Meeting of the Board of the ICB in PUBLIC

22 March 2024 09.00 – 13.00

Bedford Borough Council, Borough Hall, Cauldwell Street, Bedford MK42 9AP

Item No.	Item	Purpose	Executive	Timings
Opening Items				
1.	Welcome and Introductions a) Apologies b) Quoracy c) Relevant Persons' Disclosure of Interests d) Minutes from meeting held on 8 December 2023 and Matters Arising e) Action Tracker f) Board Decision Planner	 Note Note Update Approve Approve Update	Chair	9.00
2.	Questions from the Public	-	Chair	
3.	Resident's Story	-	Chief Medical Director	
4.	Following up Resident Stories that have come to the Board	Note	Chief of Strategy & Assurance	
5.	Chair's Report – *verbal*	Note	Chair	
6.	Chief Executive Officer's Report	Note	Chief Executive Officer	
System Strategy				
7.	BLMK Health Services Strategy	Approve	Chief Medical Director	9.50
8.	Improving Access to Radiotherapy – Mount Vernon Cancer Centre Review Update	Note	Chief Medical Director	
9.	Health & Care Partnership Update – *verbal as meeting was on 14 March when papers for the Board were circulated*	Note	Co-Chair, Health & Care Partnership	
10.	Reports from Place Based Partnerships and Collaboratives	Note	Place Leads and Link Directors	
11.	Operational Planning for 2024/25	Approve	Chief of Strategy & Assurance	

12.	Joint Forward Plan 2024/25	Approve	Chief of Strategy & Assurance	
13.	Local Maternity & Neonatal System (LMNS) update	Note	Chief Nurse	
14.	Delegation of Specialised Commissioning – approval of key documents: - Delegation agreement - Collaboration agreement - Commissioning hub agreement -	Agree	Chief Executive	
15.	Strategic Approach to the Provision of Non-emergency Patient Transport	Note	Deputy Chief Operating Officer	
	BREAK			11.20
System Assurance				
16.	Delivering Integrated Primary Care in BLMK – Assurance Report – NHSE Delivery Plan for Recovering Access to Primary Care	Note	Chief Primary Care Officer	11.30
17.	Quality & Performance: - Q&P Chair's Update - Performance Report	Note	Chief Nurse / Chief of Strategy & Assurance/ Chair, Quality & Performance Committee	
18.	Finance: - F&I Chair's Update - Finance Report	Note Note	Chief Finance Officer / Chair, Finance & Investment Committee /	
19.	System Risks and Board Assurance Framework	Approve	Chief of Strategy & Assurance	
ICB Organisational Decisions, Governance and Assurance				
20.	Corporate Governance Update and Report from Committees: - Emergency, Preparedness, Resilience & Response Report against Core Standards	Approve and Note	Chief of Strategy & Assurance	12.15
Closing Items				
21.	Communication from the Meeting	Agree	Chair	12.45
22.	Meeting Evaluation	Discuss	Chair	
23.	Any Other Business		Chair	

Resolution to exclude members of the press and public

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

Next meeting
Date: Friday 28 June 2024
Time: Estimated 9:00- 15:00
Venue: Central Bedfordshire Council Chamber

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

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

Extract from Register of Conflicts of Interest as at 4.3.24

Integrated Care Board Members, Participants and Invited Attendees

Surname	Forename	Position within, or relationship with the Integrated Care Board	Interests to Declare	Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	Details of Interest	Date From	Date To	Actions to be taken to mitigate risk	Date Declared
Borrett	Alison	Non Executive Member	Yes	N	N	N	N	Director, 2Billys Ltd, Company no 14038119, Unit 8 Churchill Court, 58 Station Rd, North Harrow HA2 7SA	11/04/2022	Ongoing	No conflict, as our cookie business does not provide goods or services to BLMK ICB. If this was to change in the future I would update my DOI and declare any interest.	21/06/2022
Bracey	Michael	Chief Executive, Milton Keynes Council	Yes	Y				Employee of Milton Keynes City Council	2009	Ongoing	None required	21/11/2022
Brierley	Anne	Chief Operating Officer	Yes			Y	Y	My wife (Honey Lucas) has accepted a post in the MKUH charity team, with expected start date of January 2023	Jan-23	02/10/2023	Declare in line with conflicts of interest policy	15/11/2022
Carter	David	Chief Executive, Bedfordshire Hospitals Foundation Trust	Yes	Y				Chief Executive of Bedfordshire Hospitals NHS Foundation Trust	08/05/2017	Ongoing		18/05/2022
Carter	David	Chief Executive, Bedfordshire Hospitals Foundation Trust	Yes				Y	Wife employed by NHS England Eastern Region	2019	ongoing		18/05/2022
Cartwright	Sally	Director of Public Health, Luton Council	No									22/06/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes	Y				Bedford Borough Council, Commissioner of Public Health and Social Care Functions	05/10/2021	Ongoing	Declare in line with conflicts of interest policy	27/05/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes		Y			East of England Local Government Association - Chief Executive lead on health inequalities	01/12/2021	Ongoing	Declare in line with conflicts of interest policy	27/05/2022
Church	Laura	Chief Executive, Bedford Borough Council	Yes				Y	Ian Turner (husband) provides consultancy services to businesses providing weighing and measuring equipment to the NHS	05/10/2021	Ongoing	Declare in line with conflicts of interest policy	27/05/2022
Coiffait	Marcel	Chief Executive, Central Bedfordshire Council	Yes	Y				I am the Chief Executive of Central Bedfordshire Council which is an may be commissioned to work on behalf of the ICB	01/11/2020	Ongoing	Declare in line with conflicts of interest policy	27/05/2022

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Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a registered pharmacist with the General Pharmaceutical Council (GPC) and a member of the Royal Pharmaceutical Society	17/08/1987	Ongoing	I will excuse myself should an interest arise	14/06/2022
Cox	Felicity	Chief Executive, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			I am a trustee of a charity as a member (and secetary) of the parochial church council of the Ecclesiastical Parish of Bushey	01/07/2023	Ongoing	We supply no services to the ICB	13/10/2023
Gill	Manjeet	Non Executive Member	Yes	Y				Non Executive Director, Sherwood Forest NHS Hospitals Foundation Trust	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes	Y				Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022
Graves	Stuart Ross	Chief Strategy & Digital Officer, Central and North West London Foundation Trust	Yes		Y			Chief Strategy & Digital Officer CNWL NHS Foundation Trust, 350 Euston Road, London NW1	May-20	Ongoing	Declare in line with conflicts of interest policy	15/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Chief Executive Officer, NHS Milton Keynes University Hospital	2013	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Chair NHS Employers Policy Board	2021	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Trustee of NHS Conferation	2021	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Council Member - National Association of Primary Care	2020	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Keele University - Lecturer	2016	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Advisor to Alphasights, MM3 Global Research, Silverlight and Stepcare	2018	Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Chair, Clinical Research Network Thames Valley & South Midlands Partnership Group Meeting		Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			Member, Oxford Academic Health Science Network		Ongoing	Declare in line with conflicts of interest policy	16/05/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Spouse: NED at DHSC	Nov-22	Ongoing	Declare in line with conflicts of interest policy	24//10/2023
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Sister, Ruth Harrison, Director of Durrow Ltd	Circa 2012	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				National Director for Digital Channels	2023	Ongoing	Declare in line with conflicts of interest policy	01/02/2023
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes					The Bridge Primary Care Network Clinical Director	01/04/2021	Ongoing	May need to be excluded from decisions regarding Primary care Networks	11/05/2022

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Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, NHS Confederation Primary Care Network	07/07/2019	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, National Association of Primary Care (NAPC) Council	01/10/2020	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Arts for Health Milton Keynes	01/04/2020	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Chair, Milton Keynes Christian Centre (*was previously Trustee)*	01/09/2023	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				GP partner, Newport Pagnell Medical Centre	01/02/2004	Ongoing	May need to be excluded from decisions regarding Primary Care Networks	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				Trustee, Milton Keynes Urgent Care Centre	01/08/2023	Ongoing	Declare conflict during discussions	26/09/2023
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Chair of Sue Ryder (non remunerated)	01/05/2021	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y				Chair of Queen Square Enterprises Ltd (remunerated)	01/11/2020	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes	Y				Lay Member of General Pharmaceutical Council	Apr-19	Ongoing	Declare in line with conflicts of interest policy	17/06/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Trustee of LifeArc	June 2023	Ongoing	Declare in line with conflicts of interest policy	26/04/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes			Y		Trustee Money Advice Trust	Jun-18	31/12/23	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				Essex Cares Limited - Audit Chair & NED	Oct-20	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				LB Brent Independent Advisor to Audit Committee	Apr-19	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				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

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Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes			Y		Worcester College, Oxford University	Sep-22	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				RegTech Open Project PLC NED & Audit Chair, a small newly listed fintech company that provides a proprietary operational resilience platform.	Aug 23	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	23/10/2023
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				NED, NW London Acute Provider Collaborative	01/05/2024		Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	18/01/2024
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				CEO, University of Suffolk Dental CIC	Jun-23	Ongoing	Declared in line with conflicts of interest policy	08/08/2023
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes		Y			Bpha (a not for profit Housing Association). Non-Executive Director and Chair of the Remuneration Committee	Apr-19	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Pointer	Shirley	Non-Executive Member, Chair Remuneration Committee	Yes			Y		Pavilions Management Co Ltd, (residents management co), Director. This is a voluntary role which is not remunerated	Sep-20	Ongoing	Declare in line with conflicts of interest policy	15/12/2022
Porter	Robin	Chief Executive, Luton Borough Council	Yes	Y				Chief Executive of Luton Council, an ICB Partner organisation	May-19	Ongoing	Declare in line with conflicts of interest policy	16/11/2022
Poulain	Nicky	Chief Primary Care Officer	Yes		Y			Registered nurse and midwife and a member of trhe RCN			Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	17/02/2023
Roberts	Martha	Chief People Officer, BLMK Integrated Care Board	No									04/07/2022
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011

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Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, Bedfordshire Local Pharmaceutical Committee	1984	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Community Pharmacy PCN Lead, Oasis Primary Care Network, Luton	06/02/2020	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Stanley	Sarah	Chief Nurse	No									08/09/2022
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes	Y				Interim Chief Executive, East London NHS Foundation Trust	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of Central Bedfordshire Health and Wellbeing Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of BLMK Bedford Care Alliance Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London Population Health and Integrated Care Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London NED Remuneration Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London Mental Health, Learning Disability & Autism Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023

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Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of City & Hackney Integrated Commissioning Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of City & Hackney Health & Wellbeing Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of Newham Health & Wellbeing Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of East of England Provider Collaborative Board	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of North East London Community Health Collaborative Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member of NHS England London People Board including the EDI Committee	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member, Unison	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Named shareholder for Health E1	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Named shareholder for City & Hackney GP Federation	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Named shareholder for Newham GP Federation	21/08/2023	Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Swain	Sahadev	Partner Member	Yes	Y				General Practitioner, Biscot Group Practice, Luton,LU3 1HA	Mar-06	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Representative and Board Member, Beds and Herts Local Medical Council	2018	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Board Member, Beds and HertsFaculty ,Royal College of General Practitioners	2012	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Member, Audit and Risk Committee, Royal College of General Practitioners	2019	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes			Y		Chairman, Shree Jagannath Society ,UK	2020	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Swain	Sahadev	Partner Member	Yes		Y			Lead Trainer, Equalty, Primary Care Network Training HUB, Luton	2023	Ongoing	Exclusion from involvement in related meeting or decision-making	06/07/2023
Taffetani	Maxine	Healthwatch Representative for Bedfordshire, Luton and Milton Keynes	Yes	Y				Employee of Healthwatch Milton Keynes	2017	Ongoing	Declare in line with conflicts of interest policy	14/12/2022
Westcott	Dean	Chief Finance Officer	Yes		Y			Board Advisor, London School of Commerce	01/12/2022	Ongoing	Declare in line with conflicts of interest policy	13/12/2022

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Westcott	Dean	Chief Finance Officer	Yes				Y	Wife is Senior Mental Health Transformation Manager at West Essex CCB	01/06/2021	Ongoing	Declare in line with conflicts of interest policy	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes			Y		Civil partner, Advanced Nurse Practitioner (Walnut Tree Health Centre, Milton Keynes)	2013	Ongoing	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			Stonedean, Practice - Sessional GP/former partner	01/06/2007	Ongoing	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes		Y			General Medical Council Associate	2012	Ongoing	Exclusion of self from involvement in related meetings, projects or decision-making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				Akeso (coaching network) – coach – Executive and Performance Coach	01/04/2021	Ongoing	Open declaration, no monies received	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NHS England – Appraiser	2010	Ongoing	Exclusion of self from involvement in related meetings, projects or decision-making relating to any relevant practitioners	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NED role at James Paget Hospital	01/10/2023	Ongoing	No involvement in relation to decision making	18/10/2023
Whiteman	Sarah	Chief Medical Director	Yes	Y				NED, Lincolnshire Partnership Trust	01/02/2024	Ongoing	Mostly hybrid working – ICB work takes priority until retirement 30.4.24	01/02/2024
Winn	Matthew	Chief Executive Officer, Cambridgeshire Community Services	Yes	Y				Accountable Officer of Cambridgeshire Community services NHS Trust, which receives funding from the ICB, and all four Councils in the BLMK area (Luton, Bedford Borough, Central Bedfordshire and Milton Keynes) to provide services to local residents	2010	Ongoing	Declare in line with conflicts of interest policy. Exclusion from involvement in related meeting or decision-making	09/08/2022
Wogan	Maria	Chief of Strategy & Assurance	Yes			Y		I am a member of Inspiring Futures Through Learning Multi-Academy Trust which covers schools in Milton Keynes (MK) and Northamptonshire. Address: Fairfields Primary School, Apollo Avenues, Fairfields, Milton Keynes MK11 4BA	2016	Ongoing	Will be declared in any relevant meetings.	14/07/2022
Wogan	Maria	Chief of Strategy & Assurance	Yes	Y				I am a Director of Netherby Network Limited which is a consultancy company that has provided services to Milton Keynes Clinical Commissioning Group in the past. It does not currently provide any services for health or care clients. Address: 69 Midland Road, Olney, MK46 4BP	Mar-14	Ongoing	No actions required as the company is not trading.	14/07/2022

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Time: 09.00 – 13.00

Venue: Milton Keynes City Council, Civic Offices, 1 Saxon Gate East, Milton Keynes MK9 3EJ

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

Members:		
Dr Rima Makarem (Chair)	Chair	RM
Alison Borrett	Non-Executive Member	ABo
Michael Bracey	Partner Member, Local Authorities	MB
David Carter	Partner Member, NHS Trusts and Foundation Trusts	DC
Laura Church	Partner Member, Local Authorities (*left after item 9)*	LC
Marcel Coiffait	Partner Member, Local Authorities	MC
Felicity Cox	Chief Executive Officer (CEO)	FC
Manjeet Gill	Non-Executive Member - *(from item 6)*	MG
Joe Harrison	Partner Member, NHS Trusts and Foundation Trusts *(left after item 9 and returned partway through item 11)*	JH
Dr Omotayo Kufeji	Partner Member, Primary Medical Services	OK
Vineeta Manchanda	Non-Executive Member *(from item 2)*	VM
Shirley Pointer	Non-Executive Member	SP
Mahesh Shah	Partner Member, Primary Medical Services	MS
Sarah Stanley	Chief Nursing Officer	SSt
Dr Sahadev Swain	Partner Member, Primary Medical Services	SSw
Dean Westcott	Chief Finance Officer	DW
Dr Sarah Whiteman	Chief Medical Director	SW

Participants:		
Anne Brierley	Chief Transformation Officer	ABr
Sally Cartwright	Director of Public Health, Luton	SC
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
Nicky Poulain	Chief Primary Care Officer	NP
Martha Roberts	Chief People Officer	MR
Maxine Taffetani	Participant Member for Healthwatch within Bedfordshire, Luton and Milton Keynes	MT
Maria Wogan	Chief of System Assurance & Corporate Services	MWo

In attendance:		
Kim Atkin	Corporate Governance Officer (*remotely)*	KA
Michelle Evans-Riches	Acting Head of Governance	MER
Gaynor Flynn	Corporate Governance Manager	GF

In attendance:		
Sarah Frisby	Head of System Engagement, Communications *(left after item 9)*	SF
Green Rebecca	Head of Milton Keynes Improvement Action Team	RG
Michelle Summers	Associate Director Communications & Engagement ICB (*left after item 9)*	MS
Lorraine Sunduza	Acting CEO, East London Foundation Trust – *(from item 2)*	LS
Dominic Woodward-Lebihan	Deputy Chief of System Assurance & Corporate Services	DW-L
Alex Wrack	Head of Bedford Place Team (*remotely) (partway through item 9 until 14)*	AW

There were 11 members of the public in attendance (remotely)

Apologies:		
Ross Graves	Partner Member, NHS Trusts and Foundation Trusts	RG
Lorraine Mattis	Associate Non-Executive Member	LM
Robin Porter	Partner Member, Local Authorities	RP
Matthew Winn	CEO Cambridgeshire Community Services	MWi

No.	Agenda Item	Action
	Meeting Opening	
1.	The Chair **welcomed** all present to this meeting of the Board of the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care Board (ICB) in Public. The Chair advised that the meeting was being recorded for the purpose of the minutes only. a) Apologies were **noted** as above. b) It was confirmed that the meeting was **quorate**. c) When the meeting papers were circulated, members of the committee were asked to confirm that the Disclosure of Interests register was up to date in respect of their declarations. **No changes** were identified. Members were also asked to declare any gifts or hospitality that had been received**. No declarations** were made. d) The minutes of the meeting held on 29 September 2023 were **approved** as an accurate record of the meeting. e) It was **agreed** to close items 49, 54, 55 and 56 on the Action Tracker. Actions 44, 57 and 58 are not yet due. f) The Board Decision Planner was **noted** and members were invited to notify the Corporate Governance team of any additional items for inclusion on the Decision Planner. It was noted that the planner is published for residents also to see what items are being to the Board.	
2.	**Questions from the Public** *VM and LS arrived.* Two questions had been received from members of the public: ***Question 1:*** "We know that Wixams as a whole meets the defined criteria for a GP Practice as supported by the evidence attached. Can you please explain how the ICB will now	

deliver the Wixams GP practice, with support from BBC and CBC funding, and that the annual running costs will be funded by BLMK ICB? Additionally, can you assure us that work can start on constructing the practice building within the next 12 months, and it will open in January 2025?"
From Barbara Matthews, Wixams Surgery Action Group

Response:
Dean Westcott, Chief Finance Officer

- "This is an important question which I will answer as the ICB Executive with responsibility for estates in Bedfordshire, Luton and Milton Keynes.
- "We understand the strength of feeling in Wixams about access to healthcare, and in particular the absence of a GP surgery within Wixams itself. We know this leads to residents having to travel outside of Wixams to see a healthcare professional, often to Bedford, Wootton, Great Denham and Ampthill.
- "This morning, the Chief Executive and I met residents from the Wixams to take receipt of a petition entitled "Fund a Wixams GP Surgery now" – and my answer today should also be taken as the ICB's response to this. We will be having further conversations with the Wixams Surgery Action Group to discuss the petition, and also to correct some inaccuracies made in the evidence submitted to us about how new primary care premises are funded.
- "It remains the stated ambition of the ICB to establish a primary care facility in the centre of Wixams. A key first step is to secure planning permission for the facility and we are continuing to work with the developer on this. However, even where there is clear demand for a facility, we must ensure that both the construction and the ongoing running costs of such a facility are affordable. This is not the case at the current time and we are therefore unable to commit to having a new healthcare premises available by 2025.
- "In the meantime, we are taking action to improve primary care capacity in the surgeries on which Wixams residents currently rely. This includes recruiting more GPs and other expert clinicians, investing in the extension and improvement of premises where it is cost-effective to do so, growing the number of appointments available in primary care, introducing Cloud-Based Telephony to support patients' experience of calling practices at peak times, supporting more health services to be delivered in pharmacies and exploring the feasibility of temporary healthcare premises."

Question 2:
"Why has the ICB not produced the update report on primary-secondary care interface as required by the "Delivery plan for recovering access to primary care?"
From Carl Raybold, Liaison (Manager (Beds), Bedfordshire & Hertfordshire Local Medical Committee Ltd

Response:
Nicky Poulain Officer, Chief Primary Care Officer
"Thank you for raising the important issue about how BLMK is addressing National Domain 4 of the "Delivery Plan for Recovering Access to Primary Care". This Domain is primarily concerned with supporting clinicians by cutting bureaucracy and supporting the primary/secondary care interface.

	"The primary care paper submitted for discussion at our meeting today – item 7 - provides a résumé of our system's work on both the Fuller Programme and the NHSE Delivery Plan for recovering access to Primary Care. "Local Medical Committees (LMC) are members of the Primary Care Delivery Group, and also the Primary Care Commissioning and Assurance Committee. The NHS Delivery Plan for Recovering Access to Primary Care is a standing agenda item at both. The detailed elements of the plan in respect of the areas above are shared there. "We recognise NHSE expect ICBs to update their public board on the recovery plan including the four areas listed in your question. *(Trusts managing i) onward referrals, ii) complete care (fit notes and discharge letters), iii) call and recall, and iv) clear points of contact*). Which ultimately will mean that patient work that should be completed in hospitals is not passed to GP practices which isn't good for patient experience and unnecessarily passes administrative work to GPs. "With reference to the 4 specific points raised in your question that are in Domain 4. "Within BLMK, we have two established Clinical Interface forums both chaired jointly by lead GPs and deputy/medical directors of our acute trusts. These forums provide a space to address priority operational issues and develop the professional relationships to support an improved primary/secondary care interface. "The ICB has asked both acute providers to share their stocktake and their plans in relation to the four key areas. Follow up meetings, held in November, included me (as the SRO for the PC recovery Plan), Dr Nina Pearson and Dr Tayo Kufeji (GP leads for the interface forums), and Executive Leads in each Trust. Together we discussed the process being developed to embed Domain 4 requirements. Whilst both acute trust providers have progress still to make, there were identified constraints that will require time to address. The discussions concluded that additional acute executive leadership will be prioritised by the trusts to support the trust's clinical leadership to implement the necessary changes. This is reflected in the Board paper tabled today. "These discussions also recognised the importance of supporting cultural change within the entire workforce to improve the primary / secondary interface that cannot be achieved by contractual leavers alone. Further actions agreed included an update of the Terms of Reference and clear accountability and governance of the interface improvement plan to the respective Boards including BHT, MKUH and Primary Care Commissioning and Assurance Committee." The Chair thanked the members of the public for their questions and confirmed that the full transcript of the questions and answers will be made available on the ICB website. **Action**: MSu to upload two questions from the public with answers to the ICB website.	**Action 59**
3.	**Resident's Story** *Presented by Sarah Stanley, Chief Nursing Director* A video was shown as a follow up of "Roxy's story", which highlighted what has happened since Roxy presented to the Board in March 2023 on her experiences of Musculoskeletal (MSK) services.	

There have been regular meetings with Roxy to support her on her journey in getting back to work and managing her pain. Her story is informing the BLMK re-procurement and improvement programme for MSK and the learning from her story will be key to redesigning more joined up and readily accessible MSK services to the population.

Roxy's story demonstrates a good example of how personalising the approach to residents, with consideration of both clinical and lifestyle factors, with support as needed rather than at fixed appointment times, can positively impact residents. Roxy was also given anticipatory painkillers to take as needed, so that she did not have to book a GP appointment each time. With 30% of all primary care appointments related to MSK, different pathways, particularly for working age patients, are being considered.

Key Points from Discussion

- This clearly demonstrates the importance of continuity of care which is the essence of GP practice;
- Important to look at how we interface across the system with people who have particular complexity of needs and with neighbourhood teams to help people to recover and stay well;
- The Primary Care Prevention Plan is being coproduced with Public Health colleagues, which aims to help people with their mobility and managing their weight, both of which can lead to MSK issues;
- For the re-procurement exercise, coproduction work with residents of the four boroughs over the last year has provided insights, and population health data is currently being analysed to understand how the demographic will change;
- Discussions are ongoing with primary care colleagues and existing MSK providers and the early stages of provider market engagement has started. VCSE organisations will be included in the discussions at a later point;
- With limited GP practice estates, it was suggested to make wider use of other community estate, such as local authority community centres – a full review of locations forms part of the re-procurement exercise but there are variations in ability and uptake of currently available alternative locations by the community, so these will each need to be carefully considered;
- There was an event last week for existing stakeholders and potentially interested suppliers which was well attended, with good representation from the Primary Care Networks (PCNs) in BLMK.

It was noted that there is also intended to be a Board item next year, following up on all patient stories.

4. **Chair's Report -** *verbal*

There has been a strong focus on strategy development including:

- There was a Board and Health and Care Partnership (HCP) seminar in November focused on Early Years and how to support children to make them school ready and help them to develop through the early stages of childhood;
- The Chair spoke at an NHS Confederation event on how to set and measure strategic outcomes. The input by other speakers and a representative of the Department of Health was particularly interesting;
- The Chair and Chief Executive Officer (CEO) met with Luton Football Club who are keen to work with the ICS in Luton, to promote better health awareness and to give better access to the male population in particular, as they tend to be more reluctant to come forward for health support;
- The ICB is developing a Strategy Summary for the Board to debate in January, to help define priorities for the next 2-3 years; and
- The Chair has been invited to a Radical Healthcare Rethink event where there is expected to be wide representation, and she hopes to bring back some insights to inform the ICB's work.

	• A Memorandum of Understanding (MoU) has been signed with the University of Bedfordshire, who are defining research programmes that align with the priorities of the ICS. They have obtained some funding for projects to look at population, public health and our workforce; • A separate Research and Innovation Board has been set up to bring together provider research leads across all providers. Professor Keith Willett, who Chairs South Central Ambulance Service (SCAS) and is a well-respected research scientist with a laboratory at Oxford University, has agreed to chair this Board; • The Chair attended a Parliamentary event about how technology is revolutionising people's needs; and • Mark Thomas, Chief Digital Officer, and the Chair individually spoke at sessions at Giant Health event this week, attended by medtech and healthtech professionals keen to engage with ICSs. Engagement continues with community groups and representatives: - There was a meeting with faith leaders in Luton, who were very engaged and are keen to help with things such as translation services. There was an offer of a community minibus to support patient transport to appointments. The ICB also met with Bedford faith leaders recently; - Briefing events are being held with NHS Non-Executive Directors (NEDs) and Governors in our system; - Vineeta Manchanda, Chair of Audit Risk & Assurance Committee, has met with NHS Trust Audit and Risk Committee Chairs within the system to discuss the collation of system risks; - An MoU was signed recently between Healthwatch and the ICB; - The Chair spoke at a senior leaders' System Learning Network for East of England about what it means to work in a system; and - The Chair and CEO met the newly elected Member of Parliament (MP) for Mid Bedfordshire, Alistair Strathern, who is keen to continue engagement. *Key points from discussion* There was a good discussion which included how the linking of digital records across wider primary care, social services and providers will underpin the collection of data and become the foundation for future innovation, the work of the Research & Innovation Collaborative, the potential use of Artificial Intelligence (AI) and some of the projects already underway in the system. The diabetes project in Milton Keynes is a good example of where an idea can start in secondary care and, through collaboration with partners across trusts, primary care and the council, a city-wide opportunity is created to determine whether the medtech works in reality with a view that if it does work, it can be spread across BLMK and beyond. Separately, Dr Sanhita Chakrabarti, Deputy Medical Director, has led a team to successfully obtain £100,000 to support diabetes education, and will work with Diabetes UK, to cascade the learning to communities in Luton. JH advised that BLMK residents are among the lowest users of the NHS App in the country, and it was agreed that there needs to be better engagement to promote the NHS App residents. **Action:** SW to look into how to increase use of NHS App in BLMK. **Agreed:** The Board **noted** the Chair's verbal report and the points of discussion.	**Action 60**
5.	**Chief Executive Officer's Report** The CEO highlighted the following:	

	• A petition was delivered to the ICB this morning from residents of Wixams about the lack of provision of primary care services in the town and the ICB's CFO has earlier responded to a question from a member of the public on the same issue; • Since the date of the report, further days of planned industrial action by junior doctors before and after Christmas have been announced; • In the final paragraph of Specialised Commissioning report, it should read "organisational" rather than "occupational". Work progresses well in this area and a Programme Team have been put in place. A substantive report will be brought to Board in March; • Planning guidance is unlikely to be published before Christmas, although work on planning is progressing; • There has been the additional requirement to make in year changes to the operational and financial plan due to external factors which are putting pressure on budgets for the ICB and trusts. Some national funding was made available which mitigated some of the pressure. The requirement was to deliver a balanced plan and to ensure that we would have a safe winter and reduce long waits which required some difficult discussions and decisions across the system. The plan is predicated on keeping elective care running throughout winter, however this may be affected by the recently announced junior doctor strikes, which were not known at the time of submitting the revised plan. We sought support from the national team as a good performing system with things that would help us achieve for local residents, such as funding for the Luton diagnostic centre and for the Same Day Emergency Care (SDEC) at Bedford Hospital; • The ICB will be reviewing its joint forward plan in the light of the planning guidance when issued but it will not be a complete refresh and significant changes are not expected; • Engagement has commenced on MSK re-procurement. The procurement is being undertaken in line with the new Provider Selection Regime (PSR) which will be discussed later in the agenda. It was noted that some Board members will have conflicts of interest (COIs) in this area. Guidance on COIs will be recirculated to Board members. • Cancer performance has been an issue for Bedfordshire Hospitals Trust and particularly the Luton and Dunstable site there have been further reductions in the backlog which has improved the ICS's position. MKUH continues to perform well. Kathy Nelson, from the ICB chaired a skin faster diagnosis workshop across the region which was well attended and it will help some of our providers across the region with an improved performance position by March 2024; • Primary capacity mapping has taken place in all our four Places in BLMK and is being used to improve access to primary care across BLMK;, as a result, an additional 40 appointments per day are available in Bedford Borough. and • BLMK is one of only seven ICBs across the country that is working on the Breaking Barriers Innovation Programme, which is a supportive recruitment programme for local people with lived experience of health and care issues. **Action:** Corporate Governance Team to recirculate guidance on COIs to Board members and participants. **Agreed:** The Board **noted** the Chief Executive Officer's Report and supported the approach outlined at paragraph 4.5 to reviewing the ICB's Joint Forward Plan for 24/25 as no significant changes were anticipated. *MG arrived at 9.55.*	**Action 61**

SYSTEM STRATEGY		
6.	**System Response to the Denny Review of Health Inequalities** *Presented by Maria Wogan, Chief of System Assurance & Corporate Services and Sarah Stanley, Chief Nursing Director* The Denny Review has been reported to the last two Board meetings. This paper is focused on agreeing the ICB's response to the Denny Review. MWo thanked the Reverend Lloyd Denny, residents, Healthwatch and VCSE partners all of whom have worked together for three years on this review. Thanks was also extended to the Chairs and Chief Executives within the system, who have unanimously expressed their support for the recommendations. The report identifies four key themes - access, communications, representation and cultural competence – that need to be addressed as a system in terms of how health and care is provided. There is already good work underway in all organisations on this agenda and it is important that duplication is avoided. Good practice will be shared, built on and gaps addressed as a system. It is proposed that resources will be allocated from within the newly established ICB Shared Transformation Team to work with partners to coordinate the system response to the detailed Denny recommendations and the larger pieces of work that need to be done as a system. It is proposed that a Board-level champion be appointed for this work and Lorraine Sunduza, Acting CEO, East London Foundation Trust (ELFT), has volunteered to take on this role. It is proposed initially to explore the development of a system-wide translation service, the development of a new "What Matters to You" page within digital patient records and to identify further programmes of work with support from the Institute for Healthcare Improvement. A process is being put in place to maximise the benefit of feedback from service visits and observations undertaken by ICB NEMs, Trust NEDs and Healthwatch. Progress against the Denny Review recommendations will be published on an annual basis, for at least the next three years and a learning and sharing event is planned for next summer to socialise the work that has been undertaken in response to the review. There was unanimous support for the proposals, with some of the key points highlighted as follows: • Putting the resource behind the proposals will enable more focus on some of the key areas and large programmes that can be done collectively; • The Denny Review was taken to the People Board this week where there was a good discussion about what we as employers and anchor institutions can do to bring addressing inequalities into the way we work, such as the work on breaking down barriers through innovation and the Work Well pilot with the Department of Work & Pensions (DWP); • Healthwatch thanked MWo and the ICB team for a thorough response to the review and their full commitment to continue to action and apply resource around inequalities; • It was confirmed that, although there will be a wider sharing of progress annually, once the key priorities have been defined, there will be regular reporting to Board on the progress against those priorities; • It was acknowledged that health inequalities are complex and it will take time to see change;	

	• Once the resource is allocated to the programme, discovery work will be done to understand where resources are allocated currently and to consider where they will be best utilised going forward; • The "What Matters to You" page on digital records is for clinical and care professionals who have direct contact with a resident and will include such things as what someone likes to be called, if there any anxieties or vulnerabilities and other information that can help the professional to tailor their approach to the resident; • The Institute for Healthcare Improvement (IHI) contract allows us access to international examples of what has been done to tackle inequalities; and • Thanks was expressed to LS for taking on the role of Board Champion, tackling inequalities is the responsibility of every person and every organisation. The Board: • **agreed** that the Chair writes to Reverend Lloyd Denny expressing the Board's appreciation for his work; • **agreed** that the ICB allocates dedicated coordination resource to provide a system-level support function for responding to the Denny recommendations in a way that builds on existing initiatives, maximises the value of the whole system, and co-ordinates and reports on the investment in Healthwatch and VCSE initiatives to respond to the review; • **agreed** the appointment of Lorraine Sunduza as Board-level champion for the system-wide response to the review; • **agreed** that proposals for ICB-led system-level action be prioritised: o exploring with partners the development of a system-wide translation service; o considering with partners the development of a new "What Matters To You" page within digital patient records; and, o identifying further programmes of work with support from the Institute for Healthcare Improvement, • **agreed** that feedback from the existing programmes of service visits and observations undertaken by ICB NEMs, Trust NEDs and Healthwatch be utilised to assess progress; • **agreed** that, for at least the next three years, the ICB publishes an annual statement of progress on how the BLMK system is tackling inequalities and responding to the Denny recommendations; supported a learning and sharing event in summer 2024 to bring together the ICB, plus Trust NEDs and Governors, Councillors, VCSE partners, residents, and others to share progress and further shape action across the system to respond to the Review.	
7.	**Delivering integrated Primary Care in BLMK (including NHSE Delivery Plan for Recovering Access to Primary Care** *Presented by Nicky Poulain, Chief Primary Care Officer (CPCO)* The report is in two sections: the first gives the Board an update on the development of integrated neighbourhood working in BLMK based on the principles presented in the Fuller report; and the second gives assurance to the Board on the ICB's response to the NHSE Delivery Plan for Recovering Access to Primary Care (primary care was clarified as including primary medical services, community pharmacy, optometry and dental services). The high level "Fuller" summary timelines for integrated neighbourhood working, aligned to the four pillars, are shown in Section 1.2 of the report for agreement. In comparison with other ICBs, BLMK's primary care transformation of neighbourhood	

working is seen to be advanced by colleagues in both national primary care forums and by the regional team.

For clarification, a Primary Care Network (PCN) is a group of practices who have agreed to work together, whereas an Integrated Neighbourhood is an entity that includes all partners including primary care, community, voluntary sector, local authority, police, fire brigade, health providers and schools, and can also include one or more PCNs.

It is important to understand that PCNs have additional funding as part of the national contracts and provides capacity to increase the resilience of primary medical care and to help practice teams to manage the increasing workload that is evidenced in activity data.

The leadership of most of the PCNs in BLMK is working well with the respective aligned places.

The Board is asked to consider and support the timescales outlined and recognise the need for all system partners, particularly NHS Trust providers, to actively get involved in place-based neighbourhood working to support residents and patients with complex needs to live the best life possible.

The BLMK response to the NHSE Delivery Plan for Recovering Access to Primary Care have been developed collectively with partners and covers the four national domains, with two additional local domains, which are set out in section 4.2 of the report.

It was clarified that "cloud-based telephony" (CBT) is a system that utilises multiple technologies to manage greater numbers of calls in a more efficient way, as well as being more caller friendly. National audits suggests it provides a better patient experience. Currently 63% of BLMK practices use this technology and it is planned to have it in place across all practices in BLMK by the end of March 2024.

"Modern general practice" is the term that NHSE uses for addressing the 8.00am rush for appointments and making sure that patients are given an appointment or sign-posted when they make contact. Clinical leadership and Patient Participation Groups (PPGs) are key to getting an improved patient experience.

There was an organisational development event in November with approximately sixty primary medical care clinical leaders to co-design neighbourhood working and further events are planned, including a bespoke session for community pharmacists, to continue the co-designed work on the Fuller programme.

Alison Borrett, Chair of Primary Care Commissioning & Assurance Committee (PCCAC) was pleased to welcome local authority partners to the PCCAC. She highlighted the importance of patient feedback to understand whether the changes and investment made are actually improving the patient experience. It is also important that the patient understands that the appropriate clinician to support them may not always be a GP, but may be a pharmacist, practice nurse or other health professional.

There was an extensive discussion on this paper with some of the key points being:

- The Additional Role Reimbursement (ARR) is specific to the national primary medical care contract and not directly related to pharmacy reforms.
- We recognise the workforce challenges with community pharmacists moving to primary medical services and we are working closely with the Local Pharmacy Committee (LPC) on all elements of this and are pulling together a Pharmacy Workforce Strategy. As well as the recruitment of an additional 89 pharmacists

through the primary care network contract, the development of neighbourhood working continues.

Primary Care Partners were asked for their perspective:

- MSh – There is a need not just for additional pharmacists for GP surgeries, but also pharmacy technicians and healthcare assistants. The pool for this recruitment is almost entirely community pharmacy, so this could lead to further challenges for community pharmacy. There needs to be investment in community pharmacy rather than divesting from it, with funding having been reduced by 30%. There needs to be a more holistic view of pharmacy and consideration as to whether it should be located in GP practices rather than in the community, although currently access is easier through community pharmacies with 168 access points in BLMK as opposed to 90 through GP surgeries.
- MSh- The launch of Pharmacy First has been well received by pharmacists and comes into effect on 31 January 2024. It means community pharamacists can provide advice and NHS funded treatment for seven common conditions which will significantly reduce the number of GP consultations. There is scope for expanding this such that patients with certain self-limiting minor conditions can be directed to pharmacies
- OK – BLMK has a very strong primary medical service model, with the key challenges being estate and the retention of GPs and practice staff. Through NHS Confederation working groups, it is evident that BLMK is doing well compared to other ICBs. OK was fully supportive of the paper and our approach to integrated neighbourhood teams and proposed development through the four places. Communication and collaboration will be key, as has been demonstrated by the success of the Bletchley Pathfinder.

The discussion continued with the following key points:

- Suggestion that streamlined flexible access and proactive personalised care should be on a faster delivery timescale than proposed in the paper;
- Recommendations 2.3 and 2.4 relating to acute trusts came from a request from the Local Medical Committee (LMC) who had felt that more acute trust leadership input was needed into neighbourhood working. Joe Harrison and David Carter, CEOs of Milton Keynes University Hospital (MKUH) and Bedfordshire Hospitals Foundation Trust (BHFT) respectively, confirmed their support;
- Suggestion that support should be provided to primary care providers to get clear information out to patients when we make improvements, to mitigate the disconnect between patient experience and the impact of social media;
- HW supports promotion of NHS App but the “What Matters for You” page is key to addressing individual patients’ access to information and inclusion;
- The GP to patient ratio in BLMK is 1:2800, with the BMA safe level being 1:1800 – which needs to be addressed;
- There are currently 158 GPs in training and the number of learning places continue to increase in BLMK, recognising the constraints on primary care estate;
- There needs to be more emphasis on people with complex morbidities in terms of prevention; and
- Primary care estate continues to be a priority and the ICB will continue to lobby for more investment with the new Minister who will be visiting next week.

Action: NP to review wording of references to “implementation of place prevention plans” to clarify that it relates to delivering plans already in place and making sure that there is no duplication, rather than being a new ask. **Action 62**

Action: MT/NP to discuss how to address the issue of patient perception, particularly in the light of the NHS App and access to services. **Action 63**

Laura Church’s view that there should be a faster delivery timescale for streamlined access and proactive personalised care than proposed in the paper was noted.

	The Board: • **supported** the timescale and ambition for delivery of the four pillars in the Fuller Stocktake Report as outlined at 1.2 in the report and noted the progress made to date; • **supported** the progress against the BLMK ICB Plan to deliver the requirements of the national 2-year 'Delivery Plan for Recovering Access to Primary Care'; • **supported** the request for increased Acute Trust Partner executive leadership to drive the opportunities for efficiencies identified within the primary and secondary clinical interface forum; • **supported** the request from NHS Trust Provider Partner members for involvement in multi-disciplinary teams, utilising an embedded population health management approach, as part of integrated neighbourhood working to support residents with complex needs; and • **approved** the updated Terms of Reference for the Primary Care Commissioning & Assurance Committee.	
8.	**Carnall Farrar (CF) Review of the Development of Health and Care Integration in Milton Keynes** *Presented by Michael Bracey, CEO, Milton Keynes (MK) Council and Maria Wogan, Chief of System Assurance & Corporate Services* Carnall Farrar (CF), a national healthcare consultancy, undertook an independent report in to MK in 2019 on integration at place level when they found that relationships in MK were strained and that there was much to do to develop a collaborative agenda. Considerable work has been done over the last 18 months on the development of the Partnership and the "MK Deal" and it was decided to ask CF to revisit to review the progress that has been made. Sessions were carried out, both individually and in groups, with the Joint Leadership Team (JLT). The results of the review can be read in the paper and it reflects the positive progress made and endorses the continuation of the partnership to deliver the MK Deal ambitions. Areas identified for improvement in the report were: • making greater use of Population Heath Management (PHM); • more security around funding – £10m of working capital in MK had been identified from various sources to fund some projects, but there is no long-term sustainable plan for projects such as improving system flow; • need to develop a long term vision for place health and care integration and improvement; and • resilience needs to be built in the leadership team. The report recognises work that has been done and that there is good progress to make improvements for residents. It has been a useful experience and one that MK would recommend to other places as part of their development. The Chair acknowledged the achievements over a short period of time in MK, especially the development of the MK Deal. The ICB CEO considered this work to be a significant advance which puts the ICB far ahead of many others. She expressed thanks for the hard work of Michael Bracey, and the JLT, but also Maria Wogan and Rebecca Green (RG) from the ICB team. As part of the development of the new Target Operating Model (TOM), each place will be supported by a team, which should give some resilience to the Place based work. Currently the ICB can delegate resources under S75 and S256 to places and local authorities and these arrangements have been used where possible. Wider delegation to Trusts is not currently allowed under national policy. However, as part of the work with partners on the new TOM, the ICB is keen to delegate further when the	

	opportunity arises against agreed Place based outcomes, and this should fit well with the June 2024 timeline. MWo thanked RG who has led the work from the ICB side, and all members of the MK JLT who have worked well together over the last eighteen months. MWo advised the Board's of Matthew Winn's concern that the ICB should not overlay more staff and money to drive outcomes but should use existing resources and confirmed that there is no proposal for additional staff to resource this work. *Key Points from the Board:* • Impressive report and excellent progress made; • Balance of delegation to Place and system delivery - As part of the development of each programme of work an assessment will be undertaken to determine whether it is best delivered at system or at place; • It was pointed out that resource at place is far larger than the ICS system – delegating to place may give greater capacity for shared working and resilience; and • Incentivising local commissioning and strategic framework - A framework would allow a level of direction to be set strategically by the ICS but would give some degree of local autonomy to work within that strategic framework. **Action:** MC, LC and RP to consider whether a Carnall Farrar type review would be helpful for their development of place. The Board: • **noted** the Carnall Farrar (CF) Review of the Development of Health and Care Integration in Milton Keynes report; • **agreed** to produce a framework by June 2024 which sets out how greater responsibility for resources and decision making will be made available to place based partnerships as they mature; and • **noted** that MK place are holding a MK2028 workshop in February 2024 with the aim of developing an ambitious medium-term vision for each of their MK Deal priorities. In essence, what they are looking to achieve over the next four years.	**Action 64**
9.	**The Provider Selection Regime** *Presented by Anne Brierley, Chief Transformation Officer* The Provider Selection Regime (PSR) affects the procurement of health and clinical care services for the majority of partners on the Board. This new way of procurement brings opportunities to deliver our four objectives as ICS/ICB partners. It supports the population focus ambition, the development of partnership and integration and collaboration over an extended period of time. There is risk in that the legislation has been passed with an implementation date of 1 January 2024. Work is ongoing with all partner providers and local authorities to make sure that rapid implementation of the legislation does not hinder our collaborative processes. There are a couple of items to note which will be discussed in the private part of the meeting. The Chair shared a comment from MWi recommending the Board is clear that the arrangements cover local authority commissioning of services including joint decision making for children and mental services. The Board **noted**:	

	• that the Provider Selection Regime is expected to be introduced on 1 January 2024 and all commissioners of healthcare services (including public health services) are required to adhere to the requirements of the regime; • that the introduction of the PSR requires the ICB and all partner organisations within scope to review procurement, contracting, commissioning and governance processes to ensure these are in line with the requirements of the regime; • that the introduction of the PSR requires the ICB and all partner organisations to review their future procurement pipelines to ensure that procurements started on or after 1 January 2024 are compliant with the new regulations; and • that the ICB and its partners need to ensure that, where joint commissioning or collaborative arrangements are in place, all partners are clear on responsibilities and accountabilities, and decision-making is transparent and consistent. *There was a 10 minute break.* *LC left the meeting.* *JH left the meeting but returned at item 11.*	
	SYSTEM ASSURANCE	
10.	**BLMK Quality and Performance Committee:** *Presented by Shirley Pointer, Non Executive Member & Chair, Quality & Performance Committee, and Sarah Stanley, Chief Nursing Director* ***Quality & Performance Committee (Q&P), Chair's Update – Shirley Pointer*** The Committee Chair's report, and also the one for the Finance & Investment Committee, is being presented in a new format. The objective is to effectively report to the Board about the matters that are being considered at committee, without having to overload the Board with the detail that is taken to that committee. The new format will identify where there are actions in place, where there may be an element of risk or where the support of the Board is needed and will also celebrate some of the successes, particularly from an equality perspective. Feedback is welcomed on the new format. The Q&P data pack has evolved from a mainly NHS acute performance report to one that includes wider data that can be segmented at place levels. This provides better system assurance and helps to identify positive or negative outliers where, by working together, arrangements can be developed or learning shared that will help to raise the general level of quality and performance across the system. It is hoped to include more local authority data, particularly in relation to SEND and Young People. The System Quality Group (SQG) is an important part of the ICS's governance. For the first time recently, there was a collated view of all the organisations that have different external quality reviews e.g. Care Quality Commission. It was helpful to see the ratings, dates and timings of the ratings, some of which were quite some time ago. There will be a better understanding of when inspections may take place and this will feed into understanding the quality of providers across the system. ***Quality & Performance Report (August, month 5) – Sarah Stanley*** SSt stated that there would be a paper on Local Maternity & Neonatal System (LMNS) in the private part of this meeting. The challenge for the Q&P report is getting the desired data and presenting it in an infographic way, with dashboards that residents can understand. Support is sought to add other health and social care data to enable a better view of the system, to reduce the NHS data that is nationally mandated, and to focus on more place based data. *Comments from the Board:*	

	• It was suggested that Healthwatch (HW) reports, particularly enter and view reports, be included in the performance data. As HW is now represented on the SQG, these will be presented to SQG and in turn to the Q&P Committee; • It was confirmed that, following discussions at the Working with People & Communities Committee (WWPAC), a better process has been put in place for acting on and sharing information from HW reports and Sarah Frisby is the main contact for this; • The next Q&P report will include insight from HW and our patient-led reports, as well as from recent sentiment benchmarking work. This is a priority for the WWPAC next year; • MB welcomed the opportunity to work with the ICB to develop data reports for MK. **Action**: All to give feedback to ME-R on the new Committee Chair template. The Board **noted** the Quality & Performance (month 5) and the update from the Chair of Quality & Performance Committee.	**Action 65**
11.	**Finance & Investment Committee** *Presented by Dean Westcott, Chief Finance Officer and Manjeet Gill, Non Executive Member and Chair, Finance & Investment Committee* ***Finance Report*** The Chief Finance Officer (CFO) summarised the following from the report: • The financial position remains challenging, with a system deficit of £20.9m to plan at month 7 (October), although the forecast at that point remained breakeven; • Prescribing, which has been impacted by inflationary pressures and supply issues, accounts for £8m of overspend at month 7; • There is increased demand for Continuing Health Care (CHC) with increased package prices, which accounts for a further £8m; • The direct cost of industrial action (at month 6) is estimated to be £5m, with a further £6m indirect costs which includes lost income; • The acute trusts estimate additional cost on renegotiated contracts to be £3m due to inflation; • On 8 November, all systems received a letter from NHSE requesting revised plans following NHSE's discussions with the Treasury regarding compensation for the cost of industrial action. BLMK received £9.6m additional funding as a result of this exercise; • The target threshold for the Elective Recovery Fund (ERF) was lowered and it is estimated that an additional £4m may be available to alleviate financial pressures; • Top priorities remain patient safety, the delivery of urgent and emergency care over the winter period, maternity and achievement of the Mental Health Investment Standard (MHIS); • Revised plans were submitted on 22 November, which forecast break even for the system, unlike a number of ICBs. This is especially important as any deficit held by the system (including the historical £20m Bedford CCG debt which would be triggered in the event of a deficit in 2023/24), would need to be repaid. Breakeven also allows the ICB to retain autonomy; • FC, DW, DC and JH met with the national team to present our position and to reassure them that the predicted breakeven is realistic and that we have made progress on some of the key operational targets, such as the 65- and 78-week elective targets and also that the urgent and emergency care winter plan can be delivered; • At the time of the meeting, the key assumption was that there would be no further industrial action; we now know that there will be further industrial action; and • The key risks to the revised plan are: - Industrial action could impact the work on reducing elective backlogs, as well as the income that brings into the system; - Prescribing remains volatile and a risk;	

	- The estimated cost of further industrial action, should it continue on the basis of what we have seen, would be c. £9m to the remainder of the year; - There is no indication that there will be any funding for redundancy costs resulting from the ICB restructure; - Next year is a big concern due to the level of non-current resources that have been utilised to get us to where we are, the £800m from the centre is non-recurrent and next year's allocations have been based on inflationary forecasts that do not reflect the current environment. There remains very little flexibility for the public sector going forward given the national position on finances; and - Planning guidance has been delayed and will be available after Christmas, although plans have been worked up on the current basis. *Discussion:* • Commend all the work across the system to get to a break even forecast, which also gives the system a position of strength from which to push back on some of the national requests that have less relevance for BLMK residents; • Discussions with region continue in relation to CDEL, following the issue of a lot of capital at short notice to buy equipment during the pandemic, which incurs depreciation, but at a national level there is not the CDEL to cover it; *JH returned to the meeting.* • It is hoped to start regular discussions with the new Minister on the issue of capital, to try to move to a more strategic capital plan, so that the backlog of maintenance work as well as planning forward can be done, rather than capital funds being drip fed where it is very difficult to manage estates for example; and • The stretch programme of efficiencies has been worked on by the executive team for several months, and these will continue to be reviewed by the ICB and throughout the system. To date £7m of efficiencies have been identified; *AW joined the meeting, remotely.* ***Finance & Investment Committee (F&I), Chair's Update – Manjeet Gill*** The F&I Committee looked at the detail on the level of risk and felt assured in terms of ongoing work on both key enablers such as the strategic data platform and on demand pressures such as CHC. There was a deep dive into prescribing which identified £7m worth of savings, which represents £2m over plan. Focus remains on the high risk of in-year deficit, in particular transformation and the use of resources. The Board **noted** the Finance Report and the F&I Chair's Update.	
12.	**System Risks and Board Assurance Framework (BAF)** *Presented by Vineeta Manchanda, Non-Executive Member and Chair, Audit Risk & Assurance Committee (ARAC) and Maria Wogan, Chief of System Assurance and Corporate Services* Since VM has taken on the role of ARAC Chair, there has been good work, particularly with NHS Trust Audit and Risk Committee Chairs across the system to develop a bottom-up approach to system risk management and the Chairs have been invited to part 2 of the ARAC meeting in January 2024. There was a workshop earlier this week to discuss the ICB's risk appetite and will be discussed with Board members at the Board development seminar in January 2024. System transformation and the ability to deliver remains a high risk, given other constraints, although this must remain as a priority as it also impacts financial sustainability, population growth and primary care estate. Other key risks have already been discussed today, including elective recovery, the challenges of industrial action, workforce pressures, and widening inequalities. Work will continue with Trusts on risk management to make it the reporting more granular and ICB and partners will work to address issues together.	

	MC suggested that some of the "risks" should be considered issues and not risks, such as the cost of living crisis, as it is already happening so is not therefore a risk but an issue. He felt some of the risks were compounds of others and did not need to be included twice. More work is planned on providing granular detail on the risks. Current mitigations to each risk is detailed in the appendix to the BAF report. The point was noted about the use of what constitutes a risk. VM confirmed that the current work on the BAF has included input from all NHS providers including the two ambulance trusts and community service providers, but does not yet include local authorities, which is planned for the next iteration. BAFs and corporate risk registers were shared between the seven providers and the ICB. The focus of the BAF has been on the key strategic risks where mitigations will evolve as discussions and actions with partners continue. JH suggested that consideration should be given to inclusion of digital risks in terms of cyber security and digital innovation opportunities. SSt added that national equality measures are coming through for ICBs which include how to undertake dynamic risk assessment. It also recommends removing those risks that cannot be changed from the register, while acknowledging that they have been considered and removed from the register. **Action**: MW to consider adding a digital risk, to include cyber security, access/managing inequalities, costs and value with investment, around digital systems with partners. **Action**: MW to consider adding a risk in relation to changes in national policy and landscape, such as changes in government, minister, NHSE priorities The Board **supported** the work with NHS Trusts to develop system risk management as described in the paper and **reviewed** the Board Assurance Framework.	**Action 66** **Action 67**
13.	**Report from Place-Based Partnerships and Collaboratives** *Presented by Place Link Directors or Place Leads* **Milton Keynes (MK) – Rebecca Green, Head of MK Improvement Action Team** The last Health and Care Partnership meeting focused on the Carnall Farrar (CF) independent review which has been discussed already today, Public Health gave a presentation on the new dynamic Joint Strategic Needs Assessment (JSNA) and the partnership agreed this approach. It was agreed to hold the "MK 2028" workshop in February 2024 to develop the medium-term vision for each of the current MK Deal priorities and to consider whether there should be additional priorities. The outputs from the workshop will be taken to the partnership, and to this Board as appropriate. The Milton Keynes Activity Reward Programme was launched recently. The trial encourages people with Type 2 Diabetes to increase their physical activity and is being tested as part of a clinical trial, "Activate", led by MK University Hospital (MKUH), MK City Council and Loughborough University. Also launched this week was the MK Integrated Discharge Hub, which is jointly led by community providers CNWL, MKUH and MK City Council. This focuses on improving system flow through urgent and emergency care services. By combining services, the hub acts as a central point of contact for therapy and rehabilitation after discharge from hospital. **Bedford Borough – Alex Wrath, Head of Bedford Place Team**	

	The Health & Wellbeing Board (HWB) will meet next week and will consider the draft joint local HWB strategy which had been out for consultation. There have also been four meetings of the Place Strategic Primary Care Estates Board, which includes colleagues from the council and the ICB and which focuses on developing primary care estate across Bedford Borough. The Executive Delivery Group met on 15 November, with focus on the place-based plan. AW is working with Public Health colleagues to refine the plan. Inequalities funding was discussed and an allocation has been made to a project to support auto enrolment of children for free school meals who are eligible but not currently enrolled. This will ensure that the children have free hot meals each day but will also bring more pupil premium money into local schools. An in-depth mapping exercise has been carried out by the Public Health Team in relation to the Fuller neighbourhood work and it is planned to hold a Place Board workshop to discuss what this means for Bedford Borough. **Central Bedfordshire – Anne Brierley, Place Director** The Place Board has now reviewed the external valuation on the pilot project in Leighton Buzzard on integrated neighbourhood working and has provided some helpful suggestions as to how to progress the work and realise the benefits from earlier identification of people for additional support when they are at risk of deterioration. Progress on mapping VCSE capacity and opportunities at a neighbourhood level have been reviewed and there have been reflections on the learning and benefits of working together. Work continues on Children and Young People (CYP) services, both the Early Years (0-4 years) intervention pilot, but also some detailed case reviews and scoping options for new models of care of CYP in need of the most complex placements, including trying to bring those currently out of area nearer to home. **Luton – Nicky Poulain, Place Director** The detail is contained in the report, but the main focus in Luton is on the most vulnerable residents and work is underway with police, housing authorities and in relation to mental health, drugs and alcohol, to help these individuals. There was an excellent workshop this week focussed on working with the homeless. The Board **noted** the updates from the four Places in BLMK. *AW left the meeting.*	
	GOVERNANCE	
14.	**To re-procure ICB business intelligence support services from NHS Arden & GEM CSU (AGCSU)** *Presented by Anne Brierley, Chief of Transformation* The Board's permission was sought to extend the current business intelligence contract between the ICB and the current provider, Arden & Gem CSU, for a further one year, with a possible one year extension. The ICS is part way through a major transformation in terms of the Population Health Intelligence Unit and also in developing data. An extension of the contract would provide continuity of service provision while the Strategic Data Platform and Population Health Intelligence Unit plans are finalised. Legal and procurement advice has been taken and it is the intention to go out to procurement once these are aligned. Contract negotiations will include a cloud-based solution with greater focus on ICS analytics.	

	The Board **approved** the direct award of the business intelligence contract to AGCSU for a period of one year commencing June 2024 including the option of a further one year extension from June 2025 which will be subject to appropriate financial and governance approval.	
15.	**Workforce Race Equality Standard (WRES)** *Presented by Martha Roberts, Chief People Officer* This report relates to the ICB as an employer, not to the system. The NHS Workforce Race Equality Standard (WRES) is mandatory for Trusts and ICBs. The purpose is to help organisations to review their equality data against nine WRES indicators and to produce action plans which facilitate the closure of gaps in outcomes and experience in the NHS workplace between white and black and minority ethnic (BME) staff. The ICB's focus this year is on inclusive recruitment and Board development, which is outlined in the paper. There was a deep dive on this report at the Remuneration Committee last week and, although good progress, there is still work to do. SP, Chair of Remuneration Committee, assured the Board that the committee takes this issue very seriously and recognises the importance of creating an inclusive culture within the ICB as an entity. Although this report measures the ICB as an entity, there is much collaborative work and sharing of learnings across the system in this area. The Board **noted** the Workforce Race Equality Standard report.	
16.	**Corporate Governance Update and Report from Committees** *Presented by Maria Wogan, Chief of System Assurance & Corporate Services and Committee Chairs* ***Working with People & Communities (WWPAC) - Maria Wogan, Executive Lead*** Lorraine Mattis (LM) has now Chaired her first meeting of this committee. MSK procurement and the role of resident engagement was discussed at length, where there was good feedback from VCSE and HW colleagues. An engagement planner for the system was shared, which brings together engagement activities by all partners, and which it is hoped will reduce duplication. ***Primary Care Commissioning & Assurance Committee (PCCAC) - Alison Borrett, Chair*** At the last meeting in June, the main discussions were around the delivery plan, which is on today's agenda, and access to primary care. ***Audit Risk & Assurance Committee (ARAC) – Vineeta Manchanda, Chair*** The last meeting was held in September and the areas of importance have been highlighted in the Board reports. There will be a tender process for the appointment of auditors for internal audit and fraud. There was a report on business continuity for the ICB, which provided assurance on the implementation of some of the plans. **Bedfordshire Care Alliance Committee – Shirley Pointer, Chair** At the last meeting in September, the main discussions were Winter Planning, Bedford Transfor of Care Team and programme Plan, Urgent and Emergency Care, Right Person Right Care and Virtual Wards. ***Remuneration Committee (Remco) – Shirley Pointer, Chair*** This committee's responsibilities relate to the ICB organisation. WRES has already been discussed today, which was covered in detail at the Remco. New arrangements were approved for staff use of electric vehicles. The committee has looked at the progress of the ICB restructuring and the redundancy selection and authorisation processes coming out of that. Through the committee, over the last few months, there has been assurance that the restructuring	

	process that the ICB has been implementing is aligned with NHS best practice, has operated in an appropriate manner and has given plenty of support to colleagues affected by the restructuring. The committee has approved a small number of voluntary and compulsory redundancies that were identified through a thorough process and have agreed delegated authority for final submission to the Chief People Officer and CEO. ***Urgent Decision*** The Board were asked to ratify an urgent decision taken by the ICB Chair and CEO on 22 November in response to a letter from NHSE in relation to financial challenges and industrial action. ***Delegation of Authority*** The Board were asked to approve the delegation of authority to the ICB CEO to sign off the Quality Delivery System submission to NHSE in February 2024 and the Chief Transformation Officer (CTO) to agree any regional arrangements for Provider Selection Regime. The Board: • **ratified** the urgent decision taken by the Chair and CEO on 22 November 2023 in response to the letter from NHSE in relation to financial challenges and industrial action. • **approved the delegation of authority** to the CEO to sign off the ICB's Equality Delivery System submission to NHSE in February 2024 and the CTO to agree any regional arrangements for Provider Selection Regime and report to the next Board on 22 March 2023. • **noted** the approval by NHSE of changes to the Constitution; • **noted** the completion of the annual conflicts of interest and fit and proper person exercise; and • **noted** the use of the ICB company seal as described in the paper; and • **welcomed** the establishment of the BLMK JHSOC.	
	Closing Items	
17.	**Communication from the Meeting** Communications from the meeting will be written up and shared with partners. **Action**: MSu - Communications from the meeting to be shared with partners.	**Action 68**
18.	**Meeting Evaluation** The following comments were made: • The shorter meeting packs were welcomed and appendices were easily found in the library; • The hard work of MWo and the Governance Team was recognised; • Like to see KPIs/measurement, so would like to continue to see tables or measures of outcomes; • The articulation of the ask in each report has been much clearer; and • Some of the papers may not be easily understood by the public and we all need to take up the challenge to make them easily understandable for the public. It was **agreed** to continue with the new Committee Chair updates template.	

19.	**Any Other Business** The Chair thanked Michael Bracey, Chief Executive, Milton Keynes Council, for his and his team's kind hospitality today. FC informed the Board that she had received notification during the meeting that the Specialised Commissioning delegation to BLMK on behalf of East of England was approved at yesterday's evening NHSE's Board. ***Resolution to exclude members of the press and public*** *The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960.* The meeting finished at 13.00.	

Next meeting
Date: Friday 22 March 2024
Time: 9am
Venue: Bedford Borough Council Chamber

Approval of Draft Minutes by Chair only:		
Name	**Role**	**Date**
Rima Makarem	Chair	5/1/2024

Integrated Care Board MASTER Action Tracker as at 5.3.24

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Key

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

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
44	24/03/2023	Integrated MSK and Pain Services	Local Authority representatives to nominate a representative (public health or social care) by 6 April to work in partnership with the ICB to identify new MSK provider arrangements from 1 April 2024	Tara Dear Michael Bracey Laura Church Marcel Coiffait Robin Porter		01/04/2024	MSK contract has been extended for one year, during which time engagement with Place will take place. Extraordinary meeting of F&I Committee taking place on 21 March to consider the business case.	**In Progress**
57	29/09/2023	Mental Health, Learning Disabilities & Autism (MHLDA) Collaborative	To continue work with partners to build the scope and priorities of the MHLDA proposal and update at the March meeting.	Ross Graves / Richard Fradgeley / Anne Brierley		22/03/2024	To be tabled at Board meeting on 29/3/24.	**COMPLETE: Propose closure at next meeting (22 March 2024**
58	29/09/2023	Mental Health, Learning Disabilities & Autism (MHLDA) Collaborative	To discuss local authority membership outside the meeting with local authority Chief Executives	Ross Graves / Richard Fradgeley / Anne Brierley		22/03/2024	To be tabled at Board meeting on 29/3/24.	**COMPLETE: Propose closure at next meeting (22 March 2025**
59	08/12/2024	Public Questions	Upload two questions from the public with answers to the ICB website.	Michelle Summers		15/12/2023	Questions and responses posted on BLMK ICB website.	**COMPLETE: Propose closure at next meeting (22 March 2024**
60	08/12/2024	Chair's report	Examine how to increase use of NHS App in BLMK.	Sarah Whiteman		22/03/2024	There is ongoing work with Primary Care and via Digital and Technology Forum. - Ensure additional information/services in the MKUHT patient portal is made available via the NHS App as it evolves. - BHFT delivery of a patient portal in line with strategic plans, ensuring it can link to the NHS App.Community and Mental Health providers to enable patient portals that link to the NHS App where possible. - Local Authority partners can also help support increased adoption through providing residents with access to free public internet access (e.g., community buildings such as libraries) to enable residents without access to a Smartphone/personal device to access NHS App services	**COMPLETE: Propose closure at next meeting (22 March 2024**
61	08/12/2024	Chief Executive's Report	Corporate Governance Team to recirculate guidance on COIs to Board members and participants.	Michelle Evans-Riches		12/01/2024	14/2/24 - link to website page - policy and current register - shared.	**COMPLETE: Propose closure at next meeting (22 March 2024**

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
62	08/12/2024	Delivering integrated Primary Care in BLMK	NP to review wording of references to "implementation of place prevention plans" to clarify that it relates to delivering plans already in place and making sure that there is no duplication, rather than being a new ask	Nicky Poulain		31/01/2024	Associate Director of Primary Care & Prevention has discussed with CB/BB/MK Public Health team and all PH consultants clear that the PC Delivery plan is complementary to local authority work and no duplication or additional work.	**COMPLETE: Propose closure at next meeting (22 March 2024**
63	08/12/2024	Delivering integrated Primary Care in BLMK	MT/NP to discuss how to address the issue of patient perception, particularly in the light of the NHS App and access to services	Maxine Taffetani/Nicky Poulain		29/02/2024	20/2/24: Completed. ICB primary care managers along with ICB comms lead for all HW to explore options for addressing patient perception of GP practices and how the NHS App can be better utilised. All 4 HW colleagues attend PC Dev group and influencing resident perception and helping residents to access timely services is a fundamental element of the 'Delivery Plan for recovering access to PC' that is being monitored by ICB and regional team.	**COMPLETE: Propose closure at next meeting (22 March 2024**
64	08/12/2024	Carnall Farrar (CF) Review of the Development of Health and Care Integration in Milton Keynes	MC, LC and RP to consider whether a Carnall Farrar type review would be helpful for their development of place.	Marcel Coiffait/Laura Church/Robin Porter		22/03/2024	24/1/24 - RP (Luton) confirmed that such an exercise would be useful to ensure a clear purpose and delivery. 12/2/24 - LC (Bedford Borough) confirmed that they would also like a similar piece of work to be undertaken. Response received from Luton and Bedford Borough - outstanding response from Central Bedfordshire	**In Progress**
65	08/12/2024	Quality & performance Ctte report	All to give feedback to ME-R on the new Committee Chair template	All		31/01/2024	Positive comments received	**COMPLETE: Propose closure at next meeting (22 March 2024**
66	08/12/2024	System Risks and Board Assurance Framework (BAF)	Consider adding a digital risk, to include cyber security, access/managing inequalities, costs and value with investment, around digital systems with partners.	Maria Wogan		22/03/2024	20/2/24: This potential risk is being assessed - a more detailed update is available in the BAF paper on the 22/3/24 agenda.	**COMPLETE: Propose closure at next meeting (22 March 2024**
67	08/12/2024	System Risks and Board Assurance Framework (BAF)	Consider adding a risk in relation to changes in national policy and landscape, such as changes in government, minister, NHSE priorities	Maria Wogan		22/03/2024	20/2/24: This potential risk is being assessed - a more detailed update is available in the BAF paper on the 22/3/24 agenda.	**COMPLETE: Propose closure at next meeting (22 March 2024**
68	08/12/2024	Communication from the meeting	Communications from the meeting to be shared with partners.	Michelle Summers		31/12/2023	Communications shared	**COMPLETE: Propose closure at next meeting (22 March 2024**

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
FUTURE	10083	Non-emergency patient transport	To agree the approach for the re-procurement of non-emergency patient transport services.	Board of the ICB	BLMK	22 Mar 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting
FUTURE	10093	Planning	Approve the Operational and Financial Plan 2024/25 and revised Joint Forward Plan	Board of the ICB	BLMK	22 Mar 2024	Chief Operating Officer	Stephen Makin, Deputy Chief Finance Officer - Operational Paul Burridge, Head of
FUTURE	10097	Health Services Strategy	BLMK Health Services Strategy – Roadmap to 2040	Board of the ICB	BLMK	22 Mar 2024	Chief Medical Director	Dr. Sanhita Chakrabarti Deputy Medical Director Women's Health Champion BLMK ICB
FUTURE	10107	Specialised Commissioning	Agree Specialised Commissioning collaboration arrangements for East Of England Region • Delegation Agreement	Board of the ICB	BLMK	22 Mar 2024	Chief Operating Officer	Geoff Stokes, Interimm Programme Director - Governance
FUTURE	10109	Mount Vernon Cancer Centre Strategic Review	Update on position regarding Mount Vernon Cancer Centre Strategic Review and implications for BLMK	Board of the ICB	BLMK	22 Mar 2024	Chief Medical Director	Kathy Nelson, Head of Cancer Network
FUTURE	10110	Fragile services	Fragile services current position and potential way forward (included in the Health Services Strategy)	Board of the ICB	BLMK	22 Mar 2024	Chief Medical Director	Sarah Whiteman Chief Medical Director and Sarah Stanley, Chief Nursing Officer
FUTURE	10079	Strategic Data Platform	To agree the approach to procuring a hosted ICS wide strategic data platform	Board of the ICB	BLMK	28 Jun 2024	Chief Medical Director	Mark Thomas, Chief Digital and Information Officer

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	10091	Working with People and Communities Strategy	Review and refresh the Working with People and Communities Strategy	Board of the ICB	BLMK	28 Jun 2024	Chief of Systems Assurance and Corporate Services	Michelle Summers, Associate Director Communications and Engagement
FUTURE	10092	Environmental Sustainability	ICS Climate Change Adaptation plan	Board of the ICB	BLMK	28 Jun 2024	Chief of Strategy & Assurance	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10099	s75 Agreements	Approval of 2024/25 Section 75s (non BCF)	Board of the ICB	BLMK	28 Jun 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting
FUTURE	10100	s75 Agreements	Approval of 2024/25 Section 75s (non BCF)	Board of the ICB	BLMK	28 Jun 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting
FUTURE	10111	Report on maternal deaths Bedfordshire	Receive review report into maternal deaths in Bedfordshire Hospitals Trust	Board of the ICB	BLMK	28 Jun 2024	Chief Nurse	David Carter, CEO BHT and Liz Lees, Chief Nurse BHT
FUTURE	10113	Place delegation framework	Agree a framework to delegate resources and responsibility to Place	Board of the ICB	BLMK	28 Jun 2024	Chief of Strategy & Assurance	Maria Wogan, COSAC
FUTURE	10080	Business Intelligence Strategy	To approve the ICB Business Intelligence Strategy.	Board of the ICB	BLMK	27 Sep 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
FUTURE	10098	Health Services Strategy	Approval of Health Services Strategy	Board of the ICB	BLMK	13 Dec 2024	Chief Medical Director	Dr. Sanhita Chakrabarti Deputy Medical Director Women's Health Champion BLMK ICB
FUTURE	10102	s75 Agreements	Approval of 2024/25 Section 75s (BCF)	Board of the ICB	BLMK	13 Dec 2024	Chief Operating Officer	Kathryn Moody, Director of Contracting
FUTURE	10095	Environmental Sustainability	Revised Green plan	Board of the ICB	BLMK	Q1 2025/26	Chief of Strategy & Assurance	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10085	ICS Infrastructure	To approve an ICS Infrastructure Strategy.	Board of the ICB	BLMK	Q2 2024/25	Chief Finance Officer	Nikki Barnes, Head of ICB Estates
FUTURE	10105	Clinical Policy Development/ Process	Agree a Clinical Policy Development process	Board of the ICB	BLMK	TBC	Chief Medical Director	Sarah Whiteman Chief Medical Director and Sarah Stanley, Chief Nursing Officer

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

Report Author: Sarah Frisby, Senior System Engagement Manager

Report to the: Working with People and Communities Committee

Item: 4 - Following up resident stories that have come to the Board

Reason for report to the Board:

Members are asked to **note** the ways in which those resident stories which have come to the Board have subsequently informed action to improve health and care services.

1.0 Executive Summary

1.1 In November 2022, the Board approved the Working with People and Communities Strategy. This Strategy sets out the ICB's commitment to listening to lived experience and insights. Since the Strategy's publication, more than 300 ICB staff have been trained in co-production to equip commissioners and others with the skills required to respond to resident feedback and improve the quality of services.

1.2 During the first year of implementation, resident stories have been presented at each ICB Board meeting. This paper updates on those stories, and the steps which partners have taken to address the concerns raised for the benefit of all BLMK residents.

2.0 Recommendations

2.1 Members are asked to **note** the work that has been undertaken to respond to resident stories and set out any recommendations for the Board to consider in taking this approach forward in the future.

3.0 Key Implications

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

3.1 Resident insights are generated from a range of partners, and we are focussed on the sharing of these insights across the system. This work forms part of a refreshed Working with People and Communities Strategy which will come before the Board in June 2024.

3.2 The ICB is committed to hearing from people from all backgrounds, especially those who experience health inequalities – so that we can give voice to everyone in local communities.

3.3 There is no impact on Green Plan Commitments as a result. This report has been presented to the ICB's Working with People and Communities Committee.

4.0 Report

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4.1 Since April 2023, the Board has listened to personal stories from three residents, who all attended the Board to explain their condition, the challenges they faced and to ask for support either in addressing live concerns or in taking learning froward to improve system pathways.

4.2 The following provides an overview of the stories and steps taken.

Personal stories	What have we done?
Roxy came to speak to the Board in March 2023 and shared her experience of accessing MSK services in Milton Keynes. She told the board of her chronic backpain. Roxy had three bulging discs in her lower back, bilateral nerve compression and sciatic pain down both sides of her body. The pain had become unmanageable which meant that Roxy relied on a wheelchair, was taking time off work and her quality of life had fallen significantly – she was struggling to be an active member of her young family. Roxy was not aware of the options available to her to manage her condition and felt the situation to be hopeless. She reflected on the use of medicines to control the pain but welcomed a more sustainable approach to managing her condition and leading an active and fulfilling life.	ICB Chief Nurse Sarah Stanley has worked with Roxy and the MSK team to review her current care. Roxy joined the MSK re-procurement engagement team, working with commissioners in reviewing the MSK pathway and making recommendations to improve the service, which would mitigate some of the delays and challenges faced by residents. Roxy has been involved in co-designing the new MSK pathway, which will go out for re-procurement later in 2024. She shared her experience at the seminal Health and Work Seminar, hosted by BLMK ICB in July 2023, to inform the action plans which Places developed to support people with ill health back to work. Roxy rejoined the Board in December 2023 to provide an update on the work that the ICB had done to act on her feedback in the nine months since she shared her story. The Board was pleased to hear of a much-improved position for Roxy, who had been referred to a pain assessment clinic and met with clinicians who explained the results of her MRI and how that translated into the symptoms she was experiencing. Roxy reflects that was the first clinician to explain her condition and the options that were available to her. It has been recommended that Roxy start Pilates and swimming, and Roxy also received a referral back to physio. She found herself a 1-2-1 Pilates teacher, who she now sees fortnightly – and has taught Roxy about muscles, connections to the body and working on her core strength to support weakness in her back. She has also given her small adjustments to her day-to-day regime to keep her moving and build on what she has already been doing.

	Roxy has seen a real transformation; she can walk further and is much more comfortable after a day at work. Roxy's ongoing plan now is to continue with Pilates, physio and with a chiropractor and she started a body movement class in the new year. She would like to see a more holistic approach to managing MSK conditions and continues to feed her lived experience into the re-procurement of MSK services across BLMK.
In June, the Board heard from Jackie. Jackie told us about her diagnosis of a brain tumour and the challenges she experienced during her treatment. She reflected that she was admitted to hospital during the pandemic and her husband was not able to accompany her. There was no communication between clinicians at the hospital and Jackie's family, which meant they relied on her for information on her diagnosis. Unfortunately, because of her condition, Jackie's texts were more alarming to the family at home who were not aware of her condition or treatment that was needed. On returning home after surgery, Jackie reflected on the lack of joined up communication between the hospital and her GP, which resulted in increased anxiety and delays to referrals. Jackie was unable to advocate for herself, and when new symptoms started to appear – after surgery, she struggled to engage with her GP who treated her for headaches. Given her ill health, her husband had to take the lead in working with clinicians to get Jackie the help she needed. Jackie reflects now that there was an inability to see and treat the person and not just the symptoms she was experiencing.	After hearing Jackie's story, the primary care teams shared the feedback and key lessons with GP practices. The Primary Care team have recommended to practices that they implement a policy when reviewing hospital discharge letters, that clinicians arrange for a member of the practice team - someone like a social prescribing staff member - to telephone patients who potentially could have post operative distress and carry out a welfare check to check that they are ok and to identify any support needed. Wider work is being undertaken to consider the interface between GP and hospital services to improve communication to ensure patients like Jackie who may need more support do not fall through the cracks. Primary Care Teams are also working with staff across all health and care settings to ensure a more responsive approach to family concerns. This ongoing effort aims to implement a proactive and personalised care offer for patients with complex needs, extending support not only to the individuals but also including their families or nearest friends. Jackie is now back at work.
In October, Catherine joined the Board to share her story as a deaf resident in Bedfordshire. Catherine explained that gaining access to services was a significant problem for people who are hearing impaired or deaf, and she believes services are not designed for deaf people. She drew attention to the	Catherine's feedback resonated with the insights from deaf residents who had contributed to a workshop on digital strategy and the work undertaken by Healthwatch Central Bedfordshire as part of the Denny Review. Catherine's feedback has been shared with all health and care partners.

challenges of booking a GP appointment – explaining that if your surgery did not offer on the day bookings via an app or online system, it was not possible to ring for an appointment at 8am. She also highlighted challenges in changing outpatient appointments when people are signposted to telephone to change or cancel appointments. Catherine asked for more due regard to be given to deaf people, to ensure that health and care services were easy to access for everyone.	£200,000 has since been allocated to four local Healthwatch organisations to take forward work with residents on how translation and interpretation services could be introduced more effectively in BLMK. Milton Keynes Hospital has included BSL signs around the hospital to help with signposting residents and East of England Ambulance Service is working to include BSL interpretation signs in Ambulances to support patients and carers. The ICB continues working with primary care and other trusts to review how we can better respond to the needs of people who are deaf and will provide more information in the months ahead, as the recommendations for the Denny Review start are agreed and implemented. Frontline primary care colleagues have all been offered training on how to communicate effectively with D/deaf patients. Healthwatch Milton Keynes have also been nominated for a Healthwatch Impact Award for the work they have undertaken to ensure that more deaf patients in MK get their legal right to accessible health and social care information and communications support if they need it. The winners will be announced later on this month.

5.0 Next Steps

5.1 The ICB Board will continue to listen to resident stories to ensure that their experiences influence how we deliver services in Bedfordshire, Luton and Milton Keynes. A wider update on resident engagement and coproduction will be provided as part of the refresh of the Working with People and Communities Strategy, due before the Board in June 2024.

List of appendices

Background reading

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Felicity Cox, Chief Executive Officer

ICS Partner Lead: N/A

Report Author: Georgie Brown, Chief of Staff

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

Item: 6 – Chief Executive Officer's Report

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

1.0 Executive Summary

1.1 This report provides a summary of corporate activities since the last Board Meeting on 8 December 2023.

2.0 Recommendations

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

3.0 Key Implications

Resourcing	
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	

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

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

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

4.0 Report

4.1 **Introduction**

I want to express my thanks to those working across the health and care sector through what has been and continues to be a busy winter period. As we look toward the forthcoming year we will need to ensure a balance of maintaining excellent care for our residents, continuing our focus on improving the wider determinants of health and outcomes, whilst achieving financial balance. The public, media and political interest in the work of the ICB continues to increase, and ICB colleagues are working closely with local representatives, including MPs and Councillors, to make sure that residents are kept informed of the work the ICB is doing, and key priorities moving forward. Given local and national political developments, alongside the growing scrutiny on the financial position of Integrated Care Systems, our work as partners to maintain clear and open communication on matters of keen public interest remains vital.

4.2 **Industrial Action**

Since the last Board meeting, British Medical Association, Health Care Scientists Association and British Dental Association (Trainees) undertook collaborative industrial action with a complete cessation of labour and no derogations or mitigations on 20 to 23 December and 3 to 9 January. Further Industrial Action is scheduled for 24 to 28 February 2024. The BMA NHS Consultants re-ballot for strike action closed on 18 December with 89% BMA consultants voting in favour of strike action and securing a further mandate for strike action until 18 June 2024. No dates have yet been announced. I would like to thank all partners for the continued hard work and dedication in responding to the ongoing action.

4.3 **Running Cost Allowance and Update on ICB Target Operating Model**

Work continues to embed the new target operating model for the ICB with our staff and our partners. Colleagues whose roles were part of the consultation are transferring into their new roles from mid-February to the end of March depending on their workstreams and handing over work. The remaining reconfiguration of parts of the ICB that are were not in the first part of our consultation are being reviewed in conjunction with a review of the progress achieved in phase 1, and a future model for those services developed. This next stage will work towards delivering the total 30% running cost allowance savings required by the Secretary of State whilst delivering our future operating model designed prior to this.

4.4 **All Staff Events**

I am looking forward to our All Staff Events in support of the next phases of our change programme as an organisation. Across two days, 20 March and 8 April, all ICB staff and members of the Board will come together to focus on our achievements over the last 18 months, how the way we work is changing, and the next stages of the delivery of our Target Operating Model.

4.5 **Planning 2024/2025**

I am grateful for the efforts of partners in taking forward the planning process this year. At our last meeting in December, we agreed that we would do a light touch review of the system's Joint Forward Plan, and that we did not expect substantial amendments to be made. The updated Joint Forward Plan before the Board in March reflects this approach. We have also continued to work closely with Partners on Operational Planning for 2024/25, for which the first submission was made at the end of February. There will be a further, draft submission in April before the full submission in May, and the Board Papers presented at Item 11 set out more detail on next steps, including on triangulation and approval.

4.6 **Specialised Commissioning Update**

The work to deliver the safe delegation of specialised commissioning budgets on 1 April 2024 is continuing. A work programme has been established to ensure safe transition of delegated services to East of England (EoE) ICBs. This has included both operational workstreams and strategic oversight via a Joint Commissioning Committee (JCC).

The delegation programme has now reached a critical stage. The Delegation Agreement and Collaboration Agreement (including the Commissioning Team Arrangements were endorsed by the JCC on 31 January 2024. This enabled the agreements to be shared for final approval by ICB Boards and then the NHSE Regional Director in March. Approval of the agreements is a requirement for delegation to be completed by 31 March 2024 and these are included in the Board Papers.

4.7 **Provider Selection Regime**

The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) were introduced for healthcare procurements on 1 January 2024, and all the ICB's relevant procurement activity will now be undertaken under these rules. The PSR provides a range of opportunities as it removes the need to follow a 'one size fits all' approach where market testing is the only model, replacing it with a range of procurement options that focus on maximising collaboration, integration, reductions in health inequalities and innovation, whilst also delivering value for money.

To prepare the ICB for this significant change, we have been working closely with our procurement advisors to develop a training package for the new regime and key criteria for

service evaluation. We have also reviewed our future contracts and procurement pipeline to ensure that we are able to apply the new regime to best effect in delivering high quality and safe services for our patients and residents and are already working towards making our first decisions under the regime, which will be taken in line with appropriate governance routes and the Scheme of Reservation and Delegation.

4.8 **ICB Board Seminar, 26 January 2024**

The event focused on the system priorities for 2024/2025 and for the next three to five years. The proposals formulated from this work are included in the Joint Forward Plan Refresh and Operational Planning Board Paper. The seminar also focussed on how to measure progress and outcomes, and a working group is being established to take forward the feedback received.

The next Board Seminar will be held on 26 April at Milton Keynes University Hospital. We will be joined by Matthew Taylor from NHS Confederation to discuss the power of our places and will have a session led by Joe Harrison, Chief Executive of the Hospital on digital transformation.

4.9 **Finance Committee Seminar, 2 February 2024**

The ICB Finance and Investment Committee held a workshop on 2 February. The aim of the workshop was to facilitate an informal discussion between members of the Committee, the Executive Team and other senior staff in relation to the current and forecast financial environment and strategies to address the challenges.

Chaired by non-executive member Manjeet Gill, the session covered the developing ICB Health Services Strategy, development of the ICB Infrastructure Strategy as well as a discussion in relation to complex care and potential system opportunities. The workshop also received an update on the recent CEO presentation and discussion on system transformation schemes.

4.10 **Employment and Health**

The ICB and partners have been progressing work related to Employment and Health. The ICS has a duty to help the NHS support social and economic development. The main ways the health and care system can do this are through being a good employer and reducing health and disability barriers to employment that residents experience. Following the Employment and Health seminar in July 2023, a number of initiatives are underway.

WorkWell:

WorkWell is one of the government's suite of initiatives announced in the 2023 Spring Budget intended to support people to start, stay in, succeed, or return to work. Led by the ICB, local authorities and DWP and in partnership with VCSEs, housing associations, Healthwatch, education providers and business representatives, a bid has been submitted for BLMK to become a WorkWell Partnership Programme Vanguard pilot site. Initial funding of £90k has been allocated to the ICS to support work on employment and health across the system. The main bid, for £5.6m, is intended to support the development of an integrated work and health strategy and piloting of a WorkWell service to support those with health or disability barriers to employment. The outcome of the bid is to be announced in April 2024.

Targeting Recruitment Pathways into Health and Care:

The ICB is supporting health and care organisations to recruit local residents, and all anchor institutions should ensure the workforce is more representative of the local population. The ICB is working with local authority partners and housing associations to provide better opportunities for social and temporary housing residents to apply for healthcare roles. Small scale tests are underway, such as bringing career information and support to existing touch points between housing providers and residents, with initial feedback from some residents that they hadn't previously considered the NHS for employment and were grateful for the signposting.

The ICB has started development of recruitment and retention pathways as part of the More and Different programme run by Breaking Barriers innovations, which aims to bring those

furthest from employment into health and care careers. Scoping and interviews have been undertaken, with further pathway design to commence shortly.

Apprenticeships:
One of the commitments from the seminar was to bring together partners to increase the use of the Apprenticeship Levy and work more closely to provide better, supportive routes into employment. A workshop on this is planned for March, with public sector, housing association, and VCSE partners among others.

Place-based Employment and Health Action Plans:
All four places developed proposed actions at the seminar and reviewed these through Place Boards. Bedford Borough have convened an "Employment, Education and Workplace Health" group, the ICB is represented on Luton Borough's Inclusive Economy Board, Central Bedfordshire agreed to focus on supporting young and neurodiverse people, whilst Milton Keynes are investigating how to weave employment and health into MK Deal priorities, including the Bletchley Pathfinder. We will continue to work through place leads and link directors to support place boards to align and embed activities within existing priorities.

4.11 **Marmot One Year On**
I was pleased to speak about the Power of Partnership at the Luton One Year On event in December, and in particular to discuss our work to tackle health inequalities in the Town. Luton continues to take important steps on its journey to becoming a Marmot Town, and I am pleased that the ICB's Pledge, unveiled at the Luton 2040 event in February, is guiding all our action in this space.

4.12 **Opening of Patient Transportation Site in Dunstable**
On 02 February, I joined EEAST leaders and local MP Andrew Selous to open the new Patient Transportation Site in Dunstable. The service, provided across Bedfordshire, helps to keep our most vulnerable patients well and support hospital discharges. The service gives transport for non-emergency pre-planned appointments, or inpatient transfers and discharges for patients who cannot travel due to mobility issues or medical conditions. The new site on London Road was a former car showroom before being transformed into a long-term hub to house Patient Transportation staff and vehicles.

4.13 **GP Leader's Day Follow Up**
I am delighted to say that Dr Omotayo (Tayo) Kufegi and Dr Manraj (Baz) Barhey attended a national GP leadership in London on 31 January 2024. The meeting brought together GP leaders from each of the 42 systems representing general practice as a provider. The event was opened by NHS England Chair Richard Meddings, with keynote from Navina Evans on the long-term workforce plan. The group will reconvene in person in the Autumn but will have subsequent virtual sessions in the interim potentially discussing primary care provider collaboration, continuity of care, leadership development. There will be subsequent leadership events for dentists, pharmacists, nurses and ARRS roles with regional events in the Summer bringing the collective primary care leaders together.

4.14 **Wixams Petition**
At our last meeting in December, the Chief Finance Officer, Dean Westcott, and I were pleased to meet in person with residents of the Wixams community to take receipt of their petition and to provide a full response in public on behalf of the ICB. A copy of that response has been published on the ICB's website, and was also shared directly with the representatives from the Wixams Surgery Action Group. I was pleased to meet with Wixams residents and stakeholders alongside local MP Alistair Strathern on 23 February 2024 as part of continued work to find an affordable and sustainable solution.

4.15 **Enquiries and Experience**
The ICB Executive Team receives quarterly reports on the Enquires and Complaints to the ICB. For Q3 2023/2024, the ICB received 924 contacts, relating primarily to Primary Care, Medicines Optimisation and Covid-19 vaccinations. 141 Freedom of Information Requests

were received, relating to Contracts, Finance, Planned Care and Primary Care. This represents a significant increase of contacts over the previous quarter.

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

11 & 12 December	**St George's House Consultation** In partnership with Cancer Research UK and attended by Dr Rima Makarem.
12 December	**Meetings with Alistair Strathern MP** The Chief Executive Officer met with the MP for Mid Bedfordshire on 12 December, 15 January, 20th February and 3 March.
13 December	**Chief Executive Forum** The Chief Executive Officer attended the meeting hosted by Bedfordshire Police Chief Constable, Trevor Rodenhurst. Also in attendance were local authority CEOs, Bedfordshire Fire and Rescue, HMP Bedford, and HM Lord Lieutenant of Bedfordshire. Each provided updates from their organisations and identified areas for joint working.
13 December	**Lifearc** Attended by Dr Rima Makarem.
14 December	**Minister for Primary Care, Andrea Leadsom MP** Central Bedfordshire colleagues, Rima and I were pleased to welcome Andrea Leadsom to the Grove View Hub in Dunstable – a powerful example of integration in action, and an opportunity to discuss responding to rising demand for services.
15 December	**System Integration Peer Learning SIP Network Workshop** The Chief Executive Officer attended to share learning as a system leader to representatives from social care, allied health professionals and pharmacists.
19 December	**Bedfordshire Fire and Rescue Service Christingle Christmas**
2 January	**Meeting with Andrew Selous MP** The Chief Executive Officer met with Andrew Selous MP to provide an update on Leighton Buzzard, as part of a commitment to provide progress updates every six weeks.
11 January	**Victoria Adkins MP, Secretary of State for Health and Care** Along with ELFT colleagues, we welcomed Victoria Adkins MP to the new Evergreen adolescent inpatient unit in Luton. She was particularly impressed with the emphasis placed on supporting young people to shape their environment and maintain a connection with their communities.
17 January	**Meeting with Andrew Hopkinson, Chief of Bedfordshire Fire and Rescue Service** The Chief Executive Officer updated on the areas of shared working, such as hoarding, and discussed how colleagues from Bedfordshire Fire and Rescue can work more closely with Places in Bedfordshire.
22 January	**Quarterly Joint ICB Executive Team and Bedford Borough Council Management Team Meeting** A positive meeting took place with focus on estates, finance and place development.
23 January	**NHS England Executive Team and ICB Chief Executive Officer Meeting**
23 January	**East of England All-Party Parliamentary Group Meeting - Levelling Up Health** The Chief Executive Officer presented on improving healthy life expectancy and reducing health inequality, sharing learning from the Denny Review.
24 January	**Amanda Doyle, the National Director for Primary and Community Care**, visited Milton Keynes to see first-hand the excellent work of both primary care teams, and, later in the day, the CNWL operation in Bletchley.
25 January	**Community Pharmacy Event** The Chief Executive Officer and other members of the ICB Executive Team joined pharmacists from across BLMK at our major Community Pharmacy Event at Cranfield University. An opportunity to discuss with dedicated professionals the vision for the future of pharmacy.
26 January	**Luton Best Awards 2023** ICB Chief Primary Care Officer, Nicky Poulain, and Dr Ahmed attended.
5 February	**ICB Chief Executive and Local Authority Chief Executives** from BLMK met
9 February	**Luton 2040 Conference** The Chief Executive Officer was pleased to be a panelist at a positive event focusing on moving from Vision to Reality across our 2040 priorities for Luton and launching our ICB Luton 2040 pledge.
20 February	**Meeting with Richard Fuller MP and Minister Andrea Leadsom**

	The Chief Executive Officer attended to discuss progress in Central Bedfordshire on estates projects related to Biggleswade.
22 February	**Meeting with Mohammad Yasin MP** The Chief Executive Officer provided an update on Mental Health developments at the Bedford Health Village site.
23 February	**Wixams GP Surgery Meeting with Alistair Strathern MP** The Chief Executive Officer attended a roundtable discussion with local Councillors, the Mayor of Bedford and Wixams Surgery Action Group following presentation of a petition to the ICB Board in December.
29 February	**BLMK Primary Care Festival of Learning** The ICB hosted an event aimed at enhancing the maturity of PCNs to be prepared and capable to understand how to work in their neighbourhoods. The event was attended by over 200 professionals from practices and PCNs in BLMK, local medical, dental, optometry and pharmacy committees.

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

https://www.england.nhs.uk/publication/freedom-to-speak-up-annual-report-on-whistleblowing-disclosures/
NHSE are required to publish information annually on the number of whistleblowing cases received by them that are considered to be 'qualifying disclosures' and how they were taken forward.

https://www.england.nhs.uk/publication/improving-physical-healthcare-for-people-living-with-severe-mental-illness-smi/
This guidance supports ICSs and service providers to improve the physical health care of adults living with severe mental illness (SMI), through improved physical health checks and supported follow-up interventions.

https://www.england.nhs.uk/publication/transitioning-to-centralised-energy-purchasing-to-find-efficiencies-for-the-nhs/
NHS England has worked with Crown Commercial Service to shape an energy product specifically for the NHS.

https://www.england.nhs.uk/publication/update-on-planning-for-2024-25/
Letter from Amanda Pritchard, Julian Kelly and Emily Lawson with an update on planning for 2024/25.

https://www.england.nhs.uk/publication/nhs-england-integrated-care-board-delegation-status-of-specialised-services-provisional/
This document is a reference table showing the provisional delegation status of NHS England specialised services in 2024/25 to specific integrated care boards.

https://www.england.nhs.uk/long-read/arrangements-for-delegation-and-joint-exercise-of-statutory-functions/
This provides an overview of the legislative changes set out in the Health and Care Act 2022, guidance on how to implement the new legislative options available to delegate and jointly exercise those functions and limits on the use of these powers. Updated 19 February 2024.

5.0 Next Steps

5.1 As described in this report.

List of appendices

None

Background reading

None.

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Dr Sarah Whiteman, Chief Medical Director

ICS Partner Lead: N/A

Report Author:
Dr Sarah Whiteman, Chief Medical Director
Dr Sanhita Chakrabarti, Deputy Medical Director

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

Item: 7 - BLMK Health Services Strategy for the NHS: Roadmap to 2040

Reason for report to the Board:

The BLMK health services strategy for the NHS – Roadmap to 2040 is a cross-system strategy which requires direction and support from the Board.

1.0 Executive Summary

1.1 This briefing paper provides an update to the ICB Board on the development of the BLMK Health Services Strategy for the NHS. It presents the case for change that underpins the development of the Strategy which will have a Roadmap to 2040. A detailed case for change which includes the context for change, evidence base and data analysis to support the Health Services strategy for the NHS has been considered by the BLMK ICB Executive Team.

1.2 The Health Services Strategy will set out how health services will need to change across BLMK to meet the challenges of rapid population growth, increasing complex conditions, rising mental health issues and variation in clinical outcomes. It will establish principles that will guide our system when designing clinical services to best meet the evolving needs of the community we serve.

It will also set out the framework on how the ICS, ICB and providers intend to prioritise our resources, time, and attention to achieve the visions set out in the Joint Forward Plan, with a focus on prevention, early intervention and capitalise on advances in technology – medical and otherwise – to make a difference for residents and realise the ambitions set out in the BLMK Joint Forward Plan.

1.3 The development of this strategy is an iterative process building on existing plans, in aliquots of 5 years. The programs Cancer, Mental Health and Long-Term Conditions, Women's Health, Eye care as focus for the first phase. The strategy starts with a 'case for change', which will articulate the drivers and approach for the strategy with clear recommendations to support a more resilient approach to addressing variation in outcomes and provision of sustainable health services in 2040.

The BLMK Health Services Strategy for the NHS will be to guide future health services across BLMK and realise benefits through focussing on right interventions, develop services while managing finance. The strategy will provide ICS/ICB an evidence - based approach to deliver outcomes and value-based decision making. It will set the direction for the development of our clinical services, informing investment decisions and future planning over the next 10-15 years.

1.4 The BLMK Health services strategy for the NHS builds on the ambition set out in the BLMK Health and Care strategy published in January 2023 and the BLMK Joint Forward Plan

published June 2023, both of which were developed in collaboration with all health and care partners across BLMK. This strategy will also take account of place-based priorities including priorities identified within Health and wellbeing strategies across BLMK.

1.5 The BLMK Health services strategy for the NHS aims to deliver on the overall objectives of the BLMK Integrated care partnership of - A longer, healthier life for everyone which means improving life expectancy and increasing the number of years people live in good health.

1.6 **A longer, healthier life for everyone** means improving life expectancy and increasing the number of years people live in good health.
There are lots of factors that affect our chances of living a longer, healthier life. Access to high quality healthcare is very important. The BLMK Health services strategy will aim to describe how the health services predominantly provided within NHS bodies will adapt and reform to deliver safe sustainable provision for future of the population in BLMK, working in close collaboration with other partners such as social care and public health services. This strategy will be to focus on the services and program that make up 60% of NHS related activity. There will be dependencies on other care provision such social care and services commissioned by Public Health in the local authority.

The aim of the BLMK Health services strategy will be to:

1. Impact on the rising prevalence of diseases contributing to mortality in our working age people and improve life experience for people with existing morbidity.
2. Improve access for all ages to safe and evidence-based health and care services.
3. Tackle inequity and inequalities in access and outcomes from cradle to grave.
4. Improve and adapt and spread of research and innovation.
5. Reduce the number of people who are off on long-term sickness with an aim to bringing overall beneficial impact on the productivity of our workforce.
6. Model workforce for the future NHS to inform new models of care in the future.

2.0 Recommendations

2.1 The members of the Board are asked **to:**

- N**ote** the developing Case for Change underpinning the BLMK Health Services Strategy for the NHS
- S**upport** the continued development the strategy that will involves stakeholders, partners, and residents.
- **Support** this 'call to action' to better ensure BLMK is fit for the future, including the establishment of a cross-system programme team to take this work forward. This will comprise dedicated ICB resource, contributions from system partners and wider NHS support.

3.0 Key Implications

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

3.1 Additional resources will be required to support the work in the next phase of development of BLMK Health Services Strategy. To date the team as supported the work using existing resources within the ICB however going forward this work needs a dedicated team. Investing in the resources helps the BLMK health and care system become more robust and cost-

efficient in the future. There will be requirement for partner organisations to commit clinical and management resources for the clinical programs that are identified for a focus.

3.2 Green Plan implications: Climate change will bring challenges to delivery of the health services strategy. Population growth will mean greater demand for healthcare resources. Climate change and environmental degradation will bring a number of different health challenges for the population (particularly those highlighted in the first phase of this strategy – cardio-vascular, respiratory, mental health, and neurological illnesses such as dementia – as well as new and increasing disease vectors). The impacts of climate change are likely to most affect those in more-deprived areas, and those with existing health conditions, and thus will have the effect of creating even more inequality. Climate change will likely drive migration of populations to more temperate countries, including the UK, adding additional demand for health and care services. Health services in the future will need to be resilient to the effects of climate change – climate adaptation to a new climate will be necessary and should be considered immediately whilst planning future service delivery models. Location of services, and how they support local social and economic development and positively impact on the wider determinants will also be critical to creating a more-effective, more-efficient, preventative, and low-carbon health system. To address the above changes, the Health Services Strategy will build in stages to assess against climate impact, relevant socio-economic impacts, and the likely resulting health outcomes.

3.3 It is a key priority of the work to address health inequalities. The previously ICB board approved 'case for change to tackle health inequalities and deliver on Core 20+5 programs' has been considered as part of the overall approach.

3.4 To date key stakeholders have been involved in the development of the population health and health need modelling work. Key stakeholders include clinical programme leads/SROs (Cancer and Mental Health), programme boards (Cancer and LTC), Provider clinical leaders (acute and mental health), clinical senate and ICB Executive team and their Deputies, Public Health leadership teams. In addition to this, external experts have been consulted from NHS strategy Unit working on the National Hospital Program, Health Foundation, The Health Foundation, OHID Local Knowledge Intelligence Team National Leads, NHS England Workforce Modelling leads.

4.0 Report

Situation

4.1 BLMK is experiencing significant population growth, with a projected 19% increase in population size of the combined BLMK area from 2021 to 2036. Of note is the substantial increase in the proportion of the population in the 65+ age group[1]. Unless preventative interventions are delivering outcomes, or health trends improve, there will be a substantial increase in need and an inability to meet these needs with the current configuration of services. Combined with advancements in healthcare, this growth necessitates the existing configuration of healthcare services to be re-evaluated to meet the rising demand and address the predicted increase in prevalence of major illnesses.

BLMK is facing multiple drivers for change. Despite huge advances in the application of new models of care, technology and information, the way existing health services operate has changed very little over past decades. BLMK must not only embrace new healthcare infrastructure encompassing workforce, digital and estate but also ensure that what already exists works as effectively as possible.

Background

[1] Work has been completed to understand what the population across BLMK might look like in 5, 10, 20 years. A full explanation of how these projections were calculated and the assumptions that were made to calculate them is available on request and will be published in due course.

4.2 For the first phase (2022-2027) of the BLMK Health Services strategy, we have chosen 6 groups of conditions to focus on: cancers, cardiovascular disease (CVD) (including stroke and diabetes), chronic respiratory disease (CRD), musculoskeletal disorders (MSK), mental ill health and dementia. This aligns with the Joint Forward Plan.

These major conditions have also been selected as part of national Health inequalities strategy - Core 20+5. The conditions we are focusing on together account for over 60% of ill health and early death in England and are part of the scope for the national Major conditions' strategy. The local analysis of need in BLMK points wholly to these clinical programs as causing the greatest burden of disease for the people of BLMK. Improving outcomes in each of these areas would transform the lives of thousands of people and fulfil the system's aims to increase healthy life expectancy and reduce ill-health related labour market inactivity.

In addition, we have chosen to focus on services which have yet to fully recover from the Covid-19 backlog, including Eye care, Women's health Provision and ENT. Our analysis shows 3% of our population are living with sight loss across BLMK. It is predicted that condition specific sight loss could increase two-fold by 2032.Over 50% of our population in each of our local authority areas are female. There are indications that abortion rates are increasing, and this may be due to access to contraception. Following the pandemic and subsequent challenges across the health systems, this has caused a reduction in the ability to deliver contraception services and created waiting lists for some services. Heavy and painful periods, menopause and conditions like endometriosis is crippling the lives of women hampering further education and productive employment.

Tackling the challenges using an evidence - based approach is critical to achieving national manifesto commitment of gaining five extra years of Healthy Life Expectancy by 2035, levelling up mission to narrow the gap in Healthy Life Expectancy by 2030. BLMK ICB Public Health Intelligence Unit are working to model how life expectancy will change in the future.

We acknowledge that 'multimorbidity'** and 'intersectionality'** are important factors that governs the lives of our people. Therefore, we must be cautious that our strategy will have to aim for to address end to end pathways of care and develop human and place centred approaches to wrap care for people when they need this most.(** Multimorbidity is defined as the presence of two or more long-term health conditions, Intersectionality is an approach to understanding and influencing the multiple forces that shape social inequalities and discrimination**)

4.3 The overall goal is to ensure that in 2040, BLMK healthcare services can meet the predicted health care needs of the resident population, resulting in an overall healthier landscape. This directly aligns to overall ICS strategy to ensure that our communities live a longer, healthier life by increasing the number of years people live in good health. To achieve this, we need our services to be both sustainable and responsive.

Assessment

Developing the case for change to support the strategy.

4.4 The future of healthcare in 2040 will need to look radically different:

- Health will be defined holistically as an overall state of well-being encompassing mental, social emotional, physical, financial, and spiritual health.
- Care will be organised around the needs of the patient rather than for the convenience of clinician and care providers.
- Empowered patients will have access to detailed information about their health, own their health data, and share in health-related decision making. They will demand accessible, affordable, and personalised health care products and services.

- Care delivery and digital transformation – enabled by robust, real time and radically interoperable data, open secure platforms, and AI, virtual health, and other digital technologies – will promote closer collaboration among industry stakeholders.
- Innovation interventions and treatments from existing and new health care providers will be more precise, less complex, less invasive, and less expensive.

4.5 The BLMK Health Services Strategy for the NHS developing an evidence-based approach that will encompass population health modelling, workforce modelling, building on a prevention plan, stakeholder consultation including patient and community activation through existing multi-professional multiagency stakeholders' forums, analysis of current plans and strategies, national landscape, and horizon scanning for new ideas through research and innovation.

4.6 To date work has involved in developing population health projection into 2040. This work will enable each of the clinical programmes of focus to better understand the need and the drivers of demand in the future. Other methodologies have been developed to date to further enhance clinical programs under focus. These include:

- BLMK People board support to develop workforce projections.
- BLMK Health inequalities group approach in using Triple Aim and QI methodology to tackle health inequalities.
- Develop a methodology of using benefit realisation maps for all interventions to harness efficiencies in resources and workforce. Tested by Cancer board.
- Develop Community activation and social contract through our ICB engagement strategy and work with key community leaders such as Lloyd Denny
- Support from Health innovation East in scoping and horizon scanning for innovation.

4.7 Work is now in progress to predict future demand by profiling how demand for health services in BLMK is likely to change between 2023 and 2040 in three scenarios:

- Current patterns of age-specific health need remain static.
- Health need is reduced because of reasonably effective interventions based on principles of prevention and early intervention.
- Health need is increased because of worsening patterns of health risk and morbidity.

4.8 There is a recognition that the 'do nothing;' scenario, continuing with ad hoc improvements as and when opportunities arise will not meet the increasing prevalence of long-term conditions.

We are trying to start a movement of embracing a culture of thinking long term. This will help us to:

- Build Resilience and prepare for future developments we can spot (risk management)
- Improve agility and alertness in order to be ready and able to adapt as the future evolves.
- Develop agency and bring people together to create a shared vision for the future.

4.9 We will examine the technological, demographic, and medical trends over the next two. decades (with short-, medium- and long-term goals with 5 years running cycles) that may affect the health service across BLMK as a whole.

The baseline and current trends and outcomes and gaps in health inequalities for each of our programs has shown us the areas we need to focus on.

4.10 We will seek to identify the key factors which will determine the financial and other resources required to ensure that the NHS services across BLMK can provide a publicly funded, comprehensive, high-quality service available based on clinical need and not ability to pay. A workforce methodology has been developed to support clinical programmes to be able to articulate future workforce needs and financial impacts as part of this work.

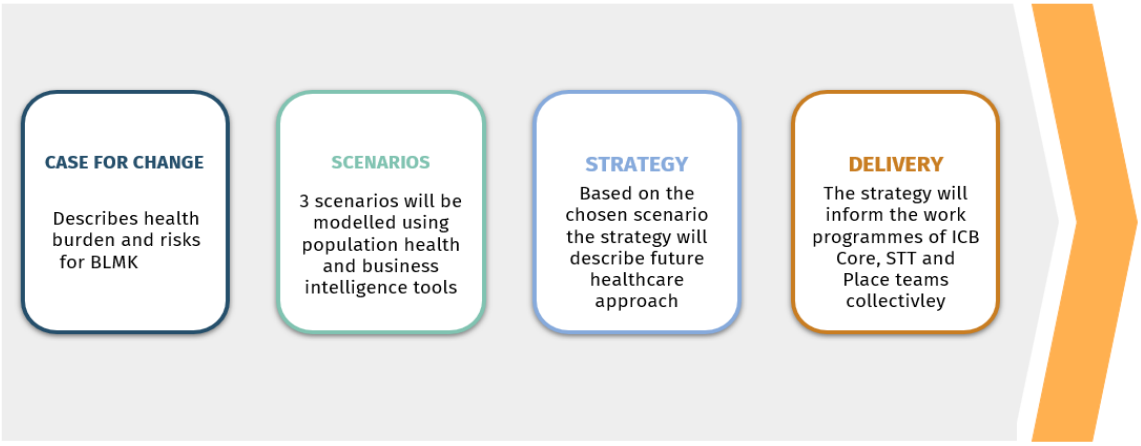
4.11 The future strategy will take account of the place-based priorities across BLMK and clinical services strategies that have already been developed by providers across the BLMK.

4.12.1 The strategy will build on learning from delivery of existing strategies and plans in the priority areas to accelerate activities and or solutions to manage demand, reduce variation and improve productivity and quality. Focus for the first 5 years will be move faster further on areas where we know there is established evidence base to deliver on outcomes and deliver efficiencies at a population level.

5.0 Next Steps

5.1 The next steps are to:

- Work through the population health projections and scenarios for each of the clinical program areas identified.
- Following approval from the BLMK ICB Board in March 2024, a cross-system programme team will be established to take the work forward. This will comprise dedicated ICB resource in addition to the additional expertise and resource that will be required from external agencies. This will require senior clinical leadership as well as management time from partners.
- The strategy will be developed in 4 key phases: Case for change, scenario profiles, strategy, and delivery, using a Quality Improvement approach. Work is now in progress to predict future demand by profiling how demand for health services in BLMK is likely to change between 2023 and 2040 in different scenarios, e.g.
    - Current patterns of age-specific health need remain static.
    - Health need is reduced because of reasonably effective preventative interventions.
    - Health need is increased because of worsening patterns of health risk and morbidity.



5.4 Work with ICB communications team and system partners and existing program boards to deliver the next phase of the development focusing on wider system engagement.

5.5 The strategy will be finalised and approved at the March 2025 board. A draft strategy will be developed for October 2024, and then allow for review by partners and stakeholders including residents.

The table below shows the interim timelines.

	Activity	Output	Timeline
Engagement	1. Stakeholder identification and mapping – namely health care providers and other sectors who have interdependencies	Understanding of who needs to engage and be engaged with in the development of the strategy	Q2-Q3 24/25
	2. Launch event	Launch event to introduce the concept to stakeholders across the whole eco-system	
	3. Quality improvement and PDSA	The primary lever to support shifting towards the new state will be the embedding of QI methodologies into all work; using a framework to support this across the whole eco-system and monitoring its use will be necessary.	
	4. Delphi rounds to develop consensus on future state	Undertake three Delphi rounds to develop consensus on what the future state will be in terms of the scenario planning and the system response. These Delphi rounds will be linked to the transformational boards/ Place stakeholder forums to both set the questions and review the findings.	
	5. Round tables to explore the system response	Stakeholder round tables to engage and explore the opportunities, by role within the eco-system	

Appendix A: Worked approach using Lung Cancer

We have worked with BLMK Cancer board and using the BLMK 10-year plan for cancer to test the suggested approach with stakeholders.

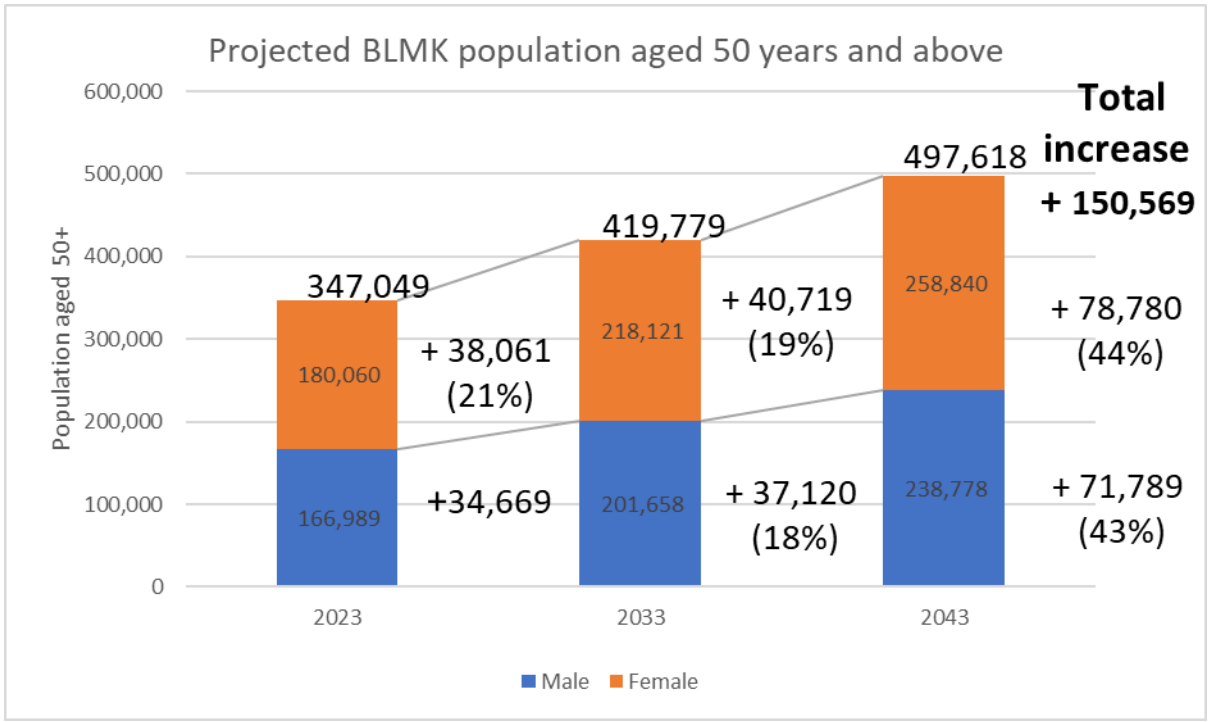
Cancer, as a multi-sectoral programme will look and feel different in the future, with the NHS Long Term Plan ambitions achieved at a minimum.

- More capacity to **screen, case find and diagnose people faster**; more people accessing stage one treatment earlier, with improved survival rates, patient experience, and significantly reduced costs.
- Focus will be **prevention and preventable cancers**; system will be pro-active as opposed to reacting to the cancer burden.
- **Innovation** seamlessly embedded: more new initiatives using new ways of delivering prevention, diagnostics and care are seamlessly piloted and scaled across the system, making the postcode lottery obsolete.
- **Agile workforce**; able to flex across organisation, sector, and geographical boundaries.
- Care will be **closer to home**; patients will not have to travel out of area for clinically required secondary or tertiary care.

The specific goals for cancer in the NHS Long Term Plan are:

- Improved early diagnosis so that 75% of cases are diagnosed at stage 1 or 2 by 2028.
- The 1-year survival rate is improved.

The implications of the expected population growth – The provisional BLMK population projections show that there is a projected increase of 43% in the over 50-year-olds in years 2040.



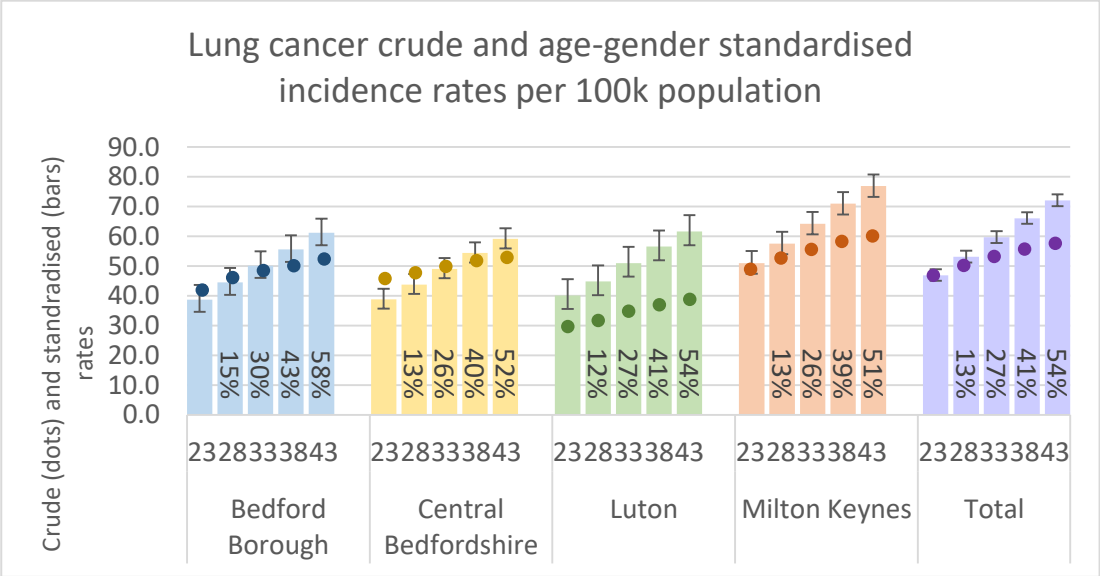
Cancer incidence is highest in those aged 50 years and over – and this is the largest-growing segment of the BLMK population. This population projection estimates therefore that – we are likely

to see an increase in Urgent cancer and suspected cancer referrals in the future. We know from current analysis that there has been a significant increase post COVID. The population projection methodologies suggest that this is likely to increase further. Consideration will need to be given to the impact this has on diagnostic capacity and workforce.

The Cancer Board, made up of system clinical, operational, patient and charity groups, have been looking at the future needs for cancer for some time and agreed to align the current work towards the Cancer 10-year plan to test the methodologies developed for the BLMK Health Services Strategy. The Board has looked at prevention for the future, workforce, innovation, health equity and population health to date.

BLMK Cancer Board is initially using lung cancer as an example of the scaling up approach to improving outcomes. The current data tells us that lung cancer is a significant contributor to the variation in cancer outcomes in BLMK in terms of 1 year survival rates and life expectancy gap. The methodology described in the document BLMK Health Services Strategy: A case for change & roadmap to 2040 uses population health data to describe the picture of lung cancer incidence at each of our places – Bedford Borough, Central Bedfordshire Luton, and Milton Keynes.

This chart below shows projected number of new cancer cases expected over the next twenty years per 10,000 population- we see considerable growth over time[2].



The case for change also illustrates the benefits of the introduction of the Targeted Lung Health Check programme and the relationship between cancer stage and the costs to the NHS.

[2] *Note: the baseline is the year to 30th June 2024. For the baseline, it is considered a new diagnosis if a patient has not received treatment for lung cancer in the three years prior. The forecast years apply the population projections by age and gender. The age-gender standardised rates are presented as bars, and non-standardised as dots. The percentages at the bottom of the bars represent the growth rate for standardised rate relative to 2023.*

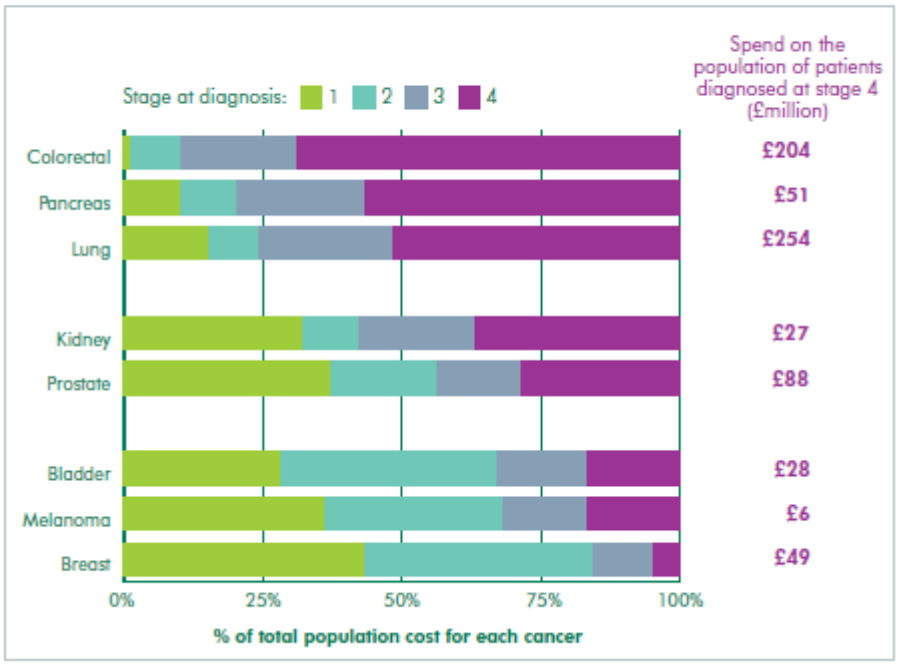
The lung cancer incidence data in the case for change highlights where the growth in lung cancer incidence will be over the next 20 years with significant growth expected in the Bedford Borough and Luton places.

The impact of smoking on lung cancer incidence has been noted in Place Health and Wellbeing strategies. There are opportunities through the expansion of targeted Lung Health Check programme and use of innovation to detect lung cancers earlier to accelerate the stage shift already seen in Luton and parts of Central Bedfordshire.

People diagnosed with lung cancer at the earliest stage are nearly 20 times more likely to survive for five years than those whose cancer is caught late. The healthcare cost implications of lung cancer can vary significantly based on the stage at which the cancer is diagnosed. Historically lung cancers were diagnosed later at stage three or four. When lung cancer is detected at an early stage, the costs tend to be lower.

Macmillan Cancer support undertook some research into the healthcare cost impact of late stage. cancers. Whilst the case for change has not yet quantified the cost impact locally, the example from Macmillan illustrates the point that stage of diagnosis has long term efficiencies at scale.

Predicted population costs over 15 years for those diagnosed in 2015 by cancer type and stage at diagnosis



Exploring the healthcare cost implications of cancer stage, November 2016

The scaling up of the Targeted Lung Health Check programme which has already evidenced diagnosing lung cancers earlier is a solution with patient, operational and efficiency benefits.

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Dr Sarah Whiteman, Chief Medical Director

ICS Partner Lead: N/A

Report Author: Ruth Derrett, Mount Vernon Cancer Centre Review Programme Director - NHSE, Kathy Nelson, Head of Cancer Network - BLMK

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

Item: 8 - Improving access to Radiotherapy – Mount Vernon Cancer Centre Review update

Reason for report to the Board: To provide an update on the progress of the Mount Vernon Cancer Centre Review and to consider the implications for BLMK ICB and residents

1.0 Executive Summary

1.1 The Mount Vernon Cancer Centre (MVCC) in Northwood in Middlesex provides non-surgical specialist cancer care for patients across Hertfordshire, North London, Bedfordshire and parts of Buckinghamshire and East Berkshire. The main services it provides are radiotherapy, including brachytherapy and Systemic Anti-Cancer Therapies (SACT) which is mainly chemotherapy and immunotherapy.

1.2 Residents of parts of Central Bedfordshire and all Luton residents attend Mount Vernon or are seen by Mount Vernon clinicians at their local hospitals (Luton & Dunstable or East and North Herts Lister) as part of their treatment. Patients living in Bedford Borough attend Addenbrookes as their nearest Cancer Centre and Milton Keynes residents are treated by Oxford (with plans for a satellite radiotherapy centre in the near future). The focus of this paper is on MVCC and therefore will not cover radiotherapy provision at Addenbrookes and Oxford at this time.

1.3 Access to radiotherapy across BLMK has been an issue for many years because of the distance patients have to travel for treatment and the associated challenges of cost, dependency on others for support and managing short term and long-term side effects of treatment. This is because we are unique to many other ICBs as we do not have a Cancer Centre within our borders and our patients are required to travel outside of BLMK for treatment. BLMK is one of the main referrers to Mount Vernon making up 11% of all activity there.

1.4 NHS England commissioned an urgent review of Mount Vernon Cancer Centre (MVCC) in May 2019, led by the East of England Specialised Commissioning Team, due to increasing concern regarding the sustainability of a safe and high quality oncology service provided at the site.

1.5 MVCC has been subject to a long series of reviews over a period of at least 30 years. Due to the complexity of the large catchment area and patient flows, the number of organisations involved, the lack of capital funding, the continual change in oversight management, commissioning and network arrangements, these numerous reviews and recommendations have not resulted in any substantial change to the service.

1.6 The review recommendations propose that the current Cancer Centre provision on Mount Vernon site is reprovided in a new location – Watford with networked (satellite) provision at

either East and North Herts (Lister Hospital) or Bedfordshire Hospitals (Luton and Dunstable) sites. This proposal has been reviewed and endorsed by the East of England Clinical Senate.[1]

1.7 This report provides an update on the Mount Vernon Review Programme bid for capital funding and explores the implications of the Mount Vernon Review for BLMK.

2.0 Recommendations

2.1 The members are asked to:

- **endorse** the BLMK Cancer Board's recommendation to support networked (satellite) radiotherapy as part of MVCC plans.
- **note** the report and consider its wider system, place and provider implications for BLMK partners in relation to access, capital funding, impact on health outcomes, patient flows and similar strategic developments in and surrounding BLMK.
- **note** that a decision will be taken by joint ICBs as commissioners from April 2024 on the proposed location of satellite radiotherapy, following the completion of consultation on MVCC Reprovision.

3.0 Key Implications

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

3.1 Resourcing implications have been considered and, at this stage, no implications identified. There will be implications on resourcing if additional capital is secured.

3.2 There are significant health inequalities impacts for our Luton population in terms of health care inequalities (access and patient experience) and health outcome inequalities (mortality)

3.3 L&D leadership team, NHSE Mount Vernon Review Team, Luton Health and Wellbeing Board and Overview and Scrutiny committee have been engaged in the development of this report.

3.4 Green plan implications have been considered. If approved the plan to build satellite radiotherapy premises is approved this will reduce carbon emissions as travel times by car for access to treatment would be significantly reduced.

4.0 Report

Background to the review

4.1 Mount Vernon Cancer Centre is a standalone cancer centre and primarily serves a population of over 2 million people in Hertfordshire, Central Bedfordshire and Luton, North West London and Berkshire. It is the largest single site non-surgical cancer facility in the South East of England and treats around 6,000 new patients per year. The cancer centre is run by East and North Hertfordshire NHS Trust.

[1] MVCC_Radiotherapy_Clinical_Senate_Report__April_2022_.pdf (eoesenate.nhs.uk)

4.2 There have been long-standing concerns about the sustainability of services at Mount Vernon Cancer Centre (MVCC). These relate to both the fragmentation of patient pathways due to the lack of co-located acute services on the site, and the dilapidated state of the buildings.

4.3 The relocation from the Mount Vernon Cancer Centre will include a new hospital build on the Watford Hospital site and the development of a networked also known as a 'satellite' radiotherapy site either at the Lister Hospital or the Luton and Dunstable Hospital.

4.4 A 2019 independent clinical review led by the East of England Clinical Senate concluded there needed to be both immediate and longer-term changes, which include immediate backlog maintenance programme of works to the building infrastructure and developing care closer to home models such as chemotherapy at home in the short term whilst the longer term plans to reprovided services to Watford are agreed. An NHSE programme team has since been overseeing the development and implementation of the short-term programme of work, and the longer-term proposals for change through the Mount Vernon Programme Board of which BLMK are represented.

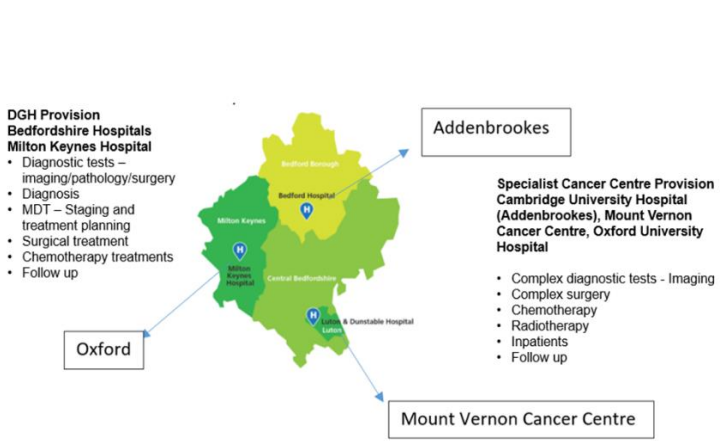
4.5 An expression of interest was submitted to the New Hospitals Programme (NHP) to support the capital required to deliver the long-term plans.

4.6 In May 2023, central Government announced the new schemes joining the NHP, prioritising hospitals that had been built using reinforced autoclaved aerated concrete (RAAC) - not MVCC. However, the team has continued constructive conversations with the national team about the case for change, which is widely supported locally, regionally and nationally.

4.7 Alongside this, the Programme team has continued to implement short-term improvements on the site and developing care closer to home where that is possible ahead of a decision on the longer-term future of the site. This has included the launch of a chemotherapy at home service in 2023, which has been rolled out across the MVCC catchment, including to patients living in and around Luton.

Implications for BLMK

4.8 Access to radiotherapy for BLMK residents has been an issue for many years because of the distance patients have to travel to MVCC and the associated challenges of cost, dependency on others for support and managing short term and long-term side effects of treatment. In BLMK there is access to Radiotherapy services as part of tertiary care in large cancer centres - Cambridge, Oxford and London (Mount Vernon).



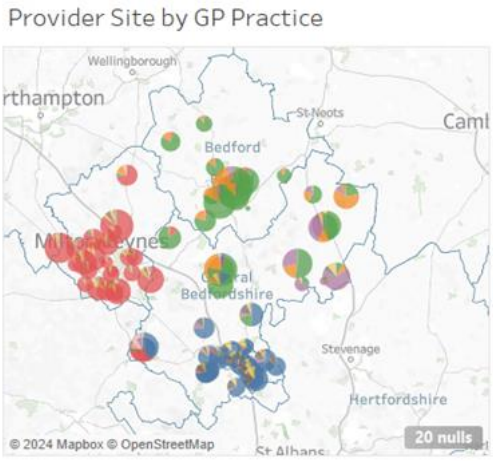


Diagram 1 shows patient flows to cancer centres outside of BLMK, Diagram2 shows, at GP practice level, where patients are referred to – Red =MK, Green = Bedford, Purple=Lister, Blue =L&D, Orange= Addenbrookes

4.9 The BLMK Cancer Board reviewed the current model in 2022 and concluded that the current tertiary pathways for radiotherapy treatment are longstanding, well embedded and it would not serve patient benefit to fundamentally change them at this time. However, future cancer strategy should be based on the principle of bringing care closer to home wherever possible. This approach can be seen in the development of satellite radiotherapy services at Milton Keynes Hospital in partnership with Oxford.

4.10 The NHSE-led expression of interest seeking capital funding is still being considered for alternative route of funding. The delay to a decision on capital is known within the system and the risks have been discussed at ICS and provider level. The ICS Cancer Board has documented the risk on its risk register. The ICS Cancer programme has led a collaborative project to understand the factors contributing to poorer cancer outcomes in Luton. This has identified inequalities in cancer care that would be improved by local provision of specialist oncology services and treatments. **There is a risk that the further delay in capital decision will continue to widen health inequalities for Luton residents.**

4.11 The ICS Cancer Board and BHFT Cancer Board are still in support of the preferred option – Reprovision of the site at Watford with satellite provision either at Lister or Luton and Dunstable (pending public consultation).

4.12 The ICB is working with regional colleagues on models of care to support care closer to home. A proposal to roll out a Mount Vernon Chemotherapy at home is supported and we will work with regional commissioners and partners across the ICS to make the model sustainable.

4.13 Radiotherapy services are currently commissioned by NHSE Specialised Commissioning. Radiotherapy provision for adults and children are included in the list of services suitable for delegation to ICBs from 1st April 2024.

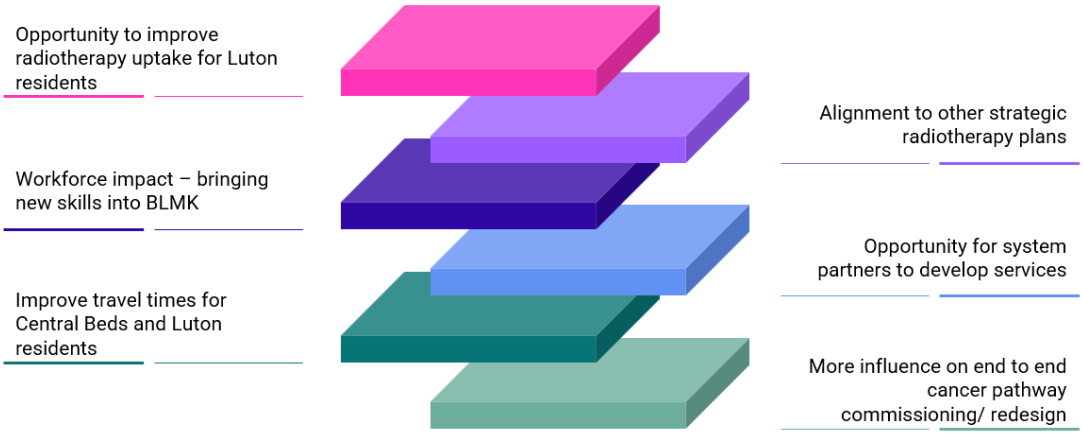
Considerations for the ICB Board

Type	Description	Mitigation
System	Access to services - Travel, transport and access have been the most frequently raised concerns by patients, carers and the public. Patients living in Luton have on average 72 minutes travel time to and from MVCC daily for at least 4 weeks. Some patients have told us of the cost impact of this. A satellite service would reduce travel times to 24 minutes a day. For a Central Beds resident the proposals could mean a potential 5.5-24.5-mile reduction in travel daily for at least 4 weeks.	Short term – Luton Outcomes project have established a transport service (two year pilot) in partnership with Luton Borough Council. Long term – Networked (satellite) radiotherapy proposal will deliver improvements to patient access to cancer treatments
System	Capital funding decision – The expression of interest for New Hospitals programme did not make list of programmes announced last year. The system cannot move forward with plans until a decision is made on alterative funding routes.	Short term – explore local solutions to improve patient pathway such as introducing chemo at home (already in place in some pathways), blood tests closer to home.
System	Impact on health outcomes – Data analysis undertaken in 2019 identified variation in 1 year survival rates and radiotherapy uptake between Luton and other ICBs referring into MVCC. The most recent	Luton Cancer Outcomes project aims to improve survival rates in Luton. The project has seen some grassroot improvements in relation to Bowel Cancer Screening uptake, increase in urgent

	Annual Public Health report identified cancer as one of the three main causes of death in Luton.	suspected cancer referrals and early stage diagnosis of Lung Cancers.
Place	There may be different place level considerations in relation to networked (satellite) radiotherapy proposed sites. Central Bedfordshire has residents under the care of MVCC via Lister or L&D	Cancer is one of the place priorities therefore a route to discuss at place board level at the right time. Continue to engage with CBC and Luton Health and Wellbeing Boards
Provider	Infrastructure and estates to deliver the proposed service model of 2 radiotherapy machines (Linacs) with access to emergency medicines on site and inpatient/outpatient oncology provision The networked radiotherapy unit will be a satellite of the main MVCC radiotherapy department – using same IT systems, protocols, staff (/competencies)	Feasibility studies confirmed that acceptable site options could be delivered on either the Luton and Dunstable Hospital (Bedfordshire Hospitals Trust) or the Stevenage Hospital (East and North Hertfordshire Trust) sites.
Provider	Need to ensure that provider strategic plans are aligned to ensure that patient populations are not missed given networked radiotherapy being mobilised at different times.	Regular updates on BLMK and neighbouring ICB strategic developments eg Milton Keynes satellite Radiotherapy and Cambridge Research Hospital developments through cancer board

4.14 The proposal to have networked radiotherapy site locally to cover Central Beds and Luton residents will have significant system benefits, diagram below highlights some of these benefits.

System benefits



4.15 Given the benefits to the system, providers involved and residents the ICB will need to consider how best to support the programme of work once a decision on capital funding is made.

5.0 Next Steps

5.1 Continue to work with NHSE Mount Vernon Programme Team on support for a local solution for access to radiotherapy

5.2 Continue to support the work to raise the profile of local access to radiotherapy through Luton Health and Wellbeing Boards and Overview and Scrutiny committee

List of appendices - none

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

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

ICB Executives: Maria Wogan (Link Director for Milton Keynes), Nicky Poulain (Acting Link Director for Central Bedfordshire), Sarah Stanley (Link Director for Bedford Borough) and Nicky Poulain (Link Director for Luton). 10 - Report from place-based partnerships and collaboratives

Report Author: Alex Wrack Place Lead Bedford Borough, Kaysie Conroy Place lead Central Bedfordshire, Faith Haslam, Place Lead Luton and Rebecca Green Place Lead Milton Keynes.
Robin Campbell, Mental Health Learning Disability and Autism Collaborative.
Michelle Evans-Riches, Head of Corporate Governance

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

Item:

Reason for report to the Board: For the Board to discuss any issues raised at the at Health and Wellbeing Boards which have met since the last Board meeting on 8 December 2023 and provide an update on the Mental Health, Learning Disability and Autism Collaborative.

1.0 Executive Summary

1.1 This report provides an update on key issues discussed at the place-based governance arrangements.

1.2 This report provides an update on the Mental Health and Learning Disability Collaborative (MHLDA)and the plans to establish a Committee of the ICB Board. It is proposed to have a shadow meeting of the MHLDA Committee in April/May and the Terms of Reference for the Committee will be brought to the next meeting of the Board.

2.0 Recommendation

2.1 The Board is asked to **discuss** the verbal update from the BLMK Health and Care Partnership (item 9 on this agenda) and the four Places in BLMK.

2.2 The Board is asked to **approve** the next steps in the establishment of the Mental Health and Learning Disability and Autism Collaborative as a Shadow Committee of this Board as outlined in paras x to y in the paper prior to approval of Terms of Reference for the Committee at the next Board meeting.

3.0 Key Implications

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

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

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

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

4.0 Report

4.1 Place updates

4.1.1. Bedford Borough

The Borough's Health and Wellbeing Board is due to meet on 13 March. The Board will be considering its membership ahead of the next municipal year, along with reports on progress against the current Health and Wellbeing Strategy and the plan for implementing a new Health and Wellbeing Strategy, which will focus on reducing health inequalities by strengthening the building blocks of health (social, economic and environmental determinants).

Bedford Borough Place Strategic Primary Care Estates Board

This Board, chaired by Laura Church, which last met on 27 February, is meeting monthly to oversee the progress of the primary care estate projects in the Borough, focusing on a joint approach between the Council and the ICB. The Council has commissioned Pick Everard as the consultants to lead the development of business cases for the Great Barford, Kempston Hub and Wootton sites. A project team made up of Council officers and ICB colleagues has started working on the feasibility study for the Great Barford estate.

The Bedford Borough Place Executive Delivery Group (EDG) met on 8 January where the group took part in a workshop on Fuller Neighbourhoods, looking at the potential for specific projects in Bedford Borough based on key challenges raised by primary care colleagues. The two projects identified were obesity (particularly in children and young people) and providing suitable care and reduction of hospital admissions for people aged 60+ living in extra care accommodation and their own homes.

The next steps for this work are to:

- Better understand the need across Bedford Borough and investigate the benefits of Age Care Technology, in parallel to other technology-based transformation programmes in Bedford Borough and wider BLMK; and,
- Set up a working group to develop and deliver Place projects.

Place Plan

An updated plan is being developed through conversations with colleagues across the Council and wider system.

Health & Employment

The Bedford Place team supported ICB colleagues with collating information for the WorkWell bid. Whether the bid is successful or not this work will be supported by the Bedford Borough Employment, Education & Workplace Health Implementation Group. The group is part of the Health and Wellbeing Strategy and is co-chaired by the Head of Place.

Challenge

We are currently managing the transition of the Place Team coming into post and naturally it will take some time for this group to become fully up to speed and embedded.

Success

Through the ICB's Place team, the ICB training team were connected to the Bedford Borough Council Children's Services team who deliver a supported internship programme for 16 to 24-year-olds with SEND, who have an education, health and care (EHC) plan. Through this

connection, six supported interns have been offered jobs with the Oliver McGowan Project as trainers with lived experience.

4.1.2 Central Bedfordshire Health and Wellbeing Board 24 January 2024

- The Board received a report on the child and adolescent immunisation uptake in Central Bedfordshire. It was highlighted that overall, the uptake in Central Bedfordshire was generally better than in England and East England, but the intention was to reach a target of 95% uptake. Phone calls to parents and carers if their children had incomplete vaccination records or no vaccination records to be implemented in order to discuss any barriers and help the parent or carer access an appointment. There will be focus on areas of deprivation and where there is a need. Having trusted links within communities was highlighted as extremely important by Board Members in being able to engage with communities.
- The Board received a presentation on the progress of the Health and Wellbeing Strategy 2024-29. The areas of focus for the strategy are: Giving children in Central Bedfordshire the best start in life by improving educational attainment; tackling social isolation and loneliness across all sectors of society; and making Central Bedfordshire a smoke-free place. It was commented that many of those struggling on low incomes could not afford to meet people for coffee or undertake paid activities to escape loneliness and isolation. It was suggested that free activities to prevent isolation should be investigated.
- The Board received an update on the Fairness Review. Life expectancy data showed that people living in the most deprived areas were not living as long as those that were not. People living in deprived areas also lived more years in poorer health. The response to the data had been the implementation of an Education & All Age Skills Strategy; supporting Citizen Advice Services with an additional £100k in 2022/23, which has been continued for an additional two years; and using libraries and leisure centres as warm spaces. Work had started in conjunction with Voluntary, Community and Social Enterprises (VSCE) on improving access to affordable healthy food and building a more sustainable food system.
- The Board received a report on the key items of business of the Integrated Care Board and Integrated Care Partnership relevant to Central Bedfordshire, including that the ICB is required to publish a revised Joint Forward Plan (JFP) by 31 March 2024 but that no significant changes were anticipated.
- The Board received a report on the Integrated Care Board funding. The BLMK Integrated Care Board received recurrent funding of £1.8b in 2023/24. This was linked to achieving financial and operational targets and largely tied up in contracts. Many practices had been upgraded with a digital switchboard and fewer complaints had been received from those that had gone digital. The main issue was the Government used a funding formula based on registered patients at general practices and a projected registered population, but this did not keep up with actual population growth in our area.
- The Board received a verbal update and the notes from the previous three meetings of the Central Bedfordshire Place Board. Highlights from the meetings included the consideration of the Health and Wellbeing Strategy refresh, winter pressures, mental health pathways and developing the best pathways, funding announcements around health inequalities and the work being done with the LGA.
- The ICB's Chief Primary Care Office and Associate Director of Communications were pleased to update the CBC Overview and Scrutiny Committee on 26 February on primary care access, and winter pressures and communications.

Success

The new **Everything OK? website** has been launched in Central Bedfordshire and is designed to signpost young people between 10 and 18 years old to relevant local and national information, advice, and support. A digital advertising campaign on Facebook, Instagram, Snapchat and Spotify was launched on 5 March to raise awareness of this new service.

4.1.3 Luton

The **Luton Place Board** continues to meet on a monthly schedule. Recent key items have included:

- Complex Care and Frailty- a progress of ongoing work set out in the context of the wider system on one page, along with an update on the data analysis.
- NOAH SHORE-ing Up Our Services – a vision for improving the support services available to the homeless community in Luton.
- ICB/ICP Children and Young People seminar
- Population Wellbeing Annual Report
- Women's Health pilot programme, led by Dr Sanhita Chakrabati.

The next meeting of the Luton Place Board will be on 12 March 2024 where the Place network will review the AI falls prevention model currently being utilised in Norfolk, and what this could mean for Luton.

The **Luton Health & Wellbeing Board** met on the 13 February 2024. The ICB update focused on the commissioning of dental services. The ICB has taken a range of actions to stabilise dental contracts to maintain and or try and increase access to dental services.

This included information on the Dental Reform in 2024. The reform outlines the national plans in terms of payments for Units of Dental Activity (UDAs), other funding to support patients and workforce, and initiatives the Secretary of State for Health has announced, including dental vans.

The Luton Health & Wellbeing Board is due to meet again on 3 April 2024. The ICB update will focus on the Luton 2040 pledge.

The **Luton Scrutiny Health and Social Care Review Group** met on the 27 February 2024. They reviewed the Adult Social Care Offer for Early Intervention and Prevention, and the Public Health Impact Report 2023.

Successes

Luton 2040 Conference

The Luton 2040 Conference was held at St Mary's Church, Luton on 9 February 2024. This event included keynote speeches from leaders and institutions who have moved from vision to reality in their own work, and from groups around the country who have seen communities transformed by partnership. The Conference also saw the launch of the 2040 roadmap – showing the role everyone in the town has to play in making our shared vision a reality. The ICB Chief Executive was pleased to speak, and the ICB's Luton 2040 Pledge can be found here.

Luton Family Hubs

Luton Family Hubs was officially launched on 13 February. It is a town-wide partnership offering help and support to families, from pregnancy up until their children are 19 years or 25 for young people with special educational needs and disabilities. A launch event, held at Venue360 in Luton, brought together a wide range of delegates from the NHS, public health, social care, VCSE, education and the private sector.

Family members can now access friendly, helpful teams of local experts and community specialists offering free parent and child sessions, information, advice and guidance in one of four family hubs sites at: Park Town Family Hub, Hockwell Ring Community Centre and Family Hub, Flying Start Family Hubs at Pastures Way Nursery and Foxcubs Nursery. They can also receive support online or by phone.

Access & Inequalities funding for vaccinations

In 2023/24, the ICB has allocated £180,000 of monies provided by NHSE to improve access and reduce inequalities within vaccinations across the ICB. This work will begin in March 2024 with input from Public Health colleagues to ensure equitable delivery. There is an additional £60,000 of national funding that will be focused on Luton only, recognising the long-term challenges in certain areas within Luton. The Place Lead for Luton is leading this work, in collaboration with Luton Public Health and ICB vaccination teams. The initial process of delegation of vaccinations from NHSE to the ICB (a national programme) has begun; full delegation will take place in April 2025.

Challenge
With the implementation of the new ICB Target Operating Model, the Luton Place team has undergone changes to staffing, however we recognise that there is scope for further administrative support for the broad range of place level meetings and responsibilities. Achieving a CDC in Luton remains a major challenge, as highlighted by local press coverage, and as featured on BBC News on 21 February with the ICB Chief Executive.

4.1.3 Milton Keynes
The next meeting of the Milton Keynes Health and Care Partnership was due to be held on 20 March but has been cancelled due to quoracy issues. Approval of the output and recommendations from the recent MK2028 event, which developed ambitions for the MK Deal workstreams for 2028, is being sought outside the meeting.

The Milton Keynes Joint Leadership Team (JLT) continues to meet on a 3-weekly schedule. Recent key items include:

- The implementation of the business case for the expansion of the virtual ward and the development of a single point of access to improve system flow and care for more residents in the community.
- Integrated working between the Council and CNWL with an initial focus on working better together to support Looked After Children
- Supporting the delivery of the Digital Wearables project as part of the Tackling Obesity priority.
- The launch of the Bletchley Pathfinder model of locality/neighbourhood and agreed that the Bletchley Pathfinder should be included in the MK Deal.

Challenge
With the implementation of the new ICB Target Operating Model the Milton Keynes Place team has expanded to include 2 new team members and we are currently recruiting to an additional vacant role. Along with the additional team capacity comes new duties and we anticipate a period of transition and training.

Successes
MK2028 was held on 13 February at the new Santander HQ Unity Place in Milton Keynes and brought together a wide range of delegates from health, social care, VCSE, education and beyond. The focus was to develop the medium-term vision for each of our current MK Deal priorities and consider if we should include additional priorities.

4.2 Mental Health, Learning Disability and Autism Collaborative (MHLDA)

4.2.1 **Background**
In September 2023 the Board of the Integrated Care Board (ICB) endorsed the next steps for the BLMK MHLDA Collaborative. Work has since continued to build on the existing mental health programme and establish the BLMK MHLDA Collaborative functions.

4.2.2 **Collaborative Committee**

We are now almost ready to establish the Collaborative as a Committee of the Integrated Care Board. The Committee will be responsible for transacting the ICB's duties for MHLDA, with reporting as appropriate into the Board of the ICB and ICB Committees.

The Committee will contribute to the overall delivery of the ICB priorities and the Joint Forward Plan by providing oversight and assurance to the Board for the development and commissioning of mental health, learning disabilities and autism (MHLDA) services. The Committee will be established to enable the NHS Partner Organisations (ELFT, CNWL, BLMK ICB) to work more collaboratively, with a shared purpose, and at scale across multiple places in BLMK. The ambitions are to improve outcomes, quality, value and equity for residents of BLMK with, or at risk of, MHLDA.

We believe the establishment of a Committee of the ICB gives us the opportunity build on and formalise our current approach to integrated planning and improvement across the Integrated Care Board, ELFT and CNWL to ensure our collective resources are aligned to tackle these problems, and to further improve outcomes across BLMK.

The Committee also provides the opportunity to amplify the voice of MHLDA within the ICS and more fully join up whole population health planning and improvement. Establishing the Committee also supports the Collaborative to take on more formal responsibilities, including budgets and functions.

The Committee will hold a 'shadow' meeting in April 2024, to provide an opportunity to review its proposed terms of reference and membership prior to seeking the Board's approval for the Terms of Reference in June 2024 which will enable the committee to be formally established.

4.2.3 **Partnership working at Place**

The development of corresponding partnership working arrangements for mental health, learning disability and autism in each Place is well underway, with partnership arrangements and structures now either established or being formed in Quarter 1 2024/25. These arrangements are taking shape according to local need, preference and existing place-based health and care governance. The partnerships will be responsible for oversight and strategic development of the MHLDA services at place. Where arrangements have progressed furthest, the partnerships are developing place based strategic plans that are co-produced with residents, clinical and professional leadership across NHS, local authority and VCSE services.

4.2.4 **Bedfordshire Care Alliance**

The BLMK MHLDA Collaborative will take responsibility for integrating mental health into system wide plans, through the Bedfordshire Care Alliance, where there is a need to do so across the whole of Bedfordshire and Luton. This is to ensure that urgent and emergency care pathways are working effectively, and that we have a joined up, upstream approach to supporting people with mental and physical health comorbidities.

4.2.5 **Improvement Networks**

At a system level the Collaborative is building on existing system wide structures to establish improvements networks. These networks, focusing on our collaborative system wide priorities, will be supported by a recently established people participation leadership role (Band 7) who is responsible for developing the capability and capacity of experts by experience. The role is a joint post working across ELFT, CNWL and BLMK ICB.

The Collaborative continues to learn by doing in tackling its most complex challenges. This includes working collaboratively to improve urgent and emergency care flow and limit out of area inpatient activity which is both costly and a poorer service user and carer experience. Though system flow issues remain, particularly in discharge and step down, partnership working across BLMK and at place is delivering incremental improvements. Consequently, out of area placements in BLMK are the lowest in East of England. However, we know there

is more work to do and through our UEC and accommodation pathway transformation plans we are focussed on ensuring service users can access a local inpatient bed or step down care and support when needed.

4.2.6 **Collaborative Resourcing Model**

During 2023 the Collaborative partners completed a review of the functions of the ICB that would be delegated to a Collaborative Committee of the ICB. The proposed functions were outlined in the September 2023 Board of the ICB paper on the BLMK MHLDA Collaborative. Work is now underway to review and develop the resource requirements to deliver the Collaborative functions. It is expected that an integrated 'one team' approach across the ICB, ELFT and CNWL will provide a modern highly skilled commissioning and infrastructure resource that will be outward looking and place based, aligning with the ICB target operating model, whilst supporting system wide priorities. Resourcing will include access to sufficient quality improvement, population health and business intelligence to support place and system partnerships to go further and faster with delivery of our priorities, improvement and transformation plans.

The Board is asked to **approve** the next steps in the establishment of the Mental Health and Learning Disability Collaborative as a Shadow Committee of this Board prior to approval of Terms of Reference for the Committee at the next Board meeting.

5.0 Next Steps

5.1 Not applicable

List of appendices

None

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

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

Report Author: Dominic Woodward-Lebihan, Deputy Chief of Strategy and Assurance

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

Item: 11 - Operational Planning for 2024/25

Reason for report to the Board: The ICB is required to agree an annual Operational Plan, signed off by the Board, each year.

1.0 Executive Summary

1.1 This paper updates the Board on the NHS Operational Planning process for 2024/25 and seeks the Board's agreement to delegate authority for the approval of the final operational plan to the ICB Chief Executive.

1.2. **As the operational plan is still in a draft developmental stage, a more detailed update will be provided in the private part of the 22 March Board meeting.**

2.0 Recommendation

2.1 **The Board** is asked to:

- **note** the publication of Interim Planning Assumptions on 09 February 2023 and BLMK's subsequent initial "flash" planning submission on 29 February 2023;
- **note** the work ongoing between the ICB and NHS Trust providers to shape the full planning submissions required on 21 March (draft) and 02 May (final), including triangulation between finance, activity and workforce information;
- **note** the potential for difficult and unpalatable decisions in 2024/25 on cost pressures, investments and dis-investments/decommissioning on grounds of affordability and value for money, and the work on quality and equality impact assessments as part of a new ethical decision-making framework to support decision-making;
- **note** the work underway to identify additional efficiencies and cost reductions in the system with a focus on the following areas agreed by system CEOs:
    - Urgent and emergency care pathway
    - Planned/elective care pathway including diagnostics and non-acute care
    - Complex care pathway; and,
- **agree** that approval for the final Operational Plan 24/25 be delegated to the ICB Chief Executive having engaged with NHS Trust CEOs prior to submission.

3.0 Key Implications

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

3.1 Resourcing needs for 2024/25 are considered in detail in all of the planning returns required as part of the NHS operational planning process. Any potential changes to services arising from the Plan will be subject to detailed equality and quality impact assessments.

4.0 NHS Operational Planning for 2024/25

4.1 Operational Planning: Background

Integrated Care Systems have been informed that final Operational Planning Guidance for 2024/25 should be published in the second half of March. In the absence of final guidance systems were advised to start planning for next year on the following basis:

- The priorities and objectives set out in 2023/24 planning guidance, noting that the published recovery plans on urgent and emergency care, primary care access, and elective and cancer care will not fundamentally change;
- Financial allocations for 2024/25 have already been published and the overall financial framework will remain consistent, including the payment approach used to support elective recovery; and.
- System plans will need to achieve and prioritise financial balance.

While the final position and performance expectations will be confirmed in formal Planning Guidance, the key requirements will be for systems to:

- maintain the increase in core UEC capacity established in 2023/24; and,
- complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients and maximise the gain from the investment in primary care in improving access for patients, including the new 'Pharmacy First' service.

Interim Draft Planning Assumptions for 2024/25 were subsequently published on 9 February 2024. These show a very high level of correlation with the National Priorities already set for 2023/24, with no major changes of strategic direction.

4.2 Operational Planning: Timeline

Systems were informed of the following deadlines for submission of the 24/25 Operational Plan.

- 29 February 2024 – submission of a 'Flash/ Highlight' Report (submitted);
- 21 March 2024 – submission of the full, draft Operational Plan (will be submitted in advance of the Board meeting – verbal update to be provided at the meeting); and,
- 2 May 2024 – final submission of the full Operational Plan.

The 'headline/flash' report submitted on 29 February asked all systems for initial information on planned 2024/25 finance, workforce and activity headlines for the BLMK system. The high-level system financial position submitted on 29th February 2024 was a deficit both for the ICS overall and each constituent partner to the system financial control total (BLMK ICB, Bedfordshire Hospitals and Milton Keynes Hospital). A full financial plan is due to be submitted on 21st March 2024 and system

partners are working closely together to improve the position for each organisation and the system. An update on the submission of 21 March will be given at the March meeting of the ICB Board.

The Board is asked note the publication of Interim Planning Assumptions on 09 February 2023 and BLMK's subsequent initial "flash" submission of 29 February 2023.

4.3 **Operational Planning: Next Steps**

The key areas of work between the ICB and NHS Trust partners are as follows:

- Finance - agreement of financial plan, identification of additional mitigations and future actions to address the financial gap to achieve a balanced plan;
- Workforce – developing a clear plan to achieve BLMK's productivity ambitions in 24/25, and understanding the net financial impact of workforce changes, including reductions in bank & agency; and,
- Activity – ensuring plans reflect achievement of national targets wherever possible, including in priority areas: UEC, cancer and planned care and system general and acute bed numbers.
- Quality and Equality – we will use the ICB's Equality Impact Assessments and Quality Impact Assessment processes to seek assurance on the impacts of decisions in relation to funding and associated workforce and activity plans. As the financial position is very challenging, to achieve a balanced plan in 24/25, the ICB and Trust partners will be required to make difficult decisions about cost pressures, investments and dis-investments/decommissioning. Work is underway to establish an ethical decision-making framework with associated governance to bring clinicians and resident representatives together to review and input to these decisions using the EIA/QIA process.

Ahead of the 21 March submission, acute providers are submitting more detailed returns to the ICB across a much wider range of workforce, finance and activity metrics. The system's focus is on triangulating this information – ensuring its appropriateness and compatibility – and reaching a mutually acceptable position as a system. System CEOs will consider the submission prior to its return to NHS England on 21 March. Progress on this work will be reported verbally at the Board.

The Board is asked to:

- **note** the work ongoing between the ICB and NHS Trust providers to shape the full planning submissions required on 21 March (draft) and 02 May (final), including triangulation between finance, activity and workforce information; and,
- **note** the potential for difficult and unpalatable decisions in 2024/25 related to cost pressures, service developments, investments and dis-investments on grounds of affordability and value for money, and the work on quality and equality impact assessments as part of a new ethical decision making framework to support decision-making.
- **note** the work underway to identify additional efficiencies and cost reductions in the system with a focus on the following areas agreed by system CEOs:
    - Urgent and emergency care pathway
    - Planned/elective care pathway including diagnostics and non-acute care
    - Complex care pathway

4.4 **Operational Planning: Approving the final Operational Plan for 2024/25**

The ICB Board is next due to meet on 28 June 2024. The final Operational Plan is due for submission to NHSE on 02 May. **The Board is therefore asked to delegate approval of the final plan to the**

ICB Chief Executive, having engaged with system CEOs, noting that the Board will continue to receive updates during this period.

The Board is asked to **note** that should the Operational Plan need to propose significant changes to current service provision to support BLMK to reach financial balance as a system, an extraordinary meeting of the Board is likely to be required to consider this approach.

5.0 Next Steps

- System partners will continue to work together on the final Operational Plan for 2024/25, which will, with the Board's approval, be signed off by the ICB Chief Executive in May 2024;
- Further work will be undertaken on the potential for difficult and unpalatable decisions in 2024/25 on cost pressures, investments and dis-investments/decommissioning on grounds of affordability and value for money, and the work on quality and equality impact assessments as part of a new ethical decision making framework to support decision-making;

List of appendices - none

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

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

Report Author: Paul Burridge, Assistant Director of Planning and Assurance

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

Item: 12 - Joint Forward Plan for 2024/25

Reason for report to the Board: The ICB is required to publish a revised Joint Forward Plan by 01 April 2024 that is signed off by the Board.

1.0 Executive Summary

1.2 The paper seeks the Board's agreement to the publication of a revised Joint Forward Plan for 2024/25, which due to a statutory requirement must be published by 01 April 2024. No substantial changes have been made to the Joint Forward Plan for 2023/24, which was published in June last year. The updated JFP will therefore be published while we are still finalising our system's operational and financial plan for 2024/25.

2.0 Recommendation

2.1 **The Board** is asked to:

- **note** that the proposed updates to the Joint Forward Plan for 2024/25 include:
    - references to some of the key achievements of the BLMK system over the past 12 months.
    - reference to the potential for difficult and unpalatable decisions to be made during 2024/25 on cost pressures, investments and dis-investments/decommissioning on the grounds of affordability and value for money;
    - reference to our system priorities in 2024/25 following the Board Seminar event on 26 January 2024, and discussions at the Health and Care Partnership meeting on 14 March 2024; and,
    - minor changes to wording to ensure the continued appropriateness of the Plan.
- **agree** to the publication of an updated BLMK Joint Forward Plan for 2024/25 on the basis of the above; and,
- **note** that the more detailed annexes of the Joint Forward Plan will be published later in 2024/25 in order to be informed by the final 2024/25 Operational Plan, as agreed with the NHSE regional team.

3.0 Key Implications

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

3.1 The Joint Forward Plan shows how the ICB will discharge its statutory duties and other obligations in arranging health services for the area. These duties include those to use

population health analyses to align resources to need, reduce health inequalities, engage with patients, carers, the public and other stakeholders in arranging services and a duty to deliver against the targets and actions in Delivering a 'Net Zero' NHS.

4.0 BLMK Joint Forward Plan for 2024/25

4.1 Joint Forward Plan: Background

The creation of the Joint Forward Plan (JFP) is a joint statutory obligation for the ICB and all its NHS partner Trusts to prepare a plan setting out how they propose to exercise their functions over the next five years. In BLMK we agreed to take a more inclusive system approach and incorporate the plans of all our partners, extending the time period of the plan to 2040. Our JFP outlines our plans to:

- Deliver our Health and Care Strategy to improve health outcomes and tackle inequalities;
- Deliver our strategic objectives in accordance with the statutory requirements of ICBs, including supporting our partner NHS and Local Authority organisations to deliver their own mandates;
- Deliver the health service's objectives set out by NHS England; and
- Provide a medium-term view of how these will be delivered, for a minimum of five years.

The BLMK Joint Forward Plan comprises of two parts:

- Our 'core' BLMK Joint Forward Plan – this sets out BLMK's approach to tackling the strategic, complex and stubborn challenges most needing system collaboration, with a focus to 2040; and,
- Comprehensive appendices – these reflect the wealth of effort and system maturity & co-ordination required in delivery of our Joint Forward Plan.

4.2 Joint Forward Plan: Our BLMK approach

Publication of an updated JFP by 1 April is a statutory requirement for all ICBs as specified in the National Health Services Act (2006). NHSE have suggested that the whilst the 'core' JFP must be updated and published by 01 April, the more detailed appendices focussed on delivery targets and plans can be published later in the year so that they can align with the final Operational Plan for 2024/25 (submitted on 02 May 2024) and year end data for 2023/24. **The Board is asked to note this approach which we are taking in BLMK.**

The Board agreed at its meeting in December 2023 that our review of the current JFP would be minimal and that significant changes were unlikely given the Plan had recently been agreed by partners and published in June 2023. This approach is consistent with other ICBs in the East of England and, following the review, no significant changes are proposed here.

4.3 Joint Forward Plan: Outcome of the JFP Review

The ICB has engaged all NHS Trusts and Health and Wellbeing Boards on the above approach between January and March 2024 through ICB update papers to their Board meetings. The JFP continues to align well to the priorities of the system and those of the Health and Wellbeing Boards (HWBBs) in our Places. The ICB is not therefore proposing significant changes to the JFP's content.

Following an internal ICB-led review, we have identified the following four areas requiring amendments to the current JFP.

I. **Financial challenges** - A statement which makes clear that that, due to a challenged financial position and the requirements on the ICB to produce a balanced financial plan, our commissioning plans, and plans to invest in or transform services, may need to change. Our recent updates to Health and Wellbeing Boards have set this out, and we understand the central importance of any significant service changes being subject to equality and quality impact assessments, appropriate engagement and consultation processes, and wider scrutiny. We will also acknowledge that we may not be able to do everything we had planned to do within the timeframes expected in view of financial constraints and wider factors, like industrial action.

II. **Progress in 2023/24** – NHSE have suggested that our updated plan includes progress made in 2023/24 towards the ambitions set out in the Joint Forward Plan. Whilst the publication of the delivery appendices that will follow in May will include updates on each of the commitments the Joint Forward Plan made about action in 2023/24, we propose publishing a brief summary of work at system and at place which is contributing to our Strategic Priorities. Proposed content to this end is included at **Appendix A**.

III. **System strategy and priorities in 2024/25** – **Appendix B** presents the proposed text which follows the Board Seminar event on 26 January 2024, and will be updated with the outcome of discussions at the Health and Care Partnership meeting on 14 June 2024 as appropriate. It updates on our focus as a system in 2024/25 and is fully consistent with the long-term ambitions in the Joint Forward Plan. The agreement of system partners to a system-wide approach of outcome measurement and to reporting progress on transformation and improvement programmes in the Verto project management system will provide greater visibility of and joint accountability for delivery of the Joint Forward Plan in 24/25 onwards.

IV. **Minor changes to wording** - These ensure the continued appropriateness of the plan, including the latest summary of the system risk register, and updates to reflect work which has progressed since publication, including the launch of the Population Health Intelligence Unit and Pharmacy First.

5.0 Next Steps

Pending the Board's approval, the Joint Forward Plan will be duly revised in line with the above. Further work will be undertaken on the potential for difficult and unpalatable decisions in 2024/25 on cost pressures, investments and dis-investments/decommissioning on grounds of affordability and value for money, with appropriate quality and equality impact assessments having been undertaken. An updated "core" BLMK Joint Forward Plan for 2024/25 will be published on the ICB website by 1 April 2024. The detailed annexes of the Joint Forward Plan will continue to be updated as informed by the final 2024/25 Operational Plan. The appendices to the JFP will be duly updated and published alongside year end data for 2023/24 and will reflect the final agreed BLMK Operational Plan for 24/25.

List of appendices

Appendix A – Progress in 2023/24 (attached separately)

Appendix B – BLMK System Strategy and Priorities in 2024/25

Appendix B –Our Strategy in 2024/25

In 2024/25, we are excited to be working alongside the Institute for Healthcare Improvement. (IHI). Our work together, expected to take place over the next 2-3 years, will develop a system Quality Improvement approach based on the five components of NHS IMPACT. We look forward to benefitting from the IHI's expertise and international reach, and to launching our own Learning & Action Network in 2024 alongside many partners with whom we're working to reduce inequalities in our four places.

The forthcoming Health Services Strategy will describe how the health services predominantly provided within NHS bodies will adapt and reform to deliver safe, sustainable provision for future of the population in BLMK, working in close collaboration with other partners such as social care and public health services. The strategy will focus on services that make up 60% of NHS related activity, including cancer, mental health and long-term conditions.

We are led by our data, including from our landmark Population Health Intelligence Unit, in all our transformation work. Across our system, our five strategic priorities continue to shape everything we do – Starting Well, Living Well, Ageing Well, Growth and Reducing Inequalities. Insights from our residents (including those from our Healthwatch and VCSE partners) will help us to better understand if our Strategy is working, underpinned by agreed system wide-outcome measures.

Our local context of continued rapid population growth alongside national economic challenges, and the legacy of the Covid pandemic, mean that during 24/25, our system will need to take difficult decisions about our priorities for investment and the services we commission and provide. Any significant service changes will be subject to equality and quality impact assessments, appropriate engagement and consultation processes, and wider scrutiny. As a system we may also not be able to do everything we had planned to do in 2024/25. We will continue regular communications with partners and residents as we understand this further.

Our Priorities in 2024/25

In 2024/25, a small number of impactful transformation programmes will operate in priority areas: urgent and emergency care, elective recovery and complex care. We are currently working with partners to shape these programmes which are aimed at improving outcomes for our residents and working in a more productive way. They will be based on a population health management approach and respond to the needs of our three key population segments:

- Residents who are generally well and need episodic care (including improving residents' access to services):
- Residents who have a long-term condition, social needs or require planned treatment; and
- Residents who have more complex needs, including residents with multiple conditions.

There will also be an enhanced focus on three enabling workstreams within our portfolio in 2024/25:

- **Digital**: a greater appetite for digital innovation and maximising the benefits of current digital schemes;
- **Estates**: progressing towards One Public Estate, with greater visibility and shared ownership across all partners of all our system's work on strategic estate development; and,
- **Communications**: a greater focus on co-production and building an increasing understanding of self-care and how residents can access support to live healthier lives

Two "golden threads" which would be expected to run through everything the system does:

- **Tackling Inequalities** – all work across the Partnership has the potential to address health inequalities, and our ambition to improve health outcomes for the most disadvantaged should run through everything we do. The Denny Review recommendations are the guiding light for this work in our system.
- **Building Neighbourhood Working** – developing working across organisations at neighbourhood level, including with Voluntary, Community and Social Enterprise partners, to provide specific and localised support to residents within their communities is a multi-year, collective endeavour.

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead:
Sarah Stanley Chief Nursing Director
Maria Wogan, Chief of System Assurance and Corporate Services

ICS Partner Lead: Not applicable

Report Author: Hema Sutton Lead Commissioner Maternity Services/Local Maternity and Neonatal System Programme Manager

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

Item: 13 – Local Maternity and Neonatal System (LMNS) Update

Reason for report to the Board:
(e) other - This paper is coming to the Board because NHSE's Chief Nursing Officer has requested that the Boards of all ICBs receive an update on the work of their Local Maternity and Neonatal Systems.

1.0 Executive Summary

1.1 This paper provides an update on the priorities, quality and safety challenges facing the local maternity and neonatal system, including:

- Quality and Safety in Maternity Services at Bedfordshire Hospitals NHS Foundation Trust
- Developing the Maternity and Neonatal Voices Partnerships
- System Risk Management
- Dashboard Development
- Year 5 Maternity Incentive Scheme
- Saving Babies' Lives Care Bundle Version 3 implementation
- Strengthening senior clinical midwifery leadership in the Local Maternity and Neonatal System and BLMK Integrated Care Board.

1.2 Note this paper is a work in progress and will evolve in line with the requirements of the committee.

2.0 Recommendation

2.1 Members are asked to **note** the content of the report and agree any additional system, place, or organisational actions.

3.0 Key Implications

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

3.1 From a resourcing perspective, the Integrated Care Board support in relation to the oversight of the Improvement and Sustainability Plan for Bedfordshire Hospitals will sit

within the Programme Team for the LMNS. Bedfordshire Hospitals are also bringing in external support for this. The strengthened midwifery leadership in the LMNS Programme Team will sit under the Senior Responsible Officer (SRO) in the Nursing Directorate.

3.2 With regards to health inequalities, the current concerns at Bedfordshire Hospitals have the potential to widen inequalities and result in poor outcomes for women and babies. The development of Maternity and Neonatal Voices Partnerships across the system will ensure continued focus in coproduction with service users from all backgrounds with a view to reducing health inequalities.

3.3 The areas highlighted within this report have been discussed with the Chief Nurse/Senior Responsible Officer and Deputy Chief Nurse/Deputy Senior Responsible Officer for the LMNS. They have also been discussed within the LMNS Strategic Programme Board and Quality and Safety Forum, both of which have representatives from the Maternity, Obstetric and Neonatal leadership across the system.

4.0 Report

4.1 **Background**
The LMNS is the maternity and neonatal arm of the Integrated Care System. It brings together commissioners and providers of maternity and neonatal services and service users with the purpose of making them safer, more personalised, and more equitable for women, babies, and families.

4.2 This is the second report to the Quality and Performance Committee and remains a work in progress. This will evolve as the requirements of the Committee become clear.

4.3 **Quality and Safety of Maternity Services at Bedfordshire Hospitals**
Since the last report, there has been key development on the quality and safety of Maternity Services at Bedfordshire Hospitals:

- Bedfordshire Hospitals Improvement and Sustainability Programme
- Care Quality Commission inspection to Maternity Services at both Luton and Dunstable Hospital and Bedford Hospital

4.4 **Bedfordshire Hospitals Improvement and Sustainability Programme**
The Bedfordshire Hospitals Maternity Sustainability Plan Oversight Meeting has been established to provide strategic oversight and assurance of Maternity Sustainability plan and demonstrate effectiveness on progress on agreed improvement priorities and actions and escalate barriers to achieving this.

4.5 This group is accountable to the Trust's Quality Committee and reports to the Trust Board. It will also report into the Local Maternity and Neonatal System. The Terms of Reference for this meeting were approved in January 2024.

4.6 Key areas of progress to date against the Maternity Sustainability Plan include:

- Initial review of medical staffing across both sites has been completed and has proposed changes that include dedicated input into triage and day assessment units; build on compensatory rest following an audit and ensure alignment with Royal College of Obstetricians Guidance; review leadership allocation to improve support to governance and quality improvement functions in the service; review rostering across both sites; recommendation to increase junior and middle grade doctor capacity; recommendation to increase consultant workforce on Bedford site and increase leadership allocation at Luton.
- In terms of midwifery workforce structure and sustainability, forecasting shows continued reduction in the establishment vacancy. The Trust is anticipating over establishment of midwives by 8.97 WTE recognising the need to anticipate

fluctuations in midwifery workforce e.g., maternity leave, flexible working, increase in part-time working.
- Maternity Organisational Development Plan milestones remain on track.

4.7 **Care Quality Commission inspection to Maternity Services at both Luton and Dunstable Hospital and Bedford Hospital**
On the 6 and 7 November 2023, the Care Quality Commission undertook an inspection of the maternity services at both Bedford Hospital and Luton and Dunstable Hospital. Following the inspections, a Section 29A Warning Notice under the Health and Social Care Act 2008 was issued to Bedfordshire Hospitals NHS Foundation Trust on the 9 November 2023.

4.8 The Trust provided assurance on the immediate actions to the Care Quality Commission on the 10 November 2023 to which the Care Quality Commission have confirmed no further action required.

4.9 The Trust made representations to the CQC following an updated version of the Section 29A Warning Notice on the 9 January 2024.They have yet to receive a return response and have yet to receive a draft report to date.

4.10 The inspection findings and Trust responses are being incorporated into the Trust's Improvement and Sustainability Plan with assurance and oversight through the Local Maternity and Neonatal System.

4.11 **Developing the Maternity and Neonatal Voices Partnerships**
Maternity and Neonatal Voices Partnerships (formerly Maternity Voices Partnerships) listen to the experiences of women and families and brings together service users, staff, and other stakeholders to plan, review and improve maternity and neonatal care.

4.12 They ensure that service user voices are at the heart of decision-making in maternity and neonatal services by being embedded within the leadership of provider trusts and feeding into local maternity and neonatal systems. This influences improvements in safety, quality, and experience of maternity and neonatal care.

4.13 Integrated Care Boards and Trusts are required to meet public involvement legal duties to ensure that people are appropriately involved in planning, proposals, and decisions regarding NHS Services.

4.14 The Three-Year Delivery Plan for Maternity and Neonatal Services[1] sets out the ambition to better involve service users and places an expectation on Integrated Care Boards to:

- Commission and fund Maternity and Neonatal Voices Partnerships to cover each Trust within their footprint.
- Remunerate and support Maternity and Neonatal Voices Partnership leads and ensure that a fully funded workplan is agreed and signed off by the Maternity and Neonatal Voices Partnership and Integrated Care Board.
- Ensure service user representatives are members of the local maternity and neonatal system board.

4.15 In November 2023, NHS England published Maternity and Neonatal Voices Partnership Guidance[2] for Integrated Care Boards and Trusts to:

- Provide advice on fulfilling statutory obligations around involving people and communities in planning, proposals, and decisions regarding maternity and neonatal

[1] NHS England » Three year delivery plan for maternity and neonatal services
[2] NHS England » Maternity and neonatal voices partnership guidance

services; and responding to the actions and responsibilities laid out in the Three-Year Delivery Plan.
- Set out areas to consider when commissioning and supporting effective Maternity and Neonatal Voices Partnerships.
- Signpost Integrated Care Boards and Trusts to resources on setting up and sustaining Maternity and Neonatal Voices Partnerships.

4.16 In BLMK, there are three Maternity and Neonatal Voices Partnerships covering the three maternity and neonatal units, and each have a workplan funded through annual local maternity and neonatal system transformation allocation.

4.17 A gap analysis has been completed against the guidance and there will be a coproduced approach during 23/24 and 24/25 to ensuring the ICB have commissioned an effective and sustainable Maternity and Neonatal Voices Partnerships across BLMK.

4.18 **Risk Register**
The LMNS risk register has been reviewed and revised to reflect the system risk in line with the three-year delivery plan for maternity and neonatal services.

4.19 **Dashboard Development**
Progress continues to develop the LMNS dashboard to enable a more intelligent approach to monitoring maternity and neonatal data outcomes. This alongside service user feedback and information and data from incidents will support the system to plan for and move forward with distinct areas of focus for quality improvement.

4.20 **Year 5 Maternity Incentive Scheme**
The Maternity Incentive Scheme[3] is an annual self-certified scheme in which trusts, upon demonstrating achievement of all ten maternity safety actions, can recover an element of their contribution to the Clinical Negligence Scheme for Trusts maternity incentive fund. They also receive a share of any unallocated funds.

4.21 There is a requirement in addition to the Trust Board sign-off, there is a requirement for sign-off by the ICB Accountable Officer. For Year 5 of the Scheme, the ICB supported submission to NHS Resolution from both acute trusts by the 1 February 2024 deadline.

4.22 **Saving Babies' Lives Care Bundle Version Three**
The Saving Babies' Lives Care Bundle[4] provides evidence-based practice for providers and commissioners of maternity care to reduce perinatal mortality and reduce pre-term birth. The latest update to the Care Bundle (version 3) was released in quarter one of 23/24.

4.23 As part of the Three-Year Delivery Plan for Maternity and Neonatal Services, NHS maternity providers are responsible for fully implementing Saving Babies' Lives Care Bundle Version Three by March 2024.

4.24 The LMNS team will continue to collaborate with providers on implementing all elements of the care bundle.

4.25 **Strengthening Senior Clinical Midwifery Leadership**
The priorities and pressures in maternity and neonatal services have changed over the last few years and the biggest challenge currently is the quality and safety of our services and this requires strong clinical leadership. Work has been undertaken to develop and strengthen the obstetric and neonatal leadership and the opportunity now is to provide permanent midwifery leadership within the LMNS Team.

[3] Maternity Incentive Scheme - NHS Resolution
[4] NHS England » Saving babies' lives: version 3

4.26 Following consultation in December 2023, a new Band 9 role of Chief Midwife for the LMNS has been approved for three days a week and will sit within the Nursing and Quality Directorate alongside the LMNS SRO and Deputy SRO. Recruitment to the post is underway.

5.0 Next Steps

- Finalise oversight of Bedfordshire Hospitals NHS Foundation Trust Improvement and Sustainability Programme into the Local Maternity and Neonatal System governance.
- Continue to coproduce the development of Maternity and Neonatal Voices Partnerships across BLMK.
- Continue to develop the Risk Register to ensure a dynamic approach to risk management.
- Continue to support providers with implementing the Saving Babies' Lives Care Bundle Version Three.
- Develop the oversight and ongoing reporting on the LMNS into the Quality & Performance Committee governance.
- Develop the workplan for inequalities in the maternity pathway incorporating the latest data on perinatal mortality rates as reported by MBRRACE which is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths and infant deaths.

List of appendices - none

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Felicity Cox, Chief Executive Officer

ICS Partner Lead: N/A

Report Author:

Catherine O'Connell, Programme Director - East of England ICBs Specialised Services Delegation

Geoff Stokes, Programme Governance Lead – East of England ICBs Specialised Services Delegation

Michelle Evans-Riches, Head of Corporate Governance

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

Item: 14 – Delegation of Specialised Commissioning – Approval of Key Documents

Reason for report to the Board: The power to approve is reserved to the Board.

1 Executive Summary

1.1 From 1 April 2024, the responsibility for commissioning 59 specialised services will be delegated from NHS England to the six ICBs in the East of England. The six ICBs will collaborate to commission these services, with NHS Bedfordshire, Luton and Milton Keynes (BLMK) ICB acting as host ICB on behalf of the other ICBs in the region and take over managerial responsibility for the Specialised Commissioning Team (SCT) when they transfer in April 2025.

1.2 To fulfil the requirement for delegation to take place, a Delegation Agreement between the ICB and NHS England, and a Collaboration Agreement between the six ICBs and NHS England, need to be signed and submitted to NHS England by the 31 March 2024.

1.3 This paper seeks approval from the Board for both documents.

2 Recommendations

2.1 The Board is asked to **approve** the following:

- **Agree** that the ICB will be bound by decisions taken collectively with the other ICBs in the East of England in line with the Collaboration Agreement relating to delegated specialised services.
- **Approve** the delegation of 59 specialised services from 1 April 2024 and **authorise** the Chief Executive of the ICB to sign the Delegation Agreement between the ICB and NHS England accordingly.
- **Approve** the Collaboration Agreement between the ICBs in the East of England and NHS England to manage the commissioning of the specialised services in a joint endeavour.
- **Note** the governance arrangements and the terms of reference of the Joint Commissioning Consortium.
- **Note** the appointment of a Managing Director for Specialised Commissioning
- **Note** the allocation of funds in respect of Specialised Commissioning.

3 Key Implications

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

3.1 Resourcing implications are addressed in the risk section of this report.

3.2 Financial implications are detailed in the Finance Arrangements and Risk Sharing section.

3.3 There are no direct implications relating to equality or health inequalities however it is anticipated that more local influence over decision making for specialised commissioning will give more opportunities for supporting the ICB's intention to improve health inequalities.

3.4 The Board has received reports on as this programme has developed over the past 18 months, most recently in September 2023, and were briefed at a dedicated session on 7 March 2024.

3.5 There are no direct implications relating to the Green Plan commitments.

4 Report

Background

4.1 NHS England has an ambition to integrate specialised services with integrated care systems to enable population-based commissioning of specialised and non-specialised services. Since 1 April 2023 there has been a joint committee in each of the nine regions to oversee those services including members from the ICBs and the NHSE regional office.

4.2 From 1 April 2024, 59 services are due to be delegated to the ICBs in the East of England (and also to the ICBs in the Midlands and North West). A further tranche of services is due to be delegated on 1 April 2025, which will also include the rest of England.

4.3 A Safe Delegation Checklist, produced by NHS England, has been used to test the readiness for delegation and demonstrates that there are no significant 'red flags' indicating that delegation should not proceed.

4.4 On 7 December 2023, the Board of NHS England approved templates to be used in the delegation. These include a Delegation Agreement and a Collaboration Agreement, which set out how the six ICBs will work together to commission services, in conjunction with the SCT.

4.5 The Delegation Agreement template only has a few areas that can be amended, whereas the Collaboration Agreement can be amended to suit the purposes of the ICBs. The Collaboration Agreement also includes as Schedule 6 the commissioning team arrangements (adapted from a separate template approved by the NHS England Board).

4.6 Work has been underway since the production of the templates to edit them to ensure they are fit for purpose and to socialise amongst key ICB officers. Much of the detailed content has been developed by the specialised commissioning leads, directors of finance and governance leads from the ICBs and NHS England.

Delegation Agreement

4.7 The Delegation Agreement is the formal basis on which responsibility for the commissioning of specialised services will be delegated from NHS England to the ICB. As a result, only the particulars and Schedule 8 have areas that can be amended.

4.8 The Delegation Agreement makes clear that accountability for fulfilling the statutory duties in respect of the commissioning of delegated specialised services remains with NHS England. It is the responsibility for delivery of the functions that is being delegated to the ICB.

4.9 There are a few of areas where further guidance is being provided by NHS England, especially related to the annual planning guidance, which is expected after the Budget in March. An update will be provided at the meeting, where possible.

4.10 Schedule 8 makes extensive reference to the Collaboration Agreement.

Collaboration Agreement

4.11 The ICBs in the East of England have agreed a 'joint endeavour' to collectively manage the commissioning of the delegated specialised services in conjunction with the NHSE regional office.

4.12 The Collaboration Agreement is the document that sets out how the commissioning of specialised services will be carried out in the East of England. Whilst the template agreed by NHS England was intended only to relate to the ICBs, with a separate Commissioning Teams Agreement, it was felt to be more straightforward to have one document that includes commissioning team arrangements as a schedule. This also reflects the on-going partnership between NHS England, East of England Region and the ICBs in relation to non-delegated services.

4.13 Consequently, NHS England, East of England Region is also a signatory to the Collaboration Agreement, although not all the clauses will apply. To make this clear, clauses relating to the ICBs only are identified separately from those relating to the 'Partners', i.e. including NHS England.

4.14 Although there is no fixed term in the Collaboration Agreement, a review will take place after six months as it is expected that it will be replaced for 1 April 2025 when further services will be delegated and the NHSE staff will be TUPE transferred to BLMK.

Financial Arrangements and Risk Sharing

4.15 The allocation to cover the cost of specialised services being delegated, including any uplift added in the 2024/25 planning round, will be allocated to the ICB in order to pay providers.

4.16 The directors of finance of the six ICBs have agreed not to create a pool from which to pay providers. Instead, ICBs will retain their allocation within their own ledger, which will be debited every month to pay the ICB's share of costs to providers.

4.17 For this ICB, the draft allocation for specialised services is £197.67m in 2024/25 (£1,360m for the East of England in total).

4.18 It has also been agreed that each ICB will reserve 1% of its allocation as a variable risk reserve to cover any in-year adjustments that may be needed by the ICB and between the ICBs. This amount is expected to be sufficient to cover any anticipated variation and any unused reserve will be retained by the ICB. A further 0.5% of resources allocated for specialised services has been agreed to be held by ICBs to support developments and transformations that occur during the year. The application of this resource will be determined by collective agreement of the ICBs and any unused resources will be retained by the ICB.

4.19 There is no additional capital allocation in relation to specialised services. Any capital bids will have to be discussed and negotiated with the regional office and the other ICBs in the East of England.

Dispute Resolution

4.20 The nature of the arrangement is one of collaboration and therefore each ICB is committed to working together to resolve any issues that arise. That said, there are mechanisms in both the

Delegation Agreement and the Collaboration Agreement that outline the route to be followed should any disputes arise.

Governance Arrangements

4.21 As referenced in 2.1, a joint committee (the Specialised Services Joint Commissioning Committee) has been in place in the East of England since 1 April 2023 with representatives from all six ICBs and the NHS England regional office. This has overseen the currently commissioned specialised services and the preparation for delegation.

4.22 From 1 April 2024, the existing joint committee will be replaced by a Joint Commissioning Consortium to oversee and make operational decisions in relation to the delegated services and to advise NHS England on those specialised services that are not being delegated.

4.23 The Consortium is not a committee of the Board and decisions taken by the Consortium will only be those that are already within the delegated authority of the individual members. For this ICB the member of the Consortium will be the Chief Executive with the Chief Operating Officer acting as substitute when necessary.

4.24 Any decisions that fall outside of the delegated authority of the Consortium member as set out in the ICB's Scheme of Reservation and Delegation will be referred back to the ICB for approval before being enacted.

4.25 The terms of reference for the Joint Commissioning Consortium have been drafted based on the template agreed by the Board of NHS England and are attached as appendix C for information.

Commissioning Team Arrangements

4.26 The existing Specialised Commissioning Team (SCT) will remain employed by NHS England and deliver all the functions currently delivered, including contract management, financial management, quality and performance oversight of providers, amongst many other functions.

4.27 Schedule 6 of the Collaboration Agreement describes the commissioning team arrangements and the table in appendix 4 of that schedule shows the functions to be carried out by the SCT on behalf of all the ICBs.

4.28 The current expectation is that the SCT will transfer to BLMK under TUPE regulations on 1 April 2025, at which point BLMK will take over responsibility for the management of the team. Although BLMK will act as host for the SCT from 1 April 2024, it will not be the 'lead commissioner' as each ICB will receive its own financial allocation from NHS England and remain responsible for funding and reporting its activity, under the terms of the Delegation Agreement.

4.29 The ICB is jointly chairing the Workforce Subgroup of the East of England Specialised Commissioning Delegation Programme Board. The subgroup has members from each of the ICBs. The Workforce subgroup is overseeing the elements of the Safe Delegation Checklist (SDC) related to workforce support including recruitment, staff engagement, TUPE transfer and an Organisational Development Plan to enable staff throughout the transition and transformation. The programme has commenced with an ICB led workshop with all of the workforce in November 2024, with a follow up event in March 2024.

4.30 A Managing Director for Specialised Commissioning is being appointed by BLMK on behalf of all the ICBs to work alongside existing NHSE management in 2024/25 and take over line management responsibilities for the team from 1 April 2025. This VSM post will report directly to the Chief Executive with oversight from the Joint Commissioning Consortium.

4.31 The budget to employ the Managing Director will be transferred from NHS England to BLMK during 2024/25. From 1 April 2025, the budget for the Specialised Commissioning Team will transfer, along with the staff, to BLMK.

4.32 As host, BLMK will fulfil the following functions.

- Line manage the Managing Director, to whom the SCT will report.
- Ensure the SCT effectively delivers the commissioning functions on behalf of the six ICBs in the East of England and NHS England (NHSE).
- Ensure professional leadership is provided to senior managers and commissioning functions within the team.
- Provide leadership for specialised commissioning in external fora (both within the East of England and across regional boundaries) on behalf of the six ICBs. Leadership in these fora may also be provided by other East of England ICBs directors and senior managers.
- Employ and manage the SCT following the transfer of staff.

Risks

4.33 As with any major transition there are risks to all parties. The general mitigations in place include the Safe Delegation Checklist, the phased approach by NHSE to delegating services, their retention of the Specialised Commissioning Team until 1 April 2025 and their retention of the financial liability for high cost drugs and devices associated with the delegated specialised services.

4.34 The programme risk register is shown at appendix D and the highest rated risks are described below.

Staffing

4.35 Members of the SCT are aware that they have been identified as potential transferees under TUPE so their employment status will change from 1 April 2025. This may lead to a level of anxiety and staff choosing to leave the team. This, alongside existing vacancies could leave the team short of both numbers of staff and the experience they hold.

4.36 The Chief Executive of BLMK along with HR colleagues have contacted the team to reassure them of their long-term employment prospects and hear their concerns.

4.37 The appointment of a Managing Director will add capacity and once they are in post, will be able to work closely with the team to ensure that the transition is a smooth one.

4.38 Recruitment by NHS England is underway to fill the current vacancies.

Delays in moving to target allocation.

4.39 Recent analysis has shown that ICBs in the East of England are below their target allocation of funds for specialised services and NHS England is committed to addressing this. If this rebalancing towards target allocation takes too long then it will take longer for patients in the East of England to realise those benefits.

4.40 This risk does not specifically relate to the transition programme, but to the wider issue around equity of specialised commissioning services which will affect patients, irrespective of whether the delegation takes place.

Insufficient leadership capacity within host ICB in 2024/25

4.41 The transition of the SCT from NHS England to BLMK ICB may stretch the existing capacity of the BLMK leadership team. The appointment of a Managing Director will provide explicit leadership for specialised services.

4.42 The existing senior managers with the SCT will also be able to provide expert advice and input to support and provide assurance to the BLMK leadership team.

Indicative Timetable

4.43 The Board of NHS England has determined that responsibility for the commissioning of 59 services will be delegated to the ICBs in the East of England on 1 April 2024. Similar arrangements are also taking place in the North West and Midlands regions.

4.44 The Specialised Commissioning Team will continue to be employed by NHS England until 1 April 2025 from when they will be transferred to BLMK ICB under TUPE arrangements.

4.45 From 1 April 2025, it is also anticipated that a further tranche of specialised services will be delegated to ICBs.

Conclusions

4.46 Whilst there is likely to be little change to the current commissioning arrangements in 2024/25, the delegation of the commissioning of specialised services will enable the ICB to work with providers to streamline and further integrate treatment pathways and to develop more localised commissioning where it is safe to do so.

4.47 The Delegation Agreement and Collaboration Agreement are key documents in enabling the delegation of specialised services.

4.48 Updates will be reported to the Board and its committees during 2024/25.

5 Next Steps

5.1 Following approval by the Board then the Delegation Agreement and Collaboration Agreement will be signed and submitted by the Chief Executive to NHS England.

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6 List of appendices

Appendix A Delegation Agreement
Appendix B Collaboration Agreement
Appendix C Joint Commissioning Consortium Terms of Reference
Appendix D Programme risk register

7 Background reading

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Kathryn Moody, Director of Contracting/Deputy Chief Operating Officer

ICS Partner Lead: VCSE Strategy Group

Report Author: Kathryn Moody, Director of Contracting/Deputy Chief Operating Officer

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

Item: 15 – Strategic Approach to the Future Provision of Non-Emergency Patient Transport (NEPTS)

Reason for report to the Board:
This report is being presented to the Board to demonstrate some of the work we are doing with the voluntary, community and social enterprise (VCSE) sector, in light of the expressed wish of the ICB to work more closely with the VCSE. It is also an early demonstration of some of the ways in which we wish to explore the potential flexibilities within the new procurement legislation, which focuses more on innovation and collaboration, rather than competition. Whilst this work is in its early stages, it is hoped this paper does give the Board some view of the work that is going on in this field.

1.0 Executive Summary

1.1 The enclosed report sets out a proposal for the future development of non-emergency patient transport services (NEPTS), working with both existing providers and the voluntary, community and social enterprise (VCSE) sector to develop a more robust and responsive service, whilst increasing social value and best value.

1.2 We have begun discussions with the VCSE to start to think about how they could support our local NEPTS services, and whilst it would be a significant change from the current models for both NEPTS and voluntary care schemes, they are keen to work with us to explore what can be done.

1.3 Any model which is developed will need to adhere to the requirements of the new procurement legislation (Provider Selection Regime). We believe that the criteria which require satisfaction as part of this can all be evidenced/satisfied through a new model of partnership.

1.4 On this basis, we are presenting this paper to the Board to demonstrate the potential opportunities of such work, and outline more fully some of the thinking behind this proposal.

2.0 Recommendations

2.1 The members are asked to **note t**hat the ICB has begun working with stakeholders to develop a NEPTS model which includes the VCSE, to enable us to provide a more appropriate and socially valuable service.

3.0 Key Implications

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

3.1 There are both financial and human resourcing implications in relation to NEPTS which we need to be mindful of. At this stage, these cannot be fully quantified but will be worked through as part of the case development and presented at a later date.

3.2 There are specific criteria in place for patients accessing NEPTS to ensure it is provided to those that need it most. As part of this work, we will review access criteria to ensure equality of access across BLMK.

3.3 As part of the development of this paper, discussions have taken place with current providers, trust colleagues and the voluntary/third sector. This will continue as we work up the detail of the offer. In addition, we would hope to work with local authority colleagues to maximise the potential of synergies/economies of scale in transport operations where appropriate.

3.4 Through this work, we would hope to address Green Plan commitments through using a greater mix of vehicles to reduce emissions and increase the social value of the servicec through the use of local car schemes.

4.0 Report

4.1 The current Non-Emergency Patient Transport Service (NEPTS) contracts are due for expiry on 31 March 2024. As part of our review of our procurement pipeline as previously notified to the Integrated Care Board (ICB) Board, we are currently in discussions with current providers (East of England Ambulance Service NHS Trust (EEAST) and South Central Ambulance Service NHS Trust (SCAS)) to agree new contracts which will expire on 31 March 2026. Even with this extended timeline however, there is a need to develop a process for 1 April 2026 onwards, and this paper outlines the proposed direction of travel for consideration and approval.

Current Position

4.2 BLMK ICB currently maintains two distinct NEPTS contracts. Milton Keynes is serviced by SCAS (South Central Ambulance Trust), while Bedfordshire and Luton are serviced by EEAST (East of England Ambulance Trust). These contracts aim to facilitate patient transport for renal, cancer, outpatient, and discharge purposes. Each provider also operates a call centre for booking and planning journeys. The contracted providers should cover all journeys apart from those which are for patients attending appointments sites not included in the contract specification. Both providers are currently struggling with activity levels.

4.3 As well as the services provided by the contracted providers, each hospital trust has additional private patient transport arrangements funded by the ICB and the acute trusts depending on requirements. These arrangements serve as an alternative to the contracted providers, particularly for time-critical discharge and patient transfers, especially those in Emergency Departments and same-day discharges without pre-booked transport. However, the use of separate providers has resulted in inefficiencies, including duplication and instances of "aborted" journeys where patients are booked onto both services simultaneously.

4.4 The costs of patient transport have increased significantly over recent years (32.6% by value since 2021-22), due to both a rise in activity and an increase in the cost base for providers (most notably in terms of vehicle leasing and running costs and the cost of pay awards above the levels funded by tariff uplifts). Additionally, the number of patients who require urgent/on the day services is increasing, particularly in relation to discharge from hospital. This makes it difficult to plan capacity and be as responsive to providers as would ideally be the case.

4.5 On this basis, it has become clear that we need to review our patient transport services and develop a specification and service which are fit for the future, and which are responsive to patient need and changing clinical pathways. Additionally, we need to develop services which are environmentally sustainable, and which can demonstrate delivery of the new procurement requirements.

Procurement Considerations

4.6 From 1 January 2024, the procurement of healthcare services must be conducted under the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR). As previously articulated, these new regulations provide opportunities for commissioners to focus on innovation and collaboration, working with wider partners to redesign services without necessarily having to procure every service on the open market.

4.7 This has given us an opportunity to think about what we would like to achieve in relation to NEPTS, and whether developing a potential offer with system partners would work better for us than a market exercise may.

4.8 Clearly we need to ensure that we are able to satisfy the regulations and are able to demonstrate to the ICB Board, wider stakeholders/partners and the wider market that we have selected an appropriate provider/model of provision, satisfying the criteria as set down within the legislation, these being:

(a)quality and innovation, that is the need to ensure good quality services and the need to support the potential for the development and implementation of new or significantly improved services or processes that will improve the delivery of health care or health outcomes,
(b)value, that is the need to strive to achieve good value in terms of the balance of costs, overall benefits and the financial implications of a proposed contracting arrangement,
(c)integration, collaboration and service sustainability, that is the extent to which services can be provided in—
(i)an integrated way (including with other health care services, health-related services or social care services),
(ii)a collaborative way (including with providers and with persons providing health-related services or social care services), and
(iii)a sustainable way (which includes the stability of good quality health care services or service continuity of health care services),
so as to improve health outcomes,
(d)improving access, reducing health inequalities and facilitating choice, that is ensuring accessibility to services and treatments for all eligible patients, improving health inequalities and ensuring that patients have choice in respect of their health care, and
(e)social value, that is whether what is proposed might improve economic, social and environmental well-being in the geographical area relevant to a proposed contracting arrangement.[1]

[1] The Health Care Services (Provider Selection Regime) Regulations 2023, **The Health Care Services (Provider Selection Regime) Regulations 2023 (legislation.gov.uk), accessed 13 February 2024**

4.9 Given the difficulties in the NEPTS market, the fact that our current provision is struggling to meet the needs of our patients, and that under the new regulations we are required to secure services which meet the above criteria, the ICB have been reflecting on alternative models which may provide a more responsive, cost-effective, patient-focused service, and have developed the following proposal.

The Voluntary, Charitable and Social Enterprise Sector (VCSE)

4.10 Within BLMK ICS, there is a wide range of VCSE providers, with a vast expertise in key areas; this provides a huge opportunity for us to harness this asset to support delivery of our strategic and operational objectives, as well as increase social value through the use of local providers to support local people.

4.11 We have been working with the sector to develop a market management strategy which will help VCSE organisations participate more fully in delivering the ICB's objectives. As part of this we have established a number of themes and actions to support our work with VCSE, and enable them to respond to commissioning/procurement exercises. These are shown in the table below.

Theme	**Key Actions**
Education and Engagement	• Work with VCSE and community stakeholder to shape future service requirements through co-design and co-production • Develop workshops with VCSE organisations to walk through procurement process and identify key commissioner requirements/expectations • Deliver market engagement events ahead of procurements to understand interest, articulate specific requirements, and support providers in building networks as part of an integrated solution
Social Value	• Ensure social value is a key component of procurements – and shape need based on service required • Ensure fair payment and costing mechanisms to support local provision and ensure staff are treated appropriately
Procurement Approaches	• Commissioners within the ICS should work together to improve consistency of procurement approach and types of information required when going out to tender (noting there may be different regulatory requirements) • Procurement approaches should be proportionate and targeted to ensure VCSE organisations are able to respond where appropriate • ICS organisations should use procurement vehicles which are flexible and which VCSE providers can engage in, e.g. Dynamic Purchasing Systems/Any Qualified Provider
Provider Networks	• Commissioners should encourage providers to come together to share ideas and skills to enable them to maximise delivery and respond based on individual strengths

4.12 Whilst the actions above will help the system and the VCSE work better together, unless and until we are able to apply this practically to a specific procurement/range of procurements, they remain well-meaning intentions.

4.13 To counter this, and following discussions with a number of VCSE representatives, it has become clear that the development of a NEPTS service which works with current market providers and the VCSE to develop a more comprehensive, responsive, and cost effective models, is a shared ambition, and we should work with the sector to deliver this through using the new procurement flexibilities.

4.14 This model is not without complexity; we would still need to ensure we were working within the procurement legislation, and that we were transparent in our conversations and decision-making. However, there are a number of reasons why we think this process would be preferable to simply retaining the existing services or undertaking a market exercise, these being:

- Our current providers are unable to meet our current activity requirements, and short-term/spot commissioning of other providers is both incoherent and expensive. Through working with the VCSE to provide additional support we believe we can provide a better service and one which is more responsive to patients,
- The NEPTS market can be litigious, but the PSR provides us with opportunities to develop new models of care, based on collaboration and innovation. We think that through working with providers who are local to our system and are also invested in it, would increase the social value of the offer through employing local people and supporting the 'BLMK Pound', and this could be amply demonstrated through the Provider Select ion Regime.
- A procurement would be time-consuming, and given recent NEPTS procurements nationally, there has not been a wealth of bidders; there are bidders who are also exiting the market. Through developing a new model, we can build a high-quality, sustainable model with a range of vehicle options to support patients.
- Work undertaken in Yorkshire suggests that the use of voluntary and community car schemes is a positive development in NEPTS, and leads to better services with more coherence.

Recommendations

4.15 We would like the ICB Board to **note** the work we are undertaking with stakeholders to develop a NEPTS model which includes the VCSE, to enable us to provide a more appropriate and socially valuable service.

5.0 Next Steps

5.1 We will continue discussions with the VCSE and current providers and stakeholders, to develop a proposal for consideration by the ICB Executive. To enable this, we will establish a NEPTS Steering Group and some working groups to explore the options in more detail. It is expected a more formal case will then be brought to the ICB Board in December 2024.

List of appendices

None

Background reading

None

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Nicky Poulain, Chief Primary Care Officer

ICS Partner Lead: NHS Provider, PMS Provider and Local Authority Members

Report Author: Amanda Flower, Deputy Chief Primary Care Officer

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

Item: 16 – Delivering integrated Primary Care in BLMK – assurance report – NHSE Delivery Plan for Recovering Access to Primary Care

Reason for report to the Board:
NHSE requires Boards of ICBs to receive assurance on the ICB's response to the NHSE Delivery Plan for Recovering Access to Primary Care in November/December 2023 and again in March/April 2024.

1.0 Executive Summary

1.1 In May 2022 the 'Next Steps for Integrating Primary Care: Fuller Stocktake Report' described the need for integrated neighbourhood working. – 'teams of teams' to be established. This brings together previously siloed teams to wrap around residents to support their broader health and wellbeing needs. BLMK has established an asset-based approach to neighbourhood work in each place. Currently there are 19 neighbourhoods in development across BLMK.

1.2 In May 2023 the national 'Delivery Plan for Recovering Access to Primary Care' acknowledged that in order for the Fuller Stocktake to be delivered there is a need to take the pressure off general practice and tackle the 8am rush. The recovery plan described four areas of work to support primary care demand and capacity:

- Empower patients to self-care - roll out tool's patients can use to manage their own health, and expand the services offered by community pharmacy;
- Implement 'Modern General Practice Access' – further roll out of Cloud Based Telephony to support improvements in patients being able to contact their practice. Support practice teams to transition to a Modern General Practice Access Model (or total triage) through the General Practice Improvement Programme. This transformation will lead to improved experience for patients – they will know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message;
- Build capacity – continue to develop and integrate the multi-disciplinary team in primary care through the Additional Role Reimbursement Scheme and ensure innovative approaches to improve recruitment and retention; and
- Reduce bureaucracy – support improved interface working with primary and secondary care and extend this to community services this will ensure the maximum time is available for patient care in general practice.

2.0 Recommendations

Members are asked to **note** the progress in delivering the NHSE 2-year 'Delivery Plan for Recovering Access to Primary Care'.

3.0 Key Implications

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

3.1 There are workforce and estate constraints in general practice which continue to challenge delivery.

3.2 Risks associated with delivery include access to primary care and rising patient demand (R0004) and primary care resilience and ability to transform (primary care risk register R0009).

3.3 Implementation will provide continuity of care for those in Core20plus5 who are most likely to experience health inequalities.

3.4 Four resident engagement events regarding primary care access are planned in March 2024 – one in each place. (March 12th Central Bedfordshire; March 18th Bedford; March 21st Luton; March 22nd Milton Keynes).

3.5 Colleagues consulted in developing this work: the Primary Care Commissioning and Assurance Committee, the Working with People and Communities Committee, the four Place Boards, PCN Clinical Directors, Strategic Primary Care Clinical Leads, Place Primary Care Clinical Leads and others

3.6 The implementation will utilise digital first where appropriate. The ICB's work on primary care estates will continue to consider the ICB's Green Plan.

4.0 Four Domains of the NHSE Delivery Plan for Recovering Access to Primary Care

4.1 National Domain 1: Empowering patients to manage their own health

4.1.1 Implementation of Cloud Based Telephony in BLMK is on track utilising the NHSE programme. All practices in BLMK will have a Cloud Based System in place by the end of June 2024.

4.1.2 The ICB is continuing to promote the NHS App, accompanied with strategic guidance to service providers with regards to digitally enabled access and service improvement. We are using opportunities to influence further development of the NHS App to benefit BLMK residents by including more languages. The ICB is also working with existing Primary Care system suppliers as part of the devolved NHS England GPIT responsibilities to drive further adoption of NHS App notifications and Online Consultation systems that integrate with the NHS App. We rely on our NHS Provider partners to continue their Patient Portal journeys, to ensure integration with the NHS App as they expand/develop:

- Ensure additional information/services in the MKUHT patient portal is made available via the NHS App as it evolves;
- BHFT delivery of a patient portal in line with strategic plans, ensuring it can link to the NHS App;
- Where possible Community and Mental Health providers to enable patient portals that link to the NHS App; and
- Our Local Authority partners can also help support increased adoption through providing residents with access to free public internet access (e.g., community

buildings such as libraries) to enable residents without access to a Smartphone/personal device to access NHS App services.

4.1.3 The ICB is working with system partners to encourage use of the NHS app, including the publication of national materials online and through social media channels. ICB funds have been sought in 2024/25 to enable a larger and more coordinated communications campaign across the system to encourage usage. The current approach is on using community advocates like locally elected representatives and faith leaders to support residents to make use of the app's growing functionality.

4.1.4 In BLMK we are compliant (services accepting self-referral) with the required 7 national self-referral pathways (MSK, Falls, Podiatry, Audiology, Wheelchair, Community Equipment and Weight Management); locally further work is planned to map available self-referral pathways, to consider where self-referral routes should be opened up and ensure a clear communication campaign to support residents understanding.

4.1.5 Pharmacy first was launched officially on the 31 January. Out of 158 pharmacy contractors in BLMK, 151 have signed up to provide this service. Several meetings have been held where pharmacy first has been presented across the ICB. Whilst it is early days for 'Pharmacy First', the old element of pharmacy first previously known as Community Pharmacy Consultation Service (CPCS) is still being delivered and we are starting to see an uptake on the new element, which is the 7 clinical pathways. Pharmacies and surgeries who previously had good engagement and delivery of CPCS are seeing continued service delivery including the new clinical pathways - where patients are given prescription medicines under Patient Group Directions (PGDs). The existing barriers to CPCS would still be applicable to Pharmacy First, these include community pharmacy capacity and readiness, pre-existing local relationship issues, and patient awareness and acceptance. The ICB Community Pharmacy Integration Lead continues to collaborate with Community Pharmacies, Practices and Primary Care Networks to further local integration.

4.1.6 On 25 January 2024, the ICB held an inaugural ICB Community Pharmacy event where we brought together over 60 local practitioners for an evening of sharing and learning together. The event received excellent feedback with delegates welcoming the opportunity to hear about the ICB's vision and strategy for primary care and to have the opportunity to network with colleagues.

4.2 National Domain 2: Implementing 'Modern General Practice Access'

4.2.1 Whilst primary care appointment numbers continue to grow and BLMK provides consistently high numbers of face to face appointments, residents still tell us that it is sometimes difficult to make contact on the telephone with practices, and booking an appointment can be a challenge. The work we are doing to improve telephony systems will help to address this. In addition, our work to implement a Modern General Practice Access model by March 2025, in line with the delivery plan ambition, should support an improved experience in making an appointment, where needed, for residents. Modern General Practice Access is the central vision in the NHSE Delivery Plan which has two essential requirements: tackling the 8am rush and reducing the number of people struggling to contact their practice; and patients no longer asked to call back another day to book an appointment.

4.2.2 The delivery plan comes with the General Practice Improvement Programme (GPIP) offer designed to support practices transformation to deliver a modern general practice access model; this includes a universal offer (demand and capacity webinars and care navigation training) and an intermediate and intensive support (these are tailored 13- and 26-week programmes which guide practices through the transformation journey). So far, 34 practices have participated in the Universal Offer, 19 in the Intermediate/Intensive offer, and 4 Primary Care Networks (PCNs) are engaged in the PCN support offer. This is consistent with other systems in the East of England. As of 26 Jan 2024, 59.7% of practices/PCNs had participated in national care navigation training offer however this provides limited flexibility to support

attendance, therefore a local offer is also being considered as this is central to delivery of Modern General Practice Access. The ICB primary care team continue to work with NHSE and practices/PCNs to promote the GPIP programme and 'recruit' practices to participate.

4.2.3 The ICB Primary Care team have re-established a proactive practice visit support programme which will see every one of our 89 practices visited in the next 12 months. These visits will provide an opportunity to review and discuss areas of challenge and good practice to foster support across BLMK through a learn and share approach to support practices with their transformation programme.

4.2.4 82 practices have set out their plan to deliver modern general practice access by May 2025 and how they will utilise the support offers, and transition and transformation funding available. Additional support is being offered to the 7 remaining practices.

4.2.5 The BLMK primary care team are commencing work with the national primary care team to codesign future transformation and support offers.

4.3 National Domain 3: Building Capacity

4.3.1 All 25 PCNs have been supported to maximise the utilisation of available Additional Role Reimbursement funding to recruit diverse teams with a mix of skills in general practice. The Primary Care Training Hub's capacity is fully utilised to target support to both practice and PCN teams.

4.3.2 In November 2023 a development event was held for primary care services that brought together over 60 primary care clinical leaders to codesign the transformation plan for sustainable primary care. A 'Festival of Learning' event took place on 29 February 2024 at which over 120 primary medical services colleagues came together to further explore integrated neighbourhood working and effective primary care in BLMK. The event guided participants through some aspects of demand and capacity; the vision for Fuller integrated neighbourhood working along with a focus on 7 hot topic areas - EDI & wellbeing; OD and culture; recruitment and retention; learning and development; leadership and management; collaboration and integration and innovation.

4.4 National Domain 4: Cutting bureaucracy and supporting the primary/secondary interface

4.4.1 As reported in the last Board update, there are two well established Clinical Interface Forums to support the primary/secondary interface – a forum in Milton Keynes and a forum in Bedfordshire & Luton. The forums are jointly chaired by primary/secondary care clinical leaders. In Bedfordshire alongside the 4 priority areas described in the Delivery Plan for Recovering Access to Primary Care priorities have been set to consider neurology, cardiology, ENT, gastro and gynae – which are high volume specialties that have a number of operational issues that frequently impact primary care – these specialities will be worked on jointly to consider opportunities for different ways of working that will improve patient experience and support productivity. In Milton Keynes a community services liaison forum has also been established and this is currently being considered in Bedfordshire.

4.4.2 In respect of the four priority areas in the primary care delivery plan our assessment in BLMK is as follows:

Onward referrals – Amber
This has been raised at almost every interface meeting and communications have gone out to all secondary care colleagues. There remains a mixed picture with some secondary care clinicians/departments adhering to the changes better than others. There are still examples where things have not worked well with onward referrals on a weekly basis. This is a regular discussion item at both interface forums.

Complete care (fit notes and discharge letters) – Amber
Again, a regular feature in interface discussions; paper fit notes are widely available and both providers have plans to introduce electronic fit notes however this work will continue throughout 2024. There remains a mixed picture across both provides regarding quality and timeliness of discharge letters and there are still frequent reports of missed discharge letters or poor information.

Call and recall (including follow-ups) – Red
Whilst secondary care appreciates the need for their clinicians to systematically review and act upon test results, there are still regular requests back to primary care. BHT have confirmed where a service has a patient on a Patient Initiated Follow Up pathway there are mechanisms to recall if needed. Services with surveillance and screening pathways have clear call and recall processes. From an MKUH perspective, Primary Care report no systematic call/recall systems in place.

Clear points of contact – Amber
MKUH are promoting the use of the My Care patient portal through which patients have access to results, letters and they can also make contact through the portal. More and more patients are getting signed on, however there are still lots of requests to practice teams to chase results, letters, appointments etc. So, work in progress. No specific plan for dedicated liaison phone number at MKUHT as yet. BHFT advice is for patients to use usual contact points including PALS, For GPs the advice is to use the speciality general managers – contact details have been provided to all GPs.

5.0 Next Steps

5.1 Continue to drive the actions needed to progress the ambitions of the Delivery Plan for Recovering Access to Primary Care.

List of appendices

Background reading

NHS England » Fuller stocktake report / NHS England » Delivery plan for recovering access

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

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

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

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

Committee: Quality and Performance Committee 8 March 2024

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

Key discussion points and matters to be escalated from the meeting.
ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy
• **None**
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **Performance report** includes dentistry and vaccination uptake, as requested by the Committee. Overall, Committee noted system operating under considerable pressure. • **Population Health Intelligence Unit** produced an insightful report on life expectancy in BLMK. Committee looking at deep dives in specific areas of performance and end-to-end pathways - next report to focus on triangulation of risk, quality and performance. • **Primary Care data sub-sets** to be reported to Primary Care Commissioning & Assurance Committee and ICB Executive to develop an approach that enables relevant committees and officer groups to review their elements of performance and quality and escalate concerns to Q&P Committee. • **Transition from children's to adult services** – this is an area for a future deep dive. • **LMNS Bedfordshire Hospitals –** oversight group with ICB Chief Nurse, CQC and BHT (Luton site) senior staff and there is a follow up meeting week commencing 11 March. The review of maternal deaths report needs to go through BHT governance processes and will be reported to the ICB Board in June 2024. • **Operational planning** – final guidance is expected to be published w/c 11 March 2024.. Board will receive a full update on 22 March. As part of the operational planning process partners are working to address the financial challenges as part of the **mental health investment standards** for the provision of mental health services. Equality and inequality impact assessments are being undertaken as part of the planning process.
ASSURE: Inform the Board where positive assurance has been received
• **Sharing information** - System and Regional Quality groups share information on quality and performance, this assists with identification of areas for system and regional working. • **Health Services Strategy** is being reported to the Board. The Health & Care Senate will provide clinical oversight and challenge to proposals. The Committee supported ICB project management resource from the System Transformation Team and acknowledged the need for system wide support and resources to develop the strategy. • **Dynamic risk assessment approach -** undertake workshops to test out the approach and develop a more granular understanding of the risks and the mitigating actions that can be taken. It is proposed to test the approach on the UEC risk on Milton Keynes and Bedfordshire footprints and the outputs will be reported to the Audit & Risk Assurance Committee and system quality group. • **Health Equity Board** (an officer group) is being established and the initial meeting will take place in April. This will provide oversight of inequalities, prevention, inequalities and growth & sustainability.

- **Quality Improvement approach** – report stressed the importance of engendering a culture of improvement and ongoing work to build capacity and capability in this area. A phased approach to improvement training ongoing. The importance of celebrating success to create momentum for change and retention of staff was emphasised.
- **CQC ICS Assessment** – themes of the assessment are quality & safety, integration and leadership. The system (ICS) assessment will be in addition to provider CQC assessments. The ICB is implementing a co-ordinated approach with an ICB system co-ordination post being established. Systems not graded during first round of assessments.
- **Central Beds Council & Bedford Borough Council Children in Care Annual Reports –** in Central Bedfordshire the number of children in care has increased, both in area and children being placed in Central Bedfordshire from outside its geography. A large proportion of BLMK children are placed out of area and this impacts on areas such as undertaking health assessments. The complexity of young people's needs has increased and this has made placements more difficult. CCS now provide healthcare services for children in care in Bedfordshire and Luton and CNWL provide the services in Milton Keynes. There is a plan to undertake a review of children in care processes and review data dashboards for NHS and local authorities.
- **LMNS –** ICB Chief Midwife being recruited to support the LMNS. Planning to align maternity and neonatal dashboards to provide richer information and seeking to develop a maternity improvement programme.

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

- **Quality & Equality group – Development of an Ethical Framework**- Learning from another ICB, a quality and equality group is being established to consider difficult decisions on services. It will have clinicians from providers as members. The group will be developed to include residents in the longer term and it will become the way we make decisions on commissioning/de-commissioning services. Any significant changes to services require consultation and overview & scrutiny review and it is proposed that any consultation will be co-ordinated. It was noted that the consultation on services cannot be undertaken during a pre-election sensitivity period.
- **Quality risks** - long waits, initial health assessments for looked after children, maternity services improvement at Bedfordshire Hospitals, delegated healthcare tasks across the system. There is an emerging risk on the satellite renal service in Bedford and patients currently being re-located to Lister Hospital.
- **BAF risks** – report to the Board in March to agree the risk appetite for our system. Currently BAF risks reporting to the quality and performance committee are red and this reflects the challenging environment the system is operating in. The ICB and partners continue to escalate issues regionally and nationally that are beyond the ICB's control e.g. workforce challenges related to training places.
- **Children in care health assessments** - children from outside BLMK that are placed in care in Bedfordshire are not routinely having health assessments and discussions are being undertaken with a private provider to deliver these and prioritise the assessments that need to be done first.
- **Fragile services** – there are some resilience issues in some services and this is integrated in the Health Services Strategy, which is on the Board agenda.

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

- **Bedfordshire Care Alliance Access to the stack** - **January 2024 saw the highest number of referrals to the Stack to date.** This is a largely due to the numbers accepted across Bedfordshire resulting from strong collaboration between ELFT, CCS and the EEAST Paramedic teams.
- **Dementia diagnosis**- in M9, BLMK are the highest achievers in the region with an above national target performance of 67.83%.
- **Elective waiting list** - The BLMK overall **elective waiting list** has reduced for the third consecutive month to 139,534 in December (1% reduction from November).

- **A&E waiting times (76% threshold**) - in M9, BLMK performance excelled with highest rank in region with 75.36%.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

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

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

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

Item: 17b- BLMK Quality and Performance Report – M9 December 2023

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

1.0 Executive Summary

This paper provides an overview of key Quality and Performance issues (p 2/4) and successes (p 4/5). It includes new data from EEAST following their attendance at the BLMK Board Seminar on 26 January 2023. A fuller report was considered by the ICB's Quality and Performance Committee on 08 March, and a report setting out the Committee's considerations is attached to this paper.

2.0 Recommendations

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

3.0 Key Implications

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

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

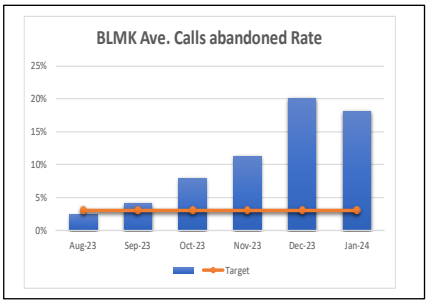
4.0 Report

4.1 Background

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

4.2 Key Performance Issues

Primary Care: NHS 111 Calls abandoned (Place based variance: Bedfordshire Care Alliance). 6-month trajectory: Deteriorating. **Governance Body**: Primary Care Delivery Group.



The overall call volume to NHS 111 across Bedfordshire is significantly above the levels commissioned (regularly between + 30 to 40%) and this applies across the HUC footprint in the East of England region. This is recognised as the primary driver for an increase in abandoned calls, The ICB is working with commissioners in Herts & West Essex and Cambridge and Peterborough ICBs along with HUC, on focus areas: managing demand by identifying and reducing areas of inappropriate usage, improving efficiency within the telephony process resulting in reduced call handling time and increasing handling capacity. Dedicated GP clinical leadership is supporting these efforts, but results may take time. Meanwhile, HUC is applying for National 111 Resilience capacity to manage call volumes from April 1, 2024, onwards.

UEC: Ambulance Handovers (Place based variance at the Luton & Dunstable Site)
6-month trajectory: Deteriorating. **Governance Body:** BLMK UEC Assurance w/ EoE region
There is significant variance across the system with 108 handovers over 60 minutes at BHT, 107 at MKUH and the L&D continuing to increase with a current 591 handovers, in the 30 days to 4th February. The Flow Team continue to work collaboratively with EEAST partners on the Ambulance Recovery Plan establishing trajectories and associated actions to achieve the 30-minute target and to develop an appropriate response to the NHSE Regional target related to hours lost per week (both of which will support the delivery of reducing >60min handovers).

UEC: Bed Occupancy (Place based variance at the Milton Keynes Hospital)
6-month trajectory: Deteriorating. **Governance Body:** BLMK UEC Assurance w/ EoE region
Rising demand in A&E is impeding bed occupancy, and the acuity of patients is limiting the use of capacity in community settings. In January, BLMK had the highest levels of bed occupancy within the region. Work continues across all acutes to ensure that escalation beds being declared are accurate and this is refreshed daily, and System Control Centre (SCC) remains fully committed to optimising flow and minimising bed occupancy. Both BHT and MKUH have improvement work streams in place to improve flow and minimise the use of escalation beds. Overall escalation beds are reducing across BLMK (subject to daily variation).

Planned Care: Long Waiters - 78 and 65 Week Waits (Place based variance at the Milton Keynes Hospital). 6-month trajectory: Deteriorating. **Governance Body for Planned Care:** Elective Collaboration Board
BLMK aims to eliminate 78-week patient waits, but due to ongoing industrial action and UEC pressures, the revised trajectory predicts approximately 60 patients waiting by the end of March 2024 across all providers. Achieving zero wait times is deemed unlikely. The national goal to eliminate 65-week waits has been deferred to the next year. BHT faces challenges in Spinal and Vascular specialties, with plans to outsource where safe to do so and reprioritise consultants. MKUH has 180 patients waiting, with challenges in General Surgery, Gynaecology, and Urology. MKUH have secured a vanguard theatre for 6 months to provide additional capacity for the above challenged specialties in addition to ENT. Both hospitals are utilising the Patient Initiated Digital Mutual Aid System to address capacity issues. Elective Recovery Fund (ERF) achievements are positive with M7 (latest actuals) achievement of ICB 107.7%, BHT 98.8% and MKUH with 121.6%; December and January gains are impacted by Winter and industrial action, posing a risk for year-end targets. ERF income is expected to grow in 2024/25 with the expansion of Independent Sector Providers (ISPs).

Diagnostic Tests – 6-week wait - [NHS Constitution Measure] (Place based variance at BHT) 6-month trajectory: Deteriorating.

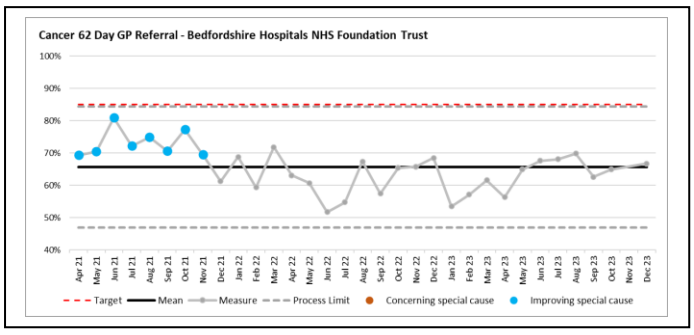
Overall Performance – **BLMK have been ranked as most challenged in region for December performance** (6/6). 6-week wait performance has been impacted by Winter and Industrial Action pressures in addition to an increase in demand (approximately 16% between Dec '22 and Dec '23 – varying across modalities e.g., BHT (YTD) Echocardiography - 99% increase, Gastroscopy - 33% increase, and MKUH (YTD) Gastroscopy - 67% increase, Colonoscopy - 59%). Other impacting factors include workforce capacity and DNA rates alongside Trust operation at Opel 4. However, it should also be noted that BLMK is undertaking more diagnostic activity than it has done in several years (certain modalities are delivering increased levels e.g., BHFT-Sleep Studies - 117%, MRI - 112%, CT- 102%, Gastroscopy - 101%, and MKUH - MRI - 191%, CT - 125%, Cystoscopy - 124%, NOUS - 107%).

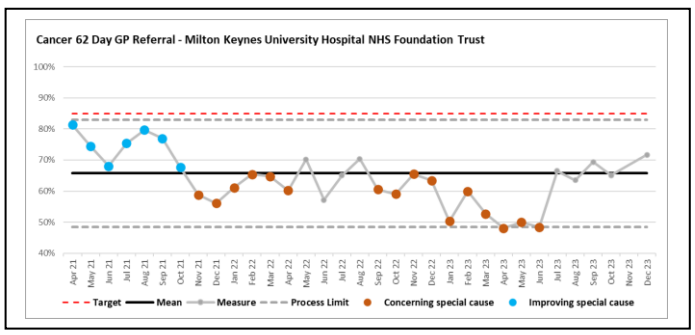
Community Diagnostic Centre (CDC) mobilisation since July 2023 has increased delivery by approximately 5% and will continue to increase diagnostic capacity as further sites are mobilised. As CDCs develop, a demand and capacity review will be undertaken to understand future system requirements. Unfortunately, there has been no source funding progression for the Luton CDC site; work is in progress to secure replacement. CDC Activity/Revenue plans for 24/25 were submitted and approved by NHSE, ensuring provision of ongoing diagnostics capacity through CDC delivery, supporting the achievement of diagnostic targets; system mutual aid opportunities continue to be explored.

Actions to support underperformance across modalities at BHT include insourcing, wait list initiative schemes, triage standardisation, modality training, recruitment and retention premiums in place and DNA reductions. At MKUH actions include insourcing, utilisation of one room full time for challenged modality (ECHO) with exploration of a second room and a formal demand and capacity review is underway.

Cancer 63-Day Waiting List (Place based variance at BHT) 6-month trajectory: Deteriorating.

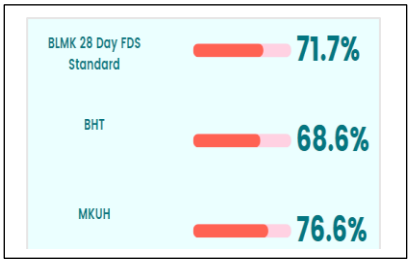
Both Trusts have seen their backlog position impacted by the industrial action and increased annual leave during December however we are now starting to see improvement because of recovery measures implemented in the Trusts. Recovery plans for Bedfordshire include a focus on a priority pathways driving the backlog position (Gynaecology, Urology and Lower GI) and pathology turnaround times for processing and reporting samples. The Trust have seen average turnaround time fall by 50% with focused actions and collaborative working. Milton Keynes have also delivered performance improvement because of additional imaging capacity which has reduced MRI waits





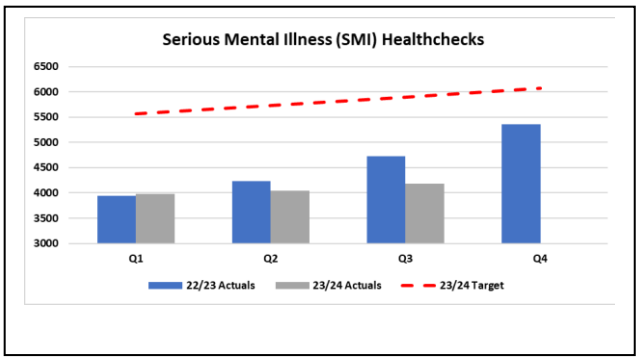
from 5 weeks to 2 weeks. These actions are demonstrated in regional backlog trajectory reporting with BLMK 2nd closest to operational plan target in the region.

Cancer - 28-day Faster Diagnosis Standard - [NHS Constitution Measure] (Overall BLMK Performance) 6 -month trajectory: Improving. **Governing Body for Cancer:** BLMK Cancer Programme Board



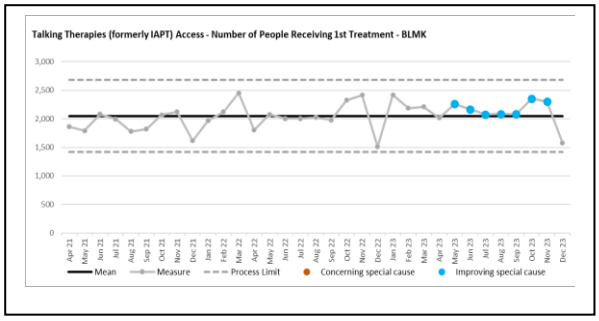
In December 71.65% of BLMK patients were diagnosed or had cancer ruled out within 28 days following urgent referral against the 75% threshold; BHT achieved 68.60% whilst MKUH overachieved with 76.61%. Local performance data over Q4 has been identified as a risk to delivery of the 75% target by March, by the service area lead. The ICB is working closely with the Trusts to close the gap to maximise gains and are delving deeper into the performance at tumour site level to identify areas for attention. Nationally, meeting this standard has been a challenge at 74.16%, with variable performance against this standard across the tumour sites and at Trust levels. BLMK performance in 'Skin' at Bedfordshire Hospitals has recently been used as an exemplar pathway for the East of England Rapid Cancer Action Team focus on faster diagnosis work, however challenges remain in other sites such as Gynaecology. To manage this, an ICB and Trust level improvement and action plan has been developed, which is being monitored bi-weekly through recovery group meetings.

SMI Health Checks (Overall BLMK Performance)
6-point quarterly trajectory: Deteriorating.



BLMK ICB are showing a -29.1% variance from the Q3 target. There is little variance between the number of health checks delivered at Luton and Milton Keynes (average 1,108 delivered with an average deficit of 370); Bedfordshire are showing some variance, having delivered a total of 1,973 checks with a 978 -check deficit to target. **Year-end achievement of this metric has been identified as a risk by the service area lead.** Data duplication was identified following a data quality deep dive, on removal, performance was adversely impacted; checks are in place to ensure collection is accurate going forward. To further support performance, several other initiatives are in train including improving access to new integrated mental health care models for adults and older adults with SMI, continuing with the enhanced GP scheme, conducting practice visits, and implementing walk-through training videos and partnership working between outreach projects and ELFT to engage patients with secondary care. Future plans include commissioning of an Inequalities project, launching a GP training tools and quality assurance checks.

Talking Therapies (Formally IAPT) Access
6-month trajectory: Deteriorating



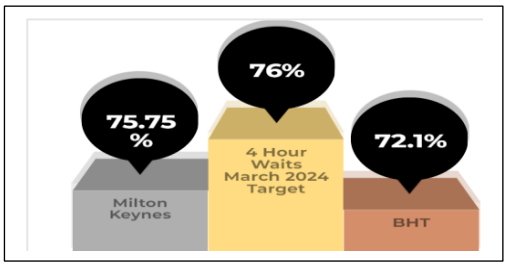
There is continued focus on increasing access and referrals into NHS Talking Therapies services for adults and older adults which includes increasing access to IAPT-Long Term Condition services as well as improving recovery rates. There is a focus on 6 week waits, 18 week waits, and in-treatment pathway waits. Providers are also working to increase referrals from under-represented groups, through outreach and community webinars; text messages are also sent through GP practices. To further support access, there are NHS Talking Therapy Employment Advisors in services in Luton and Milton Keynes to ensure that all IAPT services have sufficient employment support capacity to provide combined therapy and employment support for those employed, off sick from work and those out of work. Mobilisation of 21 Employment Advisors across Bedfordshire is in progress.

4.3 Performance Success

UEC: MKUH A&E 4-Hour Waits – (76% threshold) - [NHS Constitution Measure]

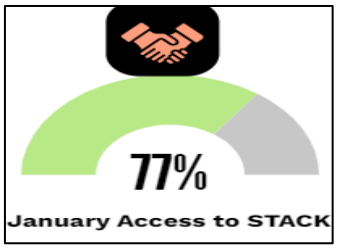
6-month trajectory: Improving

BLMK ICB has excelled by achieving highest in region with 75.37%, close to the target of 76%. Significant contributors to this success are MKUH with a commendable 75.5%; BHT contributed with 72.1%. **BLMK are the closest in region to meet the 76% target nationally set for March 2024** and both Trusts are actively working towards this with ED plans in place to support.



Access to the Stack (referral pathways from 999 / ambulance control rooms into urgent community response services (UCR) – supporting A&E pressures).

6-month trajectory: Improving. **Governance Body:** BLMK UEC Assurance w/ EoE region



Latest data saw January accepting the highest number of stack referrals to date. 77% of this success rate was attributed to increased acceptance across Bedfordshire. Collaboration between ELFT and CCS teams with our EEAST paramedic remains strong, resulting in improved understanding and confidence within the teams and a higher proportion of accepted cases. **February is anticipated to surpass the achievements of January, reflecting ongoing positive momentum.**

A substantial number of patients are being transferred from the stack onto the Virtual Ward (VW). Having the EEAST paramedic and the frailty Virtual Ward geriatrician co-located within the unscheduled care hub is facilitating direct discussion on patients from the stack that could be supported on the Virtual Ward. This collaborative has significantly increased the ability to address higher levels of complexity within the community. Analysis of referral source for the frailty VW to date shows that the stack is the predominant contributor, accounting for approximately 45% of all referrals to date.

Elective waiting list

6-month trajectory: Improving **Governance Body for Planned Care:** Elective Collaboration Board

The overall elective waiting list reduced for the 3rd consecutive month to 139,534 (-1,364 from November). Bedfordshire Hospitals Trust increased by 138 and **Milton Keynes decreased by 1,393**. There were 2,589 patients waiting at local independent sector providers (Blakelands Hospital, Manor Hospital, Saxon Clinic and SpaMedica Bedford). The top two specialties with the highest waiting list continue to be Ophthalmology with 14,445 and ENT with 12,724 patients. Continued

system focus remains on reducing the waiting list in these specialties.

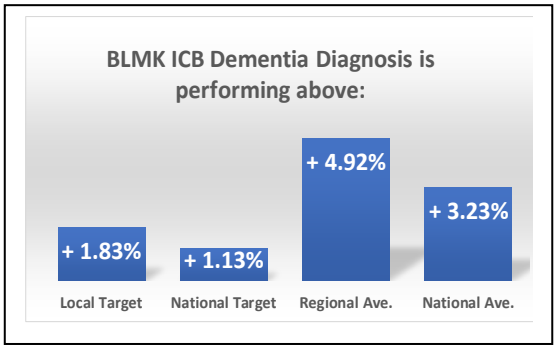
There is a focus on recovery of elective activity and recovery for children (both admitted and non-admitted activity). In BLMK the gap between adult and children elective recovery is improving,

especially in day cases but slower for first/follow-up outpatient appointments. **Across East of England, BLMK is the best performing system**. The 2024/25 operational plan includes a new metric (number of 52+ week RTT waits, children under 18 years) to support CYP long waits management and reduction.

Dementia Diagnosis (Place variance at Central Bedfordshire)

6-month trajectory: Improving.

BLMK are the highest achievers in region with 67.83%, this achievement is above the local and National targets and Regional/National average performance. Place variance exists in Central Bedfordshire whilst showing improvement is achieving 61.5%, compared to **Luton who are the highest achievers with 79.2%.**



Actions in Central Bedfordshire include: The Alzheimer's Society attending PCN meetings in Central Bedfordshire to talk to clinical directors about ways to reduce stigma and increase the diagnosis rate as part of the inequalities work; this includes promoting support services available in the local area for people living with dementia, their families and carer's; this was cited as a reason for not referring patients for diagnosis.

4.4 Other Performance Updates

Flu Vaccinations – Position at w/e 28/01/24

W/E 28/01/2024	Total patients vaccinated	0-64 years vaccinated	65+ years vaccinated	65+ registered population	% 65+ vaccinated
BLMK	272,363	144,695	127,668	167,893	76.04%
Bedford Borough	49,816	25,702	24,114	32,823	73.47%
Central Bedfordshire	94,796	46,517	48,279	59,425	81.24%
Luton	49,320	28,922	20,398	30,322	67.27%
Milton Keynes	78,431	43,554	34,877	45,323	76.95%

The ICB has allocated monies provided by NHSEI to improve access and reduce inequalities within vaccinations across the ICB, this work will begin in March with input from Public Health colleagues to ensure equitable delivery. There is an additional national sum that will be focused on Luton only, recognising the long-term challenges in certain areas within Luton. The Place Lead for Luton is leading the work, in collaboration with Luton Public Health and ICB vaccination teams. The initial process of delegation of vaccinations from NHSEI to the ICB (a national programme) has begun; full delegation will take place in April of 2025. This work will encompass all vaccines to support overall access and vaccine hesitancy.

Covid-19 Spring Programme

With recommended start dates of 15th April for Care Homes and 22nd April for all other cohorts, the Spring 2024 Covid-19 Programme (Joint Committee on Vaccination and Immunisation (JCVI)) will begin offering the Covid-19 vaccine to adults aged 75 and above, residents in care homes for older adults, and individuals aged 6 months and older who are immunosuppressed. The JCVI will continue to review the optimal timing and frequency of COVID-19 vaccination beyond spring 2024.

Green Plan update – BAF 07 – Climate Change (RED)

Environmental Sustainability – Progress in key areas:

Climate Adaptation, recycling schemes, capital funding at MKUH, and travel and transport. Desflurane – 0% purchased in December 2023, the first time the whole BLMK system purchased no

desflurane in a month, data and carbon foot printing, and the end of the fuel poverty pilot project for PCNs in Luton; good patient and staff feedback.

4.5 BLMK System Oversight Framework Update – February 2024

BLMK ICB are currently at SOF Segmentation Level 2 (Flexible Support).

For 2023/24 NHSE reviewed their approach to oversight aligned to the implementation of the new Operating Framework and the recommendations of the Hewitt review. The review shifted the focus to fewer, outcomes-based targets and increased the weight for locally set targets.

SOF indicators are monitored at different levels of aggregation made up of ICB, Provider (aggregation across the system), Provider Trust Wide – BHT and MKUH and Local Authority level.

There are 20 indicators in the lowest performing quartile however 7 of these are at multiple levels e.g., E.coli is one indicator but is at 4 different levels, ICB, Aggregate Provider, BHT and MKUH. There are therefore **33** individual red rated indicators across the system which is a deterioration compared to the **30** in January.

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

Annex 1 – BLMK Performance Dashboard
Annex 2 – System Oversight Framework (SOF) Improvement Plan

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 22 March 2024

Report Author: Manjeet Gill, Non-Executive Member

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

Item: 18a - Alert, Advise and Assure Report to the Board of the Integrated Care Board

Committee: Finance and Investment Committee 9 February 2024

Recommendation: The Board are asked to **discuss** the issues raised by Finance and Investment Committee 9 February 2024

Key discussion points and matters to be escalated from the meeting.
ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy
• It is unlikely that there will be a significant increase in NHS funding in 2024/25 and therefore, the notified allocation will not cover the full impact of the inflationary and other unavoidable cost pressures. Further efficiencies will be required to cover the shortfall and some are likely to be non-recurrent measures.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **Month 10** – The ICB continues to report a break even forecast. There was a deficit in month 9 of £4.9m but it is expected to decrease in month 10. Prescribing and continuing healthcare costs continue to be a pressure. Efficiencies are forecast to be in excess £28m. The forecast includes voluntary redundancy costs of circa £200K and includes prudent estimate of £1m for any compulsory redundancies and is likely to be a provision in the accounts. • **Planning** - ICB deficit is circa £42m which will be address as part of 2024/25 planning process. Currently identified 50% of efficiencies have been identified and further work is being undertaken to identify more. • **System deficit** – At month 10 the deficit is £8.2m (£6m Bedfordshire Hospitals and £2m Milton Keynes Hospital) and is entirely due to industrial action. NHSE have scrutinised the industrial action additional costs and these have been accepted. An announcement on compensation on industrial action costs is expected although the level of compensation is unknown. Further industrial action is planned for 24-28 February which will adversely affect the financial position. • **Elective Recovery Fund** – both hospital Trusts elective activity was impacted by industrial action in January 2024, but activity continues to be strong. • **Community and Mental Health providers** - in year dispute with CNWL has been resolved. No in-year financial issues with community and mental health providers are anticipated. • **Local authority budgets** - liaising with local authority colleagues regarding the budget position to consider the impact on residents. • **Transformation and Efficiencies Update** – the 4 main transformation schemes (urgent and emergency care/frailty, faster diagnosis in electives, complex care, and non-acute diagnostics) are being developed and additional resource may be required to implement and realise the benefits at pace. Investment is likely to be required in other areas e.g. Urgent and Emergency Care and this would require investment in primary care, mental health, social care. Partners will require further discussion on de-commissioning services. Productivity metrics are being developed and will be reported to the Committee for assurance.

- **Capital** – In 2023/24 capital funding was £1.66m and it will be similar for 2024/25. Some of this year's allocation for primary care investment was prioritised for Kempston and London Road schemes, however there have been delays. Other projects have been brought forward to ensure the allocation will be fully utilised. It is recommended that circa £400k is prioritised for Kempston and London Road schemes in 2024/25 and £1m for general practice information technology. Additional schemes are being identified for 2024/25 and will be reported to the next meeting for approval.

ASSURE: Inform the Board where positive assurance has been received

- **Joint Forward Plan** – was approved in June 2023 and is being updated, although it is expected that there will be minimal changes – focus on the 17 statutory duties. The refreshed JFP is on the ICB Board agenda for 22 March.
- **Planning update** – the national operational guidance has not been published [as at 10am 09/02], although NHSE has advised that it is unlikely to change significantly from last year with a focus on UEC, elective recovery, reducing waiting times and improving access to primary care. We are undertaking planning process for workforce, activity and financial plan, with a focus on triangulation between the three. The draft operational and financial plan is on the agenda for the Board on 22 March and may be requirement for convening extraordinary governance fora to sign of the plan(s) pre submission once timeline confirmed.
- **Efficiencies** – ICB Financial Improvement Group working collaboratively, and it is forecast £28m efficiencies in 2023/24 against a planned £18m.
- **Committee Workshop** – Committee members attended a workshop on 2 February that focused on the financial position and the transformation programme.
- **Specialised Commissioning Delegation** – collaborative work between 6 East of England ICBs on governance, finance and completion of safe delegation checklist is ongoing with delegation expected from 1 April 2024. The Managing Director recruitment is being arranged and this post will be hosted by BLMK ICB.
- **Contracting** – The ICB is finalising 2024/25 contracts with partners.
- **Provider Selection Regime (PSR) –** Came into effect on 1 January 2024 for clinical contracts. The procurement pipeline was reviewed and identified the likely procurement approach for all contracts. The non-clinical contracts pipeline has also been reviewed to identify those which will cease and the procurement approach for the remaining services. A change of provider for children services in Bedfordshire and Luton will take place as part of the 2024-25 annual contract round update process. PSR provides an opportunity to work collaboratively with providers to co-procure services which could provide efficiencies.
- **Strategic Estates** – A presentation on strategic estates was given. The BLMK infrastructure strategy is being developed which incorporates digital and estates aspects and this is planned to be considered at the Board in September 2024. It was emphasised that the new models of care must be incorporated into the strategy, as providing buildings for care services is not always the optimum solution.

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

- There is a risk regarding the repayment of CCG debt if the system does not deliver a break-even position.
- Any cut to VCSE core infrastructure funding would have an impact on residents and a knock-on effect to statutory services.
- CNWL risk share continues to be discussed between CNWL and ICB.
- **NHS 111 and out of hours service** – negotiations continuing with provider to seek a financial agreement.

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

- **Efficiencies –** delivery of above plan efficiencies was recognised.

Date: 22 March 2024

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Finance Department

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

Item: 18b – BLMK ICS Finance Report for Month 10 (January 2024)

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

1.0 Executive Summary

1.1 This report sets out the 2023/24 BLMK ICS financial position as of January 2024 (Month 10) for revenue and capital spend. The table below shows a summary of key financial metrics for NHS organisations hosted within the system.

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

1.2 In response to November's NHS England's *'Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take'*[1] the ICS agreed that the through actions and a financial package (including a reduction in the Elective Recovery Funding target reflecting the impact of industrial action and funding to support additional costs of industrial action funding to November 2023), it would be a deliver a breakeven financial plan for the year. Achievement of the plan, in line with the guidance, included an assumption of no further industrial action in the remainder of the financial year.

1.3 Due to the financial impact of industrial action in December and January, including the direct costs of staff cover and lost Elective Recovery Fund (ERF) income, BLMK ICS is now **forecasting a £7.6m deficit**.

1.4 The financial impact of February's Junior Doctor strike is not currently included within system forecast.

1.5 NHS organisations hosted within the system are reporting a £11.6m deficit year to date for Income & Expenditure at Month 10.

1.6 The ICS submitted a non-compliant capital plan, with planned expenditure currently greater than the available capital allocation (CDEL). Discussions are ongoing with NHS England regarding the level of CDEL resource.

2.0 Recommendations

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

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	
Engagement	
Green Plan Commitments	

[1] NHS England » Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take

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

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

3.3 The implication of a reporting a deficit to plan is set out in NHSE Business Rules.[2] It includes the following: system overspends are subject to repayment; a potential requirement for the ICB to repay historical CCG deficit from prior financial periods; impact on the availability of 'bonus' capital funding, which is in part dependent on the achievement of in-year financial plans;

4.0 Report

4.1 The purpose of this paper is to report the Integrated Care System (ICS) financial position at Month 10 (January) for those NHS organisations that form part of the Bedfordshire Luton and Milton Keynes (BLMK) ICS financial control total, covering both revenue and capital. These organisations are Bedfordshire Luton and Milton Keynes Integrated Care Board, Bedfordshire Hospitals NHS Foundation Trust and Milton Keynes University Hospital NHS Foundation Trust.

4.2 Where NHS organisations provide services within BLMK, financial information is included within the report where available. A summary of Local Authority financial positions, extracted from the latest publicly available information, is included in Appendix A.

System NHS Income & Expenditure

4.3 NHS organisations that form part of the BLMK ICS financial control total individually and collectively set financial plans that aimed to deliver breakeven financial positions for the 2023/24 financial year.

4.4 After month 7 reporting, and in response to NHS England's *'Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take'* the system submitted a revised plan for the second half of the year. The submission included a forecast breakeven position for each of the three organisations within the ICS. This was predicated on no further industrial action taking place post submission.

4.5 At Month 10 the year-to-date system deficit is £11.6m and the forecast has deteriorated from a break-even position to a deficit of £7.6m. This deficit has arisen due the impact of industrial action - specifically the additional direct costs of staff cover and lost elective recovery income.

Surplus / (Deficit)	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	0.3	(5.9)	(6.2)	0.0	(5.8)	(5.8)
Milton Keynes NHS FT	0.0	(2.5)	(2.6)	(0.0)	(1.8)	(1.8)
BLMK ICB	0.0	(3.2)	(3.2)	0.0	0.0	0.0
Intra ICS Organisations	**0.4**	**(11.6)**	**(12.0)**	**(0.0)**	**(7.6)**	**(7.6)**

4.6 The costs associated with industrial action are reported monthly to NHS England. At the time of writing, it is not clear whether additional funding will be made available to systems to offset these additional unforeseen costs; neither is it clear the consequences of an overspend.

4.7 The forecast does not consider any additional costs that may be incurred due to further industrial action in February.

Intra ICS (In-System) NHS Financial Performance:

4.8 Financial performance commentary for each intra-ICS organisation is set out below:

Bedfordshire Hospital NHS Foundation Trust

[2] NHS financial framework: ICB and system finance business rules (england.nhs.uk)

Income & Expenditure	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	629,140	678,440	49,300	754,959	808,910	53,951
Pay	(400,010)	(435,574)	(35,564)	(480,018)	(515,132)	(35,114)
Non-Pay	(228,809)	(248,761)	(19,952)	(274,941)	(299,529)	(24,588)
SURPLUS / (DEFICIT)	**321**	**(5,894)**	**(6,215)**	**0**	**(5,750)**	**(5,750)**

4.9 The key drivers for the variances are:

- Income – ahead on income primarily due to pay awards, and funding for strike action earlier in the year. Other operating income marginally ahead due to medical education and private patients.
- Employee Expenses (Pay) – substantive spend ahead of plan YTD due to medical pay awards. Agency and bank spend YTD ahead of plan due to covering medical strikes.
- Operating Expenses (Non-Pay) – higher levels of drug spend, partially off-set by cost and volume income.

Milton Keynes University Hospital NHS Foundation Trust

Income & Expenditure	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	289,357	317,552	28,195	347,142	379,441	32,299
Pay	(185,680)	(202,581)	(16,901)	(222,654)	(242,103)	(19,448)
Non-Pay	(103,629)	(117,488)	(13,859)	(124,488)	(139,181)	(14,693)
SURPLUS / (DEFICIT)	**48**	**(2,517)**	**(2,565)**	**(0)**	**(1,842)**	**(1,842)**

4.10 The key drivers for the variances are:

- Income – significantly above plan due to Elective Recovery performance.
- Employee Expenses (Pay) – impact of industrial action, continued use of temporary staff to cover escalation capacity as winter pressures increase.
- Operating Expenses (Non-Pay) – additional drugs and clinical supplies costs for escalation areas and outsourcing cost.

Integrated Care Board

4.11 The ICB is reporting a £3.2m deficit for the year to date against a planned breakeven position and is forecasting a breakeven financial position.

4.12 The table below shows the status against the key financial performance indicators for the year. At Month 10 the ICB is forecasting full achievement of these metrics by the end of the year.

Performance Measure	Year To Date - Month 10			Forecast		
	Target	Actual	Variance	Target	Actual	Variance
Revenue Resource Limit	£1,726.6m	£1,729.8m	-£3.2m	£2,074.5m	£2,074.5m	£0.0m
Capital Resource Limit	£0.8m	£0.8m	£0.0m	£1.7m	£1.7m	£0.0m
MHIS Expenditure	£141.5m	£141.7m	£0.2m	£169.8m	£169.8m	£0.0m
Efficiency Savings	£15.0m	£22.1m	£7.1m	£18.5m	£28.3m	£9.8m
BPPC	>95%	95%	0%	>95%	95%	0%

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

4.13 The financial position by commissioning programme as at Month 10 is set out in the table below:

PROGRAMME AREA	Year To Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000
Total ICB Allocation	**1,726,636**	**1,726,636**	0	**2,074,489**	**2,074,489**	0
Acute Services	902,678	902,169	509	1,083,471	1,083,028	444
Mental Health Services	180,995	180,259	736	217,714	216,452	1,262
Better Care Fund	29,654	29,591	64	35,585	35,507	79
Other Community Services	127,105	127,456	(350)	152,629	153,351	(721)
Continuing Care Services	67,986	79,588	(11,601)	81,420	95,512	(14,092)
Primary Care Co-Commissioning	147,822	151,227	(3,405)	176,669	177,194	(525)
Pharmacy, Ophthalmic & Dental Co-Commissioning	75,548	72,979	2,569	90,619	85,556	5,063
Prescribing	124,365	136,426	(12,061)	148,935	162,703	(13,768)
Other Primary Care Services	28,161	27,031	1,130	34,582	33,690	892
Other Programme Services	24,855	7,925	16,930	32,143	12,200	19,943
Total Commissioning Expenditure	**1,709,170**	**1,714,649**	**(5,479)**	**2,053,768**	**2,055,191**	**(1,423)**
Running Costs	**17,466**	**15,161**	**2,306**	**20,721**	**19,298**	**1,423**
SURPLUS / (DEFICIT)	**0**	**(3,173)**	**(3,173)**	**0**	**0**	**0**

4.14 The main variances are:

- CHC – Overall, continuing healthcare position is reporting a YTD overspend of £11.6m and is forecast to be £14.1m overspent at year-end. Adult CHC accounts for majority of this, which is driven by growth in activity and costs (inflation and complexity).
- The prescribing position is reporting a YTD overspend of £12m up from £11.3m last month and an outturn forecast overspend of £13.8m, up from £12m last month using the new national profile which was published in August. There remains increased volatility in prescribing costs mainly due to drug inflation. Some mitigations are resulting from downwards Category M reimbursement prices.
- Primary Care Co-Commissioning - The primary care co-commissioning position is reporting a YTD overspend of £3.4m and an outturn forecast of £0.5m overspend. The YTD position is driven by overspend in additional roles (ARRS) and estates. The expectation is that the ARRS roles overspend will be funded through additional allocation by year end.
- Pharmacy Ophthalmic and Dental Co-Commissioning - The pharmacy, ophthalmic & dental co-commissioning position is reporting a YTD underspend of £2.6m and an outturn forecast of c£5.1m underspend.
- Other - is predominantly reserves with the release of non-recurrent mitigations and in-year efficiencies to offset programme pressures.

Inter ICS NHS Financial Performance:

4.15 Providers hosted outside the system, are overspent year to date on BLMK services by £14.3m, and this is forecast to increase to £17.3m by the end of the year.

Surplus / (Deficit)	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
CNWL	0.0	(3.1)	(3.1)	0.0	(3.6)	(3.6)
ELFT	0.0	(11.2)	(11.2)	0.0	(13.7)	(13.7)
CCS	0.0	0.0	0.0	0.0	0.0	0.0
Inter ICS Providers	**0.0**	**(14.3)**	**(14.3)**	**0.0**	**(17.3)**	**(17.3)**

4.16 The key drivers for the variances are (*provider supplied commentaries below*):

Central & Northwest London NHS Foundation Trust (CNWL)

The position presented here only covers direct costs of delivering services in BLMK. CNWL ended Month 10 with a deficit of £3.1m split to £2.4m for Milton Keynes (MK) mental health and £0.7m for Milton Keynes community health.

- There are a number of over and under-spends but the main driver of the overspend on MK mental health is complex placements which is showing an in-month surplus against plan of £0.5m, a year to deficit against plan of £1.9m and a forecast £2.4m overspend.

- Other pressures are increased temporary staffing costs in the crisis services, mental health community services and Community Paediatrics services to respond to the increase in demand.
- The Trust has been able to reduce the level of nursing vacancies through locally focused recruitment events.
- CNWL are working with BLMK ICB on the demand pressures for complex placements, which are symptomatic of the wider demand pressures and increased acuity of patient presenting for mental health treatments across Milton Keynes, driven by both population growth and changing demographics.
- Overall CNWL is forecasting to breakeven through underspends on corporate services and central and non-recurrent support.

East London NHS Foundation Trust (ELFT)
The overall forecast outturn is a £13.7m deficit position. This is being supported by the release of non-recurrent and one-off balance sheet reserves. This will enable ELFT to deliver a small surplus as an organisation. The underlying cost pressures will require recurrent funding, and this will be discussed through the 2024/25 planning/contracting process.

Mental Health Services: The forecast year end overspend for Mental Health Services across Bedfordshire and Luton is £8.2m; CAMHS services are forecast to overspend by £0.31m.

Bedford Adult Mental Health Service are overspent £3.0m year to date. The key drivers of the year-to-date deficit are: Medical staffing costs £1.4m; Inpatient wards £0.6m, due to high acuity patients and enhanced observation; Non pay overspend of £1.4m, largely driven by increased demand for private sector beds; these are being offset by underspends elsewhere across the service.

Luton Adult Mental Health Services are overspent by £3.8m year to date. The key drivers of the year-to-date deficit are: Medical staffing costs £1.4m, mainly due to agency premium; Inpatient wards £1.3m, mainly driven by high acuity patients with enhanced observational needs; Non pay overspend of £1.2m driven by increased demand for private sector beds.

Bedfordshire Community Health Services is overspent by £2.0m year to date with an adverse forecast outturn position of £2.4m. The main variances are: - pay overspend within the Primary Care Home Teams where there is high agency usage for covering various gaps in the rota, £1.9m. Further, costs are being doubled up where the recruitment of international nurses are not able to fully cover their roles and supervision and support is still required. The increased costs will continue until the post holders no longer require supervision.

Primary Care is reporting a £2.3m year to date adverse variance to plan with a forecast outturn of £2.8m adverse. The variance is primarily driven by General Practices with over established GP posts, coupled with temporary staff usage. A revised staffing model has been developed as part of a recovery plan but is yet to be implemented.

Cambridgeshire Community Services NHS Trust (CCS)
The position above is Trust-wide as BLMK level data is not available.

Service Development Funding (SDF)

4.17 As a system, BLMK receives SDF funds during the year to support NHSE priorities, these are linked to the NHS Long Term Plan. The table below shows the amount of funding received - £33.1m has been received and at Month 10, £1.5m is uncommitted. A measure included in the revised plans for the second half of the year is the use of uncommitted SDF to support the financial position of the ICS - some uncommitted funds are being retained for this purpose.

Programme	Total Allocations	Committed	Uncommitted
Primary Care	3,300	3,249	51
Mental Health	15,908	15,867	41
Ageing Well	1,276	1,276	0
CYP	373	368	5
Cancer	5,365	4,956	409
LD & Autism	2,033	1,954	79
Maternity	1,295	1,276	19
People	87	87	0
Information & Technology	162	162	0
Prevention	3,058	2,449	609
Other SDF	298	-	298
TOTAL SDF	**33,155**	**31,642**	**1,512**

System Efficiency Plans

4.18 The system financial plan includes delivery of £72m efficiencies for in-system NHS partners. The system is delivering efficiencies of £4.6m above plan year to date and forecasting savings above plan of £9.8m. The forecast over achievement reflects new schemes that have been developed in year to mitigate the financial challenges this year.

	Year-to-date				Forecast Outturn			
	Plan	Actual	Variance		Plan	Actual	Variance	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
ICB - Recurrent	5,554	10,674	5,120	92.2%	6,709	14,003	7,294	108.7%
ICB - Non recurrent	9,484	11,424	1,940	20.5%	11,769	14,253	2,484	21.1%
Subtotal - ICB	**15,038**	**22,098**	**7,060**	46.9%	**18,478**	**28,256**	**9,778**	52.9%
BHFT - Recurrent	14,190	12,075	(2,115)	(14.9%)	17,028	17,028	0	0.0%
BHFT - Non recurrent	15,840	15,840	0	0.0%	19,004	19,004	0	0.0%
Subtotal - BHFT	**30,030**	**27,915**	**(2,115)**	(7.0%)	**36,032**	**36,032**	**0**	0.0%
MKHFT - Recurrent	6,520	5,719	(801)	(12.3%)	7,828	7,828	0	0.0%
MKFT - Non recurrent	7,920	8,364	444	5.6%	9,506	9,506	(0)	(0.0%)
Subtotal - MKFT	**14,440**	**14,083**	**(357)**	(2.5%)	**17,334**	**17,334**	**(0)**	(0.0%)
Total Efficiencies	**59,508**	**64,096**	**4,588**	**7.7%**	**71,844**	**81,622**	**9,778**	**13.6%**

4.19 BHFT's under delivery YTD (£2.1m) is due to recent strike action but remains forecast to achieve plan by the end of the year.

Workforce

4.20 A cap on agency spend has been introduced by NHS England. The target spend for BLMK is £26m. This is not applied to individual organisations, but the combined intra ICS NHS partners. The table below shows that the total spend was £9.6m above the pro-rata cap year to date and although forecast to reduce in the remaining months of the year, spend will still be £6.7m above the cap at year end.

Agency Spend	Year-to-date			Forecast Outturn		
	Actual	Cap - pro rata	Variance	FOT	Cap - pro rata	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Bedfordshire Hospital NHS FT	25,777	14,879	(8,780)	29,385	17,855	(6,605)
Milton Keynes NHS FT	7,684	6,988	(769)	10,241	8,386	(75)
Total	**33,461**	**21,868**	**(9,550)**	**39,626**	**26,241**	**(6,680)**

4.21 The variance is driven by agency expenditure at BHFT being used to cover current levels of vacancies, sickness, and industrial action. Work is on-going to reduce the reliance on agency staff.

System Capital

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

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

4.24 The ICB is allocated capital funding of £1.7m to support GPIT, primary care estates and corporate capital, which it plans to spend in full.

4.25 The system capital plan is currently more than the available capital resource limit (CDEL) by £5.8m (plus a bonus payment for 2022/23 performance) and £3.8m above the allocation including an allowable 5% plan over profile. The table below show the position for the intra-ICS NHS organisations. Discussions regarding the availability of CDEL are progressing with NHSE.

4.26 BHFT has spent £67.5m against a CDEL allocation of £78.3m YTD. Mainly behind on central schemes, it is anticipated to catch-up later in the financial year. The Trust has forecasted a £3.1m impact of IFRS 16.

4.27 MKFT's capital programme is capital programme is slightly above plan year-to-date, which relates to additional in year national funding received in year. It is forecast to be £6.4m above plan by the end of year and the ICS is in discussion with NHS England regarding the position.

Capital Plan - Provider Based	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Charge against capital allocation	32,580	31,696	884	48,059	52,167	(4,108)
Other funding streams	61,642	53,064	8,578	74,661	76,275	(1,614)
Total	**94,222**	**84,760**	**9,462**	**122,720**	**128,442**	**(5,722)**

4.28 The table below shows the overall capital plan for the intra-ICS NHS organisations.

	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	78.3	67.5	10.8	96.4	95.8	0.6
Milton Keynes NHS FT	16.0	17.3	(1.3)	26.3	32.7	(6.4)
BLMK ICB	0.7	0.7	0.0	1.7	1.7	0.0
Intra ICS Organisations	**94.9**	**85.5**	**9.5**	**124.4**	**130.1**	**(5.7)**

Financial Risks

4.29 The key remaining risks to the financial plan are:

- The financial impact of industrial action in February
- Inflationary pressures over funding levels: inflation continues to be excess of the GDP deflator used in the calculation of NHS allocations.
- Prescribing pressures in both primary and secondary care related to the price of medicines and the availability of new medicines.
- Continuing healthcare volumes and prices continue at levels above plan.

5.0 Next Steps

5.1 Organisations had developed mitigation and control plans to manage position back to breakeven by the end of the year. However, the costs of industrial action in December and January are not manageable within current funding. This continues to be an area of focus for ICS organisations.

5.2 Financial recovery actions and recovery trajectories are monitored and managed through the system Finance Directors and reported regularly to the Finance & Investment Committee (FIC).

Appendix A – Financial Positions of Local Authorities

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

Bedford Borough Council
Source: 2023/2024 REVENUE AND CAPITAL BUDGET TRENDS
(Public Pack)Agenda Document for Executive, 22/11/2023 18:30 (bedford.gov.uk)

The Council reports to the Executive the Revenue and Capital Budget Trends at the end of each quarter. The financial position remains challenging; however progress has been made to reduce the projected overspend from the £8.3 million reported as at the end of June 2023 to £4.6 million as at the end of September 2023. The Council is committed to, and continues to work towards, a balanced budget by the end of the financial year.

Budget Forecast as at 30 September 2023	Current Budget	Forecast Outturn	Forecast Variance
	£ million	£ million	£ million
Adult Services	55.867	60.301	4.434
Children's Services	44.035	45.780	1.745
Environment	27.482	28.025	0.544
Corporate Services	20.835	24.237	3.402
Transformation	(0.553)	0.214	0.767
Finance	4.056	4.073	0.017
Chief Executive	3.981	4.251	0.269
Public Health	0.000	0.000	0.000
Operational Net Cost	**155.703**	**166.880**	**11.177**
Financing	2.747	(3.810)	(6.557)
Total	**158.450**	**163.070**	**4.620**

* Public Health is funded from a ringfenced grant and, therefore, any under or overspend is transferred to a separate Reserve

The projected overspend currently stands at £4.620 million, equivalent to 2.9% of the Council's net budget.

Key areas of variance by directorate are set out below:

Adults' Services – £4.434 million overspend.
The forecast variance within Adult Services primarily relates to care package costs with a net forecast overspend of £4.985 million across all external packages. This is due to several factors, namely higher than profiled care package costs, an increase in levels of need, increases in the average number of hours agreed for home care packages and higher spot prices in supported living. This is partially offset by the drawdown on £1.136 million from the Social Care Turbulence Fund. The in-house residential homes have a forecast overspend of £0.682 million predominantly as a result of agency staff being utilised to cover vacancies in the service.

In order to mitigate the forecast overspend, new high cost packages are being reviewed to confirm whether contributions from health are due to lower the impact on the Authority.

Children's Services - £1.745 million overspend.
Home to School Transport is the main driver of the forecast overspend within Children's Services with a forecast overspend of £1.364 million. The rise in cost of this service is due to inflationary uplifts which have been 10% for most operators, an increase in the number of routes, an increase in the number of children requiring one to one transport due to the complexity of need, and an increase in the number of pupils with part time timetables. The service is currently reviewing activity to identify potential efficiencies and ensure value for money is being delivered. Actions in place include a review of high-cost transport contracts, out of Borough transport and school part-time timetables..

Public Health – £0.000 million over/ underspend
The public health grant allocation of £9.457 million was confirmed on 15 March 2023; this was a decrease of £0.062 million on the 2022/2023 Grant. Overall Public Health is forecast to be on budget. Within Public Health is £0.295 million Contain Outbreak Management Fund (COMF) carried forward from 2022/2023 for work to contain Covid-19. This funding is being utilised across the Council - including targeted communications and engagement to promote protective behaviours and vaccination, grants to community and voluntary sector organisations to support Covid-19 objectives.

support for rough sleeper provision as a result of Covid-19 policies and supporting social care Covid-19 impacts.

Central Bedfordshire Council
2023/24 Financial Position (December 2023)
Source: 10.1 202324 Financial Position.pdf (azeusconvene.com)

Executive Summary

In summary, there is a forecast revenue overspend of £15m by the year end. Against this figure there is a budgeted contingency of £6.2m, leaving a net overspend of £8.8m which would need to be met by an unplanned use of reserves.

The Council has considerably more than this amount available in reserves, so it is important to understand that the Council's Section 151 Officer does not intend to issue a s114 notice, the so called "notice of bankruptcy". However, such an unplanned use of reserves is a serious matter, and this report sets out the actions that are planned to mitigate this usage in the remaining months of the financial year.

Main Body of Report

The Council is now forecasting an overspend this financial year in the main due to a combination of inflation staying higher than was predicted this time last year, and sharply increasing demand and costs in Childrens Services (which are rising faster than both population growth and inflation respectively).

In particular, education transport costs are forecast at £6.1m more than budget and children's placement costs at £0.9m overspend.

Given the increase in costs and demand, setting a balanced budget for next year will prove challenging and is compounded by the decision not to raise council tax in the current year, which would have meant up to an additional £ 9.5 million in the base budget every year, if the maximum limit of 5% had been applied.

This inevitably means the Council will have to make difficult choices about what services it can and can't afford to provide, increase charging for services, raise council tax in future years, and require the short-term use of reserves, given that having a balanced budget is a legal requirement of councils.

Therefore, taking urgent action to contain this overspend is an appropriate response for the remainder of this financial year, whilst trying as hard as possible to maintain frontline services and of course continuing to meet the Council's statutory duties, including to the most vulnerable.

The Council has sufficient reserves to cover this overspend if needed and is not close to the financial dire straits some councils are currently in, but this is not a long-term answer, and the Council needs to ensure it can manage within its means in the longer term.

Options for consideration

There are some mitigating actions which the Council is already implementing, which are designed to reduce expenditure with immediate effect. Some of these actions are of short-term effect only, others may be able to be continued into the next financial year and may therefore form the basis of some new efficiencies in the 2024/25 Budget.

All staff recruitment is now being reviewed by the Corporate Management Team together at a monthly Performance Board meeting. This will ensure that only posts deemed essential to maintaining critical services will be filled now. Other posts may be approved in the longer term. This will inevitably have some impact on services and response times across the Council in the coming months.

Building maintenance has been reduced to what is required for emergency and safety considerations. This may be only a short-term saving as a backlog of maintenance requirements will build up that will have to be addressed in the future. However, this will lead to short term savings for 2023/24 at least.

A review of the senior management structure is underway across the whole Council, including a review of spans of control and the roles played by managers. The impact of this review is most likely to be felt

more in the longer term than by the end of the financial year but the benefits will flow through into future years.

The Council commissions a lot of services, notably care packages for both children and adults. There is a review underway of how this commissioning activity is best carried out to ensure the most effective and value for money outcomes.

Budget holders across the Council are being tasked with reviewing all uncommitted expenditure with a view to at least delaying the spend into next year or cancelling it altogether where possible.

The Council has an existing programme of work relating to customer service and support functions. These have been referred to elsewhere as “cross cutting efficiencies” since they relate to activities across the whole Council, rather than in one specific directorate. The majority of the impact from these programmes is expected to arise in 2024/25 and onwards, but all activities are being reviewed to see if they can be expedited to have an earlier impact.

Taken together, these actions will secure some immediate reductions in cost, although at this stage it is not possible to quantify exactly what the impact of each will be. The effect will be reported through the regular budget monitoring reports to O&S Committees and Executive

The mitigating actions will also lead to further ideas for reduced expenditure in future financial years, which will be incorporated within the final budget proposals to be presented to Council in February 2024.

Luton Borough Council
Source: 2023/24 Revenue & Capital Budget Monitoring at Quarter 2, Deficit Recovery Plan and Transformation Project Update
COMMITTEE REF: (luton.gov.uk)

Executive is recommended to:

(i) note the forecast net overspend of £7.07m and a gross core services deficit of £8.358m reported at the second quarter’s monitoring for the current year before allocation of general contingencies.
(ii) (ii) note the current forecast overspends at Q2 for the Public Health £243k, Housing Revenue £232k and Schools budgets £2.756m (of which £1.890 is for Behaviour Inclusion and Investment Plan).
(iii) note the Capital Programme Q2 forecast spend is £87.301 million against Total Gross Budget: £64.838 million for General Fund and £21.463 million for the HRA.
(iv) (iv) note the urgent need to expand the deficit recovery plan in order to cover the additional overspend declared in Q2 and plan to return the general fund to a balanced position by the end of the year and to improve the prospects for the 2024/25 Budget.
(v) note that the risk of an unbalanced budget has increased in the last quarter and consideration has to be given to fully utilise the contingency if the situation doesn’t improve by Quarter 3.

The prospects for the Council’s budget remain extremely difficult, with combined challenges from the ongoing delivery of budgeted savings and high levels of demand for services, now supplemented by the acute rise in price inflation, economic and political instability and expected pay pressures.

The Government has already indicated that no additional funding will be provided to help meet the exceptional increases currently faced by Local Authorities. Early recovery measures are therefore essential, to support a continuous improvement from the current forecast overspend, toward achieving a balanced outturn position by the end of the year.

The increase in the children’s social care demand, the rise in home to school transport and the growing service demand in adult social care require urgent attention and for a robust deficit recovery plan to be put in place in order to keep the associated costs from spiralling out control. The overspend position is aggravated by the increased number of void commercial properties.

The economic downturn and high cost of living are proving to be a challenge for businesses. The Council has always relied on the private rented sector for Temporary Accommodation and in the last 12 months the private sector in Luton has changed significantly with demand outweighing supply. The knock on impact of this is that rents have increased by an average of 30%, where landlords are attempting to

compensate for cost of living increases. Accessing more private sector accommodation is vital to manage the supply issues in the borough as permanent accommodation is still in short supply.

The Current Position

At the end of Q2, the Council is forecasting a £5.170m (Table 1 below) overspend against its £156.8m revenue budget. This position is exacerbated by a number of one off funding resulting in a projected underlying gross core deficit of £7.382m which is net of £3m of savings delivered already. This improved overall position from Q1 is largely as a result of the reduction in interest costs on borrowings. The reported overspend across all the various department has worsened by £271k.

Service Managers and Directors are urged to develop viable and workable solutions to implement in the deficit recovery plan for their respective areas. Unachieved savings targets and failure to develop a robust plan will have serious impact on the 2024-25 budget setting resulting in the Council not able to achieve a balanced budget. Section 7 below itemises in detail the areas of deficits recovery identified per services within each directorate.

Table 1		Q1	Variations Reported at Q2			
General Fund Departments	Approved Budget £'000	Base Costs / Income Variations £'000	Projected Outturn £'000	Base Costs / Income Variations before DRP £'000	DRP partly delivered in 2023-24 £'000	Base Costs / Income Variations after DRP delivery in 2023-24 £'000
Airport	15	0	15	0	0	0
Chief Executive's	13,675	697	15,528	1,853	1,106	747
Children Families & Education	72,098	1,682	75,554	3,456	691	2,765
Inclusive Economy	51,233	1,034	52,981	1,748	237	1,511
Population Wellbeing	67,958	2,774	69,393	1,435	0	1,435
Total Services at Q2	**204,979**	**6,187**	**213,471**	**8,492**	**2,034**	**6,458**
General Contingencies	5,115	0	5,115	0		0
Borrowing Costs & Treasury Man.	17,922	-89	16,355	-1,567		-1,567
Interest on Investments	-41,804	427	-41,525	279		279
Capital Financing & Corporate Grants	-29,505	0	-29,505	0		0
Sub Total prior to transfer to/from Reserves	**156,707**	**6,525**	**163,911**	**7,204**		**5,170**
Other Specific Reserves	107	0	107	0		0
Total General Fund Overspend at Q1	**156,814**	**6,525**	**164,018**	**7,204**	**2,034**	**5,170**

Note the deficit including the forecast Housing benefit subsidy loss of £1.9m as explained below amounts to £7.07m.

The current net service overspend after allowing for deficit recovery plan to be delivered in 23/24 amounts to £6.458m. This excludes any overspend on Housing Benefits Subsidy which amounts to an estimated £1.9m due to more and more residents in temporary accommodation and classified as exempt accommodation which means the local housing allowance won't cover the total rent resulting in a deficit in benefit subsidy. More detailed work is being done in order to establish how this can be mitigated. This is an issue faced across all councils and has been subject to a review carried out by Public Accounts

Committee. It is expected that government will be introducing legislation to restrict landlords from claiming additional costs, although the timing of the implementation of any legislative changes is currently unknown, and this could therefore continue to be a budget pressure into 2024/25 at least. The gross core services deficit including loss of housing benefit subsidy amounts to £8.358m

Milton Keynes Council
Source: QUARTER 3 FORECAST OUTTURN, 2023/24 GENERAL FUND REVENUE, HOUSING REVENUE ACCOUNT, DEDICATED SCHOOLS GRANT AND CAPITAL PROGRAMME
023-24 Forecast Outturn Report Q3.pdf (moderngov.co.uk)

General Fund Services are currently forecasting an overspend of £1.091m. This is a decrease of (£1.064m) since the forecast reported at period 6. The continuing increase in demand and uncertainly around the inflation is causing pressure in year and will also continue into the Medium Term Financial Plan.

The Housing Revenue Account (HRA) forecast outturn is an underspend of (£1.908m), which will be offset by an increase in the planned level of Revenue Contribution to Capital (RCCO). There will also be a transfer between reserves (RCCO to Major Repairs Reserve) of (£0.458m) to reflect the decrease value in depreciation linked to our stock values.

Public Health budget is forecasting a contribution from the Public Health reserve of £0.618m. The forecast overspend is as a result of using £0.708m for one-off political priority projects, offset by an underspend in the service of (£0.090m).

The Dedicated Schools Grant (DSG) is forecasting an improved position with an estimated surplus carry forward £6.133m rather than estimated budgeted surplus of £3.008m.

The table below shows the forecast outturn position by service area. Table 1 – General Fund Forecast Outturn.

General Fund High Level Revenue Summary	P9 Position				Movement since P6	
	2023/24 Full Year Budget	Forecast Outturn	Variance	% variance	Forecast Outturn P6	Movement since P6
Service	**£m's**	**£m's**	**£m's**	**%**	**£m's**	**£m's**
Adult Social Care	102.087	102.378	0.291	0.3%	1.940	(1.649)
Public Health	12.517	12.517	0.000	0.0%	0.000	0.000
Children's Services	57.564	60.648	3.084	5.4%	1.842	1.242
Customer and Community	7.001	6.627	(0.374)	-5.3%	(0.012)	(0.362)
Planning and Placemaking	2.327	1.734	(0.593)	-25.5%	(0.067)	(0.526)
Environment & Property	74.170	73.535	(0.635)	-0.9%	(0.391)	(0.244)
Resources - Retained MKC	6.215	6.059	(0.156)	-2.5%	(0.281)	0.125
Resources - Shared Services	(0.186)	(0.186)	0.000	0.0%	0.000	0.000
Law & Governance	2.663	2.717	0.054	2.0%	0.243	(0.189)
Corporate Codes & Debt Financing	10.322	9.742	(0.580)	-5.6%	(1.124)	0.544
Assets Management	(26.030)	(26.030)	0.000	0.0%	0.000	0.000
General Fund Requirement	**248.650**	**249.741**	**1.091**		**2.150**	**(1.059)**
New Homes Bonus	(4.542)	(4.542)	0.000	0.0%	0.000	0.000
NNDR	(72.599)	(72.599)	0.000	0.0%	0.000	0.000
RSG	(6.731)	(6.731)	0.000	0.0%	0.000	0.000
Public Health	(12.527)	(12.527)	0.000	0.0%	0.000	0.000
Other Government Grants	(1.874)	(1.874)	0.000	0.0%	0.005	(0.005)
Council Tax	(150.377)	(150.377)	0.000	0.0%	0.000	0.000
Total Financing	**(248.650)**	**(248.650)**	**0.000**		**0.005**	**(0.005)**
Net Surplus / Deficit	**0.000**	**1.091**	**1.091**		**2.155**	**(1.064)**

A detailed variance analysis and recovery actions are included in the source link.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 22 March 2024

Executive Lead: Maria Wogan, Chief of Strategy & Assurance

ICS Partner Lead: All Partners

Report Author: Ola Hill, Deputy Head of Organisational Resilience

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

Item: 19 – System Risks and Board Assurance Framework

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

1.0 Executive Summary

1.1 The Integrated Care Board (ICB) has engaged with System partners to formulate a unified Risk Appetite Statement, aimed at guiding decision-making processes and aligning risk management with the System's strategic priorities and values. This statement and matrix, having received endorsement from the ICB Executive Team, the System CEOs Group, and the ICB Audit & Risk Assurance Committee (which included Audit Chairs from NHS partner Trusts), is now presented for the ICB Board's approval.

1.2 In terms of risk oversight, the Board Assurance Framework (BAF) currently identifies twelve strategic system risks, with the newest being related to System Collaboration. The BAF serves as a cornerstone for the ICB's ongoing risk assessment and management efforts.

1.3 Looking ahead, the 2024/25 Deep Dive Programme outlines a series of targeted system risk assessments and reviews, focusing on both emerging and existing risks across various domains. This proactive approach is designed to ensure robust risk oversight and management, with a focus on developing a more granular and dynamic system risk register. The ICB's updated Risk Management Framework will come to the next Board meeting for approval incorporating the approved risk appetite statement.

2.0 Recommendations

2.1 The members are asked to **approve** the the System Risk Appetite Matrix and Statement

2.2 The members are asked to **discuss** and **note** the Board Assurance Framework and propose any amendments to risk assessment scores or mitigation plans.

3.0 Key Implications

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

3.1 There are finance and workforce risks on the BAF relating to the BLMK system, however there are no direct funding or workforce implications as a result of this report.

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

3.3 The BAF recognises Climate Change and subsequent adaptation as a key strategic risk from the BLMK system and a system adaptation group has been established to develop a detailed adaptation plan as a mitigation for this risk.

3.4 The ICB Executive Team, Audit & Risk Assurance Committee Part 2 which includes the Chairs of NHS Partner Trust Audit Committees and the System Chief Executives' Group have all received and reviewed the BAF and System Risk Appetite statement prior to the Board.

4.0 Report

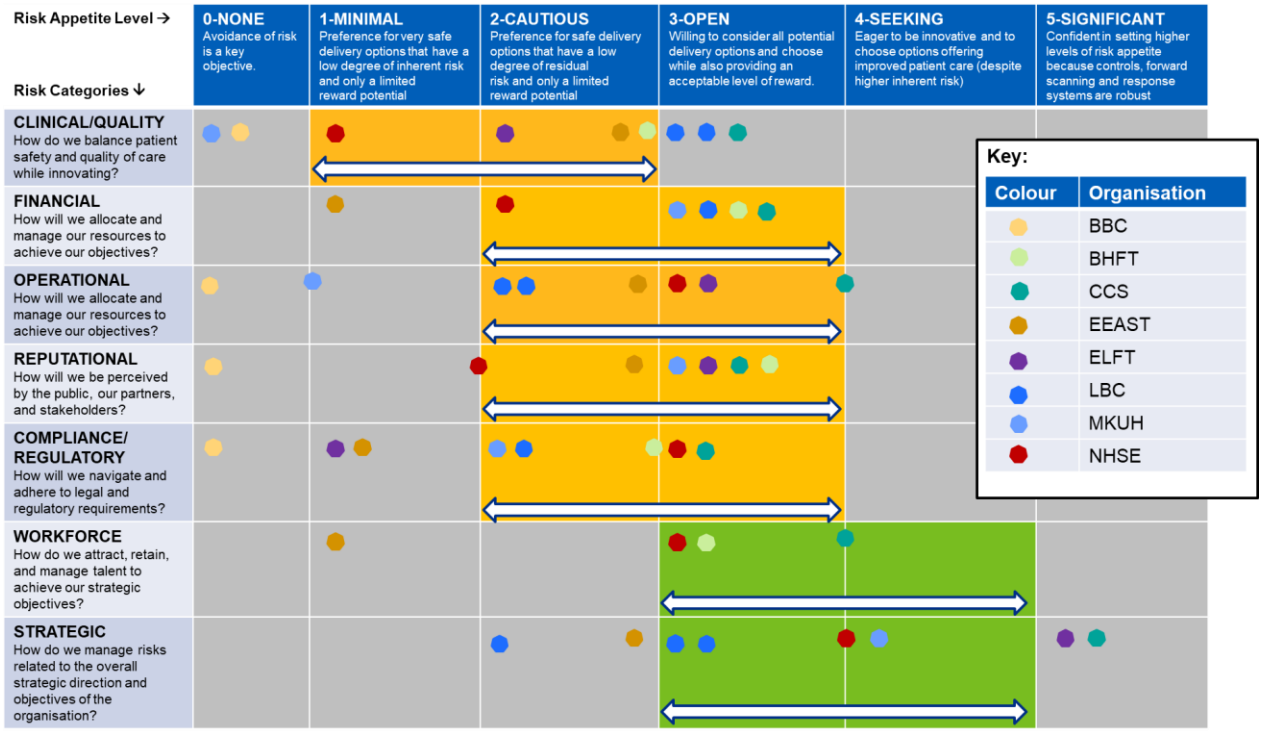
4.1 System Risk Appetite Matrix and Statement

4.1.1 The ICB has been working with System partners since July 2023 to develop a congruent risk appetite statement to serve as a guide in the System's decision making and to ensure that risks are managed in alignment with its priorities and values.

4.1.2 The Risk Appetite Statement has been reviewed and endorsed by the ICB's Executive Team, the System CEOs Group and the ICB Audit & Risk Assurance Committee Part 2 which includes the Chairs of NHS Partner Trust Audit Committees and is presented below for ratification by the Board of the ICB.

4.1.3 The System's Risk Appetite Matrix is based on the Good Governance Institute Guidance on Risk Appetite (2020). The risk appetite is presented on a scale to encompass the average across the system but also takes into account NHSE's risk appetite.
Not all partners are currently captured in the matrix as either they do not have a risk appetite statement or their risk appetites are currently under review and will be added to the matrix once ratified by their organisational Boards.

4.1.4 The Risk Appetite Matrix and Statement are presented below for the Board's approval:



System Risk Appetite – Statement

(updated 10th Jan)

The Integrated Care Board (ICB) has undertaken a comprehensive review of its system risk appetite across various operational and strategic categories. We ensure that our decision-making, governance, and strategic planning are guided by a clear understanding of our risk thresholds, always with the patient, workforce and population at the core. Below is a summary of the BLMK System's stance on different risk categories:

1. **Clinical/Quality Risk**: The System maintains a minimal-cautious appetite in clinical and quality dimensions, prioritising patient safety and overall care excellence. Innovations are adopted only when they demonstrably improve patient outcomes and service quality, without increasing risk.
2. **Financial Risk**: For financial risks, the System exhibits a cautious but open attitude, demonstrating a calculated willingness to explore different investment and funding options to enhance the value and quality of care, while ensuring long-term financial health.
3. **Operational Risk**: The System's perspective to operational risk amalgamates caution and openness, striving to attain operational efficiencies without compromising effectiveness.
4. **Reputational Risk**: In terms of reputational risks, the System follows a cautious but open approach. The System prioritises maintaining the trust of the communities it serves by delivering consistently high-quality care and being responsive to the evolving needs of our population and stakeholders.
5. **Compliance/Regulatory Category**: The System has a cautious yet open attitude toward compliance and regulatory risks, emphasising the importance of adhering to legal frameworks while also being open to various options.
6. **Workforce Category**: In workforce-related matters, the System's stance is open-seeking, manifesting an eagerness to pursue innovative workforce solutions and calculated risk-taking, fostering a culture of engagement, development, and well-being that supports our staff in delivering exceptional care
7. **Strategic Category**: Strategically, the System's appetite is open-seeking, welcoming innovative approaches that promise to enhance patient outcomes and system performance. Calculated risk-taking is supported in strategic initiatives that align with the long-term vision for health care innovation and quality improvement..

This consolidated risk appetite serves as a fundamental touchstone for the BLMK System's decision-making, operational directives, and strategic planning, ensuring that our actions consistently reflect our dedication to the individuals we serve. This statement will be reviewed and updated periodically to remain congruent with evolving organisational contexts and objectives.

4.2 Current BAF Risks

4.2.1 There are currently 12 risks on the BAF – BAF0012 was added at the last Board meeting following approval of the risk assessment carried out relating to System Collaboration.

The System's risk profile is skewed towards higher severity risks, indicating a challenging risk environment that necessitates robust and proactive risk management practices to safeguard the System's strategic objectives and operational stability.

With 10 out of 12 risks rated as HIGH, the System is dealing with a majority of risks that are considered to have significant potential impact or likelihood, necessitating urgent attention and mitigation strategies. The high ratings indicate areas that may significantly impede the System's ability to meet its priorities if not managed effectively. This is illustrated on the Heatmap below.

The graphic below indicates that during the 2023/24 period, the risk scores associated with the majority of risks on the BAF remained stable, suggesting that external conditions impacting these risks did not change significantly, with exception of BAF0001 – Recovery of Services and BAF0005 – System Transformation, which increased from 16 to 20 due to the impact of ongoing industrial action. These increases moved these risks into a higher

severity category, demanding increased attention and possibly re-evaluation of current mitigation strategies.

Risk Movement Over Time (23/24)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BAF0001	16	16	20	20	20	20	20	20	20	20	20		
BAF0002	20	20	20	20	20	20	20	20	20	20	20		
BAF0003	20	20	20	20	20	20	20	20	20	20	20		
BAF0004	16	16	16	16	16	16	16	16	16	16	16		
BAF0005	16	16	20	20	20	20	20	20	20	20	20		
BAF0006	15	15	20	20	20	20	20	20	20	20	20		
BAF0007	16	16	16	16	16	16	16	16	16	16	16		
BAF0008	20	20	20	20	20	20	20	20	20	20	20		
BAF0009	16	16	16	16	16	16	16	16	16	16	16		
BAF0010			9	9	9	9	9	9	9	9	9		
BAF0011							16	16	16	16	16		
BAF0012											6		

A summary of the BAF is below with the full BAF available at Appendix A.

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF0001	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	20	
BAF0002	Developing suitable workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	
BAF0003	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20	
BAF0004	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	20	
BAF0005	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	20	
BAF0006	Financial Sustainability and Underlying Financial Health	As a result of increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	20	
BAF0007	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16	
BAF0008	Impact of Population Growth	As a result of fast rate of population growth in BLMK, there is a risk that our infrastructure will not keep pace with the needs of our population, resulting in poor health and wellbeing for residents.	20	
BAF0009	Rising Cost of Living	As a result of rising cost of living there is a risk that residents will not be able meet their basic needs resulting in deteriorating physical and mental health resulting in pressure on all public services	16	
BAF0010	Partnership Working	There is a risk that the development of the ICS's public position on an issue is inconsistent with the public position of one or more partner member, resulting in a lack of clarity for the public and stakeholders	9	
BAF0011	Health Literacy – Denny Review	As a result of challenges with health literacy and understanding of health services as identified in the Denny Review, there is a risk that members of minority, disadvantaged and seldom-heard communities in BLMK are not able to properly access or navigate between health and care services, potentially leading to an exacerbation of health inequalities, increasing a sense of fragmentation between services, and resulting in adverse health outcomes.	16	
BAF0012	System Collaboration	There is a risk that collaboration within the Integrated Care System (ICS) could lead to inefficiency and diluted accountability across the health and care sector organisations. This situation may result in a loss of focus on key priorities and ineffective use of resources, jeopardising the delivery of value to the BLMK population.	6	NEW

4.3 Deep Dive Programme 2024/25

4.3.1 Over the course of the year, there will be a series of deep dives and risk assessments scheduled using a dynamic risk management approach. Each of the new risk assessments will be carried out in partnership with System Risk Leads and the deep dives will be in the appropriate forum with system partners.

- New Potential Risks

    - UEC Pressure – two workshops will be held for Bedfordshire and MK to test out a dynamic risk management approach to get a more granular assessment of the risk and associated mitigation plans
    - Estates - backlog maintenance issues - to be scoped with NHS Trust partners
    - Long waits for elective care
    - Cyber security – as raised at the last Board meeting – to be scoped with NHS Trust partners via Information Governance and Digital Leads
    - Digital Transformation – as raised at the last Board meeting – to be assessed via the Digital Transformation Board. Also, a topic for the Board seminar on 26 April 2024.
    - VCSE sector financial sustainability – raised by the VCSE Strategy Group due to delays in agreement of local authority and NHS funding for VCSE services in 25/25. VCSE groups reported not having confirmation of funding in March 24 for services from April 24 and a significant risk associated with their staffing with lack of certainty about 24/25 funding.
- Existing BAF Risks
    - BAF 0003 System Pressure & Resilience – will be updated in the light of the UEC deep dive
    - BAF 0005 System Transformation – to be updated in the light of the final Operational Plan 24/25
    - BAF 0007 Climate Change – progress with the Adaptation Plan to be reviewed by the Audit and Risk Assurance Committee in 24/25

5.0 Next Steps

5.1 The BAF will be presented to Audit & Risk Assurance Committee – 19th April 2024 together with the outputs from the UEC risk workshops if completed by then.

5.2 The ICB Risk Management Framework will be reviewed and updated to include the System Risk Appetite Matrix and Statement and will be presented to the next Audit & Risk Assurance Committee in April and then to the Board for final approval in June.

List of appendices

Board Assurance Framework

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 22 March 2024

Executive Lead: Maria Wogan, Chief of Strategy and Assurance

ICS Partner Lead: Non-Executive Members – Committee Chairs

Report Author: Michelle Evans-Riches, Head of Governance

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

Item: 20 - Corporate governance update and report from Committees

Reason for report to the Board: Committees of the Board report their business to the Board, the Board is responsible for agreeing the delegation of functions to committees and sub-committees of the Board, the Board is required to receive annual assurance on the discharge of its EPRR responsibilities.

1.0 Executive Summary

1.1 This report provides updates from Chairs of the following committees:

- Audit and Risk Assurance Committee – Chair: Vineeta Manchanda
- Bedfordshire Care Alliance – Chair: Shirley Pointer
- Primary Care Commissioning and Assurance Committee – Chair: Alison Borrett
- Working with People and Communities Committee – Chair: Lorraine Mattis

1.2 This report also considers extensions to Non-Executive Member appointments, the appointment of an ICB Deputy Chair and Senior Independent Director, the terms of reference for the BLMK Provider Selection Regime Review Group & Primary Care Commissioning and Assurance Committee, and the Emergency Planning Resilience (EPRR) and Response Annual Report.

1.3 Changes have been made to the Governance Handbook to reflect the delegation of specialised services and changes to some job titles following implementation of the first phase of the Target Operating Model.

2.0 Recommendations

The Board is asked to:

2.1 **note** the extension of Shirley Pointer and Alison Borrett's appointment as Non-Executive Members of the ICB Board by 3 years to 31 March 2027, with an option to extend for a further year;

2.2 **approve** the appointment of Alison Borrett as the Senior Independent Director until 1 April 2026;

2.3 **approve** the BLMK Provider Selection Regime Review Group Terms of Reference and **agree** the inclusion in the Governance Handbook.

2.4 **approve** the revised Primary Care Commissioning and Assurance Committee (PCCAC) Terms of Reference and the delegation of responsibility from PCCAC to the Primary Care Delivery Group, and approve the Primary Care Delivery Group Terms of Reference.

2.5 **receive** and **note** the EPRR annual report 23/24 which was reported to the Audit and Risk Assurance Committee and received assurance at its meeting on 19 January 2024.

2.6 **note** the EPRR substantially compliant rating received for the system.

2.7 **approve** changes to the Governance Handbook to reflect the delegation of specialised services and changes in Executive job titles.

3.0 Key Implications

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

3.1 There are no implications relating to resourcing, equality/health inequality, engagement or Green Plan commitments a result of this report.

4.0 Report

4.1 **Committee Chairs' Updates**

Updates from the following committees of the Board can be found at Appendix A.

Name of Committee	Meeting Held On
Audit and Risk Assurance Committee	**19 January 2024**
Bedfordshire Care Alliance	**14 March 2024***
Primary Care Commissioning and Assurance Committee	**15 December 2024**
Primary Care Commissioning and Assurance Committee	**15 March 2024***
Working with People and Communities	**1 March 2024**

*Verbal updates will be provided at the Board meeting.

Reports from Finance & Investment and Quality & Performance Committees are included elsewhere on this agenda and are provided in the new assurance report format which will be adopted by all committees for 2024/25.

4.2 **NEM - terms of office**

The ICB's Constitution, paragraph 3.11.5, states that "The term of office for a non-executive member will be three years and the total number of terms an individual may serve is two after which they will no longer be eligible for re-appointment."

In order to prevent all NEM terms of office concluding simultaneously, their terms of office were staggered on ICB establishment. The current terms of office are detailed below:

Name	Start Date	Term of Office	End Date
Vineeta Manchanda	21/07/2023	3 years	20/07/2026
Lorraine Mattis (Associate NEM)	01/09/2022	3 years	30/08/2025
Manjeet Gill	30/08/2023	3 years	29/08/2025
Shirley Pointer	01/04/2022	2 years	31/03/2024
Alison Borrett	01/04/2022	2 years	31/03/2024

Shirley Pointer and Alison Borrett's term of office is due to end on 31 March 2024 and both have indicated that they are willing to serve another term, and following a successful performance appraisal, the Chair has offered them both a second term of appointment of three years with an option to extend it for a further one year to align it with the maximum six-year appointment as detailed in the Constitution.

The Board is accordingly asked to **note** the extension of Shirley Pointer's and Alison Borrett's NEM appointment to 31 March 2027 with an option to extend for a further year to 31 March 2028.

4.3 **Appointment of Senior Independent Director**

At the inception of the ICB on 1 July 2022 the model Constitution did not require the appointment of a Senior Independent Director. NHS England has indicated that this will be a requirement in a revised model Constitution that is soon to be published.

4.3.1 NHSE has also indicated that it is going to introduce the requirement for ICBs to appoint a Senior Independent Director (SID) with functions similar to that of the SID in NHS Foundation Trusts:

- Providing support to the Chair and acting as a sounding board for the Chair.
- Undertaking the Chair's appraisal and have a meeting with NEMs at least annually for this purpose.
- Intervening to resolve issues of concern for example regarding the Chair's performance.

It is recognised good practice that the SID should not be the Chair of the Audit and Risk Committee and the SID role is currently unremunerated.

The Board is asked to **approve** the appointment of Alison Borrett as the Senior Independent Director until 1 April 2026;

4.4 **BLMK Provider Selection Regime Review Group**

4.4.1 In December 2023, the Board received an update on Provider Selection Regime, which detailed the requirements of the Health Care Services (Provider Selection Regime) Regulations 2023. The regulations require that any representations received by the ICB against an Intention to Award Notice process under the most suitable provider process, competitive process or a modification must be considered by independent review. In these circumstances it is proposed that the representation will be reviewed by three senior ICB staff who were not involved in the original award decision. However, there maybe occasions when the ICB does not have sufficient independent individuals to undertake an independent review and/or the contract is deemed by the ICB to be of significant reputational risk where greater independence of the review panel would be beneficial.

The ICBs in the Eastern Region have agreed to work together to provide each other with independent members for these reviews when ICBs need additional independent members. The BLMK Provider Selection Regime Review Group will be established with a flexible membership of three members, which can draw on members from other ICBs as needed, to ensure that those undertaking a review were not party to the initial decision to award the contract. Therefore, the membership of the Group could change for each meeting and the Director of Contracting and Head of Governance will oversee the membership of prior to each meeting to ensure that it is impartial and not involved in the decision to award the contract.

Following consideration of the representation and relevant information, the Review Group will make recommendations that must be considered by the ICB over whether this impacts on the intention to award a contract to the selected provider. The ICB will then decide whether to:

- enter into a contract or conclude the framework agreement as intended;
- go back to an earlier step in the selection process, either to the start of the process or to where a flaw was identified, rectify this, and repeat that step and subsequent steps; or
- abandon the provider selection process.

All decisions on contracts will be made in accordance with the ICB's Standard Financial Instructions and procurement rules.

Local authorities may also want to use the BLMK PSR Review group to consider any representations to contract awards received, as the Provider Selection Regime Regulations apply to local authorities as well.

The Board is asked to **agree** the Terms of Reference for the BLMK Provider Selection Regime Review Group as attached at Appendix B and agree the inclusion in the Governance Handbook.

4.5 **Primary Care Commissioning and Assurance Committee and Primary Care Delivery Group Terms of Reference**

The Primary Care Commissioning and Assurance Committee (PCCAC) is a Committee of the ICB Board with delegated functions. The PCCAC currently has a public and private meeting. It is proposed to alter this to just a private meeting, to align with all the other Committees of this Board and in keeping with a number of other ICBs. This proposal is supported by PCCAC. It is not proposed to alter the membership of the PCCAC.

The revised PCCAC Terms of Reference (attached at Appendix C) were reported to the PCCAC on 15 March 2024 and a verbal update from PCCAC will be given to the Board.

If approved by the Board, the revised PCCAC Terms of Reference will be included in the Governance Handbook.

4.5.2 PCCAC has two Delivery Groups that report to it, Primary Medical Services and, following the delegation of responsibility from NHSE on 1 April 2023, Pharmacy, Optometry & Dental Services. It is proposed to merge the two delivery groups as there is significant cross over of members and some synergy with functions. As the merged Delivery Group meets more frequently that the PCCAC (i.e. monthly) it is proposed to delegate some responsibilities to the Delivery Group in order to make more timely decisions. The Delivery Group will provide an assurance report to each PCCAC meeting. The Primary Care Delivery Group Terms of Reference are attached at Appendix D.

It is recommended that the Board **approve** the revised Primary Care Commissioning and Assurance Committee (PCCAC) Terms of Reference and the delegation of responsibility from PCCAC to the Primary Care Delivery Group, as detailed in the Delivery Group's Terms of Reference which are also presented for approval.

4.6 **Emergency Planning Resilience and Response Annual Report – assurance provided by the Audit and Risk Assurance Committee (ARAC)**

The EPRR annual report 2023/24 was reported to ARAC on 19 January 2024 and was noted. The EPRR Core Standards is an annual assurance process which is made up of 47 standards designed to ensure systems are in place to support all residents of BLMK in the event of an emergency or incident. This is the first full audit of the preparedness of the ICB since undertaking category 1 responsibilities under the Civil Contingencies Act, and the local leadership role. Despite sustained industrial action, a 'substantially compliant' rating has been achieved.

The NHS partner provider ratings are as follows:

Bedfordshire Hospitals NHS Foundation Trust	Substantially compliant
Milton Keynes University Hospital NHS Foundation Trust,	Substantially compliant
Cambridge Community Services NHS Trust	Partially compliant
Central & North West London NHS Foundation Trust	Fully compliant
East London NHS Foundation Trust	Fully compliant

The report is enclosed at Appendix E and the Board is recommended to **receive** and **note** the annual report as required by the ICB's Scheme of Reservation and Delegation of Powers. Members are also asked to **note** the EPRR substantially compliant rating received for the system.

4.7 **Annual report 2023/24**

The ICB is required to produce an Annual Report at the end of each fiscal year, detailing how it has discharged statutory duties and mandatory responsibilities in the preceding year. This includes the organisation's audited accounts. Members of the Board will receive a draft copy of the annual report for comment prior to the submission of the draft Annual report to NHSE on 24 April. The final annual report and accounts will be considered at the private Board meeting on 26 June prior to the submission to NHSE by 9am on 28 June 2024.

4.8 **Further Changes to the Governance Handbook**

Earlier on the Board agenda, the delegation of functions relating to specialised services was discussed and, subject to approval of that item, changes to the Governance Handbook are required to reflect the delegation from NHS England and the authorisation of the Chief Operating Officer as the officer responsible for these functions, pending the appointment of a Managing Director for Specialised Services, the recruitment for which is underway.

Following the implementation of the first phase of the Target Operating Model, some job titles have been amended and need to be reflected in the Governance Handbook. These are as follows.

- Chief Nursing Director to Chief Nurse
- Chief Primary Care Officer to Chief of Primary Care
- Chief of System Assurance and Corporate Services to Chief of Strategy and Assurance
- Chief Transformation Officer to Chief Operating Officer

5.0 Next Steps

None

List of appendices

Appendix A – Committee Chairs' Updates
Appendix B - East of England Provider Selection Regime Review Group Terms of Reference
Appendix C – Primary Care Commissioning and Assurance Committee Terms of Reference
Appendix D – Primary Care Delivery Group Terms of Reference
Appendix E - EPRR Core Standards Assurance 2023

Background reading

None for this report.