Public Health population forecasts for health planning. 2. Acknowledged the limitations of ONS data and supported the use of locally developed population forecasts. 	
8.0	<p>BLMK Joint Capital Resource Use Plan <i>Presented by Dean Westcott, Chief Finance Officer, ICB</i></p> <p>The plan detailed capital resource use by the ICB and partner trusts. Once approved by all system Boards, it will be published on the ICB website and shared with the Integrated</p>	

Care Partnership (ICP), Health and Wellbeing Boards and NHSE. It has been approved by BHFT Board, under review at MKUH and agreed by the Chief Finance Officers.

Board Discussion:

- **Alignment with Strategy:** LC asked about alignment with the infrastructure strategy. FB explained the strategy covers 10 years, while the capital plan is for 2025/26, so details and figures differ due to annual planning cycles.
- **Level of Detail:** Concerns were raised over lack of operational capital breakdown. DW explained the £148m mainly covers operational capital including routine safety and maintenance: £74m was confirmed funding, £22.5m for Milton Keynes enabling works and £51.5m pending NHSE-approved business cases. VM queried the status and governance of the £51 million and DW confirmed business cases would go through the Finance and Investment Committee.
- **Governance and Transparency:** SP sought clarity on bid selection and strategy alignment. DW clarified funds are usually nationally prescribed with limited flexibility. JH suggested setting a de minimis threshold for Board oversight on larger capital schemes and highlighted examples such as new theatres and a hospital restaurant. DW agreed to circulate more detailed information on the plan.
- **Link to Infrastructure Strategy:** MC raised concern that the infrastructure strategy might be seen as a firm delivery plan, risking public misunderstanding if funding falls short. This was acknowledged and it was noted that the strategy is a framework for future bids as multi-year funding emerges and there is a need for transparency in any communication.

ACTION: DW to circulate a detailed breakdown of the BLMK Joint Capital Resource Use Plan for 2025/26 for information.

The Board:

1. **Approved** the BLMK Joint Capital Resource Use Plan for 2025/26, with the understanding that detailed oversight of specific business cases will be exercised through the Finance and Investment Committee.

9.0	<p>BLMK Integrated Care System (ICS) Green Plan 2025 - 2032 <i>Presented by Dean Westcott, Chief Finance Officer, ICB and Tim Simmance, Associate Director of Sustainability and Growth, ICB</i></p> <p>DW introduced the refreshed BLMK ICS Green Plan, a statutory requirement aligned with NHSE guidance. The plan was developed under the oversight of the system-wide Health, Environmental and Sustainability Leadership Group, chaired by VM, with monthly input from sustainability leads.</p> <p>TS highlighted the plan's system-wide scope, noting that climate change is the greatest health threat identified by the World Health Organisation. The plan adopted a system-wide approach by embedding sustainability across healthcare pathways beyond estates decarbonisation. It aligned with the BLMK CARES (Culture, Adaptation, Resources and Environmental Sustainability) framework, targeting major system emissions, supported a primary care green plan and will be adopted by acute trusts as their own plan. The plan was shaped through engagement with 150+ stakeholders, including Youth Council members and the Health and Care Partnership, with final versions shared for Trust Board approval.</p> <p>VM praised the plan's scope, clear metrics, and team. MWi supported the plan but requested language reflect its application across all system partners, including</p>
-----	---

	<p>community and mental health providers and stressed the importance of reporting aggregated data for the full BLMK footprint despite national constraints. It was agreed to reflect this approach in public presentation of the plan.</p> <p>The Board:</p> <p>1. Approved the BLMK ICS Green Plan 2025 – 2032.</p> <p><i>The Board paused for a 10-minute break.</i></p> <p><i>During the break, GB joined the meeting and FB, NB and TS left the meeting.</i></p>	
10.0	<p>Delivering the Financial and Operational Plan 2025/26 <i>Presented by Maria Wogan, Chief Strategy & Transformation Officer, ICB and Dean Westcott Chief Finance Officer, ICB</i></p> <p>MWo confirmed the submission of a balanced plan which met the national 18-week referral-to-treatment (RTT) performance target. The plan is supported by strengthened governance and oversight arrangements and incorporated progress on difficult decisions, system-wide risk assessments and the newly introduced dashboard summarising key indicators.</p> <p>Key updates since the last Board meeting included:</p> <ul style="list-style-type: none"> • The Clinical Advisory Group (CAG), chaired by SSt, had now reviewed 18 proposals from providers to reduce costs. 14 were approved, 2 were supported in principle pending further work and 2 were not currently supported and will be discussed in the private Board session. • Audit and Risk Assurance Committee (ARAC) had reviewed the system risk assessment and developed key risk indicators for ongoing monitoring. • The new dashboard provided a clear, consolidated view of delivery and supported timely mitigation, addressing a previous gap in system assurance. <p>DW presented the month 2 finance update:</p> <ul style="list-style-type: none"> • Finance: All three organisations (ICB, MKUH, BHFT) are slightly off plan with BHFT having the greatest variance. Escalation discussions have been held and mitigations agreed with NHSE. • Performance: Most metrics are on track with actions in place where variances exist. • Workforce: Progress is broadly on track with some shortfall in substantive workforce at MKUH. • Efficiency: Delivery is behind trajectory and requires improvement across all partners. <p>DW noted improving run rates and the endorsement of mitigation actions by NHSE while acknowledging ongoing financial risk across the system.</p> <p>Board Discussion:</p> <ul style="list-style-type: none"> • SP welcomed the clarity of the report but requested greater visibility of how transformation programmes contribute to plan delivery. MWo confirmed transformation is included in the dashboard and supports longer-term sustainability, with in-year benefits expected to grow. • MG queried the completion of Equality Impact Assessments (EQIAs), especially for high-risk areas. It was confirmed that good progress had been made by 	

	<p>community and mental health trusts, while acute providers continue to develop proposals, including fragile service options.</p> <p>The Board noted:</p> <ol style="list-style-type: none"> 1. That the final BLMK plan met national targets in relation to 18-week RTT performance. 2. The robust oversight and governance arrangements set up to deliver the plan. 3. Progress in the number of difficult decisions and EQIAs presented to date and the need for further progress in this area to deliver a balanced plan. 4. The system risk in relation to not delivering our 2025/26 plan and the key risk indicators, which support Board oversight, and: 5. Progress against our commitments set out in the financial & Operational Plan as of month 2, as summarise in Section 4.0 and detailed in the new DoFP Dashboard at Appendix A. <p>The Board committed to maintaining close oversight throughout the year.</p>	
11.0	<p>Transformation Priorities Update <i>Introduced by Maria Wogan, Chief Strategy & Transformation Officer, ICB</i></p> <p>MW provided an update on the transformation priorities agreed in January 2025. These multi-year programmes vary in pace due to challenges in appointing system champions and securing resources. Progress is tracked bi-monthly using the Verto dashboard, with quarterly updates to the Quality and Performance Committee and the Board.</p> <p>Key risks include operational pressures, limited capacity and potential impacts from the ICB reconfiguration. These are being addressed through the existing risk framework. Reports on enabling programmes, including neighbourhoods, will be brought to the Board in September.</p> <p>Complex Care – Children MB updated on the childhood trauma transformation priority, outlining the development of the "Focus 40" initiative:</p> <ul style="list-style-type: none"> • A targeted approach to identify and address the needs of the most vulnerable children across the four council areas. • Each Council has identified 10 children with the highest levels of unmet need, forming the basis of targeted joint work between Councils and the ICB. • The current priority is to move beyond immediate casework toward shaping preventative provision through local partnerships. • There has been strong engagement to date, particularly from Directors of Children’s Services and early intervention work is already producing tangible actions. • Although quantifying total numbers is complex, initial estimates suggest there are approximately 8,000 children in need across BLMK, with the Focus 40 model designed to be dynamic, children are reviewed, and as cases progress new individuals will be added to the list. <p>SSt noted the clarity and alignment across the system, highlighting the depth and rigour of case reviews and the intention to use learning from the initial cohort to shape future provision.</p>	

Complex Care – Adults

SSt updated on the adult social care transformation priority, noting that the needs and priorities across the four local authorities differ significantly.

- Luton is focused on improving outcomes for individuals with learning disabilities.
- Central Bedfordshire (CBC) is prioritising support for people with unmet needs, including those with multiple sclerosis who are outside Continuing Healthcare (CHC) or section 117 eligibility.
- Bedford Borough is concentrating on its elderly and frail population.
- Milton Keynes is performing well overall and currently does not require additional system support.

SSt thanked LC for their support as system champion and proposed a final meeting with LC and the four Directors of Adult Social Care to decide whether to pursue a unified transformation initiative or separate local projects, reflecting recent assessments and ongoing partner engagement.

End of Life

MTa updated on the Palliative and End of Life Care transformation priority:

- The Programme Board launched on 16 June, with the next meeting scheduled for August.
- A system-wide Charter has been adopted by partners to deliver the Dying Well report recommendations, which focused on reducing fragmentation, improving early identification, enhancing communication and embedding sustainable system change.
- The Bedfordshire Care Alliance (BCA) area is progressing well, particularly in development of a single coordination hub. A business case is being prepared with ICB support with a final version expected in August.
- Milton Keynes is slightly behind in progress, but partners are aligning efforts, with strong engagement and growing momentum. Clinical mapping is now underway, and Central and North West London (CNWL) engagement is also progressing.
- Supporting workstreams including digital, finance, education and clinical are in place, with a clinical lead recently appointed.
- Healthwatch has committed funding for resident engagement and efforts are being made to involve youth councils and faith groups to enhance cultural conversations around death and dying.

SSt recognised Dr Tammy Angel's leadership in developing a clinically led model for implementation from September. Year one requires no new funding; years two and three may, pending a robust business case. Dr Emma Jones (MKUH) is exploring alignment with the BCA model. KR suggested that local authorities could enhance engagement via community and faith groups for the next programme phase, which was welcomed by MTA

Admission Avoidance and Discharge Pathways

MWl updated on admission avoidance and discharge pathways:

- It was noted that many complex projects were incorrectly categorised as transformation programmes rather than business-as-usual.

- A focused review found a lack of metrics to assess the impact of hospital discharge, rehabilitation and reablement in reducing long-term care needs and local authority costs. This gap was also not addressed in national UEC plans, underscoring the system's responsibility to develop these metrics.
- Progress is being made on defining key performance indicators (KPIs) including responsiveness, assessment timing and rehabilitation flow to support system accountability.
- Fragmented local management remained a challenge. The importance of balancing system-wide transformation ambitions with respect for local governance and place-based arrangements was emphasised. SP queried the need for a clear strategic framework to guide programme delivery and avoid fragmented efforts across local footprints. MWO confirmed that current architecture is built around four local authority areas, forming the basis for place-based partnerships.
- Performance variations across localities highlighted the need for shared learning and reducing inequities in care pathways, e.g. from ambulance diversions to home care. It was noted that variation in providers and services across the footprint, such as ambulance trusts, justified variation in management and delivery. Tailoring approaches based on population needs and local factors rather than a 'one size fits all' solution.
- VM recommended basing transformation priorities on patient needs over organisational boundaries and proposed system-wide best practice pathways with local flexibility. MWO agreed, noting BLMK programme boards balance strategic oversight with pragmatic, place-based delivery to maintain pace. Discussions on footprint and alignment typically occur at Quality and Performance Committee before escalation to the Board.

Board Discussion:

Governance, Roles and Accountability

- The need for clear roles and responsibilities was highlighted. DC questioned the need for system-wide leadership given strong local models like the MK Deal, and suggesting a focus on Bedfordshire place. MWi acknowledged the complexity and agreed that clear governance and accountability frameworks are needed before expanding system footprints.

Transformation Delivery Pace and Risk Management

- Maintaining momentum as the cluster evolves was emphasised. MG sought assurance on monitoring benefit realisation risks beyond setup progress. It was confirmed that programmes are on track to meet setup milestones and while financial targets are still being defined, risks are identified on registers and the Board Assurance Framework (BAF). These are regularly reviewed and with clear escalation routes to the Board via system champions.

The Board:

1. **Noted** the progress made in each of the three transformation priorities led by the System Champions.
2. **Noted** the intention to bring a further update on the four enabling priority programmes to the Board 26 September 2025.

	<p>3. Noted that progress is being reported in the bi-monthly portfolio report and summary report will be provided to each Board meeting.</p> <p>4. Noted the System Transformation BAF risk is being reviewed to reflect key risk themes identified by the priority programmes.</p>	
12.0	<p>BLMK Delegated Decision-Making Arrangements Bedfordshire Care Alliance (BCA) and Bedfordshire Places Review <i>Introduced by Georgie Brown, Director of Operations, ICB</i></p> <p>GB noted that in early 2025, Carnall Farrar (CF) was commissioned to conduct an independent review of the Bedfordshire places and BCA on behalf of the ICB. The review aimed to inform an interim plan that aligned system and place priorities while recognising local distinctiveness. Findings have been discussed at a Bedfordshire Places Feedback Workshop and two BCA workshops, most recently on 19 June.</p> <p>PL presented key findings from the review:</p> <ul style="list-style-type: none"> • The review involved engagement with stakeholders across Bedford Borough, Central Bedfordshire, Luton and the BCA. • The review highlighted strong staff commitment with progress in initiatives like 'Call Before You Convey', virtual wards and effective NHS and local government collaboration. • For the BCA, the review identified unclear purpose and recommended one of three options: disbanding, reconstituting as a vertical provider collaborative, or repositioning within the ICB as a delivery and planning function. It emphasised the need for local leaders to shape the future model collaboratively. <p>At place level, the review recommended:</p> <ul style="list-style-type: none"> • Aligning place-based work with BLMK strategic priorities. • Enabling places to contribute meaningfully to setting system priorities. • While some recommendations apply across all three places, others are tailored to local contexts and priorities. Further detail is provided in the full report. <p>SP shared outcomes from the BCA workshop held on 19 June on the CF review. The group recognised the need to reduce duplication and streamline governance across the system, with the following key recommendations:</p> <ul style="list-style-type: none"> • Disband the BCA as both an entity and ICB subcommittee. • Executive leaders from Bedfordshire requested that the ICB ensure Bedfordshire has a voice in shaping future ICB structures and clustering arrangements to support integration and collaboration at the appropriate level. • Collaborative working will be determined by Bedfordshire executive leaders, who will recommend to the ICB how to collaborate on mutually beneficial projects, balancing work done at place level, across Bedfordshire, or system wide. • Existing BCA projects will move under ICB governance. Assurance will be provided by Bedfordshire executive leaders and through system-level governance process, specifically via the Quality and Performance Committee. • BCA members reaffirmed their commitment to integrated, preventative and out-of-hospital care. The workshop also stressed the need for a clearer, flexible definition of 'place', while affirming Bedfordshire's role as a distinct and relevant footprint within BLMK. <p>The Board approved the following recommendations as set out in the review:</p>	

1. Once greater clarity exists surrounding the form, structure and responsibilities of the ICB, the findings of the report should be used to inform an agreed action plan for collaboration throughout BLMK.
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.
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.
4. To enable place-based priorities to be recognised at ICB level and enable them to be distinct to each place.

The Board also approved the following recommendations from the BCA:

5. To disband the BCA as an entity and Committee of the Board.
6. That Bedfordshire partners be given a voice in the future considerations of new ICB structure and clustering arrangements with Cambridgeshire & Peterborough and Hertfordshire & West Essex ICBs, to support the further integration and collaborative working that Bedfordshire partners are committed to delivering.

MK Deal Next Level

Presented by Maria Wogan, Chief Strategy & Transformation Officer, ICB and Michael Bracey, Chief Executive Officer, Milton Keynes City Council

MW0 referenced the December 2023 independent CF review of the MK Deal, which was recognised as an effective place-based partnership. The current update outlined long-term plans for the MK Place Partnership, including a letter from the Leader of Milton Keynes Council requesting a refresh and extension of the Deal, previously agreed by the Board.

MB summarised the proposal:

- The approach is evolutionary, requiring no new funding, and sought Board approval to expand current work.
- Focus on extending locality working from Bletchley to Central MK, the second most deprived area.
- Broaden focus from hospital discharge to wider system flow.
- Refresh the mental health priority with stronger governance, expert input and increased meeting frequency.
- Expand the obesity priority to wider prevention efforts.
- Proposed minor partnership governance changes including adding representatives from the VCSE sector and the Director of Children's Services.
- Acknowledged external challenges such as changes in place teams and the evolving ICB structure but emphasised the importance of maintaining momentum.

Board Discussion:

Governance & Accountability

- MWi called for clear boundaries between the MK Deal's advisory role and core ICB decisions, noting the challenge of defining the BLMK operating model within the larger ICB footprint. Clear accountability and challenge mechanisms are needed across geographic levels to drive continuous improvement.

	<ul style="list-style-type: none"> • Executives should quickly define neighbourhood, place, and patch footprints in collaboration with local authorities and partners. <p>Focus on Residents & Outcomes</p> <ul style="list-style-type: none"> • LC stressed governance should focus on resident impact, not just structures. SSt highlighted the importance of measuring outcomes across geographies and supporting flexible, outcome-driven governance. SP warned against overly localised approaches that limit wider learning, urging financial prudence for system-wide benefits. <p>Place-Based Approach & Evidence</p> <ul style="list-style-type: none"> • MG advocated for protecting place-level focus within the larger ICB, stressing the need for robust evidence to support local interventions and outcomes. MWO clarified the MK Deal is advisory, not commissioning, and noted efforts to align place priorities with system-wide mental health collaboration. <p>ACTION: Executives to work at pace in collaboration with local authorities and partners to define neighbourhood, place, and system footprints.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. Approved the MK Deal Next Level with a target implementation date of 1 July 2025 with a caveat that there is work to do collectively to agree the definitions of neighbourhood, place, and patch footprints and: 2. Chair of the ICB to write to the Leader of MK City Council with the Board's Decision. 	
--	---	--

System Assurance		
-------------------------	--	--

13.0	<p>Quarterly Update Report on the Commissioning of Delegated Specialised Services <i>Presented by Lynelle Hayles, Managing Director of Specialised Commissioning, ICB</i></p> <p>It was noted that BLMK ICB hosts 70 delegated specialised services on behalf of the six East of England ICBs and NHSE, under a collaboration agreement governed by the Joint Commissioning Consortium (JCC), chaired by FC.</p> <p>Key points highlighted:</p> <p>Future Delegations and Accountability</p> <ul style="list-style-type: none"> • NHSE is conducting a direct commissioning review following its proposed merger with the Department of Health and Social Care. There is an expectation that ICBs will take on additional specialised services, including Health and Justice and screening, becoming fully accountable for services over the next 18 months. <p>Workforce Challenges</p> <ul style="list-style-type: none"> • The transfer of NHSE staff to ICBs has been delayed, with the team currently operating at a 30% vacancy rate due to recruitment freeze. This, alongside cultural and infrastructure challenges, is impacting capacity to deliver delegated functions. <p>Progress</p> <p>Despite challenges, the following progress has been made:</p> <ul style="list-style-type: none"> • The planning round is nearing completion. • The JCC agreed on a commissioning framework focused on service improvement, clinical leadership and transformation. 	
------	--	--

	<ul style="list-style-type: none"> • 7 clinical priority areas are undergoing deep dives and pathway reviews. • Efforts to localise services are underway including diagnostics for cancer and red cell exchange treatments for sickle cell patients, which aim to improve accessibility and reduce non-elective admissions. <p>The Chair acknowledged this as the first quarterly report on specialised commissioning to the Board and confirmed that the level of detail was appropriate, with no further questions raised.</p> <p>The Board noted the report.</p>	
14.0	<p>Audit & Risk Assurance Committee</p> <p>Committee Chair’s Report – Vineeta Manchanda Key highlights from the report included:</p> <p>External Audit:</p> <ul style="list-style-type: none"> • The external audit on the Annual Report and Accounts 2024/25 had been completed, and the accounts were successfully signed off. • The process was described as exceptional by external auditors, with specific commendation given to Dean Westcott - Chief Finance Officer, Stephen Makin – Deputy Finance Officer and the finance team for producing high-quality documentation that enabled a smooth and efficient audit. <p>Internal Audit: Two reports were noted:</p> <ul style="list-style-type: none"> • Procurement, Governance and Partnership Engagement: <ul style="list-style-type: none"> ◦ Recommendations included Board-level oversight of procurement strategy and risk appetite, better use of contractual levers and training on procurement legislation. • Primary Care Commissioning – Community and Pharmacy Integration: <ul style="list-style-type: none"> ◦ Regular updates have been shared with the ICB’s Primary Care Delivery Group, Primary Care Commissioning and Assurance Committee (PCCAC), EoE Primary Care Collaboration Forum, PCNs and the four Places. These reports covered progress on Pharmacy First and Plan for Recovering Access to Primary Care (PCARP) delivery, funding utilisation, stakeholder collaboration, benefits to BLMK residents and Community Pharmacies, as well as key challenges and opportunities to support future strategic planning. A future risk was noted around limited administrative support for the Community Pharmacy Integration Programme. <p>The Board noted the report from the meeting held on 25 April 2025.</p>	
14.1	<p>System Risks and Board Assurance Framework – Maria Wogan, Chief Strategy & Transformation Officer, ICB</p> <p>An emerging risk relating to the reconfiguration of ICBs had been reported to the Transition Programme Board and will be subject to a deep dive discussion at the ARAC on 11 July 2025, with input from system partners.</p> <p>MWi flagged two additional areas for consideration:</p> <ul style="list-style-type: none"> • A potential risk arising from operational misalignment between transformation activity at place level and ICB level, with potential to negatively impact population outcomes if not managed effectively. • Strategic uncertainty related to Emergency Preparedness, Resilience and Response (EPRR), amid infrastructure pressures and national concerns over coordination between ICBs and local authorities. 	

	<p>It was confirmed these risks are being captured and reviewed as part of the ongoing risk management process.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. Noted the SRR/BAF update 2. Agreed any changes to the SRR/BAF including additional actions of mitigations as required. 	
15.0	<p>Bedfordshire Care Alliance</p> <p>Committee Chair’s Verbal Report – Shirley Pointer The update was covered under item 12a.</p>	
16.0	<p>Finance & Investment</p> <p>Committee Chair’s Update – Manjeet Gill Key highlights from the Committee’s work included:</p> <ul style="list-style-type: none"> • Ongoing monitoring of the challenging financial plan, with assurance around the effectiveness of existing controls and the Financial Improvement Group (FIG). • In response to previous Board queries, the timeline for Mental Health and Community Services transformation programme had been reduced by 9 months, reflecting strong progress. • The 2024/25 month 12 position reported a £165,000 surplus for the ICB against a £2.5 billion budget. • In 2024/25 the FIG exceeded its efficiency targets by circa £7 million, making the ICB eligible for £1.5 million in bonus capital. <p>The Board noted the report from the meeting held on 16 May 2025.</p>	
16.1	<p>ICS Finance Report presented by Dean Westcott, Chief Finance Officer, ICB Key points to note:</p> <ul style="list-style-type: none"> • The system achieved a year-end surplus of £700,000. • The ICB position has been reviewed and all audit reports have now been approved by Boards across the system. <p>The Board noted the ICS finance report.</p>	
17.0	<p>Health & Care Partnership Update</p> <p>Committee Chair’s Report – Cllr Martin Towler</p> <ul style="list-style-type: none"> • Concerns were raised regarding the lack of communication about the reconfiguration and the future role of HCPs within the emerging cluster arrangements. FC clarified that there has been no update nationally regarding the role of HCPs. It was confirmed the Board will be kept informed of any developments, including when no new information was available. • It was noted that at a recent national meeting, Surrey and Sussex ICBs were reported to be retaining their HCPs under proposed cluster arrangements, which may be a positive indication for the system. <p>The Board noted the report from meeting held on 23 May 2025.</p>	
18.0	<p>Mental Health Learning Disabilities and Autism (MHLDA) Collaboration</p> <p>Committee Chair’s Update - Vineeta Manchanda Key highlights from the report included:</p> <ul style="list-style-type: none"> • The Committee reviewed the following key priorities in the mental health operational plan and it was advised that a performance dashboard is in development to monitor delivery against these priorities: <ul style="list-style-type: none"> ○ Urgent and emergency care access ○ Children’s mental health and variation in support across schools 	

	<ul style="list-style-type: none"> ○ Talking therapies and individual placement/employment support • East London Foundation Trust (ELFT) secured £3.9 million in capital funding to develop nine additional acute mental health beds and a high dependency unit, which aimed to reduce out-of-area placements. • The Committee conducted a deep dive into mental health urgent and emergency care in Bedfordshire, identifying improvements but noting continued outlier status for delayed discharges. A similar review is planned for Milton Keynes. • Annual health checks for residents with learning disabilities continue to be monitored locally, despite no longer being a national reporting requirement. Local metrics are in place and reported to the Quality & Performance Committee and Board to ensure continued focus. • The Board were asked to approve the reviewed approach and action plan for the Assertive Intensive Community Outreach service, following national requirements in response to the Calocane case in Nottinghamshire. The review found substantial good practice, with improvement areas including family involvement and governance alignment. <p>The Board:</p> <ol style="list-style-type: none"> 1. Noted the report from the meeting held on 06 June 2025. 2. Approved the reviewed approach to the Assertive & Intensive Community Outreach Review and Action Plan as recommended by the Committee. 	
19.0	<p>Primary Care Commissioning & Assurance Committee (PCCA) Chair's Update</p> <p>Committee Chair's Update – Alison Borrett Key highlights included:</p> <ul style="list-style-type: none"> • Strong progress in the implementation of the Primary Care Transformation and Delivery Plan. This included an increase in appointment capacity across general practice through the expansion of multidisciplinary teams (MDTs). The Committee also welcomed the successful rollout and internal audit of the Pharmacy First initiative, which aimed to improve access and reduce pressure on primary care. • Prevention continued to be a standing item within the Committee's remit, noting good progress in embedding prevention within primary care pathways, supported by collaborative working with Public Health teams, Healthwatch, local authorities, and community groups. <p>A query was raised by Healthwatch regarding the timeline for publishing work undertaken on translation and interpretation services (T & I), including findings from engagement with local communities. It was noted that an options paper was in development and that work is being progressed through the Health Equity Programme Board.</p> <p>ACTION: SSt agreed to bring a timeline and update to the next Board meeting or earlier, including consideration of how and when to publish findings on T & I Services in collaboration with Healthwatch.</p> <p>The Board noted the report from meeting held on 09 May 2025.</p>	
20.0	<p>Quality & Performance</p> <p>Committee Chair's Update – Shirley Pointer MWi queried the timeline for decision-making on the extension of Mental Health Support Teams (MHSTs), noting the importance of early commitment due to long lead-in times for workforce training and recruitment. It was confirmed that the ICB has agreed to extend the MHSTs and is working toward meeting the required trajectory. Discussions are ongoing with NHSE to address financial implications, and the ICB is also exploring alternative delivery models with CNWL and ELFT to ensure alignment with financial constraints.</p>	

20.1	<p>The Board noted the report of the meeting held on 13 June 2025.</p> <p>Performance Report, presented by Sarah Stanley, Chief Nursing Director, ICB and Maria Wogan, Chief Strategy & Transformation Officer, ICB</p> <p>The Board noted the Performance Report.</p>	
ICB Organisational Decisions, Governance and Assurance		
21.0	<p>Remuneration Committee – Shirley Pointer</p> <p>Key highlights included:</p> <ul style="list-style-type: none"> • A significant improvement in ICB staff survey results, which reflected substantial effort by both the executive leadership and HR teams in supporting staff through organisational restructuring. • It was acknowledged that ongoing system changes may impact future results, but current findings highlight the emotional support and integrity of the executive team during a challenging period. <p>The Board noted the report from the meeting held on 4 April 2025.</p>	
22.0	<p>Corporate Governance Update Presented by Maria Wogan, Chief Strategy & Transformation Officer</p> <p>The Corporate Governance Update highlighted a number of governance items requiring Board approval, primarily in response to the proposed reconfiguration of ICBs.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. Noted the changes to the Constitution approved by NHSE on 25 April 2025. 2. Agreed 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. 3. Noted 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. Noted 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. 5. Noted 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. 6. Approved the amendments to the Governance Handbook as detailed in the report to the Board. 7. Approved the Joint Transition Committee and the BLMK Transition Programme Board Terms of Reference. 8. Approved the change to the Conflict of Interest and Standards of Business Conduct Policy. 9. Noted the use of the ICB company seal on a lease of Morton House, Luton. 10. Noted the compliant Fit and Proper Person Framework submission to NHS England in relation to the ICB Board on 30 May 2025. 11. Noted the Community and Mental Health Transformation Board Terms of Reference 12. Approved that the BCA Committee Terms of reference are removed from the Governance Handbook. An amendment to the Constitution to permit the ICB Chief Executive to hold multiple executive roles, subject to NHS England's support. 	
23.0	<p>Board and Committee Effectiveness Review Presented by Maria Wogan, Chief Strategy & Transformation Officer, ICB</p>	

	<p>All Committees, as well as the Board, had completed the annual effectiveness reviews. A set of nine key themes for improvement were identified, as proposed by the Committee Chairs and Corporate Governance Team. Learning from this process will also be incorporated into the development of new governance arrangements in anticipation of changes to ICB configuration.</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. Noted the key themes from the review. 2. Approved the next steps to be taken as detailed under paragraph 5.0 in the report. 	
Closing Items		
24.0	<p>Communication from the Meeting</p> <p>Communications from the meeting will be written up and shared with partners through the usual process.</p> <p>Board members and participants are asked to share information within their organisations.</p>	
25.0	<p>Meeting Evaluation</p> <p>The Chair invited feedback from Board members and attendees on meeting effectiveness welcoming responses during the meeting, privately, or via email:</p> <ul style="list-style-type: none"> • MG commended the Chairing of the meeting and requested that future reports explicitly consider implications in the context of the wider cluster ICB, given the strategic relevance. • MWi praised the clarity and structure of the meeting papers. He also raised a concern about the physical meeting setup, noting it was not conducive to effective Board discussion due to limited visibility of all attendees. A review of meeting arrangements was suggested to better support collaborative and challenging conversations. 	
26.0	<p>Any Other Business</p> <ul style="list-style-type: none"> • ABo expressed thanks to SP for the valuable work in chairing and shaping the BCA since taking on the role. • The Chair noted that this was the final Board meeting for Mahesh Shah, whose term of office ends 30 June 2025. On behalf of the Board, the Chair thanked MS for his dedication and contributions and wished him well for the future. • The Chair thanked Marcel Coiffait, Chief Executive Officer, Central Bedfordshire Council and his team, for their hospitality today. <p>Resolution to exclude members of the press and public:</p> <p>The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960.</p> <p><i>The meeting finished at 12:33</i></p>	
Details of Next Meeting: Friday 26 September 2025, 09:00 – 13:00, TBC		

Approval of Draft Minutes by Chair only:		
Name	Role	Date
Robin Porter	Chair	14 July 2025

Appendix A

Meeting of the Board of the Bedfordshire, Luton and Milton Keynes Integrated Board in Public 27 June 2025

QUESTION FROM MEMBERS OF THE PUBLIC

The Leighton Linslade Health Provision Group

Question:

The Leighton Linslade Health Provision Group wishes to thank those members of the ICB that have taken the time over the past 10 months to meet with us, answer our questions and supply information for our numerous FOI requests.

The recent opening of the additional rooms at the Leighton Buzzard attended by Robin Porter the new head of the ICB, Wes Streeting the Minister for Health and our local MP Alex Mayer was a positive response to some of the concerns expressed by our group on behalf of the Leighton Buzzard residents surveyed in May 2023 and our petition in September 2024.

However, in consideration of:

The projected 25% population growth, our ageing demographic.

The merging of the BLMK ICB with three others to make one of the largest ICB's in England's and our own experience of the BLMK ICB's inability to accurately tell us where all the patients have to travel for what type of appointments , the extremely low take up of Pharmacy First and no measurement by the ICB of E-Consult to assess where it is working well and for who it is just creating an additional barrier to access?

You have a goal to "embrace measurement and a culture of continuous improvement."

So the concern for a large town that whilst having excellent GP Practices that provides 296,000 appointments, patients still have to travel to over 111,000 Outpatient appointments across the wider BLMK and the additional 56,000 appointments promised to ourselves and our MP in the meeting on the 3rd June would on paper seem to effectively double the capacity of the Clinic based upon your own 2023/24 figures but when broken down

Outpatient Appointments 2,472

Community Contacts 30,536

Mental Health Contacts 22,954

We are unclear at present what those additions really mean and how much benefit we will see in the future?

How can we be assured that Central Government investment is used effectively and communities within Central Bedfordshire who have been in Health Infrastructure planning limbo since January 2023 see greater transparency to future decision making?

Response from Felicity Cox, Chief Executive Officer, BLMK ICB

We would like to thank members of the Leighton Buzzard Health Matters Group for their continued engagement and ensuring that concerns from residents in Leighton Buzzard are brought to our attention. We would also like to thank members of the group for joining us on 19 June for a visit by the secretary of State for Health and Social Care, Rt.Hon. Wes Streeting MP, who officially opened 7 new clinical rooms in the town.

The question focuses on four key areas. The first about the quality of data we have provided to the campaign group, the second is about growth in the town, the third is around the benefits local people can expect from the investment in these extra clinical rooms, and the fourth ensuring that Leighton Buzzard remains a priority as the ICB transitions to become the largest ICB in England.

In terms of the data, we recognise that we have been unable to provide the level of detail that the campaign group would like with regards to which health settings Leighton Buzzard residents travel to receive their care. We have advised that we are addressing this data quality issue with our providers through our contractual processes and hope to see improvements this year.

We acknowledge the significant growth projections for our area over the next 10-15 years and BLMK's position at the centre of Government's Plan for Growth. We are working with NHS England and the Department of Health and Social Care and are campaigning for a fair allocation of funding to underpin the health infrastructure our area needs. This was a message we shared again with the Health Secretary last week.

We are committed to listening to the views of residents and the launch of seven new clinical rooms at Leighton Buzzard Health Centre, which were centrally funded via NHS Property Services, are evidence of our commitment to championing the needs of residents.

In the resident survey which was shared with us in 2023, and through the petition in 2024, we heard that residents are concerned about the capacity of primary care and want urgent care services to be delivered locally.

The new clinical rooms will provide space for up to an additional 56,000 appointments a year. This will allow the Primary Care Network in the town to expand the wide range of services they offer over and above those provided by the town's three GP practices, and will provide extra capacity for community services such as physiotherapy. In particular, the extra rooms will enable expansion of the recently launched Same-Day Minor Illness Service which is delivered by a multi-disciplinary team including Paramedics, Clinical Pharmacists, Paediatric Minor Illness Nurses, and supervised by a GP.

The extra space will also provide flexibility to support future service developments. An example of this would be the ambition of the PCN and the diabetic retinopathy service to host a service in Leighton Buzzard, reducing travel for residents.

Finally, we recognise the concerns residents will have in hearing that the ICB will work closely with Cambridgeshire and Peterborough ICB, and Hertfordshire and West Essex ICB. However, we remain committed to continuing to operate and strengthen place-based working, to ensure that resident voices continue to be heard. We will also continue to work with partners nationally and locally to secure the investment we need for our area.

Board of the Integrated Care Board in Public Action Tracker

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
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	26/09/2025	18/09/25 - Update included in the Primary Care Commissioning and Assurance Committee Board summary update. 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.	COMPLETE: Propose closure at next meeting 26/09/2025
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	26/09/2025		In Progress
105	27/06/2025	BLMK Hospital Opportunities Assessment	AR to circulate the HOA scope via the Corp Gov team to Board members for review and feedback	Andrew Rochford			02/07/25 - Circulated to Board members for review and feedback	COMPLETE: Propose closure at next meeting 26/09/2025
106	27/06/2025	BLMK Joint Capital Resource Use Plan	DW to circulate a detailed breakdown of the BLMK Joint Capital Resource Use Plan for 2025/26	Dean Westcott		31/07/2025	11/07/25 - Circulated to Board members	COMPLETE: Propose closure at next meeting 26/09/2025
107	27/06/2025	BLMK Delegated Decision-Making Arrangements - MK Deal Next Level	Executives to work at pace in collaboration with local authorities and partners to define neighbourhood, place, and system footprints.	All		26/09/2025	18/09/25 - This action is due to be taken forward as part of new governance arrangements for Central East ICB and the establishment of the Bedfordshire and Milton Keynes Neighbourhood Health Delivery Committee.	COMPLETE: Propose closure at next meeting 26/09/2025
108	27/06/2025	Primary Care Commissioning & Assurance Committee Update	SSt agreed to bring a timeline and update to the next Board meeting or earlier, including consideration of how and when to publish findings on T & I Services in collaboration with Healthwatch.	Sarah Stanley		26/09/2025	18/09/25 - The findings and next steps of the translation and interpretation work are due to be discussed at the Health Equity Board, now rescheduled to November, who is overseeing delivery of the Denny review recommendations. The action is due to be taken forward as part of new governance arrangements for Central East ICB and the establishment of the Bedfordshire and Milton Keynes Neighbourhood Health Delivery Committee.	COMPLETE: Propose closure at next meeting 26/09/2025

**Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner**

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
FUTURE	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	12 Dec 2025	Executive Clinical Director Utilisation Management	Amanda Flower, Associate Director - Primary Care
FUTURE	10136	Community and Mental Health Service Transformation Programme	Community and Mental Health Service Transformation Programme Business Case	Board of the ICB	BLMK	By end of year	Director Neighbourhood Health and Partnerships Bedfordshire and MK	Tara Dear, Head of System Transformation Team
FUTURE	10137	Hospital Opportunities Assessment	Update on the findings and recommendations of the Hospital Opportunities Assessment	Board of the ICB	BLMK	12 Dec 2025	Director Neighbourhood Health and Partnerships Bedfordshire and MK	Cat Lee, Project Manager, Medical Directorate
FUTURE	10138	5 year strategic commissioning plan	Approve 5 year Strategic Commissioning Plan	Board of the ICB	BLMK	31 Dec 2025	Executive Director Strategy, Planning and Evaluation	Dom Lebihan-Woodward Deputy Chief of Strategy & Assurance
FUTURE	10139	5 year integrated delivery plan	Approve 5 year Integrated Delivery plan	Board of the ICB	BLMK	31 Dec 2025	Executive Director Strategy, Planning and Evaluation	Dom Lebihan-Woodward Deputy Chief of Strategy & Assurance
FUTURE	10140	Neighbourhood Health Plans	Approve Neighbourhood Health Plans	Board of the ICB	BLMK	31 Dec 2025	Director Neighbourhood Health and Partnerships Bedfordshire and MK	Director of Neighbourhood Health
FUTURE	10141	Financial and Operating National Return	Approve the Financial and Operating National Return	Board of the ICB	BLMK	31 Dec 2025	Executive Director Strategy, Planning and Evaluation	Dom Lebihan-Woodward Deputy Chief of Strategy & Assurance

**Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner**

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
Proposed Neighbourhood Health Delivery Committee								
FUTURE	10132	Working with People and Communities Strategy	Update on implementation of Working with People and Communities Strategy	Board of the ICB	BLMK	30 Jun 2026	Director Neighbourhood Health and Partnerships Bedfordshire and MK	Communications and Engagement
FUTURE	10113	Place delegation framework	Agree a framework to delegate resources and responsibility to Place	Board of the ICB	BLMK	30 Jun 2026	Director Neighbourhood Health and Partnerships	Maria Wogan, Chief Strategy & Transformation Officer
FUTURE	10092	Environmental Sustainability	ICS Climate Change Adaptation plan	Board of the ICB	BLMK	26 Mar 2026	Director Neighbourhood Health and Partnerships Bedfordshire and MK	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10129	Inequalities	Annual update Health Equity programme	Board of the ICB	BLMK	12 Dec 2025	Director Neighbourhood Health and Partnerships Bedfordshire and MK	Maria Wogan, Chief Strategy & Transformation Officer

Date of the meeting: 26 September 2025

Executive Lead: Felicity Cox, ICB Chief Executive

Report Author: Chief Strategy and Transformation Officer, and Dean Westcott, Chief Finance Officer

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

Item 3.0: Annual Report and Accounts 2024/25

Reason for report to the Board:

The ICB is required to present the report to the general public at a ‘public meeting’

1.0 Executive Summary

1.1 The Annual Report and Accounts 2024/25 was approved at an Extra-Ordinary meeting of the Board in private on 18 June 2025. They were duly submitted to NHS England on 20 June 2025. The full Annual Report & Accounts has been published on the [ICB’s website](#)

1.2 This year the ICB is also pleased to publish a much shorter summary of the Annual Report and Accounts. This is available on the [ICB website](#) and attached to this report.

1.3 The National Health Services Act creates a requirement for ICBs to produce an Annual Report that:

- explains how ICBs have discharged their duties under sections 14Z34 to 14Z45 and 14Z49 (general duties of ICBs)
- reviews the extent to which the board has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan)
- reviews the extent to which the board has exercised its functions consistently with NHSE views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and reviews any steps that the board has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007. ICBs must consult each relevant Health and Wellbeing Board

2.0 Recommendation

2.1 The Board is requested to **note** the annual reports and accounts for 2024/25.

3.0 Key Implications

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

- 3.1 The Annual Report necessarily focusses on the past year and as such does not include any new resource commitments. The Report meets its statutory requirement to comment on how we have sought to reduce inequalities in the reporting period.
- 3.2 The production of the annual report is a statutory requirement and includes content on how we have discharged our duties in relation to climate change in 2024/25.

4.0 Report

- 4.1 The Annual Report and Accounts 2024/25 was produced in accordance with NHS England guidance and was approved by at an Extra-Ordinary meeting of the Board in Private on 18 June 2025. It was subsequently submitted to NHS England on 20 June 2025.
- 4.2 The Annual Report and Accounts have been published on the BLMK [ICB website](#) alongside a shorter summary document [ICB website](#). In 2024/25 BLMK ICB met the statutory financial duties to keep expenditure within the resources available. The Report includes many examples of innovative practice and partnership in action, at system and Place level. The Board will receive a short presentation of the Annual Report and Accounts from the Chief Executive Officer at the board meeting.
- 4.3 NHSE are required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making this assessment, they consider evidence from our annual report and accounts; available data; feedback from stakeholders and discussions at the afore mentioned meeting.

The Annual Assessment looks at our organisation's performance against the specific objectives set by NHS England and the Secretary of State for Health and Social Care, our statutory duties as defined in the Health and Care Act 2022 and our wider role within the Integrated Care System across the 2024/25 financial year.

A more detailed update on our ICB's annual assessment for 2024/25 can be found in the Chief Executive's Report.

5.0 Next Steps

- 5.1 The Board are asked to **note** the annual reports and accounts for 2024/25 and the plans for sharing a summary of the Annual Report with partners and residents across BLMK.

List of appendices

Appendix A – Summary Annual Report 2024/25.

Date: 26 September 2025

Executive Lead: Felicity Cox, Chief Executive Officer

ICS Partner Lead: N/A

Report Author: Andrew Clayton, Partnership Governance Lead

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 27 June 2025.

2.0 Recommendations

2.1 The members are asked to receive the content of the 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 Reconfiguration

The Ministerial statement of 9 September 2025 confirmed the creation of new ICB footprints as of 1 April 2026, including Central East ICB incorporating BLMK, Cambridge and Peterborough, and Hertfordshire ICBs: [Written statements - Written questions, answers and statements - UK Parliament](#). On 1 September 2025, Robin Porter was confirmed as the Chair Designate of the Central East ICB. There is an item on the Board’s agenda which sets out the proposed new governance arrangements that will enable BLMK ICB to work in close partnership with Cambridgeshire and Peterborough ICB and Hertfordshire and West Essex ICB over the next six months in the transition to the new Central East ICB being established on 1 April 2026.

An appointment process for Executive roles has been held and it is hoped that all of the appointments will be announced before the end of September 2025. BLMK ICB Executives and staff continue to work in partnership with C&P and HWE colleagues to prepare for the transition.

The ICB recognises the impact of organisational change on its workforce. The change will be undertaken with the following principles:

People centred approach – in line with the People Promise	Compassionate and inclusive	Minimum disruption
<ul style="list-style-type: none"> Thinking about the needs of patients and the impact on our people as a first step and amending plans if necessary Taking a supportive talent-based approach with colleagues impacted by the changes Seeking to provide stability of employment where possible 	<ul style="list-style-type: none"> Openness and transparency of process and actions Taking action to increase the diversity of the new ICB workforce and particularly the leadership Co-creating at the appropriate level Individual behaviours Supportive change approach 	<ul style="list-style-type: none"> Taking the minimum position to enable the change and setting the direction for future evolution by the new NHS ICBs Keeping policy as simple as possible and testing thinking against these principles Working together to avoid unnecessary duplication of effort and achieve greatest value –

The ICB has been focusing on supporting staff through the process via a number of mechanisms:

- **Personal Development** – We have made extensive use of our **NHS Elect** membership. All staff are able to access a range of webinars and programmes to support the personal development and wellbeing.
- **Skills Development Network** – operates across NHS organisations in England. Its remit is to provide the infrastructure for improving leadership and professional development skills.
- **Coaching** - The ICB has a number of qualified in-house coaches to support staff. Profiles and contact details are on the intranet. In addition all NHS staff Band 4 and above can access a coach through the East of England Coaching Register.
- **The Leadership Learning Zone** - is a flexible e-learning resource that takes a learner on an interactive exploration of key areas of leadership development. This suite of introductory modules developed by the Midlands Leadership Academy is equally relevant to learners who are just starting in their careers as well as experienced managers who want to consolidate their leadership capabilities.
- **OpenLearn** – home of free learning from The Open University. A provision of high quality open educational resources, free and accessible for all.
- **CV Writing and Interview Skills Workshops.** These were provided by professional career advisors from Bedfordshire Employment and Skills Academy (BESA)
- **Compassionate leadership through times of change** - 60-minute virtual workshops, for managers and leaders to explore and understand the impact of change and transition on individuals. Learn about the behaviours of compassionate leadership and being a change agent.
- **Listening Circles** – safe space to express feelings, concerns and challenges. A non-judgemental environment where individuals can speak freely without criticism or debate. These sessions are to support wellbeing and foster understanding and not for answering questions about transition.
- **Activity Packs** – a range of activity packs have been shared to directorates to support teams through times of change.
- **Line Managers Programme** – Started in February and currently has 6 modules designed and delivered by the HR/ODI Team this is constantly being reviewed and updated to respond to changing needs.
- **Wellbeing** – there is a range of resources on the intranet, including details of the employee assistance programme and external organisations that can support staff wellbeing. From

1st September the ICB is introducing **VIVUP** a staff wellbeing and benefits platform. They will provide our Employee Assistance Programme (EAP) and a 'one stop shop' for staff to access benefits and services.

- **Wellbeing Champions** – individuals who work at all levels of the ICB, from a range of roles and demographics, who identify, promote and signpost their colleagues to local and national wellbeing support and offers. Our Wellbeing Champions are trained Mental Health First Aiders.
- **BLMK ICS Wellbeing Festival** – 6th to 10th October 2025. A week dedicated to supporting mental, physical, financial and emotional wellbeing of all staff in the BLMK Integrated Care System (including all councils and health & social care).
- **Freedom to Speak Up** – speaking up about any concern you have at work is really important. It helps us to continuously improve our service and your working environment.
- **BME Staff Network** – meet regularly to provide a voice for staff and a solution focussed platform to share opinions and or/raise concern. Encouraging all staff within the organisation to celebrate diversity.
- **Executive Support** – The Executive Team following the launch of the consultation were offered support from the Associate Director for Career Development at NHS Elect.
- **Staff Recognition** - As part of supporting colleagues during a period of transition, we have prioritised recognition and celebration of staff achievements. **The BLMK ICB Staff Awards**, now in their second year, provide an opportunity to pause and acknowledge the dedication, compassion, and professionalism shown by our people every day. The ceremony takes place on 22nd September, and it was agreed to run the awards because recognition matters: celebrating our staff helps us to highlight achievements, reinforce our organisational values, and show appreciation for the difference our colleagues make to patients, communities, and each other. We have received over 160 nominations for 7 award categories which reflect our organisational values.

4.2 **Strategy Update**

Since the last Board meeting,

[Fit for the Future: 10 Year Health Plan for England](#) was published and discussed at a Board seminar on 11 August 2025. The 10 Year Plan and the recently issued NHS planning guidance asks systems to produce a new set of strategies and plans which will replace BLMK's existing Health and Care Strategy and Joint Forward Plan:

- Commissioning Intentions (ICB) - by end of September 2025
- Five-year strategic commissioning plans (ICBs) - by end of December 2025
- Five-year integrated delivery plans (NHS Trusts and NHS Foundation Trusts) - by end of December 2025
- 1-Year Financial & Operational Plans (ICB and NHS Trusts) - by end of December 2025
- Neighbourhood Health Plans (ICB) by end of December 2025

These new plans will be produced as part of the work to establish the new Central East ICB and locally will be developed and overseen by the Bedfordshire and MK Neighbourhood Delivery Committee.

4.3 **National Neighbourhood Health Implementation Programme**

BLMK has been actively advancing the neighbourhood agenda since the [Fuller Stocktake Report](#) through the development of its 19 geographical neighbourhoods; each taking an asset based approach with strong leadership at place, and positive collaboration across health, care, and community sectors.

The NHS 10-Year Plan describes the leadership role that primary care needs to take in Integrated Neighbourhood Working (INW) with their unique population health role for their registered list. BLMK Primary Care are leading and contributing to the design and testing of new multidisciplinary models and as this engagement continues to grow, the role of primary care and PCNs will be central to scaling and sustaining the neighbourhood model, helping

to connect residents with timely, personalised, and community-based care. In August 2025 ICBs and place partnerships were invited to express an interest in the National Neighbourhood Health Implementation Programme (NNHIP). This nationally facilitated programme is designed to support systems to build on their already excellent progress and further test new approaches to unlock opportunities to deliver the neighbourhood health vision. BLMK submitted 3 expressions of interest (Central Bedfordshire, Luton, and Milton Keynes) to the programme, however we were not successful in wave 1 commencing in September 2025. We have had some positive feedback from regional colleagues that we will incorporate in any bids for subsequent waves of the programme. There were six successful bids in the East of England, including South West Hertfordshire and North Cambridgeshire and Peterborough. Although not successful for Wave 1 we will still be able to access several offers through the NNHIP Community of Practice:

- Monthly online webinars.
- Updates from national coaches.
- A knowledge hub with themed areas for peer-to-peer learning (currently in development).
- Social media (e.g. WhatsApp group).

Our work to develop neighbourhood working in BLMK will continue and we will, of course, benefit from learning by the two pilots in the Central East area.

4.4 **Annual assessment of Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board's (ICB's) performance for the 2024-25 financial year**

On 30 July 2025 Clare Panniker, Regional Director, wrote to Robin and I with the annual assessment of the ICB's performance against objectives set by NHSE and the Secretary of State, alongside our statutory duties and wider role within our Integrated Care System (attached as Appendix A).

Our progress in realising our Health and Wellbeing Strategy across the BLMK system is recognised, with our proactivity in governance and oversight, financial control, contact management and operational delivery noted as key drivers of that progress. The opportunities to support improvements in population health outcomes and reduce health inequalities, facilitated by our leadership and collaboration with Public Health colleagues across BLMK, has been clearly identified and we are encouraged to continue and enhance our model of partnership working. The letter also draws attention to the positive and productive relationships we enjoy with voluntary, community, faith and social enterprise organisations, alongside our work to implement learning from the nationally recognised Denny Review.

The establishment of the tobacco dependency service at MKUH is welcomed, as is the work to reduce agency and bank expenditure at BHFT. Our over delivery of the £27m Efficiency Plan and delivery of the Financial Plan, with the lowest allocation in percentage terms nationally has contributed to this overall positive assessment. As has our Place based partnership work, our commitment to social and economic development, our focus on UEC performance, and our progress on the Greener NHS goals.

The challenges we face in caring for an increasing population are noted in the letter, and our attention is drawn to those areas in which we need to raise our focus as we move forward, such as Elective Care Recovery, Diagnostics, Paediatric Audiology and Maternity performance. Our staff are working hard with our partners to transform services and deliver improvements in these areas, and many others. It gives us confidence and heart to know that our achievements are seen and recognised by our senior leadership teams.

4.5 **Health Services Strategy Update**

The work on the Health Services Strategy continues and is closely linked with the work on the Hospitals Opportunity Assessment. We would like to thank Board Members for their

support of this programme of work. We will be considering a draft report in our part 2 meeting and working on this together in the Board Seminar later today.

There has been a focus on Urgent and Emergency Care and Mental Health and diagnostics, with new evidence based pathways being implemented across primary and secondary care in BLMK following approval by the Clinical Advisory Group. This is expected to contribute to financial savings in this year, as well as improving patient care by providing capacity where it is most needed. We are particularly pleased with the level of clinical engagement across the system with over 100 clinical leaders expressing interest in joining the Health and Care Senate and actively engaged with the Clinical Working Groups for the Hospitals Opportunity Assessment, which will be presented in full to the Board in December.

4.6 Specialised Commissioning Update

- **Strategy:** The East of England Joint Commissioning Consortium has developed the [Specialised Commissioning Strategy 2025 – 2030](#), which sets out the overall vision and priorities for the commissioning of specialised services and sets the context for ongoing continuous improvement and transformation.
- **Renal:** The Renal demand and capacity right sizing work is continuing with a paper expected in Q3. The renal review to identify a sustainable solution to resolve the New Hospital Programme impact on the current renal dialysis offer at the James Paget, Queen Elizabeth, Hinchingsbrooke and West Suffolk Hospitals is drawing to a conclusion with a paper going to the Joint Commissioning Consortium this month.
- **Milton Keynes Head and Neck cancer pathway** - work is ongoing with provider partners to identify suitable alternatives to the current offer with a number of options being explored.
- **Sickle Cell** red cell exchange project is moving into an implementation phase.
- **Neonatal:** Following the initial phase of Neonatal demand and capacity review further work including population health analysis and the development of a modelling tool is being progressed by NHS Arden and Gem. A report expected in Q4. The East of England retinopathy of prematurity screening and treatment network project to establish a multidisciplinary team was initiated in April 2023, and has moved forwards after a significant delay. Funding has now been agreed to purchase cameras and work is in progress to confirm the training pathway.
- **Gender Services:** A proposal to develop the East of England gender services to include General Practitioners with extended roles is being considered with the current pilot.
- **Quality:** The Specialised Services Quality Dashboards (SSQDS) have been published for Quarter 4. Data in the tables below show a deterioration in the completion rate by East of England trusts following an increase over the past two quarters of 2024/25 (82% Q3 – 73.5% Q4). The completion of Dashboards remains a contract requirement and is addressed as part of the contracting meetings with providers.
- **Finance:** Contract plan values have been agreed with all acute Trusts in the East of England for 25/26. None required formal escalation. The complexity of agreeing Indicative Activity Plans (IAP) across the fixed and variable elements of the contracts is taking longer than was hoped but the expectation is that that these will all be concluded by the end of Q2
- **26/27 planning - Block Deconstruction:** NHSE is asking all systems to undertake an impact assessment on contract baselines for deconstructing the blocks. This impact assessment will be used nationally to help design the future financial framework for the NHS including how we transition from the current to the new framework. Being able to quantify the extent to which providers are currently over or under paid in their existing contracts by commissioners of specialised and non-specialised services when compared to an activity x price basis is an essential first step in deconstructing block payments. This exercise will inform a move to new payment mechanisms expected for 26/27. The Finance and BI Team are leading on this work for specialised services.

4.7 Mount Vernon Cancer Centre Update

- **Assurance process** – all documents have now been submitted into the assurance process before consultation begins.

- **National discussion/changes** - There has been a request from Elizabeth O'Mahony NHSE Chief Financial Officer to review the alignment of the Watford and the Mt Vernon schemes to identify any potential synergies that might be beneficial. A Joint Development Board between West Herts Hospital and UCLH has been established and held its inaugural meeting on 27th June 2025 driving through any potential modelling work and changes that may come out of this process. A further meeting has been held with Elizabeth O'Mahony in August, with support for work undertaken and identified areas of further work required to move forwards.
- An ICB and Specialised Commissioning representative has been invited to sit on this Board; Beverley Flowers (HWE ICB) and Lynelle Hales (SC and BLMK ICB) are the agreed representatives.

4.8 A Personal Note

As this is my last Chief Executive report to the Board, I wanted to place on record my thanks to Rima, Robin and all the Board for their support and challenge over the last three years. I'd like to thank my excellent executive for the great work we have been able to achieve with our partners in BLMK for local residents.

It has been the privilege of my career to lead BLMK ICB and I wish the new larger ICB every success.

4.9 Events and Meetings

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

1 July	The ICB Chief Executive Officer met with Alistair Strathern MP and Primary Care Networks to discuss supporting primary care access and improvement at Langford Surgery which is part of Saffron Health Partnership.
3 July	The ICB Chief Executive Officer met attended the BLMK Springboard Women's Development Programme to talk about her career journey.
4 July 8 July 14 July 16 July	The ICB Chair and Chief Executive Officer held online presentations to update local Members of Parliament and Primary Care providers on the ICB Transition and cluster arrangements.
10 July	The ICB Chief Executive Officer opened the NHS Clinical Leadership Event.
17 July	The ICB Chief Executive Officer chaired the meeting of the ICB Shadow Executive.
17 July	The ICB Chief Executive Officer, Chief Medical Officer and Dr Omotayo (Tayo) Kufeji met with Claire Fuller to discuss the 10 Year Plan and Neighbourhood Health. The session focussed on the implications of the 10 Year Plan for Primary Care and Neighbourhood Health in the ICS.
18 July	The ICB Chief Executive Officer convened a meeting to discuss mental health crisis pathways across Bedfordshire and Luton with the Chief Executive Officers of ELFT and BHFT.
24 July	The ICB Chief Executive Officer was pleased to attend the '10 Years in BLMK' event hosted by East London NHS Foundation Trust.
24 July	The ICB Chair met with the Chair and CEO of Bedfordshire Hospitals Foundation Trust for a walk around Bedford Hospital.
28 July	The ICB Chair had an introductory meeting with Mohammad Yasin MP
4 August	The ICB Chair, Chief Executive Officer and Executive Team met with the Regional Team for the Quarter 2 Regional Review Meeting.
7 August	The ICB Chair and Chief Executive Officer attended the BLMK Health and Care Partnership Seminar.

29 August	The ICB Chief Executive Officer did a Podcast Interview with Cllr Matthew Brennan, Central Bedfordshire covering the purpose of the ICB, Strategic commissioning, Digital Transformation, Health Inequalities and Hospital to community and the 10 Year Plan and Population.
3 September	The ICB Chief Executive Officer attended the Breakfast Series in London: Implementing the 10 Year Health Plan, hosted by Public Policy Projects Chair, The Rt Hon Stephen Dorrell and the Rt Hon Alan Milburn, lead non-executive of the Department of Health and Social Care. It was a unique opportunity to discuss the practical implementation challenges of the plan.
9 September	The ICB Chief Executive Officer attended the Housing Community Summit as a panellist at the Exhibition Centre Liverpool which she delivered a speech from Luton and Bedford, focusing on health design, warm homes initiatives, and community development. Highlighting the challenges posed by an aging population and the need to design homes that older people want to live in. Touching on strategies to reduce pressure on healthcare costs and foster stronger relationships with health providers and reflecting on the political rhetoric surrounding these issues and the opportunities it presents.
12 September	Both the Chair and ICB Chief Executive joined the Board Briefing Session on the Community and Mental Health Services Commissioning Principles.
16 September	Martha Roberts attended the NHS Leadership Event on behalf of Felicity Cox.
22 September	Both the Chair and ICB Chief Executive attended the Celebrating BLMK and Our Staff Event held at the Christian Centre, Milton Keynes.
24 September	The ICB Chair attended Bletchley Pathfinder for an introduction and site visit as part of his Induction Programme.

4.10 Key Publications

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

This policy sets out how NHS England meet their commitments to working in partnership with people and communities, including through roles such as patient and public voice (PPV) partners:

<https://www.england.nhs.uk/publication/policy-on-working-in-partnership-with-people-and-communities/>

This document informs integrated care boards (ICBs) and NHS trusts and foundation trusts about the equality and health inequalities legal duties they must meet following changes introduced by the Health and Care Act 2022:

<https://www.england.nhs.uk/publication/health-inequalities-and-equality-legal-duties-a-reference-document-for-nhs-commissioners-and-providers/>

This document describes NHS England's approach to oversight of integrated care boards and trusts:

<https://www.england.nhs.uk/publication/nhs-oversight-framework/>

Ministerial statement of 9 September 2025 confirming the creation of new ICB footprints, including Central East ICB incorporating BLMK, Cambridge and Peterborough, and Hertfordshire ICBs: [Written statements - Written questions, answers and statements - UK Parliament](#)

4.11 Recent ICB and Place news items of interest

[Number of people waiting more than a year for NHS treatment in Bedfordshire falls by over half](#)

[More patients in Bedfordshire getting to see GP thanks to appointments at extended-hours clinics](#)

[NHS Trust for Bedfordshire issues measles warning after child's death](#)

[Milton Keynes patients encouraged to download the Doctor in your pocket](#)

[Questions about cancer screenings answered at shopping centre events in Luton, Bedford and Milton Keynes](#)

[Chief medical officer urges Milton Keynes patients to "use NHS wisely" ahead of "unprecedented" all-out five-day doctors' strike](#)

[Chairs which can lift people who fall in their own homes reduce ambulance callouts, improve dignity and save resources - The BLMK Digitising Social Care Programme](#)

[School and college leavers in BLMK invited to check out NHS and care careers, as results day arrives](#)

5.0 Next Steps

5.1 As described in this report.

List of appendices

Appendix A – BLMK ICB Annual Assessment Letter 2024-25

Date: 26 September 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 6.0: 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 26th September 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](#) alongside updates on all BLMK programmes and projects. The Portfolio report was reviewed at the Quality and Performance Committee on 5th September 2025 and no matters of escalation to the Board were identified.
- 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 specific risks continue to be monitored and are reflected where appropriate in regular reviews of the BAF risk.

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;
 - 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 continues to be reviewed to reflect emerging risks in 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.

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. 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. All next steps from the previous report have been completed, including establishing regular Childhood Trauma System Board meetings and developing communication materials to engage practitioners. Additionally, a pilot tracking system for the 40 children has been drafted, with further development planned

from September following a review of Case Review Meeting themes and defined improvement measures.

- 4.7.2. The Focussed 40 initiative is now fully established and operating effectively. All Local Authorities have completed their initial Focus 40 meetings, with actions for each child captured and shared. Local themes identified during these meetings have also been disseminated. A standardised funding form is now in use to support all funding decisions and rationale. Additionally, each Local Authority has received a sample Terms of Reference for a Trauma Panel meeting, with an offer to implement these panels locally as part of a transition to a Business-as-Usual model, subject to agreement and the development of a detailed implementation plan.
- 4.7.3. A service mapping exercise on trauma-informed residential provision in BLMK has been completed, informing initial discussions on forming new working groups to identify gaps and opportunities. Current considerations now focus on developing a shared provision model and coordinating residential services across all four councils.
- 4.7.4. The Focused 40 work has identified a critical gap in therapeutic provision for young people with complex trauma needs. In response, the programme board has approved the development of a business case for a new joint-commissioned Trauma therapeutic model. The model is for children and young people on the edge of care, as well as those who have already been placed in out-of-home placements and aims to prevent children and young people from being placed in care, custody or inpatient units OR safely transition them back home to their families. The business case will outline financial contributions and include case studies to support invest-to-save proposals.
- 4.7.5. **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.
- 4.7.6. The next steps involve developing a detailed implementation plan to transition Trauma Panel meetings into a Business-as-Usual model across Local Authorities, pending their agreement. Additionally, consideration will be given to the establishment of new working groups to identify gaps and opportunities in trauma-informed residential provision, building on the recent service mapping exercise and in particular efforts will focus on the decision to progress a shared residential provision model and coordinating services across all four councils. Finally, a business case will be developed for a jointly commissioned Trauma therapeutic model, outlining financial contribution arrangements and incorporating case studies to support invest-to-save proposals.
- 4.7.7. Commissioning Intentions have been developed with partners that set out priorities for services for 2026/27 – 2028/29.
- 4.7.8. A verbal update on the indicative financial benefits arising from this programme will be shared during the ICB Board meeting.

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. At the January 2025 BLMK Integrated Care Board (ICB) Seminar (Board Development Session), it was agreed to initiate a focused engagement exercise between the ICB and all four Local Authorities. This aims to identify barriers and assess the needs of adults with complex health and social care requirements who fall outside existing statutory funding frameworks, including Continuing Healthcare (CHC) and Section 117 aftercare.
- 4.8.2. To support this, meetings were held with the Senior Responsible Officer, the programme team, and each Director of Adult Social Care on the following dates: Bedford Borough Council (28 January 2025), Milton Keynes Council (3 March 2025), Central Beds Council (20 March 2025), and Luton Council (8 April 2025). A further joint meeting with all four Local Authorities was planned but was delayed due to system pressures and scheduling challenges.
- 4.8.3. Following a collaborative review with the System Champion and considering ongoing operational pressures, including the ICB transition and CQC inspections across Local Authorities, it has been decided to cancel the planned meeting and discontinue this workstream as a dedicated project for 2025/26.
- 4.8.4. While the work remains important, the CHC team continues to collaborate with Local Authorities to review the CHC Joint Funding policy, which is nearing completion. Additionally, the ICB has appointed Penny Garfirth on a one-year secondment starting 1 September to develop a pathway for individuals with unmet health needs who fall outside traditional funding frameworks across BLMK.

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	<ol style="list-style-type: none"> 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 for those recognised as end 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.

	<p>5. 100% of co-ordination centre service contacts offer an advanced care plan [ACP] to those referred to the service.</p> <p>6. To raise the profile and talk more about death and dying across communities.</p>
Link to Strategic Priorities	Die Well (suggested Strategic Priority)
Link to Health Services Strategy	Urgent and Emergency Care

- 4.9.1. The governance structure for the Palliative and End of Life Care (PEoLC) Programme Board is now fully established, following the first Programme Board meeting in June 2025. Programme Board meetings are held bi-monthly, and priorities and areas of focus are driven through PEoLC Finance and Clinical steering groups that convene monthly with key system representatives.
- 4.9.2. The Bedfordshire Partnership working group presented the Palliative and End of Life Care Operating Model to the PEoLC Programme Board in August 2025. The first phase merges Keech and Sue Ryder's palliative coordination services, providing a single access point for patients and referrers across Bedfordshire. This will be overseen by the PEoLC Programme Board and programme steering groups.
- 4.9.3. The Milton Keynes working group is actively shaping their clinical model through a series of workshops involving MK system representatives and support from the ICB.
- 4.9.4. The Finance Steering Group, with representation from finance leads across the system, are developing the baseline budget with finance leads. Initial collaboration with finance and BI has identified that approximately £150 million is spent by the NHS in BLMK on patients in their last year of life, and 25% of emergency spend in all acute settings, on patients in their last year of life. This was presented to the PEoLC Programme Board in August 2025. The next steps will focus on agreeing a financial baseline recognised by all stakeholders to support scenario modelling, business case options and estimated system efficiencies.
- 4.9.5. Commissioning Intentions have been developed with partners that set out priorities for services for 2026/27 – 2028/29.
- 4.9.6. A patient forum has been established to ensure the voices of those directly impacted by PEoLC services inform programme direction. In collaboration with Healthwatch, the ICB is finalising a patient engagement plan. Insights will feed into the education and communications workstream, supporting core programme priorities.

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 reduce acute bed occupancy to below 95% by fully optimising and maximising Urgent and Emergency Care Pathways across BLMK to improve system

	<p>flow in hospital settings, prevent admissions, and reduce Emergency Department presentations and conveyances.</p> <p>Focusing on Avoidable Admissions, Improving Discharge flow and rehabilitation/recovery services.</p> <p>System Aims</p> <p>Admission avoidance –</p> <ul style="list-style-type: none"> • 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. <p>Flow / Discharge</p> <ul style="list-style-type: none"> • Embed robust multidisciplinary teams in preparing discharges, fostering a Home First culture, and ensuring all decisions are made through multi-agency collaboration focused on neighbourhood 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 <p>X% of people are discharged on the day they are medically fit (yet to be defined)</p>
<p>Link to Strategic Priorities</p>	<p>Live Well and Age Well</p>
<p>Link to Health Services Strategy</p>	<p>Urgent and Emergency Care</p>

4.10.1. BLMK Urgent and Emergency Health and Care (UEHC) Board, chaired by Matthew Winn as System Champion, fully established with monthly meetings planned for the next 12 months. The Board has representatives from the 2 BLMK

Hospital Trusts, Community Services, Local Authorities, Ambulance Trusts and ICB system experts

- 4.10.2. Monthly dashboard established reporting on key metrics to identify areas of concern and areas of good practice to enable the system to focus on key transformation programmes and measure impact of interventions
- 4.10.3. Priorities for admission avoidance and improved flow and discharge agreed at Place level. These priorities have been agreed by system partners working at a local level considering local and seasonal challenges
- 4.10.4. Governance and working groups established to progress key transformation and clinical improvements at place (Bedfordshire and Milton Keynes)
- 4.10.5. A verbal update on the approach to quantifying benefits from this programme will be shared during the ICB Board meeting.
- 4.10.6. Intermediate Care, Discharge Pathways & Admissions Avoidance Commissioning Intentions created and agreed to focus work for the coming 12 months as follows:
- 4.10.7. **Admission Avoidance**
 - a. Unscheduled Care Co-ordination Hubs (UCCH) have proven to reduce conveyances and safely meet the needs of the individual in a community setting. We will work with colleagues to align the Palliative/End of Life transformation with the UCCH to support our residents. We aim to ensure the UCCH offer is consistent across our population and the community services are resilient to avoid residents bouncing between services. We will work in collaboration with community services to understand the demand and capability needed to provide alternatives to acute/hospital settings and where possible ensure the capacity meets the demand. This may require funds and resources to move and where necessary, in order to 'right-size' community capacity in this area. We will work with partners to achieve this. We also recognise that variation across BLMK in UCCH models and outcomes – we will work with providers to standardise where appropriate to do so.
 - b. Virtual Wards are now fully operational, but we need to ensure the capacity and pathway focus on residents with the greatest need and the greatest impact on admission avoidance and/or length of stay. We need to ensure complete coverage of virtual wards across BLMK. Examples of good practice, such as the paediatric virtual ward in Bedfordshire, should continue to be shared and replicated where possible. We require the capacity to be utilised with 80% of the available virtual ward beds consistently used.
 - c. Ambulatory Care Sensitive Conditions (ACSC) admissions for many respiratory conditions are considered avoidable, yet data suggests admissions are increasing. We would like Places to explore opportunities to improve respiratory pathways.
 - d. Same Day Urgent Care, 111, Virtual Wards and UCCH have a pivotal role in support residents needs outside of Acute Trusts. However, there is evidence that residents are moving between these services, and this could be avoided if we integrate. We would like to work with partners to co-design this model and left shift opportunities.

4.10.7. Discharge

- a. Evidence suggests the correct pathways are used with more care delivered in residents' homes. The focus now needs to shift to closing the gap between patients being medically fit for discharge and their actual discharge date. These small improvements in length of stay will improve the patient experience and reduce the need for escalation areas when UEC pressure increases. The aim is to reduce the average days MFFD (by 1 day / 8% across all pathways) with no widening of inequalities and addressing variation.
- b. The system benefits from Integrated Discharge Hubs at each site, helping residents achieve a seamless transition from hospital to home. In 25/26 we want to maintain effectiveness and high performing by:
 - Reviewing best practice and models of care. Where necessary conduct a gap analysis against best practice increasing learning and identification of new opportunities
 - In reach / complex care team development - Costed transition plan for IDH
 - Trusted MDT assessment and early discharge planning
 - Overcome information sharing challenges with single assessment processes
 - Develop a case for change for integrated intermediate care in CBC / ELFT
- c. We will work to develop our Home First model to help residents back to living as independently as possible in their own home or usual place of residence after a hospital stay. We want to work with partners to:
 - Improve Internal discharge pathways so the home first pathway is the primary focus
 - Build trust and risk thresholds; and ensure community expertise meets the needs of individuals.
 - Work with providers to increase weekend discharges
 - Work with VCSE on opportunities to support discharge and review VCSE commissioned services.
 - Develop workforce capacity to support rehab and reablement out of hospital (including care homes)
- d. Whilst evidence suggests the correct discharge pathways are being used, we intend to review the commissioned capacity of Pathways 1-3 by:
 - Amending P2 bed configuration to ensure sufficient and appropriate capacity matched to resident's needs. This may include reducing the number of spot purchase beds.
 - Addressing the underutilisation of P2 Beds will be achieved by decommissioning 13 places across Bedfordshire which will achieve £827,095-year full effect savings across the three places BCFs (Central Bedfordshire, Luton, and Bedford Borough)
 - Commission intermediate care beds for Discharge to Assess (D2A) and rehab ensuring cover to support patients across each Place
 - Commission P2 beds for dementia discharges agreed by ICB Exec 5 September 2025. The cost of providing this capacity is £644,465/year. Providing this provision through SPOT purchase arrangements cost £727,225 in 24/25

- Review hospital discharge processes to ensure patients access appropriate support to maintain independence on discharge from hospital inpatient care
- In-reach support to discharge hubs in acute hospitals
- Agree approach to ensuring consistency in process and waiting times for discharges across each Place for pathway 2 care

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 & Transformation

- 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 comprehensive update on aims, scope and progress to delivering objectives for each of the Enabling Programmes has been included as part of the portfolio report updates and can be publicly accessed as highlighted in point 4.12.2 of this paper. Projects that focus on digital enablement, utilisation, inclusion, and interoperability are intertwined with, or will be embedded in, appropriate key programmes, projects and change initiatives where applicable to ensure alignment and maximise impact across the portfolio.
- 4.11.4. A review of the Integrated Neighbourhoods enabling programme is underway to ensure strategic alignment with national initiatives relating to neighbourhood health. Governance will also need to be examined in light of the ICB reconfiguration and the proposed development of the Neighbourhood Delivery Committees for existing ICB footprints within a new structure.
- 4.11.5. The Health Equity Board, now rescheduled to November 2025, will oversee delivery of the Denny recommendations. The Quality Improvement team is fully established and delivering monthly training to build system-wide improvement capability.
- 4.11.6. The ICB continues to review and assess digital tools to improve access, AI implementation, NHS app, and online consultations where appropriate in collaboration with providers.
- 4.11.7. A detailed update on the Community and Mental Health Transformation programme is provided separately as an agenda item for Board review.

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 August 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-aug-2025pdf/?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 this prompted a review of the BAF risk to ensure that it considers wider causes and mitigations.
- 4.13.3. There is a high likelihood that BAF risk #0016 — namely, the Model ICB national directive destabilising BLMK ICB — will affect the delivery of the three Transformation Programmes. This impact may arise either from current programme leads being diverted by the ICB reconfiguration, or from new Executive Directors within the Central East ICB choosing to revise existing plans.
- 4.13.4. To mitigate BAF risk #0016, newly appointed Executive Directors should be promptly engaged with the Transformation Programmes, including a full briefing on current plans, anticipated benefits, and progress to date. The other key mitigation is keeping all documentation up to date on Verto 365.
- 4.13.5. Following a deep dive at the Audit and Risk Committee on 11th July, a detailed update on BAF#0016 is provided separately as part papers for Board review

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 #0005 will be reviewed as part of a broader ICB Executive risk assessment relating to BAF risk #0016 to help determine which tasks should be reallocated or paused to effectively manage the transition and ensure BLMK ICB continues to deliver the mission critical elements of its plan throughout the year.

List of appendices

Appendix A - Childhood Trauma System Board and the Focused 40 process

Date of the meeting: 26TH September 2025

Executive Lead: Felicity Cox, BLMK ICB Chief Executive

Report Author: Georgie Brown, Acting Director of Operations & ICB Winter Director

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

Item 7.0: Winter Planning and Board Assurance

Reason for report to the Board

(a) The Board will be asked to approve the BLMK Winter Plan 25/26 and to approve the ICB Board Assurance Statement.

1.0 Executive Summary

1.1 Every ICB is required to submit a 2025/26 Winter Plan to NHSE. Following the publication of NHS England Urgent and Emergency Care Plan 2025/26 in June 2025, partners have been working to address, assess and develop arrangements to meet requirements, alongside lessons learnt from previous winters to meet national requirements and needs of our residents for this forthcoming winter.

At the time of writing, and, at the time of the ICB Board meeting the BLMK 2025/26 Winter Plan is at the final draft stage, with the winter stress test being the final exercise before completion. It will remain in development until the winter stress test (utilising national scenarios and injects) takes place on 29th September with formal reporting to the national team on 7th October with any final amendments to the plan then being made. In agreeing the final plan (subject to stress test and learning), the Board is asked to sign-off a set of Board Assurance statements.

Included in this paper, is the BLMK Winter Strategy and high-level plan (Annex A), the System vaccination and immunisation plan (Annex B) and the ICB Board Assurance Statement for Board approval of the system winter plan (Annex C). The Board Assurance Statement sets out and confirms the arrangements in place to address the core components of the national planning requirements.

2. Recommendations

2.1 The Board is asked to:

- **Approve** the BLMK Winter Plan 2025/26.
- **Approve** the ICB Board Assurance Statement.
- **Indicate** if there are any further sources of assurance required to enable plan sign-off.
- **Note** the planned next steps, including testing of plans and arrangements at the Winter Stress Test Exercise on 29th September 2025.
- **Note** the commitment to embed further learning following the stress test throughout winter.

3.0 Key Implications

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

3.1 The BLMK Winter Plan 2025/26 impacts on everything the ICB and our provider trusts are resourced to do in BLMK.

4.0 Winter Planning 2025/26: Requirements

4.1 The [Urgent and Emergency Care Plan 2025–26](#), published in June 2025 outlines a series of coordinated actions aimed at reducing pressure on acute services this winter. The plan sets out the system-wide collaborative expectations for winter and includes several key developments affecting discharge, community-based care, mental health pathways, use of technology, and public health. This sets out that all systems are expected to meet several requirements in their final Plans, which must be submitted, with Board approval, **in September 2025:**

Priority 1: From treatment to prevention: reduce demand for urgent care
Priority 2: Increase the number of patients receiving care in community settings
Priority 3: 45-minute ambulance handover
Priority 4: Improving flow through hospitals
Priority 5: Mental health teams leading from the front
Priority 6: System approach to improving patient discharge
Priority 7: From analogue to digital: using data and digital investment to improve flow

4.2 **The Winter Planning requirements set out the following priority actions:**

- Focus as a whole system on achieving improvements that will have the biggest impact on urgent and emergency care services this winter
 - patients who are categorised as Category 2 – such as those with a stroke, heart attack, sepsis or major trauma – receive an ambulance within 30 minutes
 - eradicating last winter’s lengthy ambulance handover delays to a maximum handover time of 45 minutes
 - a minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours

- reducing the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so that this occurs less than 10% of the time
- reducing the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission. This will provide faster care for thousands of people in crisis every month
- tackling the delays in patients waiting once they are ready to be discharged – starting with reducing the 30,000 patients staying 21 days over their discharge ready-date
- seeing more children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25
- Develop and test winter plans, making sure they achieve a significant increase in urgent care services provided outside hospital compared to last winter
- As a minimum, each plan should show how, by this winter, systems will:
 - improve vaccination rates
 - increase the number of patients receiving care in primary, community and mental health settings
 - meet the maximum 45-minute ambulance handover time standard
 - improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care
 - set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings
- Each part of the system has responsibility for improving UEC (Urgent and Emergency Care) performance, so systems' winter plans should evidence how:
 - integrated care boards (ICBs) and primary care are demonstrably improving access to primary and community care and driving stretching system-wide improvement to prevent avoidable admissions and discharge rates
 - community providers are quantifying demonstrable improvement in admission avoidance, making more effective use of community beds and care home facilities, and using technology to support people to stay well at home
 - trusts are using all available tools to improve patient flow, including: optimising triage and appointment systems to direct less urgent cases to same day emergency care (SDEC); optimising the use of urgent treatment centres (UTCs) and Hot Clinics; ensuring medical directors and chief nurses are applying clinical operational standards to ensure all specialties – not just UEC – lead UEC improvement; and training and empowering medical staff to use the clock to drive performance improvements
 - ambulance trusts are rapidly adapting best practice to maximise improvement opportunities this winter and nominating an executive director to work with every ICB to develop the system winter plan
- Every leader must ensure that both within their organisation and across their system everything possible is being done to improve care.

5.0 Winter Planning 2025/26: Our BLMK Approach

- 5.1 The BLMK winter plan sets out the steps that our system will take to **maintain resilience** and manage a surge in demand above anticipated winter pressures. The winter plan has been co-produced through the MK Partnership and Bedfordshire Partnership and across system providers, including primary care, 111 providers, community, acute trusts, mental health, ambulance services, local authorities and social care provider colleagues.

Overseen by the BLMK Health and Care Urgent and Emergency Care Board, and through local development within Milton Keynes and Bedfordshire Partners the BLMK Winter Plan, aims to:

- Ensure patient safety is maintained across all Urgent and Emergency Care (UEC) pathways, including patients awaiting a clinical response in the community,
- Maintain a resilient UEC system that **grips escalation** whilst avoiding a detrimental impact
- Ensure all resources are fully utilised to manage winter and support the needs of our residents, to be a responsive and collaborative system to manage and respond to system pressure
- To maintain a resilient UEC system that **grips escalation** whilst avoiding a detrimental impact on **elective care**.
- Maximise immunisations to public and staff ahead of winter (with a minimum of 5% improvement in staff vaccinations from last year).
- Maximize use of alternatives to ED, including UCCH, VW, community, primary care and pharmacy capacity.
 - Sustain or improve **A&E performance** - working towards 78% of patients being admitted, transferred or discharged within 4 hours.
 - Improving **Category 2** ambulance response times relative to 2023/24, to under 30 minutes across 2025/26
 - Reduce **ambulance handover delays** and achieve the 45-minute **release to respond** target
 - **Reduce** the number of patients who remain in an ED department over **12-hours, inclusive of mental health patients**
 - See more **children** within **4-hours** in emergency departments
 - Increasing the **productivity** of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and **clinical outcomes**
 - Continuing to **develop services** that shift activity from acute hospital settings to settings outside an acute hospital for patients with **unplanned urgent needs**, supporting proactive care, **admissions avoidance** and **hospital discharge**

6.0 Current Performance

- 6.1 The BLMK winter plan aims to support the system through the winter period, whilst also supporting the continued delivery and improvement of operational planning requirements and targets for Urgent and Emergency Care.
- 6.2 BLMK Emergency Department performance is challenged, currently 76% (BHFT) and 67% (MKUH) against a 25/26 Operational Plan end of year target of 78%.
- 6.3 Regionally, BLMK remains the best performer for both average ambulance handover times and 12 hour waits and are in the top 10 nationally. The % of handovers >45minutes is at 4.8 %, (regional average 17.2%).
- 6.4 The UCCH in Bedfordshire consistently performs in the upper quartile across the region, with over 91% of paramedic referrals accepted. The addition of a secondary care consultation has strengthened decision making and improved clinical confidence in the complexity managed within the community.

7.0 Lessons Learnt from Last Winter

7.1 The learning from Winter 2024/25 has been used as the foundation for the development of our winter arrangements this year. Learning from last year showed us that improvements were required in:

- **Intermediate Care Beds (D2A)** bed occupancy – review of commissioned provision across BLMK according to demand and patients rising acuity
- **Reduce length of time** taken between **discharge ready date (DRD)** and **actual discharge** across all pathways
- **Mental Health pathways** and service provision – clear delivery plan needed to reduce the number of no right to reside in community and acute beds to improve system flow
- System **escalation** and **risk sharing**
- **Early Warning/Forecasting tools** regarding a deteriorating position across providers to enable proactive **SCC grip & control** supporting decompression
- **Reduction of days medically fit** awaiting discharge/return to **Care Homes**
- **System response – extremis actions** within review of **OPEL action cards**
- **Quantifiable trajectories** to ensure **outcomes** and map **delivery**

8.0 Key Actions to Support Delivery against Winter Learning

- Robust escalation processes with SCC (System Coordination Centre) management and system oversight and co-ordination of operational challenges. Review of OPEL and escalation processes. Established team and rhythm to lead de-escalation alongside system partners. Excellent support from all parts of the system, including local authorities and expect this to continue throughout winter.
- Primary Care winter plan for 25/26 including primary care access, prevention, pharmacy, integrated urgent care includes a range of initiatives and pilots to increase access and maximise alternatives to hospital. Detail of these initiatives can be found in Annex F.
- Development of early warning signals tool and forecasting performance on SHREWD allowing for early interventions to decompress challenges
- MADE events being pre-planned to proactively address historic challenged periods.
- Bedfordshire UCCH in the community is transferring care from the ambulance stack to avoid unnecessary conveyances to hospital.
- Across BLMK, Virtual wards are wrapping community and medical led care around individuals at home. This supports both admission avoidance and reduced length of stay. Focus areas include frailty, respiratory and paediatric care.
- The ICB is piloting a mobile x-ray in the community to assess if residents who have fallen have a fracture and/or need taking to hospital.
- Release to respond' ensuring acute Trusts transfer patients into their A&E department as soon as possible (and no later than 45m) to release the paramedics to manage other residents' needs.
- 111 triaging of low complexity calls that have come through to the ambulance service explores alternative ways of meeting the residents' needs other than an ambulance.

- New Central Bedfordshire Falls prevention service will offer a coordinated, evidence-based approach to reducing falls among older residents – improving outcomes, preserving independence, and reducing system pressure
- New Redirooms in acute hospitals will provide isolation space for patients with infections such as influenza, norovirus, MRSA, CPE, and C. diff, and will enable hospitals to isolate infectious patients without the need to close bays.
- New robotic arms will support dispensing of medications, shortening the time patients wait for their discharge medication and releasing hospital beds.
- Integrated Discharge Team development in all Trusts – Milton Keynes model maturing in readiness for Winter. Multi-organisation approach within the same environment is unblocking flow challenges. Model will support the reduction in patients with 7+ and 21+ days length of stay.
- Developing local targets for each pathway (P0 - P3) – with focus on gap between Discharge Ready Date and date of discharge to drive reductions in LOS. This is instead of a focus on which pathway residents are on as we perform well on this.
- Continued support from VCSE who provide a ‘hospital aftercare service’, supporting patients settle at home following an acute hospital admission. VCSE also support with transport where PTS provides don’t have the capacity or cannot respond in a timely manner.
- Increasing focus on Mental Health flow – both in Acute and through community settings. Escalation call rhythm being implemented now to ensure parity with physical health. Enhanced PTL oversight now to improve resilience ahead of winter. Lessons learnt exercise complete and partners working through actions
- Bedfordshire potential of additional Mental Health Capacity with 9 beds across 4 wards, phased from Q3 into Q4. MH crisis assessment service and implementation of crisis text line for MH for mobilisation by Q4.
- Targeted and focused Winter communications planned from September.
- Full immunisation and vaccination strategy and plan
- Performance trajectories for each provider which will improve outcomes for our residents i.e. discharge ready dates, length of stay, mental health flow (all to be monitored by individual organisations and oversight via SCC)
- Maternity and mental health OPEL indicators on SHREWD and Mental Health OPEL action cards
- Strengthening 7-day working across partners to deliver improved weekend discharge profile, including 7-day system calls across BLMK when at OPEL 3-4
- Commissioning of 10 Dementia Discharge to Assess beds for Bedfordshire
- ELFT in-reach team at BHFT to reduce delays across P1-P3
- Zero tolerance to bedding of SDECs
- Bedfordshire UCCH optimised with paramedics, ED Consultants and Frailty teams co-located with an embedded call avoidance helpline

- New Bedford Hospital SDEC (unable to use as bedded area)

9.0 Vaccination and Immunisation

- 9.1 The system-wide vaccine strategy (Annex B), including colleagues from public health and vaccination providers – GPs, community pharmacies, community trusts which provides our vaccinations in schools and other outreach.
- 9.2 The strategy focuses on all eligible cohorts, with a particular focus on frontline staff, (which will also help to mitigate winter pressures) care homes and housebound patients (to ensure a 100% offer to residents and staff in homes), children 2-3 and school age, and pregnant women.
- 9.3 More than 90 pharmacies, 13 PCNs and all maternity providers are delivering vaccinations.
- 9.4 There will be close working with care home providers and 100% will receive an offer of vaccination support again this year. Last year 70-80% received a visit.
- 9.5 In terms of minority group uptake, the strategy includes working through place boards at neighbourhood level, to target work at cohorts well represented in those neighbourhoods. It also includes working with PCNs with the lowest uptake to target communities where patients perhaps do not readily respond to invitations, community outreach and engagement, and enhanced primary care uptake, with evening and weekend clinics to be held across all PCNs.
- 9.6 The BLMK vaccination and immunisation plan to support winter, alongside the winter plan arrangements for Primary Care are reported to the Primary Care Delivery Group (PCDG) and PCCAC (Primary Care Commissioning and Assurance Committee).

10.0 Risks and Mitigations

- 10.1 The below table sets out the key risks identified for Winter 2025/26 and the mitigations in place to address.

Risk	Mitigation
For 2025/26 there has been no additional winter monies provided to systems to support winter preparations.	<ul style="list-style-type: none"> • In 2025/26 BLMK successfully bid and were awarded £7million capital monies to support UEC delivery by NHSE. These initiatives will also support winter delivery in BLMK. • Working to fully utilize/maximise all capacity, initiatives and pathways through the winter period
Staff sickness through winter period	• Workforce plans, oversight and contingency
Staff refusing vaccination	robust programme and comms in place
Demand on services during winter period	• Proactive monitoring of early indicators
Community Capacity within Bedfordshire UCCH/CCS and ELFT community teams: Limited community capacity to support ongoing expansion	<ul style="list-style-type: none"> • ELFT are modifying capacity to UCR • Business case being developed for additional resource

Hospital delays due to bed capacity and unable to facilitate offloads in ED.	<ul style="list-style-type: none"> • Daily system escalation calls through winter • Focus on discharge run rate and whole system flow • Delivery of new dementia P2 beds, • Complex care inreach expansion will make a significant impact for P2. Transformation priorities for P1 are being agreed
IPC Management and Cohorting	<ul style="list-style-type: none"> • IPC escalation operating protocol in development and to be tested in winter 'stress test'
Data Oversight, including paediatric ED, Virtual Ward and UCCH to enable utilisation of system capacity and pressures	<ul style="list-style-type: none"> • Currently not available via SHREWD • Working with partners on reporting and will ensure alignment with SHREWD information until automated process can be established

10.2 The Winter Stress Test, scheduled for 29th September 2025 will enable our plans and governance to be tested in scenarios designed to raise our key risks and challenges.

10.3 Learning and outcomes from the Stress Test will identify areas for further development in our plans and arrangements.

11.0 System Co-ordination Centre (SCC)

11.1 The BLMK System Co-ordination Centre (SCC) is an ICB led team, operating seven days a week, supported by 24/7 on call senior manager and director on call. The SCC is responsible for providing visibility and oversight of operational pressures and risks across providers and system partners, concerted action and coordination on key systemic and emerging issues impacting patient flow, and dynamic responses to emerging challenges. The SCC ensures efficient flows of information and supports resilience across the ICB footprint on a day to day basis.

11.2 Since last winter the SCC has worked to move to a more pro-active approach to the management of system pressure, using data and intelligence to support the early indication of building pressure, against key risk indicators that have been developed and agreed by all system partners. This allows and enables allows the SCC and partners to alert the SCC on early warning signs leading to earlier escalation actions and system meetings.

11.3 Escalation processes, standard operating procedures and protocols have been revised and updated, learning from last winter and key risks across the system to enable the proactive planning and response to system challenges.

11.4 The SCC works closely with Emergency Preparedness and Resilience (EPRR) colleagues to ensure a seamless escalation and joint working in the response to system issues and incidents.

12.0 Submission and Governance

12.1 Each BLMK system partner has developed their own, internal winter plan for 25/26, submitting to the ICB in July 2025. In August 2025 the DRAFT BLMK System Winter Plan

was shared with the BLMK UEC Board prior to submission to the Regional team, where it was approved.

12.2 Following the winter stress test, 29th September, the final plan will be submitted to the BLMK UEC Board and NHSE Regional Team.

12.3 The Board is asked to advise if it would like further sight of the final plan, or if delegated authority can be given to the BLMK UEC Board and BLMK Chief Executives Group to approve and monitor on its behalf.

12.4 The Governance arrangements for the BLMK Winter Plan can be found in Annex E.

13.0 Board Assurance Statements

13.1 Board Assurance Statements are required from all ICBs and from NHS providers (excluding ambulance providers where the ICB (as is the case in BLMK) is not the lead commissioner).

13.2 The ICB Board Assurance Statement is provided at Annex C. At the time of writing, all NHS provider Boards are yet to be held (all scheduled for September). As such there will be limited time for ICB Board Members to scrutinise assurance statements from providers, and their associated plans. However, the content of provider plans and preparations has fed into the systems overarching plan. Provider position of their Winter Plan sign off will be provided verbally at the Board.

13.3	Organisation	Date
	MKUH	4 September
	CCS	24 September
	CNWL	24 September
	BHT	24 September
	ELFT	25 September
13.4	BLMK ICB	26 September

A Quality Impact Assessment (QIA) for the full system plan has been prepared and is attached at Annex D.

13.5 The Board is provided assurance that delivery against the system winter plan and associated initiatives; thresholds and trajectories will be monitored via:

- System Coordination Centre (SCC) – Daily
- ICB Winter Planning Group – Fortnightly
- Primary Care Delivery Group (PCDG)
- Bedfordshire System Leaders – Monthly
- Milton Keynes Improving System Flow – every 3 weeks
- BLMK UEC Board – Monthly

13.6 **The Board is asked to indicate if there are any further sources of assurance required to enable plan sign-off.**

14.0 Next Steps

- 14.1 Following confirmation of sign off of individual NHS provider Board Assurance Statements, the BLMK Winter Plan will be reviewed to ensure any amendments, additions or requirements to the system winter plan are incorporated.
- 14.2 Plans will be stress tested at the system exercise, utilising national scenarios and injects, alongside system specific risks to test our arrangements and plans. Learning from this event will be reported to the BLMK UEC Board on October 6th and to regional and national teams on the 7th October.
- 14.3 Monitoring and oversight of winter plans and actions will take place via the ICB and also the Bedfordshire and the Milton Keynes system groups, with monthly progress and reporting to the BLMK UEC Board.
- 14.4 Based on the above arrangements, process and governance the BLMK ICB Board is asked to assure the BLMK 2025/26 Winter Plan and Board Assurance Statement.

List of Annexes

- [Annex A – BLMK Winter Strategy and Plan](#)
- [Annex B – BLMK ICB Flu Strategy & Improvement](#)
- [Annex C – Board Assurance Statement](#)
- [Annex D – BLMK Winter Plan EQIA](#)
- [Annex E – Governance](#)
- [Annex F – The role of Primary Care to support Winter resilience and preparedness 2025/26](#)

Date of the meeting: 26 September 2025

Executive Lead: Maria Wogan, Chief Strategy & Transformation Officer

Report Author: Kathy Nelson, Programme Director, Tara Dear, Head of System Transformation Team

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

Item 8.0: Community and Mental Health Transformation Programme – Case for Change

Reason for report to the Board

- (a) To seek the Board's approval of the Case for Change for the Community and Mental Health Transformation Programme, a major ICB strategic programme.

1.0 Executive Summary

- 1.1. The Strategic Delivery Plan agreed by the board in March 2025 set out the strategic opportunity to redesign community and mental health services across the whole BLMK footprint and how the Community and Mental Health Transformation (CMHST) Programme will help address the changing needs of our fast growing and changing local population: delivering care closer to home aligned with neighbourhood working, improving urgent care pathways, reducing long waiting times, providing placements for residents within BLMK, addressing our workforce, quality and financial challenges and seeking, as previously discussed by the ICB Board, a form of BLMK 'entity' or 'delivery vehicle' with responsibility for delivery of these services.
- 1.2. The Case for Change is the first stage in the Community and Mental Health Transformation (CMHST) Programme and sets out why adult community and all-age mental health services need to be redesigned in BLMK. It is rooted in delivering the 'three shifts' and evidence from population health data, system performance, finance analysis and wide-ranging engagement with residents, service users, carers, our workforce and partners.
- 1.3. The case for change sets the stage for the transformation priorities which supports the Integrated Care Board (ICB) and Local Authority partners (as a joint approach) to make informed strategic decisions about how to prioritise resources, design care models, and support sustainable services that improve outcomes for the BLMK population.
- 1.4. The case for change covers the following services across Bedfordshire, Luton and Milton Keynes:
 - Community Services for adults
 - Community and Inpatient Mental Health Services (including Learning Disability, Autism and Neurodivergence) for adults, children and young people
- 1.5. The Case for Change was due to come to this board in June 2025, however in view of the number and content of comments received on the first draft document, the ICB Board agreed that further work be completed including as part of the market engagement process before the document be brought to ICB Board for approval in September 2025.
- 1.6. The updated Case for Change (appendix A), with expanded supporting Data Pack (appendix B) and Engagement Report (appendix C – to follow) have been produced by the ICB working with local authority and ICB commissioning leads and supported by the BLMK Population Health Intelligence Unit, Arden & GEM and incumbent provider data analysts, subject expertise including finance,

workforce and estates. Regular feedback and input from the strategy leads at incumbent provider organisations, and review and challenge from clinicians and professionals in the CMHST Clinical Reference Group and BLMK Clinical Senate have all helped shape the final version.

- 1.7. The Engagement Report (appendix C) provides details of the level of engagement undertaken through this process including with residents, service users, carers and their families, workforce from primary, community and secondary care organisations, including NHS and VCSE organisations, local authorities, and with interested providers through market engagement. Through June – September the key findings from this engagement and the emerging transformation priorities have been played back to stakeholders through focus groups, which are just concluding. For this reason appendix C – Engagement Report will follow separately. Any significant changes to the Case for Change as a result of this engagement will be updated verbally at the ICB Board meeting on 26th September.
- 1.8. The Case for Change has been reviewed by the Mental Health, Learning Disability and Autism Collaborative Committee on 29th August 2025 and the BLMK Health & Care Partnership on 23rd September. The Community and Mental Health Services Transformation Programme Board also recommended the Case for Change for approval by the ICB Board when it met on 18th September.
- 1.9. The ICB is continuing to work with the four local authorities in BLMK to convene a Joint Health Overview and Scrutiny Committee (JHOSC). A briefing for members of the four Health Overview and Scrutiny Committees (HOSCs) was provided in August 2025. Robin Porter, Chair and Felicity Cox, Chief Executive of BLMK ICB provided a general briefing in July to support all Councillors and MPs in understanding the scale and importance of this transformation programme.
- 1.10. This work cannot be seen in isolation, there are other significant work programmes in the ICB that will have influence on the programme delivery or where this is an enabler to another strategic piece of work:
 - Close alignment with **Hospital Opportunities Assessment (HOA)** to integrate left shift opportunities within the community and mental health services transformation programme. The final report from the HOA is due in December but we are ensuring that both programmes work closely together in alignment and the next stage of strategic transformation planning needs to address the findings of the HOA in relation to left shift.
 - Opportunity to strengthen collaboration with local authorities on commissioning and the delivery of community-based services.
 - Strategic integration with the ICB’s broader transformation portfolio.
 - Development of neighbourhood working across BLMK.
- 1.11. From October 2025, BLMK ICB will be working more closely in partnership with Cambridgeshire and Peterborough and Hertfordshire and West Essex ICBs in preparation for the establishment of the new Central East ICB on 1 April 2026. The executive leadership team will want to review the plans for community and mental health service transformation across the Central East footprint. This review may impact the programme approach and timelines which could mean that the next phase of the programme ‘strategic transformation planning’ could take longer than previously anticipated and impact the business case development timeline. An update on the outcome of the review will be reported to the next Board meeting.

2.0 Recommendations

- 2.1 The Board is asked to **approve**:

- a) The case for change including the key findings and proposed transformation priorities
- b) Progression to the strategic transformation planning phase to develop the related outcomes framework and service specifications noting that the business case itself will be subject to further alignment with the BLMK HOA and similar community and mental health programmes in C&P and HWE.

3.0 Key Implications

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

- 3.1 There are a number of risks already being managed at programme level, overseen by the Programme Board on a monthly basis.
- 3.2 Interdependency with BAF Risks – The work covered in this programme also fit within the following BAF risks:
 - BAF005 System Transformation
 - BAF006 Financial Sustainability & Underlying Financial Health
 - BAF008 Impact of Population Growth on Health and Care Services Infrastructure

4.0 Report

- 4.1 The Case for Change sets out why adult community and all-age mental health services need to be redesigned in BLMK. It is rooted in delivering the ‘three shifts’ and evidence from population health data, system performance, finance analysis and wide-ranging engagement with residents, service users, carers, our workforce and partners.
- 4.2 Current services are commissioned and delivered through a complex landscape shaped by legacy CCG footprints, resulting in variation in access, models and outcomes for our population. Provision is delivered by a diverse mix of NHS community trusts, foundation trusts, acute hospitals, general practice, independent providers and the VCSE sector. While this diversity brings strength, it also creates challenges in co-ordination, consistency and equity of care, as reported through engagement.
- 4.3 At their best, community and mental health services sit at the very heart of integrated care alongside primary care, bringing together multidisciplinary teams around individuals, carers and families, and wider communities. They are key, along with primary care, statutory and non-statutory organisations, to delivering the NHS’s ambition to move care closer to home, reduce pressure on hospitals, and provide more proactive, preventative and personalised support.
- 4.4 A rapidly growing and ageing population has been projected over the next decade, driven by existing population demographics and extensive house building in BLMK. The cost of continuing to deliver services ‘as is’ will significantly increase in the next decade which is unsustainable in a system that is already under significant financial and capacity stress.

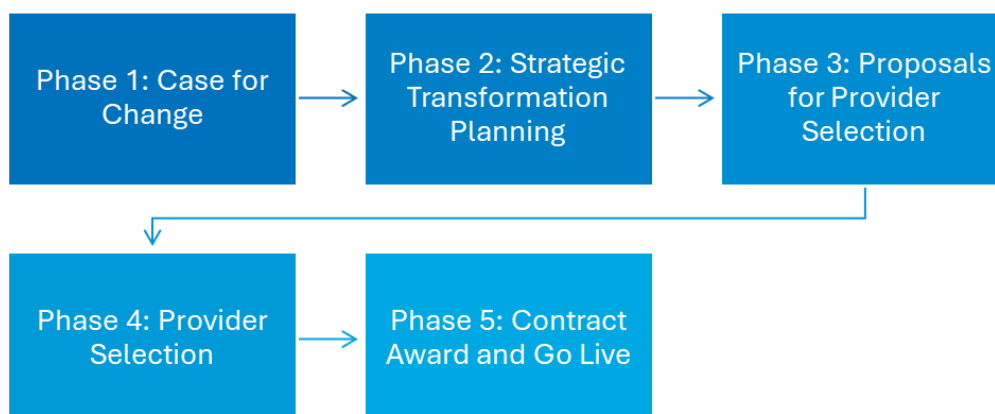
- 4.5 The case for change considers local and national priorities including the Community Mental Health Framework principles and the NHS 10-Year Plan's "three left shifts": sickness to prevention, hospital to community, analogue to digital, and developing neighbourhood working.
- 4.6 Embedding a data driven approach is a priority and will ensure commissioning decisions are made with the backing of sound evidence. The development of our Population Health Management approach and making better use of patient segmentation and risk stratification to plan and personalise services for residents in the neighbourhoods they call home is fundamental to neighbourhood working.
- 4.7 The Case for Change narrative is supported by a comprehensive Data Pack (appendix B) which provides a more in-depth position on population health trends, performance and contracting, quality, workforce and finance. The data pack has been developed using both national and local provider data and although there have been challenges with quality and completeness of data it provides the foundation for the programme to move forward.
- 4.8 The Case for Change and supporting documents identify key synergies between community and mental health services identified where joint working can deliver the greatest impact – from neighbourhood-based care and prevention, through to workforce, digital, financial sustainability, and reducing inequalities. These shared opportunities reflect consistent themes across residents, carers, and professionals and are set out in the Case for Change.
- 4.9 The BLMK community and mental health workforce is skilled and diverse, but faces significant challenges in succession planning, retention, and data quality. Addressing these issues through improved recruitment, training, and data standardisation, while embedding carers and peer support, will be essential to meet future demand and sustain high-quality care. Strategic workforce planning aligned to the NHS 10-Year Plan and local demographic trends is critical to future sustainability.
- 4.10 What are the key findings from the case for change?
1. **Variation in service models and access** – Historic commissioning arrangements have created different service offers across BLMK, resulting in inequitable access, inconsistent pathways and variation in outcomes.
 2. **Limited focus on prevention and population health** – Services are predominantly reactive and medicalised, within sufficient emphasis on upstream prevention, early intervention and addressing the wider determinants of health.
 3. **Challenges in care co-ordination and service navigation** – Residents, as reported through engagement, describe difficulty navigating a complex system, with long waits, multiple referrals and repeated story telling between services.
 4. **Provider accountability and cultural shift** – The diverse provider landscape, while a strength, requires clearer local leadership and accountability and a cultural shift towards collaborative, outcomes-based models based on BLMK population needs and place context, in line with the ICB's evolving role as a strategic commissioner.
- 4.11 How do these inform our transformation priorities?

In response to the key findings, six transformation priorities have been developed and tested through engagement. The transformation priorities set out the areas where change will have the greatest impact in addressing the challenges identified in the Case for Change:

- **Priority 1: Develop Neighbourhood Working** – Responds to the finding of variation in service models and access by embedding consistent, place-based multidisciplinary approaches across BLMK.
- **Priority 2: Embed Population Health Management** – Addresses the limited focus on prevention and population health by using data and insight to proactively target need, reduce inequalities and anticipate demand.
- **Priority 3: Expand Innovative Models of Care** – Builds on evidence of rising demand and unmet need by focussing on new approaches to manage complexity more effectively.
- **Priority 4: Deliver Personalised and Coordinated Care** – Directly tackles challenges in care co-ordination and navigation by ensuring care is wrapped around individuals and families, reducing duplication and improving experience.
- **Priority 5: Shift Services Closer to Home** – Responds to pressures on acute capacity and the system’s reliance on inpatient care by redesigning pathways so that more care is delivered in community and primary care settings.
- **Priority 6: Strengthen Coordinated Community Urgent Care** – Addresses findings of preventable admissions and high-cost crisis use by creating more responsive urgent and crisis alternatives to A&E and out-of-area placements.



4.12 The case for change does not describe the what or the how. This will be developed in next stages of the programme.



4.13 The national strategy to enable the three shifts from treatment to prevention, hospital to community, analogue to digital are fundamental to future models of service delivery and support. Everything in the case for change underlines the importance of the community and mental health transformation programme delivering on the shift left from bed based to community and from treatment to prevention. The case for change also sets the level of ambition for service improvement.

5.0 Next Steps

5.1 The Case for Change will now support the programme to move into Phase 2 – Strategic Transformation Planning, shifting the focus from why change is needed to what should happen.

5.2 Q3 2025/26:

- Review Community and Mental Health Transformation Programmes across the Central East footprint and agree any impact on programme approach and timeline.
- Identify opportunities from HOA that need to be addressed in the programme.
- Continue work on commercial strategy, scope of services and engage on development of the outcomes framework and service specifications which will enable the delivery of the transformation priorities and strategic objectives of the ICB.

List of appendices

Appendix A – Case for Change

Appendix B – Supporting Data Pack

Appendix C – Engagement Report (to follow separately)

Background reading

Not applicable

Date: 26 September 2025

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

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

Item 9.0: Alert, Advise and Assure Report to the Board of the Integrated Care Board

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

Recommendation: The Board are asked to **note** the alerts, advice, assurance, risks and successes discussed at the Audit and Risk Committee on 11 July 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

- **Integrated Single Financial Environment 2 (ISFE2)** - The ICB's Chief Finance Officer (CFO) provided a progress update on the implementation of the ISFE2. The national go-live date has changed several times and is currently planned for 1 October 2025. There are concerns nationally regarding the level of user testing and the issues identified. Concern was raised at a national level but despite this the national go-live date remains the same and there will be no structured parallel running with the current finance IT system. A new risk will be added to the corporate risk register reflecting concerns regarding the status of the programme and the readiness for go-live.
To ensure members of A&RAC are kept up to date with progress, update meetings between A&RAC members and the CFO have been arranged for August and September.
- **Housekeeping and tidying up on the existing ICB ledger** – It is expected that there will be some write offs required which are not anticipated to be material, current estimate is a maximum of £14k. The Committee **agreed to delegate authority to approve write-offs** to the ICB's CFO and the Chair of A&RAC. In the unlikely event of material write-offs an extraordinary meeting of the Committee will be convened.
- **A&RAC Terms of Reference (ToR)** - The ToR for the committee was assessed against Healthcare Management Finance Association (HMFA) guidance. This assessment identified minor amendments which are shown as tracked changes in the Corporate Governance Report to the Board. No additional responsibilities or work which is not already undertaken by the Committee were identified. The recommended amendments will serve to clarify the extent of the responsibilities and work of the committee.
The Committee **considered** the proposed changes and **agreed to recommend them to the Board of the ICB for approval.**

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

- **Internal Audit Reports (presented by Internal Auditors BDO)**
 - Data Security & Protection Toolkit (DSPT) Audit Report – Outcome of the audit:
Overall risk rating – moderate.
Confidence in the DSPT self-assessment – high.
The scope of the audit included consideration of processes and evidence to support compliance with the outcomes which make up the DSPT self-assessment.
The audit identified that for one outcome for which the ICB is required to meet a 'partially achieved' level (as mandated by NHS England (NHSE)) had not been achieved. The outcome relates to third party supply chains for which medium priority recommendations have been set and agreed including review of contracts to ensure they have adequate information governance (IG) statements included and to agree contract variations where necessary.
The committee was provided with assurance that although reduced staffing levels within the IG Team has delayed work on the recommendations, the Executive Team have approved the recruitment of temporary subject matter experts to work on the recommendations.
 - Specialised Commissioning Review Report - This advisory review was undertaken to

support the ICB as it progresses with delegated specialised commissioning arrangements and staff transfers.

The review identified some recommendations which have been grouped together into legal and governance, finance, IG, staff resource and transfer, service access and contract monitoring. The recommendations have been agreed by the ICB and are being addressed. There are some areas that require support and information from NHSE prior to the transfer of staff, including the timeline for the transfer of the service.

The Committee was provided with assurance that the ICB is continuing to support staff who will be transferring to the ICB and that patients and waiting lists have not been impacted by the delay in transfer of specialised commissioning to the ICB.

- **Updated 2025/26 Internal Audit Plan** - The committee **approved** the updated 2025/26 Internal Audit Plan subject to in year changes.

The plan had been updated following discussions and comments made at the A&RAC meeting in April 2025, including, timing changes, removal of the environmental sustainability and green plan audit, and time has been allocated to ICB Transition work.

Audits and reviews/advisory work for 2025/26 includes, Specialised Commissioning, S117 and Specialist Hospital Beds, Key Financial Systems, Data Security & Protection Toolkit, IT Benefits Realisation (Digitising Social Care and Medical Examiner GP reporting Pilot), ICS System Working, ICB Transition and Population Health Inequalities.

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

- **Counter Fraud Report** - The Committee was informed that the Economic Crime and Corporate Transparency Act (the Act) will introduce a new 'failure to prevent fraud offence' with effect from the 1 September 2025. The new offence aims to stop corporate entities from allowing behaviours that result in the organisation benefiting from fraud or bribery, even as an unintentional secondary benefit. It requires corporate entities to undertake communication, training and raise awareness. NHS organisations already do all of this.

- **Counter Fraud Annual Report Functional Standard Return** - Two out of 12 standards reported as amber:

1. Requirement 6 – 'raw data to be presented in every report not just the annual report'. This has been addressed and the new format was shown in the Progress Report.
2. Requirement 11 – 'fraud awareness training compliance'. This needed to be over 90% of staff completed the Fraud Awareness module on the Electronic Staff Record (ESR) within the last 12 months. At the time of the return the ICB's compliance was 74%.

A process is now in place to monitor compliance trends and to raise awareness of the requirement at staff to complete this module on ESR.

ASSURE: Inform the Board where positive assurance has been received

- **Corporate Risk Register** – The ICB's Risk Manager highlighted the need for caution as preparations to cluster are made due to the potential of inadvertently exposing the ICB to additional risks. Risk Management in BLMK is strong in terms of decision making, governance processes and ways of identifying and discussing risk but this may not be the same in other ICB's.

The main changes to the CRR since the A&RAC meeting in April were highlighted as the following which have increased:

1. Training hub capacity and sustainability.
2. Inability to deliver utilisation and modernisation projects within the time frame.

- **Cyber Security Assurance Report 2024/25 Q4** – The committee was informed that the ICB is continuing to be vigilant against cyberattacks. During the report period there has been a lot of activity from external agencies trying and failing to get into the network. There was 22,000 blocked websites. Six critical and high emergency patches were responded to.

Old servers, including legacy finance system servers which were causing risks to the network have been switched off but kept for audit purposes and will only be switched on at the request of the asset owner. All BLMK corporate devices which were operating on Windows 10 have now been upgraded to Windows 11.

- **System Risk Register and Board Assurance Framework (SRR/BAF) Update Report** - The report included a list of CRR/BAF for future deep dives. Subject to the necessary approval from the relevant Committees and from the Board, these will be added to the SRR/BAF. This

will help to ensure the SRR/BAF reflects risks as they develop and that they reflect the concerns of system partners and the ICB.

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

- **Procurement Legal Challenges** – The Committee recommended splitting the Procurement Legal Challenges into two risks 1) challenges regarding procurement 2) challenges from individuals regarding what is being offered.
- **Data Security Breach Risk (as a result of a Cyber Security incident)** – The Committee was assured that following the deep dive in January, further work has been completed on defining the system wide risk of a cyber security attack for the SRR/BAF. The risk description, initial controls and actions are in place. Key risk indicators (KRI's) for system partners to agree and manage are being developed.
- **Failure to Deliver the ICB's Financial and Operational Plan (Part 2 Update)** – Following the deep dive at the Committee meeting in April the committee was presented with a KRI Dashboard which has previously been discussed at the meeting of the Board of the ICB on 27 June 2025 and at several Delivering Our Financial and Operational Plan meetings with Bedford Hospitals Foundation Trust (BHFT) and Milton Keynes University Hospital (MKUH). The dashboard supports more effective oversight of the risk and reflects the commitments in the ICB's Financial and Operational Plan. The Committee was assured that the dashboard will be presented to the Delivering Our Financial and Operational Plan meeting on 18 July where remedial actions for any 'off track' metrics would be discussed and agreed.
- **ICB Reconfiguration (Part 2 Deep Dive)** – The ICB's Director of Strategy & Population Health Outcomes and Associate Director of Programme Management Office highlighted that there is potential risk for the ICB reconfiguration to destabilise BLMK ICB delivery and that this will impact system partners. The report provided a summary of the work the ICB has undertaken to date on this far-reaching risk and the associated sub-risks and to obtain the views of partners on the scoring and controls and to give partners the opportunity to articulate what this risk means from a system perspective and for their organisations. A representative from BHFT shared the concerns raised by colleagues at their organisation. BHFT.
Following a robust discussion the Committee agreed that although the KRI's for the financial plan provides clarity and focussed discussion further work is needed on the risk and KRIs before being finalised including, consideration of the views raised by BHFT, engagement with system partners including at an operational level and reflection of the risks from new towns, infrastructure.
It was also agreed that the transfer of functions to providers, NHSE Region and ensuring those transfer smoothly should be covered as a key components and that the scoring for risks TR5 Retention of Board Members and TR18 Potential Employment Tribunal Costs need to be re-assessed to ensure they accurately reflect current position of uncertainty for staff.
- **Population health and health inequalities** - The Chair of the Committee asked for population health and health inequalities to be captured on the SRR/BAF and recommended that narrative from different programmes of work which are targeting these areas to be coordinated. Executive team to decide and agree scope - metrics could include, what improvements have been made in the last three years and the work achieved following the Denny Review and what difference it has made.

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

Date: 26 September 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 9.1: System Risk Register and Board Assurance Framework (SRR/BAF)

Reason for report to the Board:

(a) 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 18 strategic and system risks. Notably, 16 out of 18 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 Finance and Investment Committee, Primary Care Commissioning and Assurance Committee, Joint Transition Committee and Quality and Performance Committee have reviewed the SRR/BAF risks that they are responsible for and relevant updates from these. The Audit and Risk Assurance Committee (ARAC) met on 11 July 2025 and reviewed the full SRR/BAF and the ICB's Corporate Risk Register.
- 1.3. Most risk scores recorded on the SRR/BAF have remained the same since the last report, except for the notable additions below:
 - BAF 0016: ICB Reconfiguration and potential destabilisation, has been added to the BAF/SRR
 - BAF0017: Data Security breach within or impacting BLMK System, has been added to the BAF/SRR
 - BAF0022: Achieving Net Zero, has been added to the BAF/SRR
 - An emerging risk was identified at the July ARAC relating to the Integrated Care Board (ICB) population health. This will be added to the SRR/BAF following agreement with the ARAC which will conduct a review of the risk.
- 1.4. Following the introduction of the new ICB partnership working arrangements, Committees with oversight of system risks will recommend to the Board which should be adopted by the new Board. Other risks will be forwarded to system partners with recommendations to include these in their risk register.

2. Recommendation

The Board is asked to **note** the SRR/BAF update including:

- the inclusion of risk BAF0016: ICB Reconfiguration and destabilisation
- the inclusion of risk BAF0017: Data Security breach within or impacting BLMK System
- the inclusion of BAF0022: Achieving Net Zero
- the upcoming schedule of deep dives and dynamic risk assessments and
- The availability of risk training for teams upon request

additionally, to **note** the implications of guidance on system risk management and ICB partnership working arrangements, 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	✓

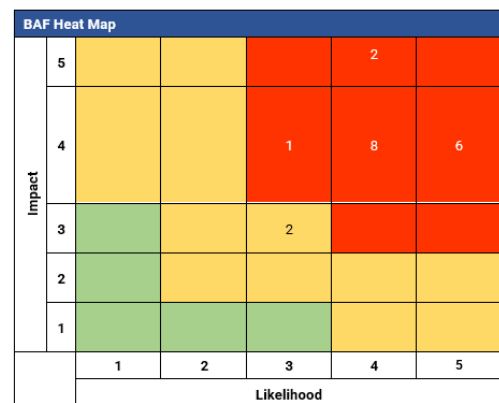
3.1.1. Summary of SRR/BAF Risks and the Risk Profile

3.1.2. The table below maps the BAF/SRR risks to the current and historical risk profile of the last 12 months. While not exhaustive, it provides a summary of the key risk implications within the ICB's governance and assurance model. The BLMK system risk profile highlights the presence of multiple high-level risks. This reflects a mature and proactive governance approach, demonstrating that we are actively identifying and monitoring significant strategic threats. It also acknowledges the challenging external environment in which we operate, characterised by workforce shortages, ongoing strategic reforms, and financial uncertainty.

3.1.3.

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	→
BAF0016	ICB Reconfiguration and potential destabilisation of BLMKs ICB's delivery and impact on statutory function delivery	20	★
BAF0017	Data Security Breach within or impacting BLMK	20	★
BAF0022	Achieving Net Zero	12	★

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



Risk Movement Over Time – Rolling 12 Months												
	Sept - 24	Oct - 24	Nov - 24	Dec - 24	Jan - 25	Feb - 25	Mar - 25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
BAF0001	20	20	20	20	20	20	20	20	20	20	20	20
BAF0002	20	20	20	20	20	20	16	16	16	16	16	16
BAF0003	16	20	20	20	20	20	20	20	20	20	20	20
BAF0004	16	16	16	16	16	16	16	16	16	16	16	16
BAF0005	12	12	20	20	20	20	20	20	20	20	20	20
BAF0006	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
BAF0008	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
BAF0010	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
BAF0012	6	6	6	9	9	9	9	9	9	9	9	9
BAF0013	16	16	16	16	16	16	16	16	16	16	16	16
BAF0014				16	16	16	16	16	16	16	16	16
BAF0015									16	16	16	16
BAF0016									20	20	20	20
BAF0017									20	20	20	20
BAF0022										12	12	12

3.2. Guidance Updates and Its Impact on Risk Governance

- 3.2.1. On 10 July 2025, the Ministry of Housing, Communities and Local Government published guidance titled English Devolution and Community Empowerment Bill: Guidance. This guidance sets out policy shifts with direct implications for how risks are managed and owned within Integrated Care Boards (ICBs) and their system partners. Clear, advance agreement on risk ownership and accountability is therefore essential.
- 3.2.2. Specific requirements under the Data (Use and Access) Act 202 introduces new duties relating to data use, accountability, and assurance. Public bodies must confirm data controller/processor status for all shared services and ensure robust Data Sharing Agreements (DSAs) and Data Protection Impact Assessments (DPIAs) are in place. The ICB should prioritise a review of DSAs/DPIAs, with a focus on patient-facing platforms and population health analytics.
- 3.2.3. The updated NHS Oversight Framework strengthens regulatory expectations around assurance. Regulators will increasingly look for clear documentation of risk ownership through the Board Assurance Framework (BAF), internal audit coverage, and escalation logs. In the context of partnership working, escalation arrangements between place-based teams and the ICB Board may be scrutinised as part of governance assessments.
- 3.2.4. BLMK ICB can take several steps to assure itself of strong risk governance as we commence partnership working arrangements including:
- Joint Risk Registers: System-level risks will require a joint risk register, formally endorsed by the Board, with explicit ownership and accountability recorded.
 - Partner Contribution: As noted at the July Audit, Risk and Assurance Committee (ARAC), partners should actively contribute to system risk discussions. Where appropriate, partner organisations should nominate suitable representatives to attend and facilitate meaningful engagement.
 - Transition Governance:
 - BLMK ICB already maintains a system risk register that demonstrates strong governance.
 - Each ICB should submit their top system risks to the Joint Transition Committee.
 - A consolidated joint system risk register should then be presented to future ICB Board and Committee meetings, with clear articulation of ownership across the area.

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

3.3.1. The SRR/BAF presently comprises 15 strategic and system risks. Since the Board last met three risks have been added and one new risk has been identified with the agreement of the Audit Risk and Assurance Committee.

3.4. BAF0016: ICB Reconfiguration – potential destabilisation of BLMK ICB’s delivery

3.4.1. BAF0016 is overseen by the BLMK ICB Transition Programme Board, controls and mitigations are in place. While the driver of the risk is clear and unavoidable the potential consequences of this risk materialising are varied and cannot be fully captured in the single risk description. These were explored during the deep dive at ARAC in July.

3.4.2. ICB Executive colleagues have been requested to complete a ‘risk assessment’ of their current work plans to better understand the potential impact of executive changes or departures during 2025/26. This exercise will also help determine which tasks should be reallocated or paused to effectively manage the transition and ensure BLMK ICB continues to deliver the mission critical elements of its plan throughout the year.

3.4.3. Key Risk Indicators (KRI’s) have been identified and are reviewed monthly in the “Delivering our Financial & Operational Plan” (DoFP) Dashboard. Escalations are made to the ICB Transition Programme Board by exception.

3.4.4. Following national guidance, work to establish a joint risk register covering key joint risks during the cluster process has begun. At the time of writing there are 38 active risks on the joint transition risk register.

3.5. BAF0017: Data Security breach within or impacting BLMK System

3.5.1. The ICS continues to face an elevated cyber threat, consistent with the national picture. To mitigate these risks, a robust framework of technical, procedural, and collaborative controls is in place across system partners.

3.5.2. Information sharing is embedded through the BLMK ICS Cyber Huddle and Local Resilience Forum cyber groups, enabling early awareness of incidents and collective preparedness. National mechanisms further strengthen this through weekly NHSE digital alerts, high-severity notifications, and intelligence from the Cyber Security Operations Centre (CSOC), which provide healthcare-specific threat monitoring and response guidance. Legal provisions under the Civil Contingencies Act (CCA) 2004 enable secure information sharing between partners where required.

3.5.3. Ongoing monitoring of DSPT/CAF compliance will continue. Partner reporting to the ICB is by exception, if DSPT standards are not met. This agreed as part of TOM1. The system has multiple layers of defence, coordinated intelligence sharing, and assurance mechanisms to manage residual risk.

3.6. BAF0022: Achieving Net Zero

3.6.1. Following feedback from the ARAC, BAF0007: Climate Change: Health Inequality and Healthcare Service Impacts from Climate Change and Environmental Degradation and risk of not achieving net zero was divided into two risks. This led to the creation of BAF0022: Achieving Net Zero. The risk description for BAF0022 now reads:

3.6.2. As a result of competing priorities, availability of finance, resource constraints, inaccurate or incomplete data, and the current state of technological advancement, there is a risk that health and care services within BLMK may not reach net zero targets for emissions; this includes targets of 2032 (80% reduction) and 2040 (100%) for directly controllable emissions, and 2039 (80%) and 2045 (100%) for influenceable emissions (supply chain). This would result in contributing to uncontrolled climate change and could create the future risk of regulatory and enforcement action.

3.6.3. The reconfiguration of ICBs and national policy developments are expected to shift responsibility for Green Plan delivery to providers. The implications for system-wide coordination and accountability remain uncertain.

3.7. Emerging Risk: Populations Health

3.7.1. Following discussion of the system risks, the ARAC noted that there is currently no risk capturing the possibility that the collective activity of the ICB and wider system partners may not deliver sufficient improvement in population health outcomes. The ARAC recommended a new system risk with the working title “Population Health” should be added to the register. The risk manager is currently working with the Consultant in Public Health (ICS Population Health), Population Health Intelligence Unit (PHIU) working across BLMK to develop the draft risk.

3.8. Dynamic Risk Assessments and Deep Dives

3.8.1. Deep dives and dynamic risk assessments are planned for the coming months.

Ref	Risk	Action	Assignee
Under development	Children and Young People with complex needs in Local Authority Placements.	A programme plan containing key outcomes/milestones has been completed. A diagnostic plan will be completed to identify further action during the pilot. Key risk indicators are in draft with the intention to have a fully operational dashboard prior to scheduling a deep dive.	Matthew Rogers
Under development	Future commissioning of Community health and Mental health services	A new risk description was agreed at the Community and Mental Health Transformation Programme Board in August 2025 and will be presented to the ARAC. The deep dive will review existing controls and mitigating actions.	Kathy Nelson
New	Population Health	Public health consultant reviewing proposal. Confirming data sets for KRI's	Vicki Peacy/ Dominic Woodward-Lebihan

Committees and groups with oversight system risks which fall within their responsibility following the introduction of the new governance arrangements under the ICB partnership working arrangements.

4. Next Steps

4.1. The SRR/BAF will be presented to:

- Part 2 - Audit & Risk Assurance Committee: 17 October 2025

4.2. The ICB will continue to develop the wording and assessment of risks identified and other system risks as they develop. The Board will continue to receive updates on the wording and development of these risks.

4.3. Risk management training has been piloted with the Primary Care communications and training are under review and will be rolled out within the ICB over the next 12 months.

List of appendices

Appendix A – System Risk Register/Board Assurance Framework

Date: 26 September 2025

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

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

Item 10.0: Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Finance and Investment Committee

Recommendation:

1. The Board are asked to **note** the issues raised by the Finance and Investment Committee on 5 September 2025.
2. The Board are asked to **approve** the following Section 75 Agreements as recommended by the Finance and Investment Committee:
 - a. Bedford Borough Council Section 75 Agreement 2025/26 (Better Care Fund) to a value of £21,840,169.
 - b. Central Bedfordshire Council 2025/26 Section 75 Agreement (Better Care Fund) to a value of £38,820,410.
 - c. Central Bedfordshire Council Section 75 Agreement Personal Health Budgets.
 - d. Luton Borough Council Section 75 Agreement 2025/26 (Better Care Fund) to a value of £31,988,372.
 - e. Milton Keynes City Council Section 75 Agreement 2025/26 (Better Care Fund) to a value of £23,346,761.

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

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

Section 75 Agreements - Section 75 (S75) agreements ensure that the ICB is compliant with statute and that it is commissioning services in an integrated way through the use of delegation agreements and pooled budget arrangements, including the Better Care Fund (BCF). The Board are asked to **approve** the S75 agreements, detailed above, as recommended by the Committee.

Month 4 ICB Finance Report:

- The ICB remains compliant with the Better Payment Practice Code. However, the implementation of the new national finance system, Integrated Single Financial Environment (ISFE 2), may result in temporary system downtime, which could affect short-term compliance.
- The ICB is experiencing rising costs associated with Attention Deficit Hyperactivity Disorder (ADHD) assessments, driven by the national ‘Patient Choice’ policy. This has led to a projected overspend of £3 million against plan. The issue is national in scope, largely due to independent sector providers rapidly scaling up capacity to meet increased demand. The ICB is actively reviewing this activity and has agreed indicative action plans with relevant providers.
- There has been a notable increase in both the volume and cost of continuing healthcare and complex mental health placements, continuing a trend observed in previous years. While several initiatives have been implemented under the Mental Health, Learning Disability and Autism (MHLDA) programme, they have not delivered the anticipated savings. Further work is underway to identify and implement more effective solutions.

Contracting Update:

- Contracts with both Milton Keynes University Hospital (MKUH) and Bedfordshire Hospitals Foundation Trust (BHFT) remain unsigned. The delay with MKUH is expected to be resolved imminently. However, BHFT presents an ongoing concern due to significant discrepancies in projected activity levels. This issue has been escalated to the regional team for resolution.
- A contracting issue has emerged regarding ADHD and Autism Spectrum Disorder (ASD) assessments. Under current arrangements, once a provider holds a contract with an ICB for virtual clinics, they are permitted to accept referrals from across England. This has led to a notable increase in activity volumes. The matter has been discussed at the Financial

Improvement Group (FIG), where it was agreed that further work is needed to manage this from a clinical quality perspective ensuring assessments are appropriate and aligned with patient needs.

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

Month 4 ICB Finance Report: The ICB is reporting a modest year-to-date (YTD) deficit of £0.4 million while continuing to forecast delivery of its overall financial plan. Month 5 figures remain stable and broadly consistent with Month 4, indicating a steady financial position and a continued forecast of breakeven by year-end.

Month 4 Integrated Care System (ICS) Finance Report: The ICS is reporting a YTD deficit of £7.9 million at Month 4, which is £4.8 million above the planned position and £0.4 million higher than Month 3. Within this:

- MKUH has shown improvement against plan by £0.4 million.
- The ICB has also improved by £0.2 million.
- These gains have been offset by BHFT, which is currently reporting a deficit of £4.1 million against a planned breakeven position.

All organisations within the system continue to forecast breakeven by the end of 2025/26. BHFT's current financial position remains under close review, with contributing factors including workforce cost pressures, increased use of registered mental health nurses (RMNs), demand for mental health and maternity services and higher-than-anticipated activity under the Elective Recovery Fund (ERF).

Community and Mental Health Transformation Programme: The Committee noted that access to comprehensive financial data for mental health services remains limited. The BLMK Finance Team continues to work with providers to improve data quality, a challenge recognised nationally and being addressed by NHS England. The Committee recommended aligning future service specifications with the population health agenda and adopting evidence-based, relationship-focused models to support measurable outcomes.

ASSURE: Inform the Board where positive assurance has been received

Estates & Capital Activities:

- **ICB Capital:** An additional £234k in capital funding has been awarded to support Primary Care Network additional roles. Routine capital expenditure is progressing as planned. Confirmation is pending for a separate £220k contingency allocation intended to supplement the Utilisation and Modernisation budget.
- **Voids:** Of the £1.4 million voids budget, approximately £0.8 million relates to unoccupied estate, with around £0.5 million allocated as subsidies to East London Foundation Trust (ELFT), the Luton walk-in centre, and community dental services. A number of initiatives are underway to reduce void space and improve utilisation.

Contracting Update:

- **2025/26 Contracting Progress:** Despite initial challenges with national contracting guidance, the 2025/26 contracting process has progressed well. Agreements have been reached with out-of-area and independent sector providers, with contract values coming in below budgeted expectations.
- **2026/27 Provider Selection Regime Procurement Decisions:** The Committee reviewed a list of contracts requiring procurement route decisions for 2026/27. Recommended routes were presented and **approved**.

Contracting and Procurement - Opportunities and Reflections for ICBs Working in

Partnership: The Director of Contracting shared insights from collaborative work with colleagues from Cambridge and Peterborough ICB and Hertfordshire & West Essex ICB. This joint effort reviewed each ICB's contracting and procurement approaches, including contract registers and procurement frameworks. The aim is to inform future structural planning and identify the functions and delivery models needed to support effective cluster arrangements.

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

The Committee reviewed the updated risk registers for the Finance and Contracting Department. Assurance was provided that all risks have been reviewed and updated appropriately, with mitigation actions in place where required.

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

- **Progress on Community and Mental Health Transformation:** The Case for Change has been significantly strengthened following provider feedback, with a more detailed data pack and continued development of financial modelling, reflecting a responsive and inclusive approach to system transformation.

Date: 26 September 2025

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Finance Department

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

Item 10.1: BLMK ICS Finance Report at Month 4 (July 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 2025-26 BLMK ICS year-to-date financial position at Month 4, July 2025. The table below shows a summary of key financial metrics for NHS organisations hosted within the system.

System Metrics M04 2025/26	YTD surplus/ (deficit)	Forecast surplus/(deficit)	YTD Efficiency as % of YTD plan	Forecast Efficiency as % of Plan	Agency cap underspend/ (overspend) YTD	Bank cap underspend/ (overspend) YTD	Capital forecast surplus/ (deficit)	Net risk
	£m	£m	%	%	£m	£m	£m	£m
Bedfordshire Hospitals	(4.1) ↓	0.0 ⇒	95.1% ↑	100.0% ⇒	0.6 ↑	(0.3) ↑	0.0 ⇒	0.0 ↑
Milton Keynes Hospital	(3.4) ↓	0.0 ⇒	81.5% ↑	100.0% ⇒	0.4 ↑	(0.5) ↑	0.0 ⇒	(5.0) ↑
BLMK ICB	(0.4) ↑	0.0 ⇒	99.4% ↑	100.0% ⇒			0.0 ⇒	(14.4) ↑
System Total	(7.9) ↓	0.0 ⇒	93.7% ↑	100.0% ⇒	1.0 ↑	(0.9) ↑	0.0 ⇒	(19.4) ↑

1.2 NHS organisations hosted within the system are reporting a year-to-date (YTD) financial position of £7.9m deficit at the end of month 4 (July 2025), which is worse than plan by £4.8m.

1.3 Net system operating capital spend is underspent by £12.8m YTD across the system, with BHFT £13.5m underspent. Both Trusts and the ICB forecast to be on plan by the end of the financial year.

1.4 Net risk in the system at month 4 is £19.4m (plan £27.8m). BHFT hold no net risk, whilst MKUH and the ICB hold £5m and £14.4m of unmitigated net risk respectively.

Both MKUH and the ICB are continuing to seek additional opportunities to mitigate further risks that crystallise through reviewing non-core loss making services, reducing length of stay and outpatient transformation. The ICB is seeking to identify further efficiency schemes to deliver in year.

1.5 The system forecasts to deliver £119m of efficiencies across all organisations, in line with plan. YTD the system is £2.2m (6.3%) behind plan.

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 4 (July), 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 to deliver breakeven financial positions for the 2025-26 financial year.

The table below shows the YTD position is a deficit of £7.9m, worse than plan by £4.8m. BHFT has the most considerable variance, being £4.1m of the £4.8m adverse variance.

The deficit in MKUH has been reducing each month, as has the deficit in the ICB.

BHFT has produced a financial recovery plan and is in joint discussions with the ICB and the Regional Finance Director as to the actions it can take to mitigate the current position.

Its Financial Recovery team remain in place and are looking to develop and implement recovery schemes to support delivery of the full-year position.

System YTD Surplus/ Deficit	YTD - M04			Full Year		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
BHFT	(0.0)	(4.1)	(4.1)	0.0	0.0	0.0
MKUH	(3.1)	(3.4)	(0.3)	0.0	0.0	0.0
ICB	(0.0)	(0.4)	(0.4)	0.0	0.0	0.0
Total	(3.1)	(7.9)	(4.8)	0.0	0.0	0.0

System Efficiencies

4.4 Year to date delivery of the system efficiency plan is set out below. The system is behind plan by £2.2m (6.3%). All organisations continue to forecast they will meet plan by the end of the financial year.

System Efficiencies	YTD - M04				Full Year			
	Plan £m	Actual £m	Variance £m	Variance %	Plan £m	Actual £m	Variance £m	Variance %
BHFT	20.5	19.6	(1.0)	(4.9%)	62.7	62.7	0.0	0.0%
MKUH	6.4	5.2	(1.2)	(18.5%)	23.8	23.8	0.0	0.0%
ICB	8.3	8.3	(0.0)	(0.6%)	32.4	32.4	0.0	0.0%
Total	35.3	33.0	(2.2)	(6.3%)	119.0	119.0	0.0	0.0%

MKUH is behind plan at month 4, by 18.5%. It is taking the following actions to reduce this gap:

- Enhanced cost scrutiny and budget management including minimising temporary staff usage where possible/in line with safe staffing levels.
- Progression of services options appraisals for non-core, fragile and loss-making services to agree with internal and external governance/sign-offs.
- Reduction in open escalation areas with an increased focus on reducing length of stay through its refreshed UEC and Flow programme.
- Progression of Outpatient Transformation Programme proposal to support national direction on left shift including reducing unnecessary follow-ups and reducing waiting lists.
- Delivery of the corporate services reconfiguration programme to minimise corporate costs where avoidable.
- Review of Administrative & Clerical structures across clinical divisions.

System Capital

4.5

BLMK System Capital	Year to Date M04			Forecast			Prior Month Forecast			Forecast Movement		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Net System Operating Capital	33.6	20.8	12.8	74.2	74.2	0.0	74.2	74.2	0.0	0.0	0.0	⇒ 0.0
National Capital	14.7	7.3	7.4	70.7	70.7	(0.0)	74.1	75.6	(1.5)	(3.3)	(4.8)	↑ 1.5
Technical Adjustments	0.0	0.1	(0.1)	0.0	0.2	(0.2)	0.2	0.2	0.0	(0.2)	0.0	↓ (0.2)
Total System CDEL	48.3	28.2	20.1	144.9	145.2	(0.3)	148.5	150.0	(1.5)	(3.6)	(4.8)	↑ 1.3
Community and Mental Health Capital	0.0	0.0	0.0	4.9	4.9	0.0	4.7	4.7	0.0	0.2	0.2	⇒ 0.0
Total Capital	48.3	28.2	20.1	149.8	150.0	(0.3)	153.2	154.7	(1.5)	(3.4)	(4.7)	↑ 1.3

The system is behind plan for net system operating capital by £12.8m at month 4 YTD. This underspend sits in BHFT (£13.5m) and is due to some delays with its new clinical buildings and CDC (North Bedfordshire site).

National capital spend is behind plan by £7.4m, of which £7.1m of this underspend sits in BHFT.

This underspend relates to national capital made available for the CDC (south Bedfordshire site) and the national estates safety schemes.

The profile and drawdown of the capital for the CDC in the south has now been updated with a significant proportion of this spend expected to fall into 2026-27 (subject to approval of the business case by NHSE). The design and approval process with NHSE is on-going.

The ICB will report at the next Board, reflecting spend against the most up to date allocation, based on final approvals made by NHSE recently and in the next couple of months.

The process for bidding for estates safety capital was much slower than anticipated, but the Trust now has full approval from NHSE and is implementing the schemes.

The community and mental health capital represents bids by Trust outside our system, who provide services for our population. A bid of £4.5m was made for capital to support mental health services and we now know that £3.89m has been approved subject to the approval process for business cases by NHSE.

The remaining small bids for community services (£0.4m) have either been approved or are in the process of being approved by NHSE.

Inter ICS NHS Financial Performance

- 4.6 Mental Health providers hosted outside the system, are reporting a small surplus of £0.1m at month 4 (direct costs only). CNWL are expecting a full year overspend of £1.5m.

Cost pressures include rising costs from complex placements and increased use of agency nursing staff. More detail can be seen in the Appendix.

Mental Health Services	Year to Date M04			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
CNWL	2.8	2.4	(0.5)	7.8	6.3	(1.5)
ELFT	6.2	6.8	0.6	20.4	20.6	0.1
Total Direct costs	9.0	9.1	0.1	28.3	26.9	(1.4)

Community providers outside the system are reporting a £0.6m overspend at month 4 YTD, with CNWL forecasting further pressures of £1.3m by the end of the year.

Cost pressures are due to an increase in temporary staffing costs and unfunded locum cover to reduce paediatric waiting lists.

Community Services	Year to Date M04			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
CNWL	2.0	1.6	(0.3)	6.0	4.8	(1.3)
ELFT	1.9	1.6	(0.3)	6.2	5.4	0.8
CCS	0.0	0.0	0.0	0.0	0.0	0.0
Total Direct costs	3.9	3.2	(0.6)	12.3	10.2	(0.5)

Workforce – Agency Cap Compliance

- 4.7 NHSE have set a cap for spend on bank and agency staffing. The cap for MKUH is inaccurate due to an error at the planning stage. NHSE has not yet corrected the formal reporting of these numbers as shown in the appendix. If we look at spend against plan, this is currently favourable YTD in both Trusts as shown in the table below. Both Trusts plan to deliver to plan by the end of the year.

System Agency	Year to Date M04				Forecast Outturn vs Plan				
	Plan	Actual	Variance	Variance	Plan	FOT	Variance to Plan	Variance to Plan	Movement
	£m	£m	£m	%	£m	£m	£m	%	£m
BHFT	4.8	4.2	0.6	12.2%	14.3	14.3	0.0	0.0%	⇒ 0.0
MKUH	2.4	2.0	0.4	15.5%	6.4	6.4	0.0	0.0%	⇒ 0.0
Total	7.2	6.2	1.0	13.3%	20.6	20.6	0.0	0.0%	⇒ 0.0

Productivity

- 4.8 The table below shows the latest implied productivity metrics that have been published by NHSE (month 12). They represent productivity 2024-25 versus 2023-24. Month 2 figures are due to be published imminently by NHSE (nothing will be made available for month 1).

Provider Productivity (Acute)	Month 12			Month 11	
	Input	Output	Productivity	Productivity	Movement
Bedfordshire Hospitals	0.0%	5.5%	5.5%	3.5%	↑ 2.0%
Milton Keynes University Hospital	0.7%	6.2%	5.5%	13.6%	↓ (8.1%)
System	0.2%	5.7%	5.5%	6.6%	↓ (1.1%)
Region Average	3.2%	5.6%	2.3%	3.3%	↓ (1.0%)

Input metrics show growth in cost (above inflation). Output metrics show growth in activity.

A coding error was corrected in MKUH in month 12, which explains the final productivity figure in MKUH which is lower than month 11 (5.5% v 13.6%).

Regional average productivity was 2.3% in month 12 versus the BLMK system which was 5.5%, showing the system performs well when compared to other systems in the East of England Region.

Date: 26 September 2025

Report Author: Chair of the Mental Health, Learning Disabilities and Autism Collaborative Committee

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

Item 12.0: **Alert, Advise and Assure Report to the Board of the Integrated Care Board**

Committee: Mental Health, Learning Disabilities and Autism Collaborative Committee

Recommendation: The Board are asked to **note** the issues raised by the Mental Health, Learning Disabilities and Autism Collaborative Committee at its meeting of 29 August 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
<ul style="list-style-type: none"> • None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • The Committee has asked partners to increase their collaborative efforts, to ensure that opportunities for efficiency and improved equity of access through collaboration are fully explored and actioned. This will be monitored by the Committee at a project level going forward. Partners will be discussing the use of CNWL in-patient beds to care for Bedfordshire patients as a good example of the benefits of collaboration. The Committee report template will also be amended to include a consideration of the collaborative elements of ongoing and future projects. • MHLDA performance was strong in a number of areas, but areas for improvement have been identified and areas of concern will continue to be closely monitored by the Committee
ASSURE: Inform the Board where positive assurance has been received
<ul style="list-style-type: none"> • The acute trusts are working collaboratively with the MH Trusts on UEC mental health pathways to support patients as they move from Emergency Departments to inpatient stays in mental health facilities. • The Committee received assurance that partners will continue to monitor the impact of recent changes to the operation of the LDA Intensive Support Team and the Home Treatment Team, and will report back to the Committee once initial assessments have been made. • The Committee heard that a detailed log of engagement work on the Case for Change carried out by the Community and Mental Health Transformation programme team was in progress, to ensure that the views of our partners and residents will be fully taken on board in future programme planning. Further opportunities to comment on the draft of the Case for Change will be provided until the closing date. Those that had not commented thus far were encouraged to do so prior to the closing date. • Mental health winter planning for 2025/26 has been diligently undertaken, with lessons learned from last year and early warning systems in place and operational plans to manage increases in demand. • Robust work has been undertaken by the Clinical Advisory Group to manage difficult decisions, to support the achievement of financial balance in 2025/26.

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

- The Committee considered system financial stability, access to children and young people’s mental health services, and individual placement and support coverage. These were discussed at the meeting of 29 August 2025.

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

- The role of the Committee and of the collaborative continues to develop and grow, providing clear oversight and support to partners and residents to improve our mental health service provision across BLMK.
- The Collaborative Programme has been reviewed, and the team is now operational and working to a clear set of strategic priorities.

Date: 26 September 2025

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

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

Item 13.0: 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 01 August 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
<ul style="list-style-type: none"> • None
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • Delivering the vision of a neighbourhood health service in BLMK: Strong place-based partnerships are in place, with notable impact from events such as Luton Health Fest, which identified undiagnosed conditions and improved local engagement. Key challenges include duplication, siloed systems, digital exclusion, and lack of diversity in leadership. BLMK is submitting three bids to NHS England (NHSE)’s Neighbourhood Health Implementation Programme, aiming to expand this work with dedicated resource from the ICB. Healthwatch has been actively involved and the importance of tailoring support to local need was highlighted. • Primary Care Contracting Dental: While capacity versus demand data remains limited in urgent dental care, 12 practices are now delivering urgent dental appointments with positive geographic coverage, especially in Central Bedfordshire. Q1 performance improved slightly from 2024/25, with notable progress in May and June. Concerns were raised about unmet needs among children and young people in Luton and Bedford Borough, alongside recognition of community initiatives aimed at improving oral health and reducing inequalities. • Primary Care Contracting Primary Medical Services (PMS): Cauldwell and Kingsway and Bramingham practices will undergo open procurement following updated NHSE guidance with ELFT continuing in the interim with practice management. Planned surgery handovers are on track with strong practice engagement with performance frameworks noted. • Q1 Finance Report: The primary care budget initially included a planned deficit of £2.5m against the NHSE allocation, which has since reduced to £1.2m due to national revisions to PCN list sizes. At Q1, a £0.2m deficit was reported with a year-end forecast of £0.5m. Key pressures include list size growth within GP contracting, a £0.9m overspend in pharmacy (expected to be mitigated through additional NHSE allocations related to Pharmacy First and national contract negotiations), and full utilisation of dental funding. The prescribing budget, despite being significantly rebased, is showing early signs of pressure due to increasing volumes and new medications such as Tirzepatide, posing a risk to the year-end position. The ICB continues to forecast a system-wide break-even position, though risks remain. Concerns were raised about the sustainability of increasing pharmaceutical reliance and the need to enhance non-pharmaceutical approaches like social prescribing. Additionally, the Committee discussed wider funding inequities affecting BLMK as the most underfunded system nationally and the implications of future cluster-based allocations.

- **Primary Care Access:** Findings from the annual GP Patient Survey showed year-on-year improvement, however results remain below the national average, with national gains maintaining the performance gap. The Committee acknowledged the survey's value as a tool for discussion, but noted significant limitations in its methodology, particularly inconsistent sampling across practices of different sizes. Concerns were raised about the disconnect between increasing appointment volumes and persistent dissatisfaction with access, with evidence showing satisfaction is more closely linked to how patients enter the system, rather than the quantity or quality of appointments offered. The introduction of cloud-based telephony and online consultation systems is beginning to provide useful operational data to support practices. There was consensus that effective triage, better communication with patients, stronger staff training and improved digital inclusivity are critical areas for improvement. The role of PCNs, Patient Participation Groups, and community engagement were highlighted as key enablers for change. The Committee recognised the need for continued focus to improve the patient experience at the first point of contact with primary care.

ASSURE: Inform the Board where positive assurance has been received

- **Primary Care Estates:** There is progress on the prioritisation matrix, which will guide capital allocation for future schemes and is expected to be presented with recommendations at the next meeting. The high-risk utilisation and modernisation fund (UMF) programme has legal and financial challenges that may limit delivery to fewer than the planned 13 schemes during 2025/26, though efforts continue with transparent engagement of practices. New legal advice on Kingfisher Surgery, has opened the possibility for the practice to remain operational longer than anticipated, delaying planned closure. Discussion followed on the inclusion of Pharmacy, Optometry and Dental (POD) providers in funding and integration plans; current legal and contractual constraints prevent ICB capital from being used for POD estates, highlighting a need for national-level advocacy. Concerns were also raised about healthcare contributions from local housing developments, with progress in negotiating higher Section 106 funding from planning teams, supported by strengthened evidence, which could help address pressures from population growth.

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 on-going 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

- **Community Pharmacy Integration Programme Audit:** The audit found robust governance and effective delivery despite limited resources. It highlighted the need for additional support, which has since been addressed with the addition of two new team members. Key achievements include increased engagement following the launch of Pharmacy First and successful community outreach participation by pharmacy providers. Current priorities include expanding access to contraception services through pharmacies to reduce pressure on general practice. The Committee praised the work and recommended improved communication of these successes across BLMK, including through Healthwatch and communications teams.

Date: 26 September 2025

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

Recommendation: The Board are asked to **note** the issues raised by Quality and Performance Committee on 12 September 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
<ul style="list-style-type: none"> • Issue to be reported in part 2 of the meeting.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> • Performance Report: The presentation of the data continues to develop in response to Committee feedback: <ul style="list-style-type: none"> ○ Severe Mental Illness (SMI) health checks have improved since March, and Children and Adolescents Mental Health Services (CAMHS) access shows early progress. ○ NHS App utilisation reached 59%, close to the 60% target. ○ Planned care waits are declining overall, though 65-week waits rose in Milton Keynes due to theatre loss; a Vanguard Theatre is being reinstated. ○ Bedfordshire Hospital reduced 52-week waits via a validation sprint and moved from Tier 1 to Tier 2 NHSE monitoring. ○ Talking therapies maintain near-target recovery rates. • The new NHS oversight framework has introduced a streamlined and more transparent set of performance measures, applied consistently across provider types. Segment ratings continue to indicate levels of support, with segment 1 offering financial flexibility. However, financial position now overrides performance scores, meaning providers in deficit cannot be placed in higher segments. ICBs will not be segmented during 2025/26 due to ongoing transition. Recently published data shows both acute trusts in segment 3, CCS in segment 1 as one of the top-performing non-acute providers nationally, CNWL in segment 2, ELFT in segment 3 and both ambulance trusts in segment 4. • Infection Prevention and Control and Antimicrobial Resistance across the System: BLMK continues to face challenges with paediatric antibiotic prescribing, ranking lowest in the East of England region. Out-of-hours services and reliance on FP10 prescriptions may be contributing factors. Education efforts, public health engagement and funding bids are underway to address prescribing behaviours. Clostridioides difficile (C. diff) cases have increased, prompting a review of sampling practices and prescribing patterns, particularly in community settings. While virulent strains are not present, subspecies linked to malnutrition are noted among elderly patients. Tuberculosis (TB) notifications are rising nationally, with local service gaps identified for 16–17 year olds in Milton Keynes. Treatment is complicated by drug shortages and commissioning gaps, with efforts underway to replicate effective models and consolidate infection prevention control functions within provider organisations. • Community and Mental Health Services Case for Change – System Insights Network (SIN): The second meeting of the SIN gathered insights to support the CMHST programme and is included as an appendix to the Case for Change agenda item. While the engagement was praised for its breadth and clarity, a query was raised about

representativeness, with suggestions to involve harder-to-reach communities through initiatives like the Learning in Action Network. Over 300 survey responses and targeted outreach to groups such as Autism Bedfordshire and Access Bedford have helped broaden participation. The engagement will continue throughout the programme to ensure service users, carers and the wider population remain central to shaping future community and mental health services.

ASSURE: Inform the Board where positive assurance has been received

- **Portfolio Report:** The latest report showed a marked improvement in the quality and governance of project management across the ICB, particularly in quality improvement initiatives. Of the 39 core projects reviewed, the majority are progressing well, with 29 on track and only one currently off track due to external procurement delays. The use of the Verto 365 system has strengthened oversight and planning and the inclusion of outcome-focused metrics is helping to demonstrate tangible benefits for residents. The report also highlighted the growing maturity of place-based governance and delivery, with green ratings now seen across all areas. Winter planning is well advanced, with key projects such as end-of-life care showing strong progress and expected to go live in December in Bedfordshire. While some complex programmes remain amber-rated, mitigations are in place and further refinement is expected as the new ICB leadership team settles in. The ICB is also preparing for upcoming changes to the GP contract, with support programmes in place to help practices adapt and improve access.
- **Individual funding requests (IFR) annual report** noted a slight reduction in IFR submissions, attributed to targeted training for GP practices and administrative staff. Despite reduced team capacity, key performance indicators were met. Some IFRs led to new pathways and policy reviews, including dental care. No increase in weight loss drug IFRs has been observed, though future demand is being monitored due to national prescribing changes.
- **Enquiries and Experience Year End Report:** The majority of contacts focused on GP and dental services, reflecting wider system pressures. The report was recognised as a useful early warning tool for emerging issues. Complex Continuing Healthcare (CHC) cases, particularly involving children transitioning to adult services, were highlighted as requiring more personalised engagement. A small number of these cases are being proactively managed through direct contact, with plans to reflect this approach in future reporting.

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

- The overall system risk profile remains high due to ongoing structural changes, though risks are currently stable and being actively managed. Two new risks have been added to the Board Assurance Framework (BAF):
 - **BAF 15**, concerning failure to deliver the operational financial plan.
 - **BAF 16**, relating to ICB reconfiguration and potential destabilisation.
- Updates included:
 - Additional actions under **BAF 2** (workforce), with new metrics being developed in collaboration with providers.
 - **BAF 1** (elective recovery), where ISP provider accreditation had been completed.
 - **BAF 14** (maternity services) showed progress but lacked full assurance, prompting a planned review.
 - **BAF 22** has been introduced to separately track progress toward net zero and delivery of the green plan.
- Urgent and emergency care risks remain unchanged due to seasonal pressures, despite completed winter planning.
- A handover process is planned to ensure risks are appropriately reassigned and managed during the ICB transition process.

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

- The **Key Worker Year End Report** was noted as a clear and impactful summary of outcomes for children and young people (CYP) across BLMK. The programme, led and delivered by Autism Bedfordshire, supported 87 CYP and 30 young adults aged 18-25 over the year, with 65 de-escalations and 19 CYP accessing the therapeutic Farm Project.

The team facilitated 54 Personal Health Budgets (PHBs) – 27 for CYP and 27 for 18 – 25s – which enabled personalised care plan and contributed to reduce hospital admissions. The service has grown in reach and effectiveness since 2021, with consistent positive feedback from families and professionals, including examples of young people transitioning successfully back into education and community life. While budget allocations across local authorities reflect historic arrangements rather than population size, work is underway to improve equity. The Committee recognised the programme as a strong example of community-based transformation, now informing wider system approaches through participation in regional steering groups and quality panel.

Date: 26 September 2025

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

Report Author: Neve Patel, ICB Head of Performance

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

Item 14.1: Quality Improvement and Performance

1.0 Executive Summary

This report provides an overview of ICB performance using M3 (Q1) published data, tracking progress against the 25/26 operational plan, highlighting key risks, challenges, expected recovery (where appropriate), and actions to support improvement. The report integrates system (BAF) risks and the BLMK Portfolio Report. **Following feedback**, performance metrics are now better aligned to portfolio programmes, with both teams tracking improvements through impact reports (see appendix 4), which will be presented periodically.

2.0 Recommendations

2.1 Members are asked to:

1. **Identify** any specific issues to alert or advise the Board of the ICB on as part of the Committee’s role in providing assurance on system quality and performance;
2. **review** and **comment** on quality and performance issues and successes identified;

3.0 Key Implications

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

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.

Primary Care - Responsible Body - Primary Care Delivery Group

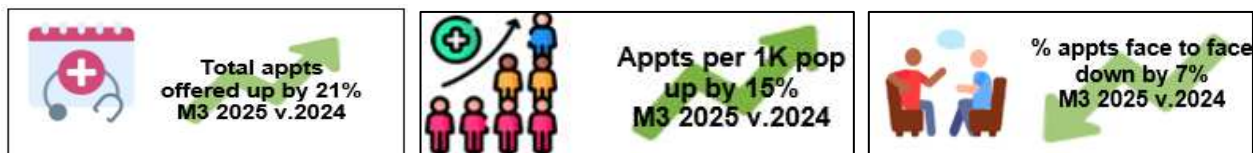
NHS App Usage (success)

M4 (latest published data) saw 59% of BLMK GP Patients aged 13+ registered for the NHS App (60% BLMK aspiration by June 2025), with take-up ranging from 52% in Luton to 62% in Milton Keynes. The ICB had 821,030 logins (4.9 per 1K pop), benchmarked against the England average seeing 4.7 loggings per 1K pop.

Primary Care Appointments (success)

In June 2025, BLMK practices delivered 555,599 appointments – averaging 26,457 per working day, a 21% uplift on the same month last year (+100K appointments). Access remains strong with 44.6% of patients being seen on the same day (in line with the national average of 44.2% and an increase from the 40.7% at the same time last year) and 82.0% seen within two weeks of booking (England 81.9%).

Home visits appear lower at 0.4% (2,232) versus 1.1% nationally, reflecting our PCN-based home visiting teams operating outside of national appointment data collection. M3 saw 55.5% of consultations with clinicians other than a GP (England: 52.6%), evidencing the success of Modern General Practice in diversifying the workforce. June 2025 Workforce capacity shows 521 WTE GPs and 518 WTE other direct patient care staff (nurses, pharmacists, paramedics) are in place (NWRS).



Pharmacy First (success)

The BLMK Community Pharmacy Advanced Services initiative aims to improve patients access and alleviate GP workload. Community Pharmacies opt into providing three advanced services, Pharmacy First, Blood Pressure Checks and Contraception Services. **Pharmacy First** – Q1 saw 99% compliance to YTD plan across all three services, with blood pressure at 97% and oral contraception exceeding target with 174%. Clinical pathways have been impacted by seasonality with 91% against plan. NHSE have revised the allocation for clinical pathways from a year-end total of 51,544 to 67,500 (+31%). The operational plan has been updated and is scheduled for implementation from July.

Integrated Pharmacy First Referrals – On Track (update)

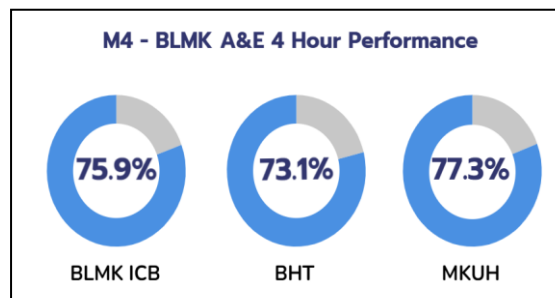
Rollout of in-workflow Pharmacy First referrals in SystmOne began 28 July 2025 and is on schedule for full coverage by 25 August. This integration enables direct GP-to-pharmacy referrals aligned with NHS 111 pathways, reducing system switching, saving time, improving patient access, and strengthening primary care and community pharmacy collaboration.

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.

Industrial Action Impact: During the 5-day industrial action, ambulance arrivals dropped at BH by approx. 10 per day for all five days, and at L&D by about 10 per day for three days. MKUH saw approx. five fewer ambulance arrivals for two days. ED attendances were also lower, with around 80 fewer patients at L&D on three days and 80 fewer at BH on two days. MKUH’s attendances stayed close to normal levels. System support included IA meetings, MADE events and daily calls, alongside robust SCC oversight of all partner performance; throughout the IA period, the acutes remained at OPEL 1 or 2.

A&E 4 Hour Waits (challenge) - NHSE Constitution Measure / Operational Plan / SOF Metric / ICB 6-data point trend is improving.

In M4 (latest *published* data) BLMK ICB underachieved against the national target of 78%, with 75.9%. The ICB deteriorated to third in region (3/6). **MKUH:** Performance has declined and is causing concern. The ICB is working with the Trust to identify and mitigate issues for sustainable improvement. MKUH is currently 5th in the list of Trusts in region and above their plan with 77.3%. **BHT:** Ranked 11th in list of trusts in the region with 73.1% this is - 2.8% below plan. **A&E 12**



Hour Waits (success) At M4, against the 12-hour ED performance operational standard of 5%, both Trusts are significantly below plan (positive performance) with BHT currently ranking highest in region with 1.4% and MKUH ranking 2nd with 4.5%.

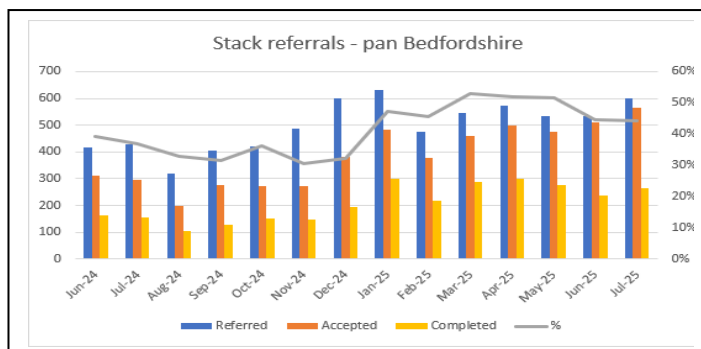
Virtual Ward (challenge) - NHSE Operational Plan / BLMK Portfolio Report slides 18, 26-29 / ICB 6-data point trend is improving.

M4 published performance shows achievement of 71.5% for the ICB (against a target of 80%). The reduction in Virtual Ward (VW) capacity for 2025/26 follows national guidance and revised eligibility criteria, providing clearer guidance and focusing on higher acuity patients. Lower acuity patients will still receive remote monitoring but will no longer be included in VW numbers. Occupancy is expected to recover by year-end. Milton Keynes reports 74% occupancy with increased acute referrals and step-down activity; the acuity tool is now in use across BLMK. MK are reviewing their Palliative VW pathway, whilst Bedfordshire's will launch this year; BHT's is currently performing at 71% occupancy.

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

- 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 44% (265) calls completed in July; the ICB performed second best in the region (2/6). Bedfordshire remains a top position for the region for UCCH and Stack activity. Consultants are co-located within the HUB and successful frailty ACP recruitment has enabled management of further pathways. CBC have a HUB embedded First Response Pathway to facilitate patient management at home and avoiding conveyance. Next steps will include working with EEAST to mandate Call before Convey. Available funding to develop UCCH services remains a challenge. SCAS and CNWL have adopted a push approach towards appropriate Stack referrals and whilst UCRT are completing these referrals, numbers remain low. Conversations continue to develop a UCCH offer for MK.

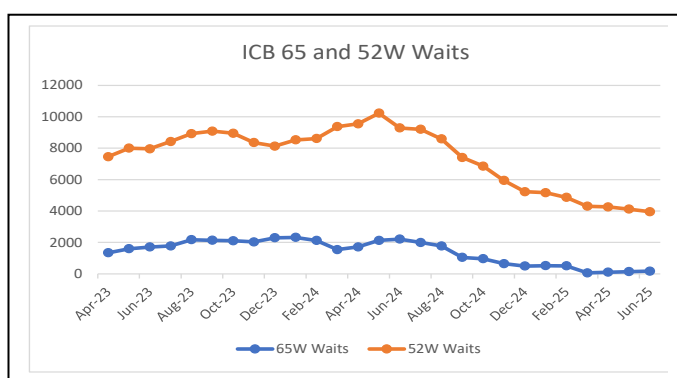
Planned and Elective Care (Responsible Body: Elective Leadership Group)

Industrial Action Impact: Both Trusts put measures in place to reduce disruption to elective care. MKUH had no appointments to rebook. BHT had 11 long-wait patients (52–65 weeks) and 11 diagnostic patients needing rebooking (eight patients have been rebooked in August, with the remainder waiting).

Long Waits (challenge) - NHSE Operational Plan / BLMK Portfolio Report slide 60 / NHSE SOF Metric / ICB 6-data point trend is improving.

At the end of M3 (published data) **ICB 65w waits** (*not in the 25/26 operational plan*) have increased to 174 (from 145 in M2). As a result, we have dropped rank to 4/6 in region and 26/42 nationally. Of the 174, **MKUH** hold 164 and are currently forecasting clearance at the end of September. Business cases covering challenged specialties (ENT, Gynaecology, Oral Surgery and T&O outpatients) are progressing through Trust governance and a new Vanguard theatre has been secured for two days p/w for next three months, supporting ENT and Gynae recovery. MKUH continue in Tier 1, with their total WL at the forefront of support and discussion. The waiting list is expected to sustain over Q2 before reducing mid-Q3 to below 30,000 (plan) by March 2026. At M3 **BHT** had forecasted a July clearance of 65w waits, however due to IA cancellations, they have 10 patients. BHT have stepped down from T1 (earlier this year) into T2 NHSE monitoring due to their progress across RTT 18w and overall WL (improved due to a Q1 “validation sprint” reducing their WL by c12K patients and placing them 11% *ahead* of their M3 plan).

BLMK **ICB 52w waits** are currently 5% over (adverse) our M3 plan with 3,953 waits. **BHT** are 56% over plan but is impacted by the rapid decline in the overall wait list due to the noted validation sprint. Additional outpatient clinics will support the trust back to plan by October. MKUH are currently 9.3% *below* (*positive*) their M3 plan, but figures are increasing (*unvalidated data to 11.08.25 shows 2,070 patients*). MKUH have lost both a vanguard and laminar flow theatre alongside a reduction in outsourcing. The noted business cases will support overall reduction in patients waiting on challenged pathways.



Diagnostic Waits (challenge) - NHSE Constitution Measure / Operational Plan / SOF Metric / BLMK Portfolio Report slide 47 / ICB 6-data point trend is variable.

At M3 the ICB is ranked 5/6 in region and nationally (37/42) due to the high volume of patients on the waiting list (31,467). 31.5% of patients waited more than 6 weeks for their diagnostic test, against the National target 15%. **BHT (30.5%)** – NOUS pathway continues to challenge, but mutual aid with MKUH (2 days pw since July) is providing additional capacity. iRefer is now live, ensuring standardised referrals, with waiting list validation in place to reject inappropriate requests. MRI demand continues to rise, with the extension of the mobile MRI at the Dunstable Hub is supporting capacity. **MKUH (26.2%)** – Audiology remains under pressure, particularly within paediatrics; a business case for outsourcing is awaiting approval. Cystoscopy performance has deteriorated, driven by gynaecology and urology; waiting list validation and targeted urology initiatives are planned to stabilise and improve performance. Insourcing is already adding capacity for echocardiology.

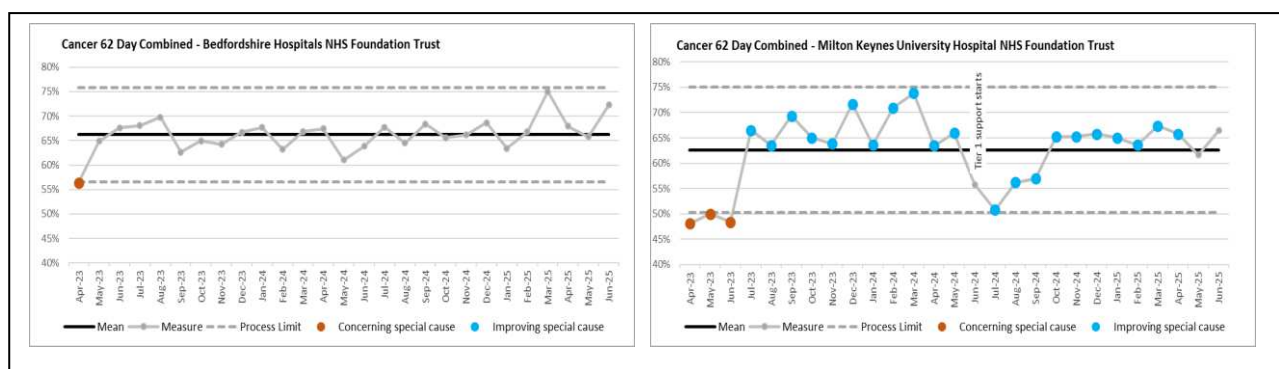
31 Day Cancer Waits (challenge) - NHS Constitution Measure / NHSE Operational Plan / BLMK Priority Programme slides 49, 123-125 / NHSE SOF Metric / ICB 6-data point trend is deteriorating.

In June, the ICB achieved 86.6%, below both the plan (92.1%) and the national target (96%), driven largely by performance challenges at tertiary centres delivering specialist treatments outside of the ICB footprint. The ICB do not directly link with tertiary providers however we do link closely with ICB colleagues and the cancer alliance for issues to be escalated and resolved where possible.

Over Q1, BHT remained consistently above plan, exceeding by 1.6% in M3 with 95.6%. In contrast, MKUH underperformed by 4.1% (with 91.9%), reflecting capacity and demand pressures within surgical specialties. The MKUH theatre refurbishment programme has further reduced capacity, with recovery expected following completion in September. At BHT, performance is being affected by seasonal pressures on skin pathways, where referral volumes typically increase over the summer months, creating additional strain on available capacity.

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

In M3, the ICB achieved 69.1%, under plan by 0.6% and under the end of year target (75%) by 6%. BHT exceeded their plan with 72.3% and MKUH were under plan by 4% with 66.5%; MKUH are no longer within NHSE tier 1 for Cancer performance. 62-day performance remains the key system challenge, driven by capacity pressures across staging scans, outpatient appointments, complex pre-treatment workups (e.g. genomic sampling), and reliance on tertiary providers. Workforce constraints in high volume pathways are also extending overall pathway length. A targeted improvement plan is in place, reviewed monthly with providers at tumour site level, forming the basis of the Cancer Board report. Actions include behaviour change projects (e.g. Gynaecology) to reduce



delays; alignment of Cancer SDF funding to high impact specialties and workforce recruitment and training in tumour sites and supporting services such as Histopathology.

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

Learning Disability Health Checks (update) 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) MHL Collaborative – p43, 84-86 / ICB 6-data point trend is improving.

At M4 (latest published data), BLMK carried out 1,071 LD&A health checks (18.9%). We are currently 6.1% below plan but targeted actions are in place to drive recovery. Improvement initiatives include

Bedfordshire & Luton (ELFT): GP Friendly Project to improve register accuracy, staff training, service user resources, and promotional events. Health Facilitation Teams are providing enhanced access through and reasonable adjustment flags and follow-up processes for declined checks and a GP support pack. **System-wide programmes:** Autism Bedfordshire have developed video guides and staff training and the MKUH Safeguarding Lead is developing a targeted uptake strategy. In addition, a diabetes audit is underway to jointly promote health checks and diabetes programmes; and there are planned community events in Sept and Oct, providing opportunities to identify and support individuals at risk of involvement with the criminal justice system.

Children, Young People and Maternity

CYP Mental Health Access (challenge) – Responsible Body: BLMK ICS MH Programme Board - NHSE Operational Plan / Core20Plus5 / BLMK Priority Programme, portfolio report slides 25-29, 37, 39, 67-69, 105-108 / ICB 6-data point trend is improving.

The 25/26 CYP Access ambition is 17,614 contacts, with the BLMK operational plan set at 15,982 (-9.3%). At M3, the ICB delivered 13,580 contacts, just 0.3% below plan and a 5/6 regional ranking. A year-end shortfall of c.1,220 contacts is forecasted. A system-wide improvement programme is in place, including maximising use of MH Support Teams, digital clinical solutions, ongoing data quality validation, self-referral promotion, streamlined processes, and a single point of access. To mitigate the gap, £120K of ICB funding is being invested in VCSE partners to provide group work, workshops, and digital support for those with mild needs, with delivery starting immediately.

Place Based Performance and Quality – see annex 2 for place-based dashboard.

Quality, Serious Incidents & Safeguarding

Antimicrobial Resistance (AMR) - % of children aged 0-9 years prescribed antibiotics in primary care (*challenge*) - At M2 (latest data), BLMK is the highest (poorest) performing ICB in England with 42.6% (NHSE target 27%). Practice level variation shows 69% of practices are above the target. Out-of-hours prescribing has been cited a major contributor, with heavy FP10 use possibly skewing results. In Sept 2024, BLMK was rated “developing” on the AMR maturity matrix, with gaps in senior leadership capacity and ICB governance links. There are currently no practice incentives for AMR improvement, but options will be explored for 2026/27. The ICB and BHT are submitting a funding bid to NHSE for additional AMR leadership, enabling AMS Consultant Pharmacist capacity to support the 2024-2029 National Action Plan. A training programme on antimicrobial prescribing is planned with providers in Q3-Q4 25/26 to influence prescribing behaviour. A separate bid is being developed for point of care testing kits in primary care to help distinguish viral from bacterial infections and promote appropriate prescribing.

BLMK Transformation Work Program - BAF 05 – System Transformation - Rated RED 4 (Impact) x 5 (Likelihood) = 20 (Target 6).

In response to Q&P’s request for better evidence of impact on our population, a new section has been introduced in the August version of the BLMK Portfolio Report showcasing case studies from previously delivered projects. The August report includes two case studies: Serious Mental Illness Health Checks and Children & Young People CAMHS Access. Each case study outlines the original project objectives and includes Statistical Process Control (SPC) charts to demonstrate quantifiable improvements for BLMK residents.

This approach reflects strengthened collaboration between the PMO and Performance teams, who are jointly tracking live projects and retrospectively assessing completed ones to understand their impact on performance, outcomes, and patient experience. By systematically evaluating what has delivered value and identifying where projects have not achieved the desired impact, we can better focus resources, reduce inefficiencies, and ensure our portfolio of work aligns with organisational aims and priorities. This work demonstrates an important step in embedding a culture of accountability, continuous improvement, and outcome driven delivery across BLMK ICB. A copy of these reports can also be seen in appendix 7.

Real-time access to programme information can be accessed via Verto 365 - [Verto - Login](#). For more information, please speak to the ICB PMO Team (blmkicb.pmo@nhs.net). The complete BLMK Portfolio Report is publicly available on the BLMK ICS website and can be accessed with the following link: [BLMK ICB Portfolio Report located on the ICB website](#)

Overview of the BLMK Portfolio Report – September 2025 – Following review of all 39 projects, analysis of the Governance Reports and Verto 365 indicates that the portfolio is largely delivering to plan. Most projects (74%) are rated green, demonstrating steady progress against milestones, with

activities completed on schedule; risks are actively managed, and issues are either minor or have clear mitigation plans in place. A small number of projects (26%) are experiencing delays or challenges, with some rated amber due to manageable issues such as resource constraints, engagement barriers, or external dependencies. Only one project (MSK) is rated red due to significant procurement delays. The portfolio shows strong governance, effective risk management, and clear focus on strategic priorities, with actions in place to tackle emerging issues and maintain momentum. See separate Portfolio Report (August 2025) for more project detail.

TOTAL PROJECTS IN THE PORTFOLIO: 39 projects

Green (On Track): 29 projects

Green (On Track) however some factors are Amber (Some Risks/Delays): 5 projects

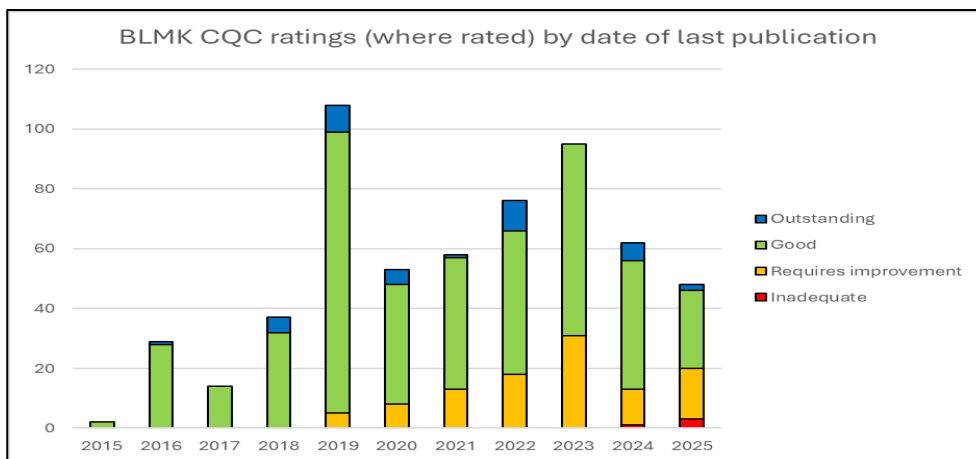
Amber (Some Risks/Delays): 4 projects

Red (Off Track): 1 project

ICB Inspections and Reviews

The below table gives an overview of CQC assessments as of 1st August 2025 for all providers in BLMK.

Currently, 81.4% of providers in BLMK are rated as good or outstanding (this has improved from the March reported position of 76%). With ICS inspections on hold for a further six months, the CQC is focusing resources on provider inspections. This reflects concerns about delays in re-inspecting providers following adverse ratings or warning notices. In July, 12 inspection reports were published (11 with ratings); three providers improved at least one rating, and two resolved breaches of regulation. The Strategy and Assurance Directorate, alongside Heads of Quality, continue to work closely with providers following challenging inspections and are also supporting GP practices preparing for inspection in 2025.



14.0 Background Reading / Annexes

1. BLMK ICB Dashboard
2. Place Based Performance Dashboard
3. SPC Charts
4. BLMK ICB PMO and Performance Impact Reports

Date: 26 September 2025

Report Author: Shirley Pointer, Chair of Remuneration Committee

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

Item 15.0: Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Remuneration Committee

Recommendation: The Board are asked to **discuss** the issues raised by Remuneration Committee.

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

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

- **None**

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

- **ICB Reconfiguration** – at an extra-ordinary meeting of the Committee on 27 June, the Chief Executive Officer (CEO) consultation process was approved. The Committee also delegated authority to the ICB Chair, Remuneration Committee Chair and the CEO to approve the Very Senior Manager (VSM) consultation process, which was agreed on 2 July 2025.
- **CEO appointment** – following a shortened consultation period to which the ICB CEOs had consented, interviews were held for the cluster ICB posts on 11 July 2025. It was understood that the outcome of the process would be announced late July.

Remuneration Committee meeting on 10 July 2025

- **Very Senior Manager (VSM) consultation process** – There was no agreed voluntary redundancy scheme for VSM roles in place at the time of the meeting. The VSM 30-day consultation period commenced on 9 July and was due to end on 8 August and the consultation document provided details on the structures in the clustered ICBs within the East of England. The new structures identified a reduction in VSM posts from 56 to 28 posts across the East of England. A regional pooling process was to be put in place and current VSMs would be invited to submit expressions of interest for up to 2 roles. Interviews were due to be held in late August with subsequent authority sought from NHSE on the resulting redundancy payments. It was noted that it would be necessary to serve redundancy notices in September if reduced costs were to be achieved by the end of the financial year.
- **VSM national pay bands** – the future pay bands for ICB VSM roles were being reviewed nationally.
- **Agenda for Change (AfC) staff** - consultation was expected to commence in September 2025, with notices of redundancy in January 2026. AfC redundancies will be a significant cost for which funding had yet to be identified.
- **Career transition support** – plans are in place to provide support for staff displaced through the ICB reconfiguration.

Extra-Ordinary Remuneration Committee on 21 July 2025

- A Voluntary Redundancy (VR) Scheme for Very Senior Managers was agreed subject to NHSE approval.

- In addition, the Committee approved a VR scheme for agenda for change staff subject to:
 1. NHSE approving the scheme and agreeing either funding or additional financial flexibilities to fund the exit.
 2. The scheme including the provision to refuse applications should it be felt necessary to retain an individual's skills in the period running up to the merger of the ICBs.

Extra-Ordinary Remuneration Committee on 29 August 2025

- The Committee met to consider the implications of the reconfiguration for the CEO.

Remuneration Committee in Common on 29 August 2025

The BLMK Remuneration Committee met in common with Cambridgeshire & Peterborough and Hertfordshire & West Essex ICBs Remuneration Committees on 29 August 2025. The Committee in common considered the outcome of the VSM recruitment.

ASSURE: Inform the Board where positive assurance has been received

- **People Dashboard (Remuneration Committee on 10 July 2025)**– the committee receives regular updates on key people metrics and the following was highlighted:
 - Significant reduction in monthly agency spend, largely due to substantive appointments to continuing health care assessors. These had been appointed through open recruitment; therefore, agency conversion costs had been avoided.
 - Sickness absence is decreasing, however short-term sickness increased in June, but long-term absence is consistently below 2%. Data is monitored on a monthly basis to identify trends and take action.
 - There had been a reduction in turnover to 13.2%, the lowest level in the last 12 months which is positive.
 - Diversity analysis continues to improve with an increase of 3.6% in people from a diverse background having roles band 8A and above. There has also been an increase in the BAME workforce by 2.5%. This evidences that actions taken to improve equality, diversity and inclusion are having a positive outcome.
 - Statutory and mandatory training compliance is very good with 90% compliance for tier 1 and tier 2 Oliver McGowan training. The national target for this training is 40%.
- **2025/26 Pay Uplift** – the nationally agreed pay uplift for Agenda for Change and Very Senior Managers was noted and was applied in August, back dated to April 2025.

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

- **ICB Reconfiguration** – there is a risk that the uncertainty of the ICB reconfiguration for all staff will adversely affect morale, productivity and delivery of services.
- There is a risk that the national level pressure to achieve in year savings through voluntary exit schemes and the Compulsory redundancy of VSMs not achieving roles in the new structure could compromise the safe transfer of functions to the new cluster ICB structure and the delivery of the BLMK 2025/26 operational and financial plan.
- Each Executive has undertaken a full risk assessment of their current responsibilities, and this is being used to inform the new executive team when appointed.
- The Audit and Risk Assurance Committee at its meeting on 11 July discussed the system wide risk regarding the ICB reconfiguration and it is reported to this Board. This included the risk of transferring functions to other providers and NHSE.

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

- Reducing agency spend particularly in continuing health care.
- Actions to improve diversity in workforce are having a positive impact.

Date: 26 September 2025

Executive Lead: Maria Wogan, Chief Strategy and Transformation Officer

Report Authors: Michelle Evans-Riches, Head of Corporate Governance
Sharon Fox, Director of Governance, Cambridgeshire & Peterborough ICB
Simone Surgenor, Deputy Chief of Staff - Governance and Policies, Hertfordshire & West Essex ICB

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

Item 16.0: Transitional Governance Arrangements – Central East

Reason for report to the Board

(a) power to approve is reserved to the Board

1.0 Executive Summary

- 1.1 NHSE announced the bringing together of Bedfordshire Luton & Milton Keynes ICB (BLMK) Cambridgeshire & Peterborough ICB (C&P), and the Hertfordshire footprint of Hertfordshire and West Essex ICB (HWE) which will be formally established as the new Central East ICB on 1 April 2026. Transitional governance arrangements have been developed as detailed in the Governance Framework at Appendix A to this report to support this change in organisational form.
- 1.2 The revisions to the Board membership as detailed in the ICB's Constitution are attached at Appendix B for agreement by the Board prior to submission to NHSE for approval.
- 1.3 A Memorandum of Understanding has been developed between those ICBs working collaboratively in support of the 10 year-plan and across the areas impacted by the revised ICB footprints in the East of England region. The MOU also includes a proposed Data Sharing Agreement which is annexed to the MoU. The Board is asked to endorse the MOU and the data sharing agreement.

2.0 Recommendations

- 2.1 The Board is asked to acknowledge NHSE'S approval of bringing together the ICBs of Bedfordshire Luton & Milton Keynes ICB (BLMK) Cambridgeshire & Peterborough ICB (C&P), and the Hertfordshire footprint of Hertfordshire and West Essex ICB (HWE) which will be formally established as Central East ICB on 1 April 2026.
- 2.2 The Board is asked to endorse the proposed transitional Governance Framework outlined at Appendix A, acknowledging that this is an iteration at a point of time which will further develop and be brought to the first Board in Common which it is anticipated will take place during October 2025.
- 2.3 The Board is asked to agree the proposed changes to the ICB's Constitution set out at Appendix B and recommend the amendments to NHSE for approval.
- 2.4 The Board is asked to endorse the Memorandum of Understanding including the Data Sharing Agreement set out at Appendix C.
- 2.5 The Board is asked to note that changes are still being made as the transitional framework develops.
- 2.6 Recognising that there may be potential minor amendments required and acknowledging that Cambridgeshire & Peterborough ICB Board met on 19 September and Hertfordshire & West Essex ICB Board is also meeting on 26 September, the BLMK ICB Board is asked to delegate final approval of any further amendments to the ICB Chair, Chief Executive, Deputy Chair and Audit & Risk Assurance Committee Chair.

3.0 Key Implications

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

- 3.1 The resource implications of the establishment of the new ICB are overseen by the Joint Transition Committee and BLMK ICB's Transition Programme Board.
- 3.2 BAF016 - ICB Reconfiguration – potential destabilisation of BLMK ICB's delivery is monitored by the BLMK Transition Programme Board and reported to the ICB Board.

4.0 Report

- 4.1 As the Board is aware, NHSE has approved the bringing together the ICBs of Bedfordshire Luton & Milton Keynes ICB (BLMK), Cambridgeshire & Peterborough ICB (C&P), and the Hertfordshire footprint of Hertfordshire and West Essex ICB (HWE). This was formally announced by the Minister for Health in Parliament on Tuesday 9 September 2025. As a result, the ICBs will be moving through a period of transition to create a unified single entity with the utilisation of shared leadership and functions, whilst uniting the best of our legacy systems.
- 4.2 During the transition and whilst the current ICBs retain their sovereign status, BLMK and C&P ICBs will work together. HWE ICB will be participating in two separate closer working arrangements with its Chair remaining in post until the organisation is established. From 1 October 2025 the HWE Chair will also become ICB Chair for Mid and South Essex ICB and Chair designate of the future Essex ICB.
- 4.3 Governance leads from the three ICBs have been working together in close collaboration to propose a governance framework to reflect the collaborative arrangements during the transition period, and to provide a state of readiness for the creation of a new ICB on 1 April 2026.
- 4.4 As the Board is aware, each ICB is governed by its Constitution and associated Governance Framework which is set out in individual ICB's Governance Handbooks. The Handbooks provide key governance tools such as our Committee Structures and Terms of Reference, Functions and Decision Map, Standing Financial Instructions, Scheme of Reservation and Delegation alongside key policies such as Standards of Business Conduct and Conflicts of Interest.
- 4.5 Any changes to ICB Constitutions have to be agreed by the respective ICB Board and submitted to NHSE for approval prior to implementation. Changes to each Governance Handbook can be invoked with Board approval.
- 4.6 This paper presents the proposed ICB Constitution changes at Appendix B aligned with the transitional Governance Framework set out at Appendix A. Governance Leads are currently working on the revisions required to the Governance Handbook and associated documents which will be approved through the proposed transitional arrangements. The paper also presents a Memorandum of Understanding and associated Data Sharing Agreement.

4.7 Governance Framework

4.7.1 The Governance Framework has been designed to meet the following objectives:

- To keep the three ICB organisations safe in terms of ensuring each ICB fulfils its statutory duties until a new statutory organisation is formed and/or new statutory changes are triggered;
- Approaching future governance in two phases:
 - Pre-transition - To ensure we provide a pragmatic and streamlined approach to ensure an effective transition: and
 - Post-transition - To consider the future governance framework that we will need in place to deliver in support of the 10-year plan and 3 shifts:
- The requirements of the ICB Model Blueprint published in May 2025 that is aligned to the working in partnership with other ICBs and formal establishment of a new ICB in April 2026.
- That provides sufficient flexibility to adapt to the changing landscape whilst maintaining a simple but effective form.
- That is ambitious and supports innovation, and the provider landscape.
- Will ensure the resident and patient voice and experience comes through – linking with neighbourhood/local structures.

4.8 **Transitional Arrangements**

4.8.1. Board Membership

4.8.1.1 The ICB Model Blueprint has indicated that we need to reduce the size of ICBs going forward although it has not been clear about what this means in practice. It is clear from national governance calls that each ICB is required:

- To ensure that each Board meets the requirements of the Health and Social Care Act 2022 by having as a minimum - Chair, Chief Executive (CEO), and three Partner Members (one each from local authorities, NHS Trusts and Primary Medical Services). From the Model ICB Constitution, mandated by NHSE, we also need to have a Board Member with experience of Mental Health, Director of Finance, Chief Nursing Officer, Chief Medical Officer and 2 Non- Executive Members.
- To consider an optimum Board membership of 15 members, recognising that the transition period and size of the ICB may mean this needs to increase to a maximum of 20.

4.8.1.2 **Non-Executive Members (NEMS) and Partner Members:** Following the appointment of the Joint Chair (for BLMK and C&P) and Joint Chief Executive (for BLMK, C&P and HWE), an appointment process for Joint NEMs has commenced to maintain a consistent approach, alongside meeting the requirements of the Act until it is changed. In relation to Partner Members, it should be noted that the practical application of NHSE's current stipulated nomination process for partner members does not lend itself to joint appointments and our proposed changes reflect this. In BLMK, discussions are taking place with current Partner members about membership going forward. With regard to the VCSE Board member, a process to appoint one joint appointment across Central East area will be undertaken.

Going forward, it is understood that there will be a requirement for Combined Authorities / Strategic Authorities to have ex-officio status on ICB Boards. In addition, it is proposed in legislative changes that Integrated Care Partnerships will be abolished, local authority and NHS partner members will not be ICB Board members. There has been no indication whether Primary Medical Services partner members will

continue to be members of the Board. NHSE has advised that a Joint Forward Plan has to be maintained until legislation is amended.

These considerations have been incorporated into the proposed Board membership set out in the Framework.

4.8.1.3 The regular attendees of the Board are being considered, and the Directors of Public Health across the Central East ICB geographical area are nominating one representative to attend the Board.

4.9 Board and Committees - Approach

4.9.1 As set out above, the objective is to ensure that the Governance Structure is streamlined bringing the three ICB Boards and Committees together, whilst maintaining our obligations as independent legal entities.

4.9.2 NHSE has advised that ICBs must comply with NHSE Guidance on Arrangements for the Delegation and Joint Exercise of Statutory Functions which includes a section on joint decision making. Separate decision-making on Continuing Health Care must be maintained (a limitation in secondary legislation) and on functions central to the corporate governance of the ICB – the guidance states these are:

- Functions central to the corporate governance of individual organisations.
- Functions to assure the organisation's leadership that it is functioning effectively, so must be retained if the organisation is to operate in its own right; for example, the requirement on each organisation to prepare consolidated annual accounts, or to have an audit committee.
- Some of these are functions that are widely recognised as being essential to good governance and should not therefore be within the scope of joint working and delegation arrangements as specified in s65Z5 National Health Act 2006.
- The ICB auditor panel, which may be the audit committee, must be kept independent.

4.9.3 With this in mind, the proposal is that where possible the ICBs operate Board and sub-Committees of the Board using the in-Common or Joint Committee models, with each sovereign ICBs Schemes of Reservation and Delegation providing clear lines of delegation and decision-making. For clarity:

- A **committee in-Common** is two or more organisations meeting in the same place at the same time, has separate agendas but the same items on them and it may reach the same conclusions. But the individual organisations remain distinct and (if the committee is decision-making) take their own decisions. It is understood, this form will have to be used for Boards or Committees triggered by statute i.e. the ICB Board, Remuneration Committee, Audit Committee.
- A **Joint Committee** is made up of representatives from two or more organisations, who work together to oversee, manage, or resolve specific matters. Joint Committees often have delegated authority from the host organisations to make decisions on its behalf. This could be used for non-statutory committees, and would enable e.g. Essex ICB participation in a relevant committee where this was necessary.

4.9.4 With a Board or Committee meeting in-Common there is no requirement to change each ICBs Constitution, as the meeting impacted do not change in their statutory or sovereign form. However, to ensure a pragmatic and streamlined approach to an effective transition and safe delivery of business as usual, changes to the

configuration of the ICB Board membership are proposed. In order to trigger a formal joint committee formal delegation would need to be noted in each ICBs Constitution and Scheme of Reservation and Delegation.

4.9.5 The arrangements to work in-Common or via a Joint Committee arrangement are now referenced in the draft Governance Handbook proposed for the ICBs working in partnership and will be approved by the Board in Common at its first meeting in October. The development of the working draft is being overseen by the Joint Transition Committee. There is a need to acknowledge Part 2 agendas where sovereign organisations need to consider business pertinent to their ICB alongside where items may relate to Essex.

4.9.6 Looking at current Committees of each organisation revised outline terms of reference which will be operated as Committees in-Common/Joint Committees have been created. With those statutory meetings, meeting in-Common – those changes are primary likely to be centred on membership. These are:

- Audit & Risk Committee (Statutory) – with the Committees for each sovereign ICB meeting in -Common
- Remuneration & Workforce Committee (Statutory) – with the Committees for each sovereign ICB meeting in-Common
- Finance Planning and Payer Function Committee – to operate as a Joint Committee
- Utilisation Management & Quality Improvement Committee – to operate as a Joint Committee
- Three Neighbourhood Health Delivery Committees (one for each current ICB geography)– Joint Committees
- Management Executive Committee – To operate as a joint committee whilst the ICBs remain sovereign entities, and each Executive is employed by each ICB.

4.9.7 The proposed Committee structure, outline objectives and associated membership is set out in Section 5 of the Framework at Appendix A.

4.9.8 There will be a need to work on transitioning the existing sub structures / feeder Groups to existing ICB Committees to ensure the appropriate level of assurance going forward. This will form the basis of the Functions and Decision Map included in the Governance Handbook and will be developed further leading up to the formal establishment of the new ICB.

4.10 Hertfordshire and West Essex – Transition Governance

4.10.1 To support a smooth transition and closer collaboration, a jointly appointed CEO will lead the three ICBs (BLMK, C&P, and HWE) from 1 October 2025 to 31 March 2026. These ICBs will work together to delegate responsibilities or appoint deputies as needed, ensuring clear oversight and allowing flexibility as they move into their new organisational structures.

4.11 Governance Documentation.

4.11.1 To align the Governance Framework, and reflect the position in relation to Herts and West Essex ICB, Governance Leads have worked together to produce the following:

- Proposed revisions to ICB Constitutions to reflect the changes set out at Appendix B with tracked changes. In summary, these include each ICB reducing the size its Board membership (whilst maintaining the mandated requirements to the NHSE Model Constitution) to reflect the jointly

appointed roles, efficiently aligning this across the sovereign ICBs whilst reflecting HWE ICB's cross areas and complying with current statutory requirements.

- Aligned Draft Governance Handbook which includes proposed:
 - Terms of Reference for the proposed Statutory Committees in-Common and the Joint Committees
 - Scheme of Delegation
 - Associated key Governance policies.

The Revised Governance Handbook will be received by the new Board post 1 October 2025 to formally approve its adoption and recognise that a period of settling will take place in October to November whilst committee Terms of Reference and membership are finalised.

The changes made to the Audit and Risk Assurance Committee Terms of Reference to align it to the HFMA guidance and the membership of the Mental Health, Learning Disability and Autism Collaborative Committee, will be reflected in the revised Governance Handbook.

- Proposed Memorandum of Understanding between those ICBs working collaboratively in support of the 10 year-plan and across the areas impacted by the revised ICB footprints in our regions. This also includes the proposed Data Sharing Agreement annexed to the MoU referenced above. This is attached at Appendix C.

4.11.2 Senior NHS Governance Leads are kept informed of these updates as part of the transition due diligence, with time being set-aside to ensure the efficient approval of key documentation to support the new working arrangements. In support of the timelines, it is proposed that with the sovereign ICB Board referenced above sitting at various points across September, support of any final revisions to the Constitution is delegated to identified members thus ensuring the new Board membership can be enacted for 1 October 2025. The Chair will work with partner members to finalise partner membership of the BLMK ICB Board.

5.0 Next Steps

- 5.1 Revised Constitution to be submitted to NHSE for approval.
- 5.2 Board in Common to take place in October 2025.
- 5.3 Revised Governance Handbook to be considered at the Board in Common in October 2025.

List of appendices

Appendix A – Governance Framework
Appendix B – Revised Constitution
Appendix C – Memorandum of Association and Data Sharing Agreement

Background reading

None