Meeting of the Board of the ICB in PUBLIC

8 December 2023 09.00 – 13.00

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

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 29 September 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 Nursing Director	
4.	Chair's Report – *verbal*	Discuss	Chair	
5.	Chief Executive Officer's Report	Note	Chief Executive Officer	
System Strategy				
6.	System Response to the Denny Review of Health Inequalities	Agree	Chief of System Assurance & Corporate Services / Chief Nursing Director	9.45
7.	Delivering integrated Primary Care in BLMK (including NHSE Delivery Plan for Recovering Access to Primary Care)	Support and Approve	Chief Primary Care Officer	
8.	Carnall Farrar (CF) Review of the Development of Health and Care Integration in Milton Keynes	Approve	Chief Executive, Milton Keynes / Chief of System Assurance & Corporate Services	
9.	The Provider Selection Regime	Note	Chief Transformation Officer	
	BREAK			11.20
System Assurance				

10.	Quality & Performance Committee: • Chair's Update • Quality & Performance Report – August (M5)	Note Review and comment	Chair, Quality & Performance Committee / Chief Nursing Director / Chief of System Assurance & Corporate Services	11.30
11	Finance & Investment Committee • Chair's Update • Finance report	Note Note	Chair, Finance & Investment Committee / Chief Finance Officer	
12	System Risks and the Board Assurance Framework	Support and Review	Chair, Audit & Risk Assurance Committee / Chief of System Assurance & Corporate Services	
13.	Report from place-based partnerships and collaboratives	Discuss	Places Leads for Bedford & Milton Keynes / Chief of System Assurance & Corporate Services	
ICB Organisational Decisions, Governance and Assurance				
14.	To re-procure ICB business intelligence support services from NHS Arden GEM CSU	Approve	Chief Transformation Officer	12.15
15.	Workforce Race Equality Standard (WRES)	Discuss	Chief People Officer	
16.	Corporate Governance Update and Report from Committees	Discuss and Approve	Chief of System Assurance & Corporate Services	
Closing Items				
17.	Communication from the Meeting - Length/quality of papers - Quality of discussion	Agree	Chair	12.45
18.	Meeting Evaluation Focus area: - feedback on new format of report for from Quality & Performance and Finance and Investment committees	Discuss	Chair	
19.	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 22 March 2024
Time: Estimated 9:00- 15:00
Venue: Bedford Borough 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 14.11.2023

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 Transformation 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

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Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				The Bridge Primary Care Network Clinical Director	01/04/2021	Ongoing	May need to be excluded from decisions regarding Primary care Networks	11/05/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, NHS Confederation Primary Care Network	07/07/2019	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, National Association of Primary Care (NAPC) Council	01/10/2020	Ongoing	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Arts for Health Milton Keynes	01/04/2020	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Chair, Milton Keynes Christian Centre (*was previously Trustee)*	01/09/2023	Ongoing	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes	Y				GP partner, Newport Pagnell Medical Centre	01/02/2004	Ongoing	May need to be excluded from decisions regarding Primary Care Networks	08/12/2022
Makarem	Rima	Chair, Bedfordshire, Luton and Milton Keynes Integrated Care Board	Yes		Y			Expert on Independent Expert Panel evaluating for the Health and Social Care Committee the government's commitments to pharmacy services	Apr-23	July 23	Declare in line with conflicts of interest policy	26/04/2023
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	Dec-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

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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
Manchanda	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes			Y		Worcester College, Oxford University	Sep-22	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				CEO, University of Suffolk Dental CIC	Jun-23	Ongoing	Declared in line with conflicts of interest policy	08/08/2023
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				Director - Community Dental Services Community Interest Company	Nov-17	30/06/2023	Declared in line with conflicts of interest policy	10/01/2023
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

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Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Gamlingay Pharmacy Ltd, 60a Sation road, North Harrow, HA2 7SL, no no 05467439, son & sisters	01/04/2021	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes		Y			Committee Member, 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 Director	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		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		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		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 North East London NED Remuneration Committee		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		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 Integrated Commissioning Board		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		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		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		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		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		Ongoing	Declare in line with conflicts of interest policy	26/09/2023
Sunduza	Lorraine	Interim CEO, East London Foundation Trust	Yes		Y			Member, Unison		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		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		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		Ongoing	Declare in line with conflicts of interest policy	26/09/2023

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Sunduza	Lorraine	Acting Chief Executive Officer, East London NHS Foundation Trust							21/08/2023			
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
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	2001	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

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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 System Assurance and Corporate Services	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 System Assurance and Corporate Services	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: 29 September 2023

Time: 10:00 – 13:10

Venue: Council Chamber, Luton Borough Council, Town Hall, George Street, Luton LU1 2BQ

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	LC
Marcel Coiffait	Partner Member, Local Authorities	MC
Felicity Cox	Chief Executive Officer	FC
Manjeet Gill	Non-Executive Member	MG
Ross Graves	Partner Member, NHS Trusts and Foundation Trusts – remote	RG
Dr Omotayo Kufeji	Partner Member, Primary Medical Services	OK
Vineeta Manchanda	Non-Executive Member	VM
Shirley Pointer	Non-Executive Member	SPo
Robin Porter	Partner Member, Local Authorities	RP
Mahesh Shah	Partner Member, Primary Medical Services	MS
Sarah Stanley	Chief Nursing Officer	SSt
Dr Sahadev Swain	Partner Member, Primary Medical Services	SSw

Participants:		
Anne Brierley	Chief Transformation Officer	ABr
Sally Cartwright	Director of Public Health, Luton – remote	SC
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils (*part – from item 2)*	VH
Lorraine Mattis	Associate Non-Executive Member	LM
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 – (*part – left early in item 6.1)*	MT
Maria Wogan	Chief of System Assurance & Corporate Services	MW

In attendance:		
Kim Atkin	Corporate Governance Officer	KA
Michelle Evans-Riches	Acting Head of Governance	MER

In attendance:		
Richard Fradgeley	General Manager, East London Foundation Trust (*left after item 6.2)*	RF
Sarah Frisby	Head of System Engagement, Communications	SFr
Stephen Makin	Deputy Chief Finance Officer (*for Dean Westcott, Chief Finance Officer)*	SM
Michelle Summers	Associate Director Communications & Engagement ICB	MS
Lorraine Sunduza	Acting CEO, East London Foundation Trust	LS
Matthew Winn	CEO Cambridgeshire Community Services	MWi
Dominic Woodward-Lebihan	Deputy Chief of System Assurance & Corporate Services	DW-L

There were 14 members of the public in attendance.

Apologies:		
Joe Harrison	Partner Member, NHS Trusts and Foundation Trusts	JH
Dean Westcott	Chief Finance Officer	DW
Dr Sarah Whiteman	Chief Medical Director	SW

No.	Agenda Item	Action
	Meeting Opening	
1.	1.1. 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. Apologies were noted as above. It was noted that Maxine Taffetani needed to leave the meeting early due to MK Healthwatch AGM. The Chair introduced Lorraine Sunduza, Acting CEO for East London Foundation Trust (ELFT). 1.2. It was confirmed that the meeting was quorate. 1.3. 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 and the following updates were given: - Tayo Kufeji – 2 additional roles: Chair (previously a Trustee), MK Christian Centre from 1/9/23; and Trustee, MK Urgent Care Centre from 1/8/23 It was confirmed that these changes would be made to the Register. Members were also asked to declare any gifts or hospitality that had been received and one declaration was given:	

	1.4. Rima Makarem received a gift of two bottles of wine, value c. £30, for speaking at a Mills & Reeve Away Day, this gift would be donated to Charity. 1.5. The minutes of the meeting held on 30 June 2023 were **approved** as an accurate record of the meeting. 1.6. It was **agreed** to close items 47, 48, 50, 51, 52, 53 on the Action Tracker. Action 44 was not yet due. Action 49 remained in progress. 1.7. 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.	
2.	**Chair's Report - verbal** . <u>Vicky Head joined the meeting.</u> The Chair and some of the Non-Executive Members had recently visited the Luton Unscheduled Care Hub, which is co-located within the Cambridge Community Services (CCS) offices at the Poynt, Luton. The Hub involves the East of England Ambulance Trust, CCS, East London Foundation Trust (ELFT), frailty clinicians and nurses from the Bedfordshire Hospitals Trust. Category 3 and 4 patients, with non-life threatening conditions, where an ambulance has been called, are reviewed and nurses or appropriate professionals are sent to the patients' home to give them support. This helps prevent a hospital admission and the resident gets a faster response and care than if they had waited for an ambulance. This was a very positive development, which was already showing benefits. This was being rolled out across Bedfordshire and was a great example of system working together and improving care for residents. As well as NHS support, social prescribers and social services are involved. A joint ICB and Health & Care Partnership (H&CP) seminar was held in July which focused on gaining and maintaining meaningful employment, and how partners could work collectively to make a difference for our population. All NHS Chairs and Chief Executives received a letter from NHSE following the Lucy Letby court case, directing them to focus on quality management and embedding a Freedom to Speak Up culture. There would be further regulation for managers and a tightening of the Fit and Proper Persons test, which would be undertaken annually. The ICB is continuing to review its governance, with a Board effectiveness seminar planned for 20 October to consider what is and is not working and what needs improving. System-wide planning work has started for the next financial year and for winter. **Agreed:** The Board **noted** the Chair's verbal report.	
3.	**Chief Executive Officer's Report** The Chief Executive gave the following updates: NHS industrial action was continuing and planning was ongoing to respond to future industrial action. In response to the Letby case, the implications for the ICB had been considered. Following feedback from Maxine Taffetani on behalf of Healthwatch, the ICB via the	

	Working With People and Communities Committee (WWPAC) would agree a clear process for receiving and responding to Healthwatch reports. In terms of RAAC (reinforced autoclaved aerated concrete), assessments had been completed across BLMK and no RAAC had been discovered on our estate. On behalf of the Board, the CEO congratulated Kathy Nelson, Head of Cancer Network, who had been awarded the Ground-breaking Researcher award at the National Black National Minority Ethnic Health and Care Awards in recognition of her work on earlier cancer diagnosis in Luton. The launch of the autumn/winter vaccination programme had been challenging due to the new variant of Covid. There was good progress in care homes and momentum was building with the wider population. As part of the Women's Health Strategy, the ICB would shortly be bidding for approximately £0.5m to support the development of a virtual Women's Health Hub. Guidance had been issued on Right Care Right Person, in relation to changes in how the Police work with implications for NHS providers and local authorities, the ICB was in the process of drafting a system response on the impact of these changes for NHSE. **Action: MW – the WWPAC to agree a clear process for receiving and responding to Healthwatch reports.** **Agreed:** The Board **noted** the Chief Executive Officer's Report.	MW
4.	**Questions from the Public** One question had been received from a member of the public. Sarah Stanley, Chief Nursing Director, responded on behalf of the ICB: **Question** *Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of 7 disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does Bedfordshire, Luton and Milton Keynes ICB plan to appropriately fund and resource East of England (South) Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments?* *What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority?* **Response** *BLMK ICB understands that stroke is a leading cause of death and disability, and the resultant pressures across the health and social care system within BLMK. The ICB is committed to ensuring more residents live as many years as possible in good health. We are committed to working closely with health and care partners to support residents who have experienced a stroke, or who are providing care for a loved one in this position. This includes longer term support for stroke survivors and their carers such as the Stroke Recovery Service delivered by the Stroke Association.* *We acknowledge the hard work of all local health and care staff who provide direct or indirect support to individuals and families affected by strokes.*	

	A full transcript of the question and answer would be made available on the ICB website. The ICB remained committed to the concept of Integrated Stroke Delivery Networks and was working with partner ICBs, and regional and national colleagues, to consider how these could best be supported in an affordable and sustainable way.	
5.	**Resident Story** – video A video was shown, which had been prepared by a deaf resident following focus group sessions that had been held in the deaf community as part of the Denny Review. The video highlighted the difficulties that a deaf resident faced in trying to access NHS services, including how difficult it was to navigate the "phone for appointment" GP system and multiple call backs. It also highlighted the difficulty experienced when professionals called the patient's name whilst waiting for their appointment, especially when the professional was wearing a mask. The Chair thanked the resident for sharing her experiences and considered that some of these barriers should be easily removed, particularly with technological advances. **Action: GF to share link to resident story video with the Board.**	GF
6.	**SYSTEM STRATEGY**	
6.1	**Health and Employment outline strategy framework** *Presented by Maria Wogan, Chief of System Assurance & Corporate Services and Martha Roberts, Chief People Officer* A joint ICB and Health and Care Partnership (H&CP) seminar held in July provided the opportunity for members of the ICB, the H&CP, wider system partners and residents to identify the opportunities and challenges in obtaining and retaining employment for people with health conditions. Place-based ideas and action plans were developed to increase employability and recruitment and reduce economic inactivity, sickness absence and barriers to employment. These actions are currently under review by Place Boards to be adopted as part of the wider work programmes of each Place. MW thanked everyone who had been involved in organising and participating in the seminar, especially the VCSE, residents and colleagues who joined the seminar to share their stories. The ICB collated a set of system-level activities, which have informed development of an ICB outline employment strategy framework, which looks to increase employment rates for people furthest from employment, increase the proportion of health and care workers that come from our local population and maximise the support from anchor institutions as employers for our residents, including through apprenticeships. This will enable the ICS to fulfil its responsibilities to support local, social and economic development and improve health and reduce inequalities. MR outlined some of the initiatives being undertaken to share information about working within health and care with those communities and places that are harder to reach: - A lorry has been travelling around the BLMK area, promoting recruitment with the ICB and BLMK health and care providers; - A marketing campaign targeting people who are digitally excluded to apply for roles in health and care; - employing people with lived experience of learning disability and autism to support the Oliver McGowan Training Programme;	

	- an apprentices' workshop to look at how that apprenticeships can be best used; - The ICB is being accredited with the Real Living Wage Foundation and continues to work with them. The People Board will oversee the framework and continue to work with employability teams in the local authorities to avoid duplication. The framework is for all system partners, not just the ICB as an employer. Maxine Taffetani left the meeting. The Board supported the framework and made the following suggestions for further development: • Important to build on existing actions at place and in partner organisations to avoid duplication; • Consider including residents in temporary accommodation as well as social housing residents; • Important to link this strategy to our integrated health and care strategy; and • Opportunity to learn from the Norfolk and Waveney ICB work experience scheme. **Action: MR/LC to discuss addition of temporary accommodation into the outline framework.** **Agreed:** The Board **noted** the outputs of the Health and Employment seminar and the next steps through the Place Boards and **approved**: - the proposed ICB Health and Employment outline strategy framework and governance for system-wide work on employment and skills, which will support an improvement in employment and economic inactivity rates for local residents, through using the assets of the Health and Social Care system; and - the recommendation for a version of this report to go to the BLMK Health and Care Partnership in October 2023.	MR/LC
6.2	**Mental Health, Learning Disabilities & Autism (MHLDA) Collaborative** *Presented by Ross Graves, Chief Strategy & Digital Officer, CNWL and Richard Fradgley, Executive Director of Integrated Care, ELFT* RF highlighted some of the progress that had been made in mental health services in relation to children's mental health services which included: - the Better Days prevention programme has used creative art to reach out to children and young people that do not normally access services; - there is now mental health support in 153 of the 191 schools across BLMK; - the Evergreen ward, the first children and young people's inpatient ward for mental health patients in BLMK is open; and - there is some excellent preventative work in Luton through CAMHS and the family hub which supports parents of children aged 2 to 5 years old. People with serious mental illness or a learning disability die on average 15 years younger than the general population and this has worsened during the pandemic. There has also been a growth in demand for urgent and emergency care services, which reflects the complexity that people with serious mental illness are experiencing. There have also been increased number of referrals for attention deficit hyperactivity disorder (ADHD), autism and eating disorders in children following the pandemic.	

	The Collaborative seeks to tackle all of these issues to improve outcomes and quality of life for people with mental health issues. The significant funding that has been available for the last five years for mental health will cease at the end of this financial year, which increases the challenge. Work has started on the financial plan for next year. The key themes in the design of the Collaborative are: - to work across BLMK where it makes sense to do so, such as in developing new pathways for people with ADHD; - to work in the Places to develop mental health partnerships to tackle some of the more local problems, such as supported housing for people with serious mental illness; and - to further integrate and formalise planning and improvements across commissioners and providers. There was also currently a focus on trying to bring the 44 patients that are currently placed in an out of area specialist hospital placements closer to home. The framework for an operating model had been developed which would be developed over the following six months, the key parts being: - the formation of an MHLDA Committee of the ICB which would oversee the contribution of the MHLDA collaborative to the Joint Forward Plan and provide strategic oversight on the NHS spend for MHLDA; and - a partnership board, or equivalent partnership arrangement, in each Place, which would be responsible for leading and driving the word to be delivered at Place. The Collaborative would be ELFT, CNWL and the ICB working across BLMK with local place partners. The Board was asked for its feedback regarding the configuration of local authority membership of the MHLDA committee and services for people with learning disabilities and people with autism. Board members said it was important for local authorities to be engaged with the work of the collaborative. Concern was expressed that the scope might be too narrow in the children's area and that some key partners might not then be included, such as Directors of Children's Services and education providers in relation to autism and ADHD. The Board also sought to understand how the collaborative would link with the evolving integrated neighbourhood teams. A Board member questioned the principle of the separation of mental and physical health. In response it was stated that due to the challenges facing mental health services a specific focus on mental health was required and the collaborative would work in a matrix way with place based partnerships. The formation of a committee of the Board would allow the system collectively to have greater visibility and accountability, particularly on parity of esteem issues. It was recommended that a small number of priorities be defined, as has been learned from the MK Deal, this is more achievable. **ACTION: RG/RF/ABr to continue work with partners to build the scope and priorities of the MHLDA proposal and come back to the March meeting.** **ACTION: RG/RF/ABr to discuss local authority membership outside the meeting with LA CEOs.** <u>Richard Fradgley left the meeting.</u> **Agreed:**	RG/RF/ ABr RG/RF/ ABr

	The Board **noted** the concerns raised, but **endorsed** the next steps proposed in this paper.	
6.3	**Equality, Diversity and Inclusion Implementation Plan** *Presented by Martha Roberts, Chief People Officer* In June 2023, NHSE published the Equalities, Diversity and Inclusion Implementation Plan (EDIIP) which set out six key actions for NHS organisations, addressing inequalities across the nine protected characteristics as prescribed in the Equality Act 2010. There is already an EDI subgroup of the People Board, chaired by the Chief People Officer of ELFT, Tania Carter, which is reviewing the work that needs to be done across health and care to ensure that it is more inclusive and reflective of the people we serve. The ICB as an employer and working across the system with partners has focussed on five equality themes: - To improve the quality of employee data, held on ESR, data recording and monitoring; - To show inclusive leadership and commitment to being a leader in EDI; - To improve the processes for recruitment, retention and experience; - To actively engage with, promote, support and encourage the work of staff networks and recognised forums; and - To ensure staff feel confident to access the health and wellbeing schemes according to their individual needs. The Board discussed the paper and requested in future clearer separation of the system-wide work from the ICB as an employer work. In response to a question, MR agreed to confirm the figure of 2 million jobs in BLMK and to ensure all aspects of primary care (pharmacy, dentistry and ophthalmology) are included in future reports. The importance of staff surveys in understanding organisational culture was agreed. **Agreed:** The Board **noted** the progress and next steps to be taken on the Equalities, Diversity and Inclusion Implementation Plan.	
6.4	**Section 75 Agreements** *Presented by Anne Brierley, Chief Transformation Officer* The five Section 75 agreements detailed in the report had all been approved by partners at Place and the ICB Board's Finance and Investment Committee. It was confirmed that the Section 75 agreement with Luton had been approved at the last Board meeting. It was noted that Julian Kelly, Chief Finance Office, NHSE, had requested that all ICBs, as part of the planning next year, undertake a mutual assurance process with partners on Section 75 to ensure that there is value for money and that the funding is directed to where it needs to be. **Agreed:** The Board **approved** the following for signature: 1. Better Care Fund (BCF) S75 for Milton Keynes City Council (MKCC); 2. Learning Disabilities S75 for Milton Keynes City Council (MKCC); 3. Better Care Fund (BCF) S75 for Bedford Borough Council (BBC); 4. Better Care Fund (BCF) S75 for Central Bedfordshire Council (CBC); and 5. Personal Health Budgets (PHB's) S75 for Central Bedfordshire Council (CBC).	

7.	**OPERATIONAL**	
7.1	**BLMK Quality and Performance Report** *Presented by Maria Wogan, Chief of System Assurance & Corporate Services and Sarah Stanley, Chief Nursing Director* This report is being developed in conjunction with partners to ensure that it addresses system priorities and does not duplicate work already being done at operational or NHS Trust level. It had been discussed at Chief Executives' Group and at the ICB's Quality & Performance Committee. Feedback has been received that the report should have a greater focus on Primary Care data and what it means for residents. This will be further developed with the Primary Care team and will include all of Primary Care and not just GP surgeries. It will also detail Primary Care access at the four Places. Key performance concerns at a system level were: - Industrial action is impacting further the challenges in elective care and cancer care. The backlog for cancer in Bedfordshire has increased and BHT has moved into Tier 1 which means an increased level of scrutiny from the national team' Action plans are in place to address the performance concerns and progress will be reported to Board; - Urgent and emergency care and winter planning will be covered later in the agenda. Managing urgent and emergency care demand well over the winter period will be vital to protecting elective capacity; and - On elective metrics, the focus will be widened from acute to include non-18 week pathways, particularly for children and young people. Most of the measures provided are activity related and are not either improvement or outcome measures against the population. There is work underway with the Population Health Intelligence Unit on how to shape and improve that as part of the health intelligence offer. There is a clear move away from activity measurement to a demonstration of measurable, sustainable improvement. The British Pregnancy Advisory Services (BPAS) provides services nationally and the Quality Care Commission (CQC) have raised concerns about them under a Section 29 notice. The ICB has considered its local services and is assured by what has been provided so far but is taking part in the national review. The CQC served a notice on Broomhill Hospital, Northamptonshire to remove its registration for mental health and learning disabilities provision. The ICB is therefore finding alternative accommodation for six BLMK patients that are currently resident there. As part of a national Paediatric Audiology Services (PAS) review, six patients that had been identified in screening did not receive the correct assessments at East & North Herts Hospital, which resulted in loss of hearing, These are being reviewed by the ICB. There is an ask for ICBs to consider having healthcare scientist representation on the Boards of ICBs, and this is being managed by the regional team on behalf of NHSE. SP, Chair of Quality & Performance (Q&P) Committee added: - In future the Board's time should be used to discuss the things that require system working to solve them;	

	- There needs to be the right balance between getting the cross-system perspective from the data, but not to get too deep into the detail unless it requires system collaboration; - Where something arises that has a system implication, there will be a deep dive at the Q & P Committee; - Workforce, skills and quality go hand in hand and the skillsets for roles need to be continually considered to be able to address some of the pathway issues; - Q&P committee is in the process of reviewing the Patient Safety Incident Response Framework (PSIRF) of all of the system's NHS Trusts and has been looking at the extent to which all stakeholder groups have been included in development of the policy, in particular, thinking about what the cultural willingness is to make that a genuinely open and constructive process. The Board discussed the report and commented on the GP appointment data which did not give a rounded picture of activity as it should include use of 111 in hours and use of UTCs. In addition, it would be helpful to deep dive into the data and understand if the need for same day appointments and for continuity of care for people with long term conditions was being met. **Agreed:** The Board **noted** the quality and performance report.	
7.2	**Winter and Urgent & Emergency Care Assurance 2023-24** *Presented by Anne Brierley, Chief Transformation Officer* There are two urgent and emergency care (UEC) systems in BLMK; Milton Keynes and Luton & Bedfordshire. Clarity on winter funding was given earlier this year which has allowed us more time to fully develop the plan, but also to continue to improve urgent and emergency care flow across the two systems. ABr thanked all partners, local authorities, VCSE and NHS for their collaboration. The plan and its assurance was submitted to the regional NHSE team on 8 September and it was given a clean bill of health, although acknowledging that there are a still a number of intractable challenges in delivering this care pathway. The plan was then submitted to the national team by the deadline on 28 September. The plan includes actions and improvements that are going to continue to be made through winter and there is a stronger emphasis on shared metrics to test the impact and benefit for our residents. There will be concentrated work across both UEC systems over the next six weeks looking at what each organisation and each system are doing together to de-escalate quickly to a stable position, which would improve resilience. As the non-recurrent funding will cease during this financial year, both systems are working through how to move to a sustainable position within the resources available this year. The Board discussed the paper and made the following comments: - In response to a question regarding the number of palliative care beds available now and during the winter and whether this includes providers that are not part of the ICB – ABr advised that palliative care partners have been involved in the Milton Keynes Improving System Flow programme since inception, there needs to be more work in Bedfordshire on the operational connection and system flow out of the two acute hospitals with palliative care partners. As contracting is considered for next year, with the development of virtual wards, there needs to be a strategic conversation with system partners, Place partners and hospices to get the right balance between commissioning	

	specialist intervention into community settings versus provision of dedicated palliative care beds; - The ICB is looking at a potential services for people where personalised plans would be developed. Two ICBs have already started this programme and have noted reduced isolation, a general improvement in their quality of life, an increase in length of life expectancy by another 12 months and a financial reduction in cost of care. There was support for more preventative personalised care going forward, particularly for those conditions such as respiratory and cardiac that get worse in winter. This fits well into neighbourhood working as it is a mixture of the wider determinants of health and the economic environment in which residents are living as well as the proactive clinical interventions that we can offer; - Sickness levels are higher than they were pre-Covid and this partially relates to the work pressures on staff and staff morale. The work that is being done to support the wellbeing of staff is fundamental to improving attendance at work; - Fuel poverty and the cost of living crisis will make it harder for some residents to cope with the winter. All four local authorities have worked with neighbourhoods to provide warm spaces for several years and will continue this year. The Fire Service will be increasing home safety fire checks and will also offer support to people with no digital access in applying for winter fuel poverty grants. **Agreed:** The Board **noted**: 1. The actions taken to implement learning from previous winters in 2023/24 winter planning. 2. Specific risks and challenges in BLMK. 3. System co-ordination and surge plans. 4. Residual risks. 5. The Winter Plans for BLMK, assurance on which has been submitted to the Regional and National Teams.	
7.3	**BLMK ICS Finance Report (July 2023)** *Presented by Stephen Makin, Deputy Chief Finance Officer* Two new components have been added to the report this month: 1. additional information on local authorities' financial positions based on their latest publicly available information; and 2. a commentary on partners who provide services in our area, but who are hosted in other systems. Information has been included for CNWL, ELFT and CCS for the services that they provide in BLMK. At month 4, NHS organisations hosted within the system reported a deficit of £11.9m against plan due mainly to the costs of industrial action, increased provider expenditure due to continued emergency pressures and prescribing and continuing healthcare costs. At month 5, the deficit has increased to £14.3m due to increased cost pressures on primary care prescribing. There are also concerns about the cost of the medical pay award and whether that will be funded by NHSE. It is currently forecast as an organisation and as a system to deliver the financial plan. Despite the challenges, system Directors of Finance have a plan to deliver the breakeven target, but it will be dependent on a range of mitigations and recovery actions. The ICS has submitted a non-compliant capital plan, with planned expenditure currently greater than the available capital allocation (CDEL). Discussions are ongoing with NHSE regarding the level of CDEL resource.	

	There is slippage against efficiency plans and there are significant non-recurrent elements. This is a risk to achievement of the system financial plan and the underlying financial health of the system. **Agreed:** The Board **noted** the Finance Report for July 2023.	
8.	**GOVERNANCE**	
8.1	**Reports from Places** Following the reports from Places, which were tabled at the meeting, the following updates were given: **Bedford Borough –** *Laura Church, Chief Executive, Bedford Borough Council* LC introduced Alex Wrack, who has been appointed as Place Lead between the ICB and the Council, who has joined the meeting remotely today. **Luton -** *Nicky Poulain, Luton Place Link Director* Of the population, 10.5% (20,000) are living in destitution. Access to affordable credit is a priority for Luton. The Place Board agreed proposals for funding to strengthen neighbourhood working and Luton Adult Social Programme is preparing for an assessment by the CQC as part of a new government plan with a focus on outcomes, performance and delivery. Learning from Southwark Council's Serious Games event bringing housing, social care and health colleagues together looking at how they support older people. It is planned to hold a similar half day event in Luton. **Milton Keynes** - *Michael Bracey, Chief Executive, Milton Keynes Council* The Bletchley Pathfinder is the local response to the Fuller report, particularly focused on multi-professional working and the prevention agenda. It is hoped this work will give us some learning that can be applied across other parts of Milton Keynes. This has been discussed at the Milton Keynes Health & Care Partnership, it is proposed to be part of the MK Deal and formal support is sought from the ICB today. The Chair considered this to be a good pilot that could work well not just across Milton Keynes but across BLMK. **Central Bedfordshire –** *Anne Brierley, Central Bedfordshire Link Director* An event was held this week between VCSE organisations and NHS partners, as a means of helping them to understand what each organisation offers to support people to stay well during winter. Following the recent ICB seminar on growth and sustainability, an action plan has been developed which will be worked through and will be overseen at Place Board. **Agreed:** The reports from Places were **noted**. The Board gave its **formal support** to the proposal to add the Bletchley Pathfinder to the MK Deal**.**	
8.2	**System Board Assurance Framework** *Presented by Maria Wogan, Chief of System Assurance & Corporate Services* **Agreed:** The members **agreed** the inclusion of the health literacy risk on the BAF and noted the BAF update and future work programme.	
8.3	**Corporate Governance update and updates from committees** *Presented by Maria, Chief of System Assurance & Corporate Services*	

	Agreed: The Board **noted**: - the Auditor's Annual Report; - updates to the fit and proper persons' process; - the list of lead roles for BLMK ICB; and - the committee Chairs' updates. The Board **approved**: - the amendments to the Governance Handbook and changes to Committee membership; and - the amendments to the Constitution to be submitted to NHS England for ratification.	
9.	**Meeting Closing**	
9.1	**Communications from the Meeting** It was **agreed** that the Communications Team would prepare a summary of updates from the meeting to share with partner members. **Action: CommunicationsTeam to prepare a summary of updates from the meeting to share with partner members as above.**	Comms
9.2	**Meeting Evaluation** The Chair considered that the size of the meeting pack and related papers had been unmanageable. She reminded everyone that reports for Board meetings should not exceed six pages and that any appendices or related material should not form part of the main pack. It was questioned whether all of the papers need to be brought to Board, although it was agreed that there was no item on today's agenda that could have been removed. The frequency of quarterly meetings also impacts the number of agenda items at each meeting. **Action: Corporate Governance Team to communicate to report authors and wider secretariat that Board papers should not exceed six pages.**	Corp Gov
9.3 9.4	**Any Other Business** There was none. **Resolution to exclude members of the press and public** The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960.	

The meeting finished at 12.40

Next meeting
Date: Friday 8 December 2023
Time: TBC (9am start)
Venue: Milton Keynes Council Chamber

Integrated Care Board MASTER Action Tracker as at 29.11.23

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.	**Not Yet Due**
49	30/06/2023	Quality & Performance	Primary Care Commissioning and Assurance Committee to review the data on and reasons for “do not attend” appointments	Nicky Poulain		15/09/2023	13/11/23: Report was taken to Primary Care Commissioning and Assurance Committee 15 September 2023 and discussed at length. There are multiple issues relating to patients not attending their appointments. There are interventions to try to address, including text appointment reminders, the MDT within the practice reviewing DNAs and assessing vulnerabilities plus flagging the patient records.	**COMPLETE: Propose closure at next meeting 08/12/2023)**
54	29/09/2023	Chief Executive Officer's Report	WWPAC to agree a clear process for receiving and responding to Healthwatch reports	Maria Wogan		08/12/2023	13/11/23: The Chief of System Assurance and Corporate Services, with others, is now meeting monthly for strategic discussions with Healthwatch CEOs. Through this forum, the ICB's Head of System Engagement will support coordinated responses to Healthwatch reports, working with the ICB leads as appropriate. This matter will also be discussed at the Working with People & Communities Committee on 1 December, including its relevance to the Committee's work to develop a forward look for engagement and other notable resident-facing activity.	**COMPLETE: Propose closure at next meeting 08/12/2023)**
55	29/09/2023	Resident Story	Share link to resident story with the Board	Gaynor Flynn		02/10/2023		**COMPLETE: Propose closure at next meeting 08/12/2023)**
56	29/09/2023	Health & Employment Outline Strategy Framework	Discuss addition of temporary accommodation into the outline framework	Martha Roberts / Laura Church		08/12/2023	7/11/23: Confirmed that people living in temporary accommodation will be included in the framework.	**COMPLETE: Propose closure at next meeting 08/12/2023)**
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		**Not Yet Due**
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		**Not Yet Due**

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	10077	Arden GEM Business Intelligence Support	To re-procure business intelligence support services from NHS Arden GEM CSU.	Board of the ICB	BLMK	8 Dec 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting
FUTURE	10084	System recovery plans for access to primary care	To report progress on primary care recovery plans for reporting to NHS England.	Board of the ICB	BLMK	8 Dec 2023	Chief Primary Care Officer	Nicky Poulain, Chief Primary Care Officer
FUTURE	10096	Denny Review	Formal response to the Denny review	Board of the ICB	BLMK	8 Dec 2023	Chief of Systems Assurance and Corporate Services	Michelle Summers, Associate Director Communications and Engagement
FUTURE	10108	Provider Selection Regime	Processes for Provider Selection Regime	Board of the ICB	BLMK	8 Dec 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting
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 Transformation Officer	Kathryn Moody, Director of Contracting
FUTURE	10091	Working with People and Communities Strategy	Review and refresh the Working with People and Communities Strategy	Board of the ICB	BLMK	22 Mar 2024	Chief of Systems Assurance and Corporate Services	Michelle Summers, Associate Director Communications and Engagement
FUTURE	10093	Planning	Approve the Operational Plan 2024/25 and revised Joint Forward Plan	Board of the ICB	BLMK	22 Mar 2024	Chief Transformation Officer	Paul Burridge, Head of Programme Governance

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	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	10099	s75 Agreements	Approval of 2024/25 Section 75s (non BCF)	Board of the ICB	BLMK	22 Mar 2024	Chief Transformation Officer	Kathryn Moody, Director of Contracting
FUTURE	10107	Specialised Commissioning	Agree Specialised Commissioning collaboration arrangements for East Of England Region • Delegation Agreement • Collaboration Agreement • Commissioning Hub Agreement	Board of the ICB	BLMK	22 Mar 2024	Chief Transformation Officer	Geoff Stokes, Interimm Programme Director - Governance
FUTURE	10110	Fragile services	Fragile services current position and potential way forward	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
FUTURE	10092	Environmental Sustainability	ICS Climate Change Adaptation plan	Board of the ICB	BLMK	28 Jun 2024	Chief of Systems Assurance and Corporate Services	Tim Simmance Associate Director of Sustainability and Growth
FUTURE	10100	s75 Agreements	Approval of 2024/25 Section 75s (non BCF)	Board of the ICB	BLMK	28 Jun 2024	Chief Transformation 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	10080	Business Intelligence Strategy	To approve the ICB Business Intelligence Strategy.	Board of the ICB	BLMK	27 Sep 2024	Chief Transformation Officer	Kathryn Moody, Director of Contracting
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 Transformation Officer	Kathryn Moody, Director of Contracting
FUTURE	10085	ICS Infrastructure	To approve an ICS Infrastructure Strategy.	Board of the ICB	BLMK	Q1 2024/25	Chief Finance Officer	Nikki Barnes, Head of ICB Estates
FUTURE	10109	Mount Vernon Cancer Centre Strategic Review	Update on position regarding Mount Vernon Cancer Centre Strategic Review	Board of the ICB	BLMK	Q1 2024/25	Chief Medical Director	Kathy Nelson, Head of Cancer Network
FUTURE	10095	Environmental Sustainability	Revised Green plan	Board of the ICB	BLMK	Q1 2025/26	Chief of Systems Assurance and Corporate Services	Tim Simmance Associate Director of Sustainability and Growth
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: 8 December 2023

Executive Lead: Felicity Cox, Chief Executive Officer

ICS Partner Lead: N/A

Report Author: Felicity Cox, Chief Executive Officer

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

Item: 3 – 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 29 September 2023.

2.0 Recommendations

2.1 The Board is asked to receive this report for **noting**.

2.2 The members are asked to support the approach outlined at paragraph 4.5 to reviewing the ICB's Joint Forward Plan for 24/25.

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.

3.4 The following individuals were consulted and involved in the development of this report:
Anne Brierley, Chief Transformation Officer
Martha Roberts, Chief People Officer
Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Services
Tim Simmance, Associate Director of Sustainability and Growth
Sarah Breton, Associate Director of Children and Maternity Commissioning
Kathy Nelson, Head of Cancer Network

4.0 Report

4.1 **Industrial Action**

Following 11 consecutive months of industrial action, I wish to extend my sincere appreciation to the diverse teams across our system for their dedication to planning and preparation, and for ensuring continuity of care for patients and residents. We have recently experienced a period of respite, with no further dates set currently, and while we await the outcome of the current negotiations, we remain hopeful for a resolution. Concurrently, we are beginning to quantify both the financial cost and the impact on patients resulting from the disruption over the past year. Our teams will persist in supporting the recovery of services from the extensive disruption and strive to minimise the impact on service users and patients. As we approach the winter months, our focus will remain steadfast on supporting our teams.

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

Work is ongoing to achieve the Secretary of State's requirement for all ICBs to reduce their running costs by 30% (£5.5m for BLMK) by April 2025. The preparations for the transition to our target operating model are making good progress with most staff taking up their roles at the latest by the start of the new financial year. I thank partners for their support and understanding during this uncertain time.

4.3 **Specialised Commissioning Update**

The work to deliver the safe delegation of specialised commissioning budgets on 1 April 2024 is continuing. We have appointed a Programme Director (Catherine O'Connell) and a Director of Finance (Andy Leary) to support this work, and they are working with BLMK, the five other East of England ICBs, and NHS England to ensure that all necessary information is transferred and that we are able to assure ourselves that appropriate processes are in place to enable us to manage these services safely and robustly.

Alongside this, following approval by the ICB Board at its September meeting, the Pre-Delegation Assessment Framework (PDAF) was formally submitted to NHS England, with Regional colleagues recommending that BLMK ICB should receive delegation of the 59 service lines without any support conditions. This will be considered by the NHS England Board in December, with a formal decision to be confirmed after this meeting.

As colleagues are aware, BLMK ICB will also be hosting the Specialised Commissioning service on behalf of the six ICBs. Whilst it has now been confirmed that the staff will remain employees of NHS England during 2024-25, we are all keen that the team become more integrated into the ICBs, which will allow us to begin to make the changes we have previously discussed. It is also important that the staff are supported and engaged at what could be an unsettling time. As part of this work, we held an Occupational Development (OD) session with the regional specialised commissioning team 9 November, which I attended. This was a useful session to start to welcome them to BLMK and also to share aspiration and history to establish a shared understanding. Further sessions will be held over the next year.

4.4 **Planning 2024/2025**

As the challenge to regain a sustainable financial position across the ICB deepens we must take effective steps to plan delivery of our tripartite requirement to:

- Improve health outcomes, and tackle inequalities
- Delivery NHSE targets for specific health services
- Reduce the NHS costs by c. £130m, without adding additional costs to local authority budgets and also supporting Local Authorities to manage cost pressures where our responsibilities are joint or interconnected.

On 29 September 2023, the ICB Board approved the following actions:

a. Approve the hybrid individual provider / collaborative approach to NHS operational planning and contracting for 2024-5
b. Commit organisational resources to completing the process in the timelines outlined
c. Commit to identifying system-level effectiveness / productivity and cost-improvement schemes as part of the planning and contracting round for 2024-5.

Multi-agency discussions have already commenced in various partnerships in BLMK, focusing on shared areas of high pressure such as urgent & emergency care pathways, complex care placements and access to diagnostics such as ADHD and ASD and community paediatrics. By March 2024, ICB partners will need to have approved the transformation and operating plan that reconciles these multiple demands into coherent and deliverable multi-agency programmes reflected in individual provider contracts and the NHSE Operating Plan template.

At the CEOs' meeting on 16 November key areas identified for transformation to improve quality / performance and deliver cash-releasing savings for 2024-5 were reviewed and agreed. The areas included were:

- Implementation of 'call before convey' – assessment of patient in their usual place of residence enabled by community services with acute clinical input
- Actions to reduce the length of time waited for diagnostics following elective referral
- Joint LA and NHS actions to review brokerage and strategic options to develop the complex care market
- Developing new models of care to support elective recovery in key children's and mental health diagnostic pathways.

Further updates will be provided as this work progresses.

4.5 **Joint Forward Plan**

The ICB is required to review its Joint Forward Plan annually. Our Joint Forward Plan (JFP) was agreed in June 2023 and sets out our direction of travel for work at a system level to 2040, as such we are not anticipating that our review of the JFP will require us to make any changes for 24/25. We will test this intention with our NHS Trust and Health and Wellbeing Board partners before end March 2024. The Board is requested to support this approach.

4.6 **Procurement**

The market engagement event for the BLMK MSK procurement took place on 30th November. This is the next formal stage of engagement ahead of procurement which will be undertaken using the new legislation for NHS and Local Authority (LA) procurement, Provider Selection Regime. This is the first major procurement for BLMK ICB since its inception, and it will be focused on how this service can support delivery of all 4 of the ICB's strategic responsibilities.

This is a complex procurement, and all ICB Board members will need to ensure that organisations comply with the updated governance processes for procurements to ensure that no issues of conflicts of interest can arise. The revised governance process for this was approved at ICB Board on 23 March 2023.

4.7 **Cancer Performance**

This remains a challenge for the ICB in terms of delivering the operational plan target to reduce the 62-day backlog by March 2024. Whilst recovery compared with the regional position is faring well, there are some provider level challenges that require system improvement focus. There are targets that have been set nationally to ensure all providers maximise efforts to reduce cancer waits over 62 days. A tiering system was introduced in July 2022 to provide national, regional and local system oversight of those providers with the largest backlogs. Bedfordshire Hospitals NHS Foundation Trust has recently moved from Tier 2 into Tier 1 for their Cancer backlog position. The backlog position is monitored through fortnightly assurance meetings both at national/regional and system level with oversight through the ICS Cancer Board. Progress is being made with reductions to the backlog being reported each week. The Trust has a roadmap for delivery with check points for October and December to bring the backlog back to the operation plan target ahead of the March 2024 ambition.

Whilst the ICB is currently tracking behind trajectory, given the backlog position at Bedfordshire Hospitals NHS Foundation Trust, there is still opportunity to recover between

now and March 2024. There is a recovery plan in place to deliver the improvement with a focus on a number of key specialities and cross cutting services such as imaging and pathology. More detail on the recovery plan and actions can be found in Cancer Board and Q&P performance reports.

4.8 **Quality and Performance Reporting**

The Quality and Performance Report tabled this month is the next step on our continued performance reporting journey. There is a greater focus on those issues which concern the ICB Executive Team, and the actions being taken in response. There is also, rightly, a focus on our key performance successes, especially where BLMK is leading regionally or nationally. We have expanded our primary care and place-based reporting too, made better use of infographics, and set out where there is substantial variance between our Trusts and our Places. The next steps on this journey are focused on developing system-wide outcomes – not simply inputs or NHS Constitutional Measures – and building in wider sources of relevant data from across BLMK: from social care, children's services, our population health intelligence unit and beyond, with the support of partners.

4.9 **Implementing Fuller**

Primary Care Networks (PCNs) are collaborating at place and working with primary care providers to stand up additional same day primary care appointments through to the end of March 2024. In Bedford the additional capacity, of up to 40 appointments per day, will be mobilised from the 20 November across three sites in the Borough. A similar scaled model is in development with PCNs and primary care providers in Milton Keynes, Luton and Central Bedfordshire with the capacity anticipated to mobilise imminently. The additional appointments will be available Monday to Friday and will be bookable via practice team's triage or by 111. Whilst providing important resilience through the Winter months working in this way also provides the opportunity to test some of the streamlined and scaled working that is the ambition for same day urgent primary care in the Fuller report.

4.10 **Update on Health Employment Seminar**

In September, the ICB Board approved the outputs from the July ICB / ICP seminar on Health and Employment, including the plan for all four place boards to review place-level action plan outputs, and an outline strategy framework for the ICB to support system-wide work. Each place board is continuing to review the suggested actions arising from the seminar, aligning them to local planned priorities. For example, Central Bedfordshire are focusing on schools outreach, mentoring for looked-after young people and opportunities to support neurodiverse people in employment. Bedford Borough are looking to integrate the work with the Health and Wellbeing strategy, and existing work with local organisations such as the Harpur Trust and those involved with Bedford Giving. Luton Borough have recently convened a refreshed Inclusive Economy Board to ensure strategic alignment of partners' collective strategies to support an inclusive economy in the town. Milton Keynes will look to align with the MK Deal priorities, for example how employment and skills support could help young people with mental health difficulties.

The Integrated Care Board (ICB) has been accredited as a Disability Confident Employer, whilst also exploring accreditation from the Real Living Wage Foundation. The ICB is facilitating system-wide work in several areas; examples of recent progress include:

- Encouraging NHS organisations to use a recently published logic model and measurement framework to assess progress as Anchor Institutions.
- A project manager has been appointed to oversee the roll-out of Oliver McGowan learning disability and autism training for employees of CQC-registered organisations.
- A recruitment campaign addressing those in digital poverty won an award at the Healthcare Support Worker Awards.
- A workstream to increase the use of the apprenticeship levy has been set up, with a workshop for public sector employers planned for December 2023.

- BLMK is one of only 7 ICBs to be selected for the Breaking Barriers Innovations programme to develop supportive recruitment pathways for local people with lived experience of the health and care system.
- The ICB is coordinating discussions with partners from Local Authorities, VCSE and the DWP to consider a bid to become a vanguard site under the WorkWell Partnership Programme (announced in the 2023 Spring Budget and recently launched by the DHSC and DWP Health and Work Unit), to support those with long-term conditions and/or disabilities to improve their employment situation.

Progress will continue to be overseen through the ICB People Board.

4.11 **Strategic Early Years Seminar**

The Board seminar on 24 November focused on the Start Well priority, looking at how the BLMK system can work differently to support children to be ready for school and thrive in their younger years. Evidence shows that the pandemic has impacted adversely on young children's development and their readiness to start school and the Strategic Seminar considered how partners could move to a needs-based model which prioritises early intervention. We were delighted to be joined by Parent and Carer representatives.

4.12 **Faith Leaders in Luton**

The Chair of the Board, Chair of the Finance and Investment Committee and I were pleased to meet with faith Leaders in Luton on 30 October 2023. We discussed the progress made since the last meeting in late 2022, including in work with the Voluntary, Care and Social Enterprise (VCSE) sector and in driving improved cancer outcomes with the support of local community leaders. Much discussion focussed on the Denny Review, and Lloyd Denny himself presented his recommendations. The Faith Leaders were keen to support the ICB's efforts to tackle health inequality, and to harness the enthusiasm in the faith community for this work.

4.13 **Our System's Award wins continue**

After the three awards I noted in my last report I am pleased to update the Board on our national innovation and excellence award for the Healthcare Support Worker Recruitment Campaign - a joint effort between our acute trusts and ICB colleagues. Elsewhere, several of our nurses were awarded the Queen's Nurse Title, including for work to support housebound patients with complex care needs. Our Teams have also been particularly active in communities, with MK Partners successfully achieving their World Record in support of Milton Keynes Foodbank, and a wide range of Luton Partners – myself included – running the Love Luton Runfest in October. On 10 November, I was also pleased to award the Caring Hero award to Dr Talib Abubacker at a Community Awards ceremony in Luton in recognition of all those who are going above and beyond to provide unpaid care in their communities.

4.14 **Memorandum of Understanding**

At the end of October, Rima and I, alongside Chief Executives of our four Healthwatch organisations, formally signed our Memorandum of Understanding (MoU) that the Board agreed in the summer. The MoU strengthens our important partnership, and I'm grateful to the Chief Executives of our four Healthwatch organisations, Maxine Taffetani, Diana Blackmun, Emma Freda and Lucy Nicholson, for their major contributions to agreeing this important document.

4.15 **Quarter 3 ICB Review Meeting with Region, 26 October 2023**

We had a productive Quarter 3 review with region focussed on winter, finance and workforce. No major issues were identified with our plans although we agreed mutual follow up work on a number of areas. The formal letter is waited.

4.16 **Enquiries and Experience**

The ICB Executive Team receives quarterly reports on the Enquires and Complaints to the ICB. For Q2 2023, the ICB received 491 contacts, relating to funding, Primary Care, GPs, Medicines Optimisation, Covid-19 vaccinations and Continuing Health Care (CHC). 116

Freedom of Information Requests were received, relating to Planned Care, Primary Care, Digital, Medicines Management, Mental Health and Contracts.

4.17 The events and meetings the ICB Chief Executive Officer and Chair attended on behalf of the ICB are detailed in Appendix A.

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

Provider Selection Regime (PSR) draft statutory guidance
https://www.england.nhs.uk/publication/the-provider-selection-regime-statutory-guidance/

Provider Selection Regime toolkit products
https://www.england.nhs.uk/publication/provider-selection-regime-toolkit-products/

Provider Selection Regime update to systems
https://www.england.nhs.uk/publication/provider-selection-regime-update-to-systems/

Carer contingency planning: recommendations for integrated care systems
https://www.england.nhs.uk/publication/carer-contingency-planning-recommendations-for-integrated-care-systems/

Joint guiding principles for integrated care systems – learning disability and autism
https://www.england.nhs.uk/publication/joint-guiding-principles-for-integrated-care-systems-learning-disability-and-autism/

5.0 Next Steps

5.1 As described in this report.

List of appendices

Appendix A – list of events and meetings attended by the ICB CEO and Chair on behalf of the ICB.

Background reading

None.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

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

ICS Partner Lead: N/A

Report Author: Michelle Summers, Associate Director Communications and Engagement

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

Item: 6. Responding to The Denny Review of Health Inequalities

Reason for report to the Board: The Board of ICB has taken several items on the Denny Review this year, and established at its last meeting that it would agree an initial response in December.

1.0 Executive Summary

1.1 The independent Denny Review of Health Inequalities in Bedfordshire, Luton and Milton Keynes was published on 12 September 2023. It made recommendations to health and care partners aimed at tackling health inequalities in the area.

1.2 At its meeting on 30 September 2023, the Integrated Care Board formally welcomed the Review – recognising its importance as a landmark study - and agreed to work on an initial, system response to be agreed at the December Board meeting.

1.3 On 16 October 2023, Dr Rima Makarem and Felicity Cox wrote to all partners in the Integrated Care System seeking the following three commitments:

1. To consider the Denny Review and the recommendations made in the context of their organisations, to identify any gaps and any opportunities for improvement;

2. To agree in principle to participating in a co-designed system-wide improvement programme, and;

3. To commit to an annual update on their continued quality improvement and progress made against the Denny Review recommendations.

1.5 The response to this letter has demonstrated the unanimous commitment within the BLMK health and care system for addressing inequalities in a way that is consistent with the Denny Review's findings. All partners have agreed to consider the application of the recommendations to their own organisations and to participate in system-wide improvement activity accordingly.

1.6 Several partners set out in their responses their keenness for work on Denny to be built upon, and be responsive to, the significant and well-established programmes of work which are already tackling health inequalities at organisational, place and neighbourhood level. This

paper sets out the ICB's role in providing coordination support to our system to encourage these diverse initiatives to be further inspired and enhanced by the Denny Review, and ultimately to grow together into the far-reaching and impactful programme of work required to deliver on the report's recommendations.

2.0 Recommendations

2.1 ICB Members are asked to:

1. **Agree** that the Chair write to Reverend Lloyd Denny expressing the Board's appreciation for his work leading the Review, and to the many residents and partner organisations who contributed to its development over a three-year period;

2. **Agree** that the ICB allocate dedicated coordination resource to provide a system-level support function for responding to the Denny recommendations in a way 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;

3. **Agree** the appointment of a Board-level champion for the system-wide response to the Review;

4. **Agree** that proposals for ICB-led system-level action be prioritised as below, with an update coming to the Board at its meeting in June 2024:

    a. exploring with partners the development of a system-wide translation service;
    b. considering with partners the development of a new "What Matters To You" page within digital patient records; and,
    c. identifying further programmes of work with support from the Institute for Healthcare Improvement, with a focus on reducing inequalities in specific population groups, including those highlighted in the Denny Review.

5. **Agree** that feedback from the existing programmes of service visits and observations undertaken by ICB NEMs, Trust NEDs and Healthwatch be utilised as an important means of providing insights and assurance on the progress of this work and to help us to answer the question of "is change happening?";

6. **Agree** that, for at least the next three years, the ICB publish an annual statement of progress on how the BLMK system is tackling inequalities and responding to the Denny recommendations; and,

7. **Indicate their support** for a learning and sharing event in Spring/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.

3.0 Key Implications

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

3.1 Resourcing – A diverse team is proposed to be established in February 2024 when the ICB's Shared Transformation Team is established. This team will work closely with partners to co-ordinate the implementation of the ICB's response. Partner organisations have already committed resources to tackling inequalities and the ICB's role will be to maximise the value of work going on across the system by sharing learning and understanding impact.

3.2 Health Inequalities - This paper is focused on achieving health equality in Bedfordshire, Luton and Milton Keynes. The Health Inequalities Steering Group is advising on the allocation of funding to VCSE and Healthwatch to support delivery of the response to the Review.

3.3 Engagement - Extensive engagement has been undertaken over three years. Insights from this engagement have been incorporated into the Joint Forward Plan for 2023/24, and there are plans to continue co-production work with communities, including those who participated in the Review, through VCSE, Healthwatch and others.

3.4 Green Plan Commitments – Engagement with seldom-heard communities undertaken as part of the Denny Review should be continually built upon in the delivery of the Green Plan.

4.0 Report

4.1 The Denny Review highlighted four themes for action: i) access, ii) communication, iii) representation and iv) cultural competency (which we will refer to as "understanding others"). The recommendations made in the Review are attached at **Annex A.**

4.2 Reverend Denny categorised the recommendations into short and medium/long-term, recognising that while some changes could be made more quickly, delivering the positive cultural change sought by the Review will take many years of building trust with residents. The report has received national attention since its publication in September 2023, including from NHSE, think tanks and in the media. It is a leading example of a community-led approach to tackling health inequalities.

4.3 **The Board is asked to agree** that the Chair write to Lloyd Denny expressing the Board's appreciation for his work leading the Review, and to the many residents and partner organisations who contributed to its development over a three-year period.

4.4 This letter will acknowledge that it is the future experiences of these residents, and of others like them who gave up their time to contribute to the Review, that will help to determine the effectiveness of BLMK's response.

Co-ordinating our System Wide Response

4.5 All partners have committed to considering the application of the recommendations to their own organisations and to participating in co-ordinated, system-wide improvement activity. There is amongst partners a clear desire for work on Denny to be built upon, and be responsive to, the significant and well-established programmes of work which are already tackling health inequalities at neighbourhood and place level.

4.6 Understanding and delivering a system-wide response to the Denny Report is only possible with dedicated coordination support. **The Board is therefore asked to agree that the ICB allocate dedicated coordination resource t**o provide a system-level support function for responding to the Denny recommendations in a way builds on relevant, existing initiatives and maximises the value of the whole system. This resource will be focused on supporting local action, shaping system-wide activity and will evolve to underpin the annual Statement of Progress which this paper proposes. This resource will also co-ordinate, support and report on the ICB's investment in Healthwatch and VCSE initiatives to respond to the Review.

4.7 A system-wide response requires very senior leadership to focus attention and be an ambassador within and beyond BLMK for the work the system is doing to tackle inequalities. **The Board is asked to agree the appointment of a Board-level Champion for the system-wide response to the Review**.

Priorities for System Wide Action

4.8 There are several areas in the Review which lend themselves to immediate action at a system level. We propose taking these forwards, with partners, as priorities in year one.

4.9 The use of language, and how we communicate, is a recurring theme in the Denny Review. Denny sets out how limited translation services can and are having a detrimental impact on care. **The Board is asked to agree that partners come together** to scope a system-wide translation service, with co-ordination of this work by the ICB. This work will be supported by all four BLMK Healthwatch organisations.

4.10 At the heart of Denny is a focus on personalised care, and how patients like to receive care and support from trained health and care professionals in accordance with their preferences, beliefs, cultural values and lived experiences. Building on best practice from London, **the Board is asked to agree partners consider the development of a new "What Matters To You" page within digital patient records**. This would allow patients to note any additional advice for health and care staff on how they wish to be interacted with. It would provide a dedicated place for this to be recorded and remove the need for patients to repeatedly state their preferences. Where this is already in place and used, health and care workers have found it improves patient care and staff satisfaction.

4.11 The ICB's programme of work with the Institute for Healthcare Improvement has great potential to support the implementation of Denny, especially with a focus on specific population cohorts using a Quality Improvement approach. Potential system-wide improvement ideas are currently being sought and scoped for further discussion with system partners. Current ideas include a project inspired by a Scandinavian initiative to buddy up health and care professionals in training with vulnerable people to give trainees a better understanding of the needs of residents, while also providing advocacy support to those who need it most. The Board will receive further information on this next year.

How to know if we are making a difference

4.12 We need to know, at neighbourhood, place and system level if the actions we are taking are actually making a difference in reducing health inequalities. A range of measures and proxy-measures exist across BLMK to do this, and a priority for 2024 will be defining and agreeing the system level outcomes that will be the ultimate measures of our collective success. Resident involvement in this work will be essential.

4.13 In the short term, **the Board is asked to agree that** feedback from the existing programme of service visits and observations undertaken by ICB NEMs, Trust NEDs and Healthwatch should be utilised to provide insight and assurance on the progress of this work and to help us answer the question of "is change happening?". The ICB co-ordination team will work with Trusts and Healthwatch to collect relevant feedback.

4.14 Given the issues identified in the Review, it is only by being transparent with our local communities on the progress that we are making that we will build trust and give assurance to residents that their voice is being heard. Residents, especially those who contributed to the Review, should have a role in holding leaders to account for delivery. We will therefore provide further advice to the Board on how best this achieved, via the Working with the People and Communities Committee.

4.15 The Denny Review recommends that the ICB report annually on the progress made in delivering the recommendations. In response, **the Board is asked to agree that, for at least the next three years, the ICB publish an annual Statement of Progress on how the BLMK system is tackling inequalities and responding to the Denny Review's recommendations**.

Funding our response to the Denny Review

4.16 £3.4m of health inequalities funding is expected to be allocated to BLMK ICB in 2024/25 and the recommendations from the Review will inform the basis of how this money is spent at place and scale. In the current year (2023/24), the Board of the ICB has already allocated £300,000 to VCSE and Healthwatch to respond to the Denny Review recommendations.

5.0 Next Steps

5.1 Following approval from the Board, the Chair will write to Reverend Lloyd Denny to express thanks for his work leading the Review, and to all those involved in its development.

5.2 The ICB Team will work closely with the newly appointed Board Champion to shape the the system response to the Review.

5.3 In 2024, the ICB will put in place dedicated coordination support to work with partners on developing their own organisation's response to the Review and provide advice back to the Board on the coordinated efforts of system leaders to reduce inequalities. The Chief of System Assurance and Corporate Services and Chief Nursing Director will work together to establish the team and appropriate governance arrangements to take this work forward and provide an update to the Board in June.

5.4 The ICB will need to balance public interest in a published and fully comprehensive system-wide action plan with the time it will take to deliver and communicate co-ordinated activity in a way that does justice to the depth of intelligence in the report and the scale of the challenge faced.

List of Appendices

Annex A – Recommendations made in the Denny Review of Health Inequalities (Sep 2023)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Nicky Poulain, Chief Primary Care Officer

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

Report Author: Amanda Flower, Associate Director, Primary Care Commissioning & Transformation

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

Item: 7. Delivering integrated Primary Care in BLMK (including NHSE Delivery Plan for Recovering Access to Primary Care)

Reason for report to the Board:

- The Board requested a progress report on the development of integrated neighbourhood working in BLMK based on the principles presented in the Fuller Report; and,
- NHSE requires Boards of ICBs to receive assurance on the ICB's response to the NHSE Delivery Plan for Recovering Access to Primary Care.

1.0 Executive Summary

1.1 At the ICB development session in February 2023, attended by Dr Clare Fuller, it was agreed that each of the four places would define place-based neighbourhood footprints as the foundation for integrated primary care. This report provides an update on progress since.

1.2 The high-level timeline for delivery of the four Pillars of the Fuller Report is described below. **The Board is asked to support this the timeline.**

	Develop neighbourhood working aligned to local communities	Streamlined and flexible access for people who require same day primary care	Proactive and personalised care for people with complex needs and co morbidities	An ambitious, joined up approach to prevention
By 31 March 2024	Each 'Place' to define neighbourhoods that are recognisable to residents and to agree a communication and implementation plan. Complete a full stakeholder and asset mapping.	To agree with partners the same day and urgent primary care transformation plan across BLMK and present proposals for codesign.	Identify the system support required for MDT working using PHM data – establish dialogue with partners regarding MDT resource and models for delivery.	Implementation of agreed 'Place' prevention plans with aligned outcome measures
By 30 Sept 2025	Neighbourhood working rollout well underway. A majority of neighbourhoods and new ways of working are operational.	Plan Implementation - a coordinated, scaled and integrated model for delivery of same day and urgent primary care	Proactive Care will initially focus on specific cohorts of people living with Multiple Long Term Conditions who are at risk of needing unplanned care.	Rollout of place prevention plans. Continued work with local communities, local authorities and VSCE ensuring local voices and choices are acted upon at place
By 31 March 2026	Integrated neighbourhood working is fully operational across BLMK.	New models of same day and urgent primary care are being fully delivered with benefits.	MDT working is integral to all neighbourhoods.	Fully joined up preventative care embedded in place plans and activity being delivered.

1.3 We are also including an update on the BLMK response to the NHSE 'Delivery Plan for Recovering Access to Primary Care' as part of the pillar 2 access report (green pillar on diagram) which has been developed collaboratively with partners. The BLMK response covers the four national domains of the NHSE recovery plan with two additional local domains – this is set out in section 4.2 of this report.

1.4 In response to the delivery plan work is progressing on the BLMK-wide implementation of cloud-based telephony by end March 2024; the adoption of a modern general practice access model; the continued use of Additional Roles; supporting the primary / secondary interface; and the current GP Community Pharmacy Consultation Service, and the new Pharmacy First Scheme from January 2024. All these initiatives are updated on in this report.

2.0 Recommendations

The Board is asked to:

2.1 **Support** the timescale and ambition for delivery of the four pillars in the Fuller Stocktake Report as outlined at 1.2 above and note the progress made to date;

2.2 **Support** the progress against the BLMK ICB Plan to deliver the requirements of the national 2-year 'Delivery Plan for Recovering Access to Primary Care';

2.3 **Support** the request for increased Acute Trust Partner executive leadership to drive the opportunities for efficiencies identified within the primary and secondary clinical interface forum;

2.4 **Support** 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

2.5 **Approve** the updated Terms of Reference for the Primary Care Commissioning & Assurance Committee.

3.0 Key Implications

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

3.1 As places develop their neighbourhood roadmaps resource implications such as new ways of working or requirements for service developments/changes will need to be considered.

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.

3.4 Resident and stakeholder engagement and co-production will be required consistently and extensively to support delivery of the Fuller programme in BLMK.

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 and consequences on primary care estates will consider the ICB's Green Plan.

4.0 Four Pillars of the Fuller Stocktake Report – BLMK Progress

4.1 Pillar 1: BLMK Integrated Neighbourhood Working

4.1.1 Through all partners/stakeholders 'leaning in' to neighbourhoods we have an opportunity to:

- Develop community resilience and improve experience and outcomes for our population – for example by supporting residents and families to stay well at home,
- Streamline how we do things: more effectively manage demand & remove duplication,
- Support our workforce – retain, recruit and empower.

4.1.2 On 9 November 2023, the ICB brought together over 60 primary care clinical leaders to share the vision for integrated primary care and seek their support, leadership, and creativity to further develop our thinking about the Fuller programme. The outputs from the session are currently being written up and further events are planned to continue the co-production.

4.1.3 Enablers for Primary Care Strategy:

- Estates: recognising the challenge of resourcing additional primary care estate, Place Boards are becoming increasingly focused on utilising wider public estate.
- Digital: primary care is working as part of the wider integrated digital strategy, with the current focus on further utilisation of NHS App where appropriate.

4.1.4 Progress at place on the development of integrated neighbourhood working is included as Appendix A to this report. Place based neighbourhoods are different than Primary Care Networks (PCNs) but both will need to continue to develop organically together supported by the ICB. The Neighbourhoods proposed in BLMK range from populations of 29,000 to 92,000. Some of the services supporting neighbourhoods will be delivered at different scales (PCN, neighbourhood, place and scale) and this needs clarity as we develop this new way of working; our approach to workforce development is crucial to our vision, as is learning from our VCSE colleagues.

4.1.5 A primary care dashboard has been developed to monitor delivery of all aspects of the Fuller programme. The Primary Care Commissioning and Assurance Committee will review the dashboard at their next meeting on 15 December 2023.

4.2 Pillar 2: Access - including BLMK System Access Plan 2023-2025

4.2.1 We are continuing dialogue with all primary care providers to establish how streamlined 24/7 primary care will be delivered in the future in BLMK and how this will be integrated at a neighbourhood level. A stakeholder engagement session was held with incumbent BLMK providers on 15 November 2023. This was a positive event at which providers supported the vision for both standardisation across BLMK with place-based integration; and the need for improved provider collaboration.

4.2.2 To support same day primary care through winter to March 2024 a Standard Operating Procedure (SOP) has been produced with clinical leads. The SOP is designed to develop some standardisation to delivering same day primary care capacity at scale but with flexibility to implement in a way that is meaningful to place. Update at place:

Bedford Borough	From 20 November Bedoc have mobilised 40 additional appointments collaboratively with Primary Care Networks. The appointments will be delivered throughout Monday to Friday and across 3 locations.
Central Bedfordshire	Given the geography of Central Bedfordshire a hybrid approach to standing up additional capacity is being developed which will see a collaborative approach to delivering additional capacity by Primary Care Networks (PCNs) to some residents as well as drawing in the support of a primary care provider too. This approach will ensure access across

	Central Bedfordshire and will be complimentary to work underway in Leighton Linslade.
Luton	PCNs in Luton have instructed Evexia to establish a same day primary care service to deliver 40-50 additional appointments per day across Luton. The PCNs are working with Evexia to co-design the operational delivery and specified that appointments should be delivered across at least two sites to ensure access recognising that some of our residents living in the most deprived areas have travel limitations.
Milton Keynes	Additional 40-50 appointments will be provided per day through to March 2024 by practices working collaboratively with MK Urgent Care Service.

4.2.3 Whilst we have year on year appointment activity growth in BLMK practices we know that we need to improve residents' experience in accessing care:

Indicator	July, Aug & Sept 2023	July, Aug & Sept 2022
Total Appointments Offered	1,401,614	1,306,864
% of appointments that were with a professional other than a GP	53.57%	51.12%

4.2.4 We have incorporated the BLMK response to the NHSE 'Delivery Plan for Recovering Access to Primary Care' in this Fuller pillar. An update on the four national and two local domains of this Delivery Plan is below. **The Board is asked to note the updates and confirm support.**

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

4.3.1 There has been significant progress with implementation of Cloud Based Telephony in BLMK. The ICB is taking a preferred, but not mandated, approach to choice of system for each Surgery. Connect by ITS Digital being chosen by the majority of practices. The ICB is aiming to have all eligible practices with signed MOUs by 15 December 2023 and all practices are expected to have access to cloud-based telephony by end March 2024. The NHS App promotion activity is accelerating through visits and collaboration with Patient Participation Groups. There are also two pilots operating within BLMK to trial the delivery model and there is an average increase of 10% uptake of the NHS App. The NHS App allows access to a range of NHS services; order repeat prescriptions; book and manage appointments; viewing GP health record; and register organ donation decision. Going forward digital prescriptions will be available in the New Year via the NHS App. Practices need to enable online services for all the NHS App functions to be available and in BLMK most practices have, however where practices use a total triage model online booking is not offered. 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 communicate clearly to residents all services that accept self-referrals.

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

4.4.1 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. The NHSE General Practice Improvement Programme (GPIP) is designed to support practices to transition to a modern general practice access model with a universal, intermediate and intensive support offer for practices. Currently a total of 17 of 89 practices are participating in the intermediate and intensive GPIP with multiple practices accessing the webinars as part of the universal offer. Consistent with the 2-year vision in the delivery plan the programmes will continue to be provided throughout 2023 and 2024. In addition to this developmental support, transformation and transition funding is being targeted to practices. In BLMK practices are required to set out their plans to transition to a modern general practice access model and include a description of how the available

funding will be used to support this by March 2025. Practice plans were submitted by 17 November 2023 and are currently being reviewed by the ICB team. Once all plans are reviewed and confirmed we will be able to illustrate how the transformation plans of our 89 practices will transition all of BLMK to the modern general practice access model.

4.5 National Domain 3: Building Capacity

4.5.1 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 remains a valued resource to support this and is leading the expansion of multi-professional student placements and learning environments. The success of the Digital Student Nurse Placement programme will be expanded to other professions and PCNs are maximising opportunities to rotate students across Primary Care. Immediate challenges are the lack of supervisory capacity, estate constraints, and GP Trainer capacity (in Bedford Borough).

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

4.6.1 It is estimated that around 20% of general practice time is utilised to support patients who have either not had their episode of care completed in secondary care or are deteriorating due to length of time on a waiting list. In BLMK there are two Clinical Interface Forums (a Milton Keynes and a Bedfordshire forum) chaired jointly by lead GPs (Dr Nina Pearson and Dr Tayo Kufeji) and secondary care Associate/Medical Directors (Dr James Ramsay and Dr Ian Reckless). The two acute trusts have been asked, as an aspect of the delivery plan, to set out their action plans across the following key areas: Onward referrals, Complete care (fit notes and discharge letters), Call and recall (including follow-ups) and Clear points of contact. Whilst meetings are planned with acute colleagues to continue this work the **Board is asked to support further executive leadership from acute trusts to drive planned improvements**.

4.7 Local Domain 1: Integration of Primary Care

4.7.1 Following Board approval in March 2023, NHS England delegated community pharmacy, optometry and dental (POD) contracts to the ICB in April 2023. Further information regarding delegated primary care commissioning is covered under section 4.11.

4.7.2 Locally the work to drive pharmacy integration is supporting the release of capacity in general practice. The GP Community Pharmacist Consultation Service (GPCPCS) has seen nearly 10,000 completed referrals since its commission in September 2021. This service has contributed to reducing the burden on GPs freeing capacity to focus on more complex care. From 31 January 2024 GPCPCS will be replaced by 'Pharmacy First' which will allow both referral and self-referral; opening-up the route further for community pharmacy to support resident access; alongside the development of modern general practice access models and the further use of navigation/signposting this new scheme could see significantly more activity flow to community pharmacies.

4.7.3 On 1 December 2023 there will be a relaunch of the Blood Pressure Check Service, and the Pharmacy Contraception Service will also be launched.

4.8 Local Domain 2: Enabling Improved Access

4.8.1 **Enabling Improved Access:** We continue to provide support directly to our 89 practices through a programme of practice visits; bespoke support to our 13 practices with the most significant challenge/facing considerable constraints; supporting the continual develop of patient participation groups; and provision of an access dashboard to practices.

4.9 Pillar 3: Proactive and personalised care and support for people with complex needs

4.9.1 Personalised care roles in primary care such as care coordinators, social prescribers and health coaches have significantly expediated the delivery of proactive and personalised care in BLMK. A series of well attended workshops, with delegates from personalised care

roles, have taken place to establish and map the good practice in BLMK, and foster a learn and share approach to support further developments. Proactive and personalised care will continue to be delivered through an embedded population health management approach. Currently in BLMK we have PCNs collaborating with stakeholders to provide proactive care to residents/cohorts including those with multiple long-term conditions, those who are over 65 and/or frail, those with an emotional or mental health need and for those who are homeless. The place boards are influential in identifying roles across communities, especially within the VCSE, to build neighbourhood capacity and resilience.

4.9.2 To further embed proactive and personalised care for our most complex residents, **the Board is asked to support community and mental health clinicians and secondary care professionals participating** in multi-disciplinary working in neighbourhoods. Work is currently underway to review all the current MDT arrangements in the context of emerging neighbourhoods and population health data.

4.10 Pillar 4: Prevention

4.10.1 An ambitious and joined up approach to prevention - The Primary Care Prevention Plan, co designed with the Local Authority Public health teams, has now been socialised with key partners and will be launched with all stakeholders on 8 January 2024. A significant component of the plan directs the use of a 'Making Every Contact Count' approach and utilises the Better Health branding to support our messaging regarding the importance of enhanced personal care and resilience.

4.11 Programme Assurance

4.11.1 The BLMK Fuller Programme is accountable to the ICB through each of the four place boards with oversight from the Primary Care Delivery Groups and ICB Board's Primary Care Commissioning and Assurance Committee.

4.11.2 The Executive-led Primary Care Medical Services Delivery Group and the Primary Care Pharmacy Optometry and Dental Delivery Group meet monthly to oversee all operational service delivery and have the oversight of the response to the NHSE Delivery Plan for Recovering Access to Primary Care. Information from these Groups have provided assurance to the Primary Care Commissioning and Assurance Committee and in April 2024 the two delivery groups will merge into one. **Terms of Reference for both groups are provided in the BoardEffect library for information.**

4.11.3 The Terms of Reference for the Primary Care Commissioning and Assurance Committee (PCCAC) have been amended to enable representative attendance from the Local Pharmaceutical Committees, the Local Optometry Committees and the Local Dentistry Committees to sit alongside Local Medical Committee colleagues in the context of the full delegation of primary care and the vision for integrated primary care. **The amended Terms of Reference are attached for approval**.

5.0 Next Steps

5.1 Progress the Fuller programme to agreed timeline and ensure delivery of BLMK response to the Delivery Plan for Recovering Access to Primary Care, with system partners.

List of appendices

Appendix A Place Based Integrated Neighbourhood Working update
Appendix B Primary Care Commissioning and Assurance Committee Terms of Reference

Background reading

NHS England » Fuller stocktake report / NHS England » Delivery plan for recovering access
Primary Care Medical Services Delivery Group Terms of Reference
Primary Care Pharmacy Optometry and Dental Delivery Group Terms of Reference

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Maria Wogan, Chief of System Assurance and Corporate Services

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

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

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

Item: 8. Carnall Farrar (CF) Review of the development of health and care integration in Milton Keynes

Reason for report to the Board: Power to approve is reserved to the Board

1.0 Executive Summary

1.1 To share the independent review of health and care integration in Milton Keynes and propose some follow-on actions for the ICB Board to consider.

1.2 The review explores progress, highlights the enabling factors which have been critical to the success of the MK place-based partnership so far and makes recommendations for consideration by the ICB and all partners for the further development of the place based operating model. The full report is provided at Annex A.

2.0 Recommendations

The Board is asked to **discuss** the full CF report, consider the main recommendations and **approve** the following:

2.1 For the ICB Board to agree 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.

2.2 For the ICB Board to note 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.

2.3 For the ICB Board to consider if similar reviews would be useful in the other places.

3.0 Key Implications

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

3.1 There are no issues identified from the above categories.

3.2 The CF Report was considered by Milton Keynes Health and Care Partnership on 8 November 2023 and the recommendations to be put forward to the ICB Board were endorsed.

4.0 Report

4.1 Back in 2019/20 Carnall Farrar (CF) worked with health and care organisations in Milton Keynes and the ICB (BLMK CCGs at that point) on the development of a Milton Keynes place-based operating model.

4.2 On behalf of BLMK ICB and the Milton Keynes Joint Leadership Team, CF were invited to return in September 2023 to undertake an independent review of the development of health and care integration in Milton Keynes since their 2019/20 visit.

4.3 The CF report makes the following recommendations:

4.4 (A) Building on current progress to further drive and embed a population health management approach within Milton Keynes;

4.5 This includes use of local data to segment local populations, targeted interventions to improve outcomes and address health inequalities and establishing a neighbourhood-based delivery model.

4.6 Bletchley Pathfinder is highlighted as an opportunity to accelerate Population Health Management, setting the direction for other neighbourhoods. The importance of ensuring engagement of a wider network of health and care partners such as primary care, VCSEs and residents is highlighted.

4.7 (B) Agreement of future funding to support Place priorities;

4.8 As the current transformation fund for the Milton Keynes Health and Care Partnership is non-recurrent the ICB and place-based partnership will need to work together to identify recurrent funding for place-based transformation work.

4.9 Considering financial pressures, clear reporting and assurance structures are required to demonstrate impact of any investment. The place-based partnership should consider how to collaborate to achieve efficiencies for the system as well as drive transformation.

4.10 (C) Aligning on the target operating model for Place-led functions;

4.11 To date the MK Deal has intentionally focused on delivering transformation work rather than the operational responsibilities of the ICB and this is reflected in the ICB's latest target operating model.

4.12 Place led functions, both existing and future ones, could evolve into leading commissioning of some services where wider operational responsibilities may be better organised and led locally.

4.13 Additional specific responsibilities and the associated resources will need to be clearly defined through open dialogue between the ICB and the MK HCP and agreed by all partners.

4.14 (D) Building resilience and flexibility within Place;

4.15 The success and positive culture which has been established is rooted in the strong personalities and reputations of place-based leaders; a change management programme will help embed and codify the positive, collaborative culture that has been created to ensure the partnership can endure future changes in leadership.

4.16 As the partnership matures, arrangements will require a structured and regular review process to support flexibility and evolution of the priorities, whilst reviewing the continued effectiveness and oversight of place-based arrangements.

5.0 Next Steps

5.1 For the ICB to develop 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.

5.2 In February 2024 the MK Joint Leadership Team will run their MK2028 workshop and take the findings to MK Health and Care Partnership in March 2024.

List of appendices

Appendix A – Carnall Farrar Review of the development of health and care integration in Milton Keynes

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Anne Brierley, Chief Transformation Officer

ICS Partner Lead: Not applicable

Report Author: Kathryn Moody, Director of Contracting

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

Item: 9. The Provider Selection Regime

Reason for report to the Board: NHSE requirement to report to Board and it is a statutory requirement.

1.0 Executive Summary

1.1 Subject to parliamentary scrutiny and agreement, the Department of Health and Social Care intends for the **Provider Selection Regime (PSR)** to come into force on 1 January 2024. The PSR will be a set of new rules for procuring health care services in England by organisations termed relevant authorities. Relevant authorities are:

- NHS England
- Integrated care boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities and combined authorities

1.2 When the PSR regulations come into force, the PSR will introduce three provider selection processes that relevant authorities can follow to award contracts for health care services. These are:

- **Direct award processes (A, B, and C)**. These involve awarding contracts to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:
    i. the existing provider is the only provider that can deliver the health care services (direct award process A)
    ii. patients have a choice of providers and the number of providers is not restricted by the relevant authority (direct award process B)
    iii. the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).
- **Most suitable provider process**. This involves awarding a contract to providers without running a competitive process, because the relevant authority can identify the most suitable provider.
- **Competitive process.** This involves running a competitive process to award a contract.

1.3 Subject to parliamentary scrutiny and agreement, the Department of Health and Social Care intends for the **PSR to come into force on 1 January 2024**.

1.4 Where relevant authorities have started a procurement exercise **before** 1 January 2024 under the current rules, then these will not be affected by the PSR and can conclude under the current rules.

1.5 The introduction of PSR offers real opportunities for any commissioners (including providers where subcontracting arrangements are in place) to improve collaboration and integration, and support the delivery of strategic and operational priorities. However, we also need to ascertain the impact of the regime on a number of key areas to ensure that we do not experience unintended consequences. These include:

- Provider collaboratives – how do we ensure that contracts which exist between organisations within collaboratives (e.g. lead provider models) are PSR compliant, and that any delegation of/reduction in operational contract management does not impact on our ability to measure/evaluate PSR criteria to support future decision-making?

- Joint Commissioning – where pooled budgets are established and/or items are jointly funded (e.g. complex packages), how will we assure ourselves that PSR is being applied consistently across the commissioners?

- Associate Contracting – where we are associates to contracts commissioned by other commissioners, or where we are a lead commissioner for others (both ICB and local authority), how will we work with those commissioners to support and evidence decision-making within those organisations?

1.7 Organisations will also need to review their governance documentation and processes to ensure these are in line with the legislation. BLMK ICB is currently reviewing its governance documentation in relation to procurement and the awarding of contracts, and revised documentation will be presented to the Board in March 2024 for approval and adoption.

2.0 Recommendations

The Board is to **note** the following:

2.1 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.

2.2 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

2.3 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.

2.4 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.

3.0 Key Implications

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

3.1 The PSR will impact on all the areas above as below.

3.2 Resourcing – the PSR has significant implications for resource, both financial and human. There is a risk that due to the fact that all healthcare contracts will be covered by the terms, any contract expiry will require significant work to identify the most appropriate procurement path. Likewise, there will be a need to identify the financial implications of individual procurement decisions and demonstrate value for money. At this stage, there are no additional financial implications which have been quantified.

3.3 Equality/health inequalities – under PSR, this is one of the criteria which is required to support assessment. The introduction of this as a metric should improve the position of the ICB in this area.

3.4 Engagement – because of the nature of PSR, the ICB will need to ensure that it is undertaking engagement to support decision-making. There is a risk that direct awards may limit engagement, and this needs to be considered.

3.5 Green Plan Commitments – social value is a key criterion in the evaluation of contracts under PSR, and so it is hoped that PSR will improve the focus and profile of these commitments.

4.0 Report

4.1 Subject to parliamentary scrutiny and agreement, the Department of Health and Social Care intends for the **Provider Selection Regime (PSR)** to come into force on 1 January 2024. The PSR will be a set of new rules for procuring health care services in England by organisations termed relevant authorities. Relevant authorities are:

- NHS England
- Integrated care boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities and combined authorities

4.2 The PSR will **not** apply to the procurement of goods or non-health care services (unless as part of a mixed procurement), irrespective of whether these are procured by relevant authorities.

4.3 The PSR will be introduced by regulations made under the Health and Care Act 2022. In keeping with the intent of the Act, the PSR has been designed to:

- introduce a flexible and proportionate process for deciding who should provide health care services
- provide a framework that allows collaboration to flourish across systems
- ensure that all decisions are made in the best interest of patients and service users.

4.4 When the PSR regulations come into force, the PSR will introduce three provider selection processes that relevant authorities can follow to award contracts for health care services. These are:

- **Direct award processes (A, B, and C)**. These involve awarding contracts to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:

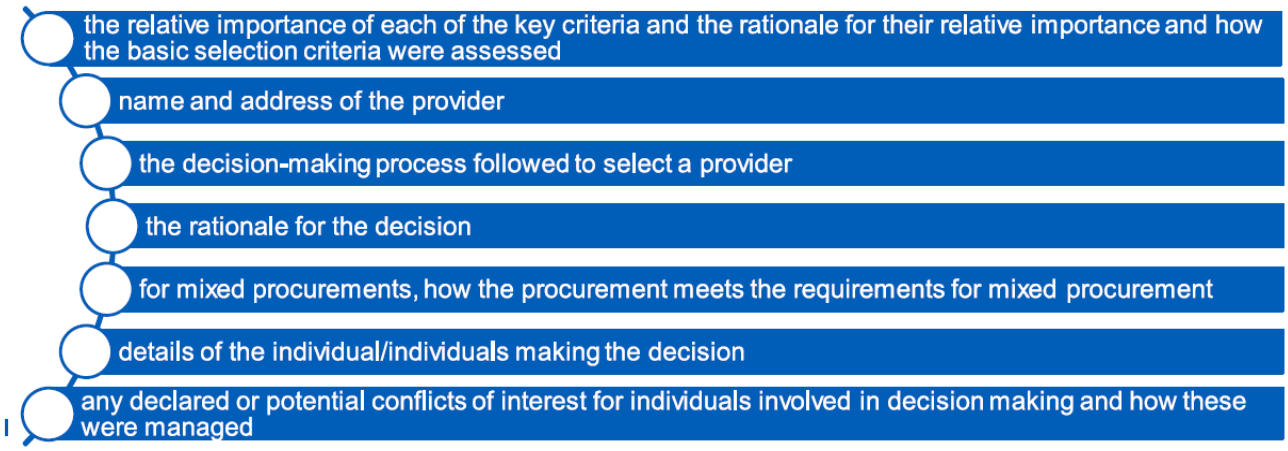
    a) the existing provider is the only provider that can deliver the health care services (direct award process A)
    b) patients have a choice of providers and the number of providers is not restricted by the relevant authority (direct award process B)

c) the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).

- **Most suitable provider process**. This involves awarding a contract to providers without running a competitive process, because the relevant authority can identify the most suitable provider.
- **Competitive process.** This involves running a competitive process to award a contract.

Transparency of Decision Making

4.5 Relevant authorities will need to comply with defined processes in each case to evidence their decision-making, including record keeping and the publication of transparency notices. Organisations **must** assemble and hold the following information for each contract decision:



Provider Challenge Processes

4.6 All decisions under Direct Award C, the most suitable provider process are subject to standstill periods of 8 working days, during which time providers who are unhappy with the decision can make representations. On this basis, the following needs to be implemented.

4.7 Relevant authorities should ensure that appropriate internal governance mechanisms are in place to deal with representations made against provider selection decisions.

4.8 Relevant authorities should, where possible, ensure that decisions are reviewed by individuals not involved in the original decision.

4.9 Where this is not possible, relevant authorities should ensure that *at least one individual not involved in the original decision* is included in the review process. Relevant authorities must be mindful of who would be appropriate for this role in the event of representation being made.

4.10 The governance procedures are being developed and discussions are taking place with ICBs in the East of England Region in relation to having an independent review panel as part of the Provider Challenge Process. In the Governance report (item 16) authority is requested to be delegated to the Chief Transformation Officer to agree any regional arrangements and inform the Board at the next meeting.

4.11 Relevant authorities must allow sufficient time (5 days) and opportunity for the provider that made the representations to respond to questions from the relevant authorities.

4.12 In addition to local processes NHS England will establish a PSR review panel to provide independent expert advice to relevant authorities. The relevant authority should then make a further decision about how to proceed.

4.13 If a provider wishes to request the PSR review panel to consider their representation further, then they must submit their request through the PSR website within five working days of receiving the relevant authority's decision following the relevant authority's review of their representation.

Conflict of Interest Management

4.14 Relevant authorities must take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising during the application of the PSR and must ensure that their governance arrangements in place for making provider selection decisions can manage conflicts and representations that may arise.

4.15 Relevant authorities may wish to give board committees or non-executive directors (or other senior persons independent of the decision-making process) a role in managing and resolving conflicts of interest relating to provider selection decisions.

Timings and support for implementation

4.15 Subject to parliamentary scrutiny and agreement, the Department of Health and Social Care intends for the **PSR to come into force on 1 January 2024**.

4.16 The PSR is set out in the Health Care Services (Provider Selection Regime) Regulations 2023, which the Department of Health and Social Care introduced into Parliament on 19 October 2023.

4.17 NHS England has published its draft statutory guidance to support implementation of the PSR regulations, setting out what relevant authorities must do to comply with them. Relevant authorities must have regard to the statutory guidance once the regulations are in force.

Transitional arrangements

4.18 Subject to parliamentary scrutiny and agreement, PSR legislation will remove the procurement of health care services by relevant authorities from the scope of the Public Contracts Regulations 2015 and will revoke the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 on 1 January 2024.

4.19 Until the PSR is in force, relevant authorities should continue to follow the current rules (the Public Contracts Regulations 2015 and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013) for the procurements of health care services.

4.20 Where relevant authorities have started a procurement exercise **before** 1 January 2024 under the current rules, then these will not be affected by the PSR and can conclude under the current rules.

5.0 Next Steps

5.1 The introduction of PSR offers real opportunities for any commissioners (including providers where subcontracting arrangements are in place) to improve collaboration and integration, and support the delivery of strategic and operational priorities. However, we also need to

ascertain the impact of the regime on a number of key areas to ensure that we do not experience unintended consequences. These include:

- Provider collaboratives – how do we ensure that contracts which exist between organisations within collaboratives (e.g. lead provider models) are PSR compliant, and that any delegation of/reduction in operational contract management does not impact on our ability to measure/evaluate PSR criteria to support future decision-making?

- Joint Commissioning – where pooled budgets are established and/or items are jointly funded (e.g. complex packages), how will we assure ourselves that PSR is being applied consistently across the commissioners?

- Associate Contracting – where we are associates to contracts commissioned by other commissioners, or where we are a lead commissioner for others (both ICB and local authority), how will we work with those commissioners to support and evidence decision-making within those organisations?

5.2 In addition to the work above, there are a number of more operational actions required to ensure we are ready for PSR. These are as follows:

- Review contract registers to identify contracts ending and requiring re-procurement after 1 January 2024 to ensure procurement follows the new guidance
- Identify and amend information and reporting requirements within current contracts to enable contracts to be assessed against the new criteria
- Review governance documentation and processes to support transparent and appropriate decision-making
- Review procurement strategics/policies to ensure these align with the new legislation

5.3 As above, organisations will also need to review their governance documentation and processes to ensure these are in line with the legislation. BLMK ICB is currently reviewing its governance documentation in relation to procurement and the awarding of contracts, and revised documentation will be presented to the Board in March 2024 for approval and adoption.

Background reading:

Health Care Services (Provider Selection Regime) Regulations 2023
PSR Toolkit for Organisations to use in developing their procurement requirements and selecting the appropriate process: www.england.nhs.uk/publication/provider-selection-regime-toolkit-products

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 8 December 2023

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

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

Committee: Quality and Performance Committee

This report reflects the new format that we are testing to report Committee discussions to the Board. The template is being piloted initially just with Quality and Performance Committee and Finance and Investment Committee. The intention is that this new format streamlines Board discussions which can more easily be focussed on those areas where the Committee had greatest concern. Alongside this summary report sits a much shorter quality and performance report setting out system quality and performance issues. A fuller version was considered by the Committee when it met on 10 November 2023. For each item the Committee discussed, it determined whether it wished to alert, advise or assure the Board, as below.

Key discussion points and matters to be escalated from the meeting.
ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy
• There were no issues which the Committee decided to alert the Board to.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
• **Monitoring of Quality-focussed Risks** continues to be developed, particularly in relation to quality risks at system level, the impact of individual organisational risks of these and the mitigations in place. The Chair of Audit and Risk Assurance Committee has met with other NHS Trust Risk Chairs and a system risk register, which will replace the ICB Board Assurance Framework is being developed with the first draft being available in January 2024. • **System Quality Group Report** - A collated summary of CQC ratings for Care Homes, Primary Care, Local Authority SEND, community, domiciliary and acute care was provided to the Committee. This will continue to be developed in response to feedback, e.g., to include dates of when the most recent CQC inspection occurred, areas of concern and dental services. Where last inspections took place many years ago, prior to the pandemic, the ICB and providers are working with the CQC to determine when a re-inspection will take place. This is particularly pertinent for GP practices who were rated as inadequate as it has implications for the practices attracting staffing, and for the system ratings. The CQC will

be undertaking ICB quality reviews from 2024; these are currently being piloted in two ICB areas.

- **Quality and Performance report** - The Committee welcomed the development of the updated Quality and Performance report, in particular the improved use of infographics and place-based information. The Committee sought a greater focus on outcomes, a clearer alignment to ICS priorities, and further information on population health, prevention community healthcare services. The Committee asked that future Performance and System Quality Risk reports were fully aligned, and sought assurance on work to improve vaccine update in Luton.
- **Local Maternity and Neonatal System (LMNS)** – the Committee sought assurance on the pace and scale of actions being taken by Bedfordshire Hospital on improvements in maternity**.** The Committee were assured that plans were in place and sought further assurance that these plans would be underpinned by measurable outcomes.

ASSURE: Inform the Board where positive assurance has been received

- **Quality and Performance report** – The Committee were assured that key areas of risk had been identified in the System Quality and Performance Report and appropriate action and scrutiny was in place to address the concerns identified in the data.
- **Local Maternity and Neonatal System LMNS** - good involvement of partners & broader system. Common understanding of what needs to be done, taking an active role in oversight of quality and safety in maternity and improvement actions being taken.
- **Child Death Overview Panel & Child Death Board Annual Reports**- two Child Death Overview Panels, one in Bedfordshire and the other in Milton Keynes, which have adopted the same review processes and reporting. Each panel comprises of multi-disciplinary professions that review the child deaths in each year and those that may have occurred during a previous year and have been subject to investigation by other agencies e.g. the Police, Safeguarding. The Committee was assured that the Panels share findings and learning, and any safeguarding issues identified. The Committee was assured that there were detailed investigations undertaken into child deaths. Bedfordshire is slightly above the national average and Milton Keynes is not a significant outlier regarding number of child deaths. However, there are specific contributing factors in Luton regarding the demographic and deprivation. As part of the review, panels identify any modifiable factors that have contributed to the death and common areas include maternal obesity, safe sleeping, smoking, substance misuse and education campaigns are being undertaken to help to reduce prevalence of child death. CDOP oversight panel of multi-agency partners , considers all relevant learning across clinical services
- **Patient Safety Incident Response Framework (PSIRF)**– approved the priorities & policies for Keech Hospice Care and MKUH and noted CNWL's priorities and policy.

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

- **No additional risks -** The Committee did not identify any additional risks, but did ask that risks overseen by different Committees be reviewed in a consistent format?

CELEBRATING SUCCESS: Share any practice, innovation or action that is noteworthy

- **Access to Peri-natal mental health services** – Inequalities funding was to fund three peri-natal mental health posts, one in each acute hospital, to pilot access to peri-mental health services. This proved successful in helping to avoid harm to mothers and babies. The acute providers are working with mental health partners to continue this provision as business as usual.

  Dementia Diagnosis - BLMK are the highest achievers in region. The ICB continues to achieve the dementia diagnosis rate and is 2.2% above the local target with 67.25%.

  The ICB is 0.52% above the national target of 66.7% and 3.1% above the England average performance (64.2%), which three of our four places are exceeding.
- **Awards –** the Committee noted the various awards won by the ICB and system partners, including for research, recruitment and digital initiatives.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

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

Report Author: Dominic Woodward-Lebihan, Deputy Chief of System Assurance and Corporate Services and Maria Laffan, Deputy Chief Nurse

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

Item : 10. BLMK Quality and Performance Report – M5 August 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

1.1. This paper provides an overview of quality and performance successes and challenges, including:

- Key Quality and Performance issues (p 2/4) and successes (p 5);
- Primary Care and Community Services - latest Covid-19 and Flu vaccinations; and,
- The System Oversight Framework update.

This Board paper is derived from the Quality and Performance report (Q&P) presented to the Q&P Committee on 10/11/23, but with some updated content in response to the Committee's questions. The 10/11/23 meeting is summarised in the attached cover sheet submitted by the Chair, Shirley Pointer, which sets out those areas the Committee wished to highlight to the Board.

2.0 Recommendations

2.1 **The Board is asked to review and 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

Number of Ambulance Handovers >60 mins BLMK (Place based variance at the L&D site)
6-month trajectory: Deteriorating.

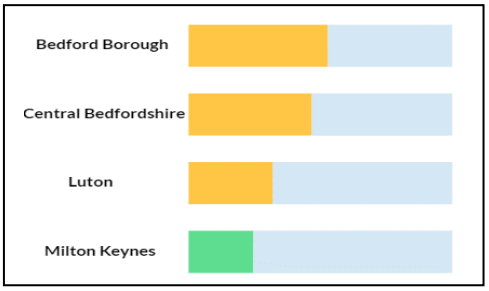
There is variance across the system and the Flow Team are currently working across our EEAST partners to develop an Ambulance Recovery Plan to establish trajectories and associated actions to meet the 90% target of Ambulance Handover delays less than 30 minutes and to agree an appropriate response to the NHSE Regional target related to hours lost per week (*both of which will support the delivery of reducing >60min handovers*). The team are working with EEAST to understand the 'whole' hospital pressure to ensure all patients (in the acute and in the community) remain safe and to support patient flow across the system; reducing the need for patients to be moved to neighbouring ICB systems.

Long Waiters - 78 and 65 Week Waits (Place based variance at the MKUHFT site)
6-month trajectory: Deteriorating. **Governance Body for Planned Care:** Elective Collaboration Board

BLMK is making progress but facing significant variance at MKUHT who are at risk of entering National Tier 1 monitoring. As at M5: BLMK – 94 total waits, (inc. 55 MKUHT / 16 BHFT) with local data showing deterioration (increase) across ICB, and both Trusts. Actions: Escalation meetings with ICB and NSHEI / outsourcing and weekend lists / weekly patient plans shared with ICB and NHSEI and specialty level trajectories for challenged pathways. The Trust CEO is overseeing performance improvement and is confident of addressing the issue by Jan 24.

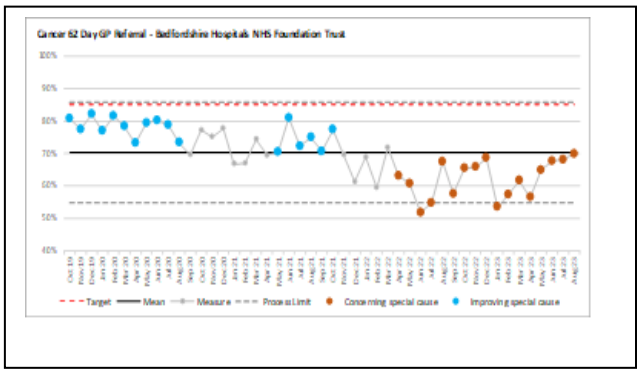
Diagnostic Tests – 6-week wait - [NHS Constitution Measure] (Place based variance at BHFT)
6-month trajectory: Deteriorating.

In M5, BLMK performance is second from bottom regionally with 37.2%. BHFT Trust wide is 38.2% compared to the National position of 27.5%. The charts show the weekly snapshot position for Local Authorities w/e 8/10/23.Trusts have been impacted by Industrial Action, staff sickness, and higher than usual levels of patient cancellations, particularly in Non-Obstetric Ultrasound. Actions: Diagnostic focus month / DEXA specialist training / increase in sessions /additional revenue bids in progress/ insourcing and use of mobile MRI van.



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

The 62D GP referral standard achieved 69.8% against the 85% threshold. A contributing factor is the 63-day Cancer backlog, which continues to increase. Bedford and Milton Keynes are showing a stable position against plan. Luton and Dunstable experience continued challenges and as a result, Bedfordshire Hospitals have been placed back into Tier 1 for their cancer backlog. The ICB are funding backlog focussed projects and are working closely with the L&D to support the recovery programme.



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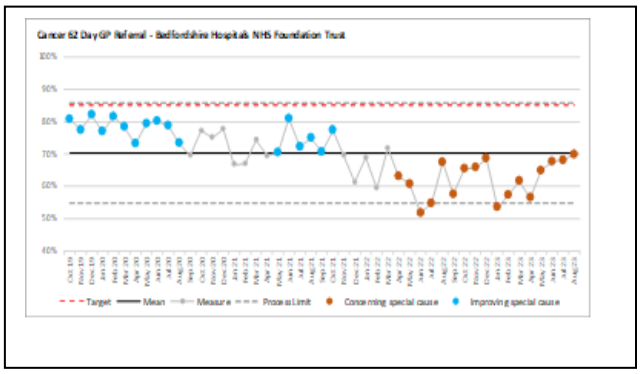

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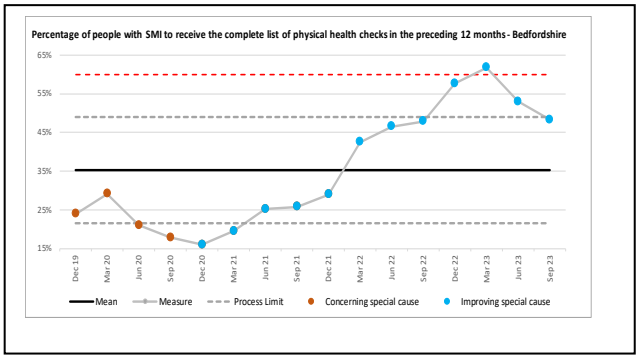
SMI Health Checks (Overall BLMK Performance)

6-point qarterly trajectory: Deteriorating.



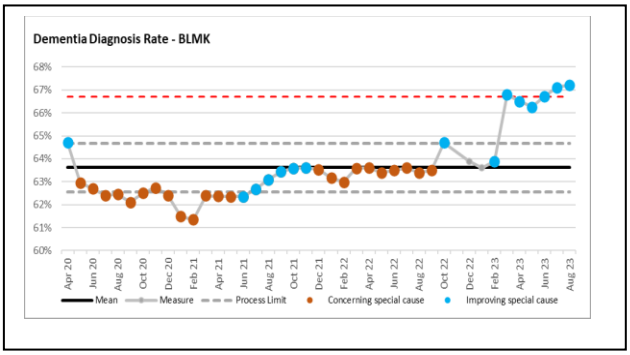
BLMK ICB are showing a -29.5% variance from the Q2 target and a -33.52% from the end of year target which is an improvement on the Q1 target where the variance was -31.88% and -37.7% respectively.

There is very little variance between the number of health checks delivered at place (average 1,016), except for Central Bedfordshire, who have delivered a total of 876 checks. Actions: Bespoke projects including a nurse led project for carers and those with SMI and access to health checks at home.

Dementia Diagnosis (Place variance at Central Bedfordshire)

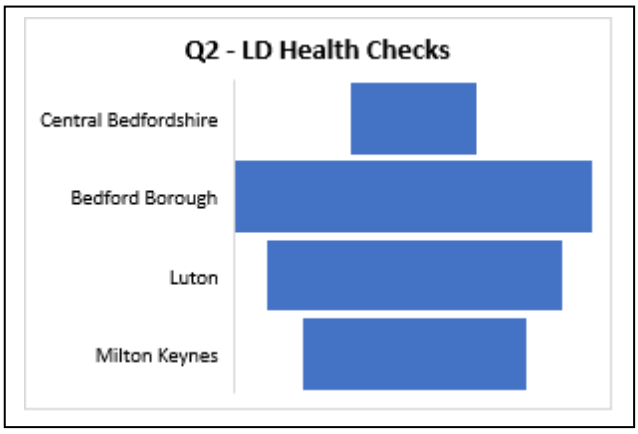
6-month trajectory: Improving.

Central Bedfordshire is improving but is 4.1% under the local target (5.8% under the National target).



Actions to improve in Central Bedfordshire include: ELFT website promotional videos / patient information about the memory clinic visits / scoping work for GP practices to run bespoke clinics / the Diadem project – nurse led diagnosis support to Central Bedfordshire care homes and an Inequalities funded one year project – led by the Alzheimer's Society, aiming to reach socially marginalised groups in Central Bedfordshire to reduce health inequalities and strengthen dementia knowledge of the local workforce with the overarching aim to increase diagnosis rates.

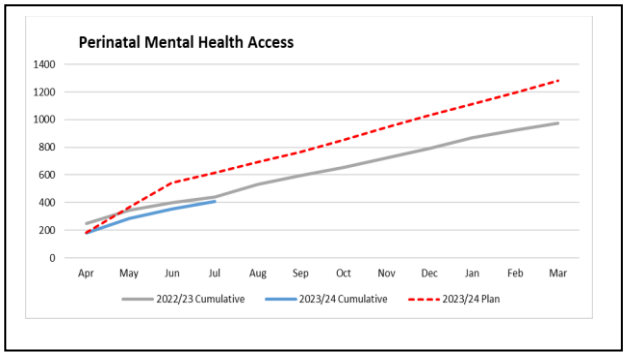
Learning Disability Health Checks (Place variance at Central Bedfordshire)
6-point quarterly trajectory: Improving. **Governing Body for Children, Young People and Maternity (includes LD and Autism) :** Children's Transformation Board



At Q2 there is a cumulative target of 33.58% against which BLMK achieved 27.64%, this is an improvement of 2.66% from the Q1 achievement.

The ICB have identified lower performing GP practices and have specialist initiatives in place for GP workforce training and clinically led communications to encourage take up of this offer. A locally developed online training, resource and best practice pack has been developed alongside a national led training academy for Systmone to include Learning Disabilities (LD) health checks. These training tools will be accessible to all primary care staff.

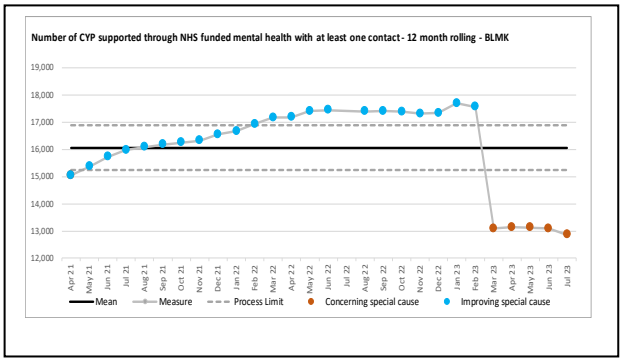
Perinatal Mental Health Access (Variation at Bedford and Luton place levels)
(SOF metric S131a p.8/9) 6-month trajectory: Deteriorating.



July data shows that 410 women have accessed perinatal mental health services year to date. This places BLMK ICB at 5/6, as lower performers against the regional average figure of 612 for the same period.

There is continued focus on increasing perinatal access and Milton Keynes is exceeding trajectory but there is significant variation in the Bedford & Luton services due to staffing issues impacting capacity to offer appointments for ELFT. This issue has been escalated within ELFT and a remedial work plan is in place including whole service workshop in October). In Milton Keynes there have been developments to provide assessment and signposting for partners of those accessing perinatal mental health services as well as extending the period of care to 24 months post-partum. This is an area for development in 2023-24 across Bedfordshire and Luton.

Children & Young People Mental Health (CYP MH) Access (Overall BLMK Performance) 6-month trajectory: Deteriorating.



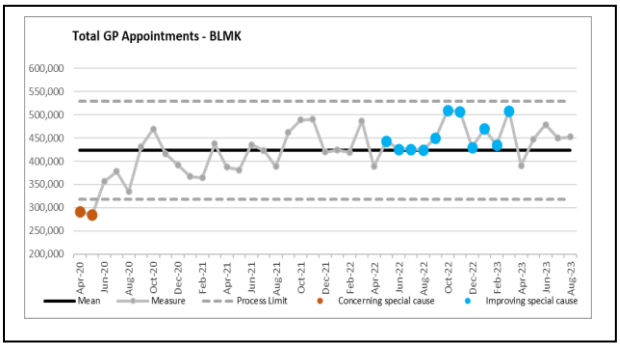
In July 12,865 children (rolling 12m) accessed mental health services against a plan of 17,424. Changes to Provider reporting has impacted significantly on reduced recorded activity. This has been raised with the national team for clarification on the inclusion of diagnostic pathways (Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder). This is a national issue and advice is expected to follow from NHS England.

4.3 Performance Success

Number of appointments in General Practice (Overall BLMK Performance)

6 month trajectory: Improving. **Governing Body for Primary Care:** Primary Care Delivery Group

There were 452,475 appointments in primary care during August 2023 which is *25,000 more* than the same time last year and 3% over our M5 plan with an improving six-point trend position. *Appointments are measured in line with NHSE requirements but are not, in isolation, a meaningful measure of access.*



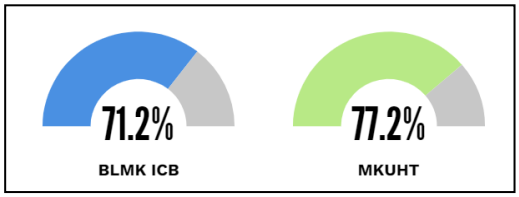
The number of appointments per 1,000 patients shows a similar increase (398 appointments per 1,000 patients in August this year compared to 389 per 1,000 patients last year). These figures are demonstrating primary care "access" rather than individual appointments; this is the equivalent of saying that 39% of *registered* patients accessed primary care. The remaining 60%, may not have wanted to access primary care or may not have had a primary care need in this period. We are working to incorporate more meaningful measures of primary care access as part of the next report, including a deep dive into an individual practice.

Number of GP Practices on Cloud Based Telephony (Overall BLMK Performance). 6 month trajectory: Improving.

The primary care recovery plan proposes that all practices move to CBT as it offers more flexibility, resilience, and a better patient experience than analogue systems. Over 60% of practices across BLMK are using CBT from the national framework of approved suppliers. There is a national programme to support the replacement of analogue systems. As at M5, the Bedfordshire system has the highest number of practices participating in cloud-based telephony and MK has the lowest. All practices in BLMK are on track for 'go live' by the end of March 24.

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

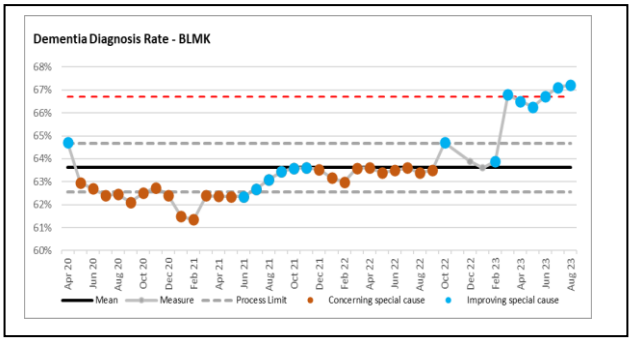
In August 71.2% of BLMK patients were diagnosed or had cancer ruled out within 28 days following urgent referral against the 75% threshold; BHFT achieved 66.8% and MKUHT overachieved with 77.2%. Industrial action continues to impact on cancer pathways although the Trusts have made every effort to safeguard and safety net cancer patients.



Dementia Diagnosis (Overall BLMK Performance)

6-month trajectory: Improving. **Governance Body for Mental Health**: Mental Health Programme Board.

If you live in BLMK and have symptoms of dementia, you continue to be more likely to have a prompt diagnosis than anywhere else in East of England (BLMK are the highest achievers in region, 1/6). BLMK ICB continues to achieve the dementia diagnosis rate and is 2.2% above the local target with 67.25%, this is 0.52% above the national target and 3.1% above the England average performance.



4.4 Other Performance Updates

Flu Vaccinations – Position at w/e 12/11/23 (updated from Q&P reported week)

Influenza	Total patients vaccinated	0-64 years vaccinated	65+ years vaccinated	65+ registered population	% 65% vaccinated
BLMK	156,682	42,152	114,530	253,580	45.2%
Bedfordshire	84,204	20,577	63,627	116,183	54.8%
Luton	23,074	6,346	16,728	72,600	23.0%
Milton Keynes	49,404	15,229	34,175	64,797	52.7%

Covid-19 Vaccinations – Position at w/e 12/11/23 (updated from Q&P reported week)

COVID	Total patients vaccinated	0-64 years vaccinated	65+ years vaccinated	65+ registered population	% 65% vaccinated
BLMK	153,431	47,085	106,346	253,580	41.9%
Bedfordshire	85,435	24,636	60,799	116,183	52.3%
Luton	21,322	7,101	14,221	72,600	19.6%
Milton Keynes	46,674	15,348	31,326	64,797	48.3%

To increase uptake, prevention leads are working with the ICB and Local Authority communication teams to target various groups and are supporting school vaccination efforts with direct communications. Primary Care colleagues have been engaged to identify those most in need and create mechanisms for house bound visits where necessary.

Community Waiting List (Adults and Children)

BLMK ICB Community providers have seen an average increase of between 50-25% in the adult waiting list compared to an average increase of 0.8% for children's services. The backlog lies primarily within both adult and paediatric podiatry services due to reduced clinical capacity and an increase in referrals since opening up services post Covid-19 reduced services. Supporting actions include telephone triage and assessment, and an expansion of the early intervention team.

4.5 BLMK System Oversight Framework Update – September 2023

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

As of October 2023, the ICB has 7 metrics in the top quartile, 27 in the interquartile range and 14 in the lowest quartile. Annex B provides an update on the metrics in the lowest quartile and action being taken to improve performance in these areas.

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

Appendix A – BLMK Performance Dashboard
Appendix B – System Oversight Framework (SOF) Report

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 8 December 2023

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

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

Committee: Finance and Investment Committee 17 November 2023.

This report reflects the new format that we are testing to report Committee discussions to the Board. The template is being piloted initially just with Finance and Investment Committee and Quality and Performance Committee. The intention is that this new format streamlines Board discussions which can more easily be focussed on those areas where the Committee had greatest concern. Alongside this summary report sits a much shorter quality and performance report setting out system quality and performance issues. A fuller version was considered by the Committee when it met on 17 November 2023. For each item the Committee discussed, it determined whether it wished to alert, advise or assure the Board, as below.

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

- The ICB Month 6 report identified a £6.6m year to deficit and there is work ongoing to identify and implement mitigating actions. However, the ICB is forecasting a break-even year-end position.
- The Committee welcomed additional funding from NHSE, but it is non-recurrent funding and does not help to mitigate pressures in the Medium-Term financial plan.

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

- Ongoing assurance on redundancy costs is required and it is unlikely that this will be not funded by NHSE.
- Assurance is required on the development of mitigations being taken to address the in-year deficit.
- More evidence is required of the transformation programme, the drivers for change, and modelling of transformation schemes.

ASSURE: Inform the Board where positive assurance has been received

- The Committee was assured that the Finance Investment Group led by the Chief Financial Officer continues to meet fortnightly with the support of the Executive to examine all areas of ICB spend.
- Continuing healthcare is being examined in detail to reduce waiting times for assessment and reduce costs. It was noted that there maybe challenge from families and potential reputational risks when care packages were altered.
- Transformation programme includes admission avoidance, which increases costs as often patients have to be admitted to elective beds, improving productivity particularly in relation to elective and diagnostics, and market development as it was noted that it is a provider market in certain areas of care provision.
- The Committee received assurance on the Strategic Data Platform programme and approved the next steps which includes market testing.
- Specialist commissioning delegation is progressing well with a dedicated Managing Director and Finance Director appointed for the programme. There has been an additional 18 services added to the previous 59 services for delegation. Formal approval will be sought from the six ICB Boards during Q4 of 2023-24, to enable delegation from 1 April 2024.

- Patient Choice – There is a national drive for patient choice and a number of providers have approached the ICB. The ICB has developed a robust criteria to ensure quality and consistency of provision, which was challenged by a provider and NHSE have confirmed it is appropriate and have requested more detail on the criteria that could be adopted more widely.
- Provider selection regime (PSR) guidance which affects the ICB, NHS Trusts and local authorities, was published on 19 October and will be implemented from 1 January 2024. A PSR implementation working group has been established and the procurement pipeline is being reviewed in light of the provider selection regime. An update is being provided for the ICB Board on 8 December 2023.
- An estate review of void and sessional space has been undertaken and identified a potential efficiency of £350K per year. As part of the review any underutilised space was examined to see if it could be used for primary care and other providers. The Strategic Estates Group is discussing the potential knock-on effect to partners of rationalising void and sessional space. There is another piece of work to review subsidies that the ICB pays to providers, but it is not expected to provide significant efficiencies.
- The Committee had a deep dive on prescribing and the proactive work the ICB undertakes with primary care to change prescribing arrangements. The ICB has a dedicated poly-pharmacy programme to improve prescribing. The pharmaceutical market is volatile with some medication costs increases due to supply and demand, but there are opportunities for efficiencies e.g. using generic drugs. The programme has identified £7m in year cost savings, which has increased from the planned £5m.
  The use of medication in prevention is fundamental for example atrial fibrillation which reduces the risk of stroke, which is both debilitating for the person and also very costly in terms of health and care.

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

- Some approved business cases that were cost neutral now have some costs associated with these and as such are included in the current Medium Term Financial Plan as a cost pressure. Assurance was required on what has occurred.

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

- Secured £4m of additional funding for free school meals in Central Bedfordshire with £40K investment of inequalities funding.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Dean Westcott, Chief Finance Officer

ICS Partner Lead: Directors of Finance Bedfordshire and Milton Keynes Hospital.

Report Author: Finance Department, BLMK ICB

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

Item: 11. BLMK ICS Finance Report (October 2023)

Reason for report to the Board: NHSE requirement to report to Board

1.0 Executive Summary

1.1 This report sets out the 2023/24 BLMK ICS financial position at October 2023 (Month 7) 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 Forecast	CDEL Forecast vs Plan
Bedfordshire Hospital NHS FT	R	G	A	G	R	G
Milton Keynes NHS FT	R	G	A	G	G	G
BLMK ICB	R	G	G	G		

1.2 NHS organisations hosted within the system are reporting a £20.9m deficit to plan at Month 7; the forecast remains delivery of a breakeven position.

1.3 Industrial action and continued emergency pressures have had an impact on provider expenditure. The ICB is seeing a significant financial pressure on prescribing costs and continuing healthcare costs.

1.4 There is slippage against efficiency plans and there are significant non-recurrent elements. This is a risk to achievement of the system financial plan and the underlying financial health of the system.

1.5 Without action, the system will report an in-year deficit. A range of actions and mitigations are in place to recover the position, with system and organisational focused work across a range of areas. At month 7, the system continues to forecast delivery of a breakeven financial plan. However, there are a range of significant dependencies, variables and risks that need to be monitored and managed.

1.6 On the 8 November Integrated Care Systems received a letter from NHS England titled *'Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take'*. The letter included a financial package for NHS systems, including a reduction in the Elective Recovery Funding (ERF) target reflecting the impact of industrial action; additional industrial action funding – BLMK funding is £9.6m; and flexibility to utilise some in-scope Service Development Funding, where funding is currently uncommitted. ICB and intra-system Trust Boards were asked to confirm by the 22 November, that they could deliver on the system financial target for the year. The ICB and partner Trusts are meeting with NHSE in late November to review the submission.

1.7 The ICS submitted has 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 Board is receiving this report for **noting.**

3.0 Key Implications

Resourcing	✓
Equality / Health Inequalities	
Engagement	
Green Plan Commitments	

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.

4.0 Report

4.1 The purpose of this paper is to report the Integrated Care System (ICS) financial position at Month 7 (October) for those NHS organisations that form part of the Bedfordshire, Luton and Milton Keynes (BLMK) ICS financial control total, covering both revenue and capital. These organisations are:

- Bedfordshire Luton and Milton Keynes Integrated Care Board
- Bedfordshire Hospitals NHS Foundation Trust
- Milton Keynes University Hospital NHS Foundation Trust

4.2 Where NHS organisations provide services within BLMK, financial information is included within the report where available. 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 have individually and collectively set financial plans that aim to deliver breakeven financial positions for the 2023/24 financial year. The table below shows the year-to-date position is an overspend of £20.9m, but all organisations are forecasting to deliver breakeven.

Surplus / (Deficit)	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	0.2	(8.7)	(8.9)	0.0	0.0	0.0
Milton Keynes NHS FT	0.7	(3.0)	(3.7)	0.0	0.0	0.0
BLMK ICB	(0.0)	(8.3)	(8.3)	0.0	0.0	0.0
Intra ICS Organisations	**0.9**	**(20.0)**	**(20.9)**	**0.0**	**0.0**	**0.0**

4.4 Delivery of the annual financial plan is challenging. A range of recovery and control actions are in place to recover the year-to-date financial position.

4.5 The system remains confident that the financial plan can be delivered, however there are a range of significant dependencies, variables and risks that need to be monitored and managed.

Intra ICS NHS Financial Performance:

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

Bedfordshire Hospitals NHS Foundation Trust (BHFT)

Income & Expenditure	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	440,398	463,764	23,366	754,959	793,891	(38,932)
Pay	(280,007)	(302,784)	(22,777)	(480,018)	(507,507)	27,489
Non-Pay	(160,168)	(169,630)	(9,462)	(274,941)	(286,384)	11,443
SURPLUS / (DEFICIT)	**223**	**(8,650)**	**(8,873)**	**0**	**(0)**	**0**

4.7 The key drivers for the variances are:

- Income – overall over performance, mainly due to increased income from NHSE for cost and volume activity. In addition, Trust is ahead of plan on system patient care income from out-of-system commissioners.
- Pay (Employee Expenses) – ahead due to pay awards, and additional spend on bank/agency to cover strike action and continuation of emergency pressures.
- Non-Pay (Operating Expenses) – higher levels of drug spend, partially off-set by cost and volume income.

Milton Keynes University Hospital NHS Foundation Trust (MKUH)

Income & Expenditure	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	202,710	217,599	14,889	347,142	347,142	0
Pay	(129,997)	(141,024)	(11,027)	(222,654)	(222,654)	0
Non-Pay	(72,053)	(79,558)	(7,505)	(124,488)	(124,488)	0
SURPLUS / (DEFICIT)	**660**	**(2,983)**	**(3,643)**	**(0)**	**0**	**0**

4.8 The key drivers for the variances are:

- Income – emergency care income recognised above plan to cover the ongoing cost of escalation. Also recognising the Elective Recovery Fund (ERF) benefit.
- Employee Expenses (Pay) – impact of junior doctors' strike, continued use of temporary staff to cover escalation capacity and delayed CIP.
- Operating Expenses (Non-Pay) – additional drugs and clinical supplies costs for escalation areas and outsourcing cost.

Integrated Care Board

4.9 The ICB is reporting a £8.2m deficit for the year to date against a planned breakeven position and is forecasting a breakeven financial position.

4.10 The table below shows the status against the key financial performance indicators for the year. At month 7 the ICB is forecasting full achievement of these metrics.

Performance Measure	Year To Date - Month 07			Forecast		
	Target	Actual	Variance	Target	Actual	Variance
Revenue Resource Limit	£1,184.9m	£1,193.1m	-£8.2m	£2,026.1m	£2,026.1m	£0.0m
Capital Resource Limit	£0.3m	£0.3m	£0.0m	£1.7m	£1.7m	£0.0m
MHIS Expenditure	£99.0m	£100.0m	£1.0m	£169.8m	£169.8m	£0.0m
Efficiency Savings	£9.9m	£12.3m	£2.4m	£18.5m	£25.5m	£7.0m
BPPC	>95%	96%	1%	>95%	95%	0%

4.11 The financial position by commissioning programme as at month 7 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	**1,184,890**	**1,184,890**	0	**2,026,064**	**2,026,064**	0
Acute Services	611,644	617,399	(5,755)	1,048,314	1,051,777	(3,463)
Mental Health Services	126,968	128,255	(1,287)	217,172	217,853	(681)
Better Care Fund	20,758	20,709	49	35,585	35,501	84
Other Community Services	88,805	89,312	(507)	152,327	153,324	(997)
Continuing Care Services	47,550	55,105	(7,555)	81,340	93,432	(12,092)
Primary Care Co-Commissioning	102,368	103,472	(1,104)	176,669	176,812	(143)
Pharmacy, Ophthalmic & Dental Co-Commissioning	51,778	52,255	(477)	88,731	88,618	113
Prescribing	86,909	95,088	(8,179)	148,935	160,627	(11,692)
Other Primary Care Services	19,119	18,637	482	33,957	33,184	773
Other Programme Services	17,599	3,300	14,299	23,505	(1,733)	25,238
Total Commissioning Expenditure	**1,173,499**	**1,183,532**	**(10,033)**	**2,006,536**	**2,009,396**	**(2,860)**
Running Costs	**11,391**	**9,611**	**1,780**	**19,528**	**16,668**	**2,860**
SURPLUS / (DEFICIT)	**(0)**	**(8,253)**	**(8,253)**	**0**	**0**	**0**
Anticipated allocation adjustments	0	0	0	0	0	0
SURPLUS / (DEFICIT) revised	**(0)**	**(8,253)**	**(8,253)**	**0**	**0**	**0**

4.12 The main variances are:

- Acute – overperformance at Independent Sector Providers, predominantly for orthopaedic work is driving the overspend. Much of this activity is in scope of Elective Recovery Funding and it is assumed that it will be funded. There are also overspends on High-Cost Drugs and Non-Contract Activity. All of these are forecast to continue to the end of the year due to patient choice and increased activity.
- Continuing Health Care (CHC) – adult CHC and Personal Health Budgets account for much of the adverse position which is due to growth in activity and increases in price above budgeted levels. A financial recovery action plan is in place.
- Prescribing – the prescribing position is reporting a YTD overspend of £8.2m with a forecast outturn overspend of £11.7m. The adverse variance reflects a combination of prescribing volumes being slightly higher than planned e.g., diabetic, respiratory drugs and appliances, coupled with drug price inflation. The forecast assumes that this pressure can be partly mitigated through specific medicine optimisation actions. However, prescribing price rises continue to be of major concern in relation to the run-rate and the underlying financial health of the ICB.
- Other - is predominantly reserves with the release of non-recurrent mitigations and in year efficiencies to offset the efficiency savings target and programme pressures. This forecast assumes that the ICB can fully deliver the mitigations required to meet the plan.

Inter ICS NHS Financial Performance:

4.13 The table below shows financial performance for services provided in BLMK but for ICS providers who are hosted outside the system. These services are reporting a year-to-date deficit of £9.7m, and this is forecast to increase to £16.6m 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	(1.9)	(1.9)	0.0%	0.0	(3.9)	(3.9)
ELFT	0.0	(7.8)	(7.8)	0.0%	0.0	(12.7)	(12.7)
CCS	0.0	0.0	0.0	0.0%	0.0	0.0	0.0
Inter ICS Providers	**0.0**	**(9.7)**	**(9.7)**	**0.0%**	**0.0**	**(16.6)**	**(16.6)**

4.14 The key drivers for the year-to-date variances are:

Central & North West London NHS Foundation Trust (CNWL)

- At M7 reports a deficit of £1.9m, split to £1.4m for Mental Health and £0.5m for Community Health. The forecast deficit is £3.9m.
- The main driver of the overspend on Mental Health is complex placements which is showing an in-month deficit against plan of £0.15m and a year to deficit against plan of £1.1m; forecast of £2.2m overspend.
- 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.
- Other pressures are increased agency costs in the crisis services, MH community services and Community paediatrics services due to increase in demand.

East London NHS Foundation Trust (ELFT)

- At M7 reports a deficit of £7.8m. The forecast deficit is £12.7m.
- The Adult Mental Health service is overspent to date is due to: Medical agency costs and nursing pay in Inpatients (Beds & Luton) and Recovery (Bedford) and Dementia services.
- The Community service is overspent to date due to Home Teams agency costs.
- Primary care is overspent to date due to Locum GP costs.

Cambridgeshire Community Services NHS Trust (CCS)

- CCS is reporting a breakeven position for BLMK both year to date and forecast.

System Efficiency Plans

4.15 The system financial plan includes delivery of £72m efficiencies for in-system NHS partners, which are behind plan year-to-date but forecast to over deliver by the end of the year. Actions are in place both as a system and at organisational level, with the aim to manage both in-year delivery challenges and the recurrency of plans.

	Year-to-date				Forecast Outturn		
	Plan	Actual	Variance		Plan	Actual	Variance
	£'000	£'000	£'000	%	£'000	£'000	£'000
ICB - Recurrent	3,836	5,118	1,282	33%	6,709	11,258	4,549
ICB - Non recurrent	6,059	7,186	1,127	19%	11,769	14,253	2,484
Subtotal - ICB	**9,895**	**12,304**	**2,409**	24%	**18,478**	**25,511**	**7,033**
BHFT - Recurrent	9,933	6,834	(3,099)	-31%	17,028	17,028	0
BHFT - Non recurrent	11,088	8,900	(2,188)	-20%	19,004	19,004	0
Subtotal - BHFT	**21,021**	**15,734**	**(5,287)**	-25%	**36,032**	**36,032**	**0**
MKHFT - Recurrent	4,564	3,285	(1,279)	-28%	7,828	6,828	(1,000)
MKFT - Non recurrent	5,544	5,907	363	7%	9,506	10,506	1,000
Subtotal - MKFT	**10,108**	**9,192**	**(916)**	-9%	**17,334**	**17,334**	**0**
Total Efficiencies	**41,024**	**37,230**	**(3,794)**	**-9%**	**71,844**	**78,877**	**7,033**

4.16 BHFT is currently behind plan on delivery due to additional spend on bank/agency to cover industrial action.

4.17 Non-recurrent efficiencies currently account for over half of the total efficiency plan and represent a challenge to the underlying financial sustainability of the system.

Workforce

4.18 A cap on agency spend has been introduced by NHS England. The target spend for BLMK is c£26m. This is not applied to individual organisations, but the combined intra ICS NHS partners. The table below shows that the total spend was £8.5m above the pro-rata cap year-to-date and is forecast to continue to spend above plan at BHFT but reduce significantly at MKUH by the end of the year.

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	18,140	10,415	(7,724)	57%	24,460	17,855	(6,605)
Milton Keynes NHS FT	5,692	4,892	(800)	86%	7,151	8,386	1,235
Total	**23,832**	**15,307**	**(8,525)**	**64%**	**31,611**	**26,241**	**(5,370)**

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

System Capital

4.20 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.

4.21 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.

4.22 The system capital plan is currently more than the available capital resource limit (CDEL). The plan is £5.8m above the CDEL allocation (plus a bonus payment for 2022/23 performance) and £3.8m above the allocation including an allowable 5% plan over profile. Discussions are taking place with NHS England, given that the level of CDEL resource available to BLMK is less that that generated through Trust depreciation. Subject to these discussions, further work is likely to be required within the system to align plans with the CDEL allocation.

4.23 The table below shows the position for the intra-ICS NHS organisations.

- The year-to-date position shows an underspend against plan, reflecting programme slippage which is expected to be recovered by year-end.
- The forecast £0.5m favourable capital variance reflects: MKUH capital awarded post plan for UEC (£3.0m), CT scanner (£0.9m) and New Hospitals Programme enabling design fees (£0.7m); offset by an underspend (£5.2m) on Urgent and Emergency Care (UEC) at BHFT. This reflects a bid which was made as part of the UEC capacity capital bids to relocate Same Day Emergency Care (SDEC) to create more bed capacity. This project was not approved and therefore has been removed from forecast expenditure.

	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	52.9	46.4	6.5	96.4	91.2	5.2
Milton Keynes NHS FT	21.6	20.2	1.5	46.8	51.5	(4.7)
BLMK ICB	0.3	0.3	0.0	1.7	1.7	0.0
Intra ICS Organisations	**74.8**	**66.9**	**8.0**	**144.9**	**144.4**	**0.5**

4.25 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.

4.26 The table below shows capital spend for the ICS split between CDEL and other funding streams. These figures exclude the ICB which does not have CDEL.

	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Charge against capital allocation (CDEL)	26,779	25,336	1,443	45,697	45,577	120
Other funding streams	47,778	41,250	6,528	97,498	97,107	391
Total	**74,557**	**66,586**	**7,971**	**143,195**	**142,684**	**511**

Financial Risks

4.27 The key risks to the financial plan are:

- Continued industrial action and emergency pressures will impact providers ability to achieve the required activity to deliver the elective recovery target.
- The direct costs of industrial action.
- The delivery of efficiency and productivity plans.
- The impact of the pay settlement for NHS staff not being fully funded.
- 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.
- Potential ICB redundancy / restructuring costs arising from 30% ICB Running Costs reduction targets. The impact of restructuring will not be supported by additional NHSE funding.

5.0 Next Steps

5.1 Organisations have developed mitigation and control plans to manage position back to breakeven by the end of the year.

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

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Maria Wogan, Chief of System Assurance and Corporate Services

Report Author: Ola Hill, Deputy Head of Organisational Resilience

Report to the: Board of the Integrated Care Board

Item: 12: System Risks and the Board Assurance Framework

Reason for report to the Board: Board has responsibility for managing system risks and oversight of the Board Assurance Framework.

1.0 Executive Summary

1.1 Risk management is fundamental for the ICB's growth and protection and delivery of our Strategic Priorities and Joint Forward Plan. Central to this is the ICB's Board Assurance Framework which holds our key high level strategic system risks that:

(a) might hinder achievement of the ICB's strategic priorities and require a collective response; and/or

(b) transcend the remit/control of a single organisation and /or exert significant system impact and require a collective response

By focusing on these system risks, the BAF acts as a catalyst for joint action and shared responsibility, reinforcing the importance of a unified approach to risks that affect the health and care system as a whole.

1.2 The risks that impact the ICB as a statutory NHS **organisation** are managed on the ICB's Corporate Risk Register and this is regularly reported to and managed by the ICB's Executive Team. The ICB's Corporate Risk Register is undergoing a comprehensive review to remove duplication and reflect the new ICB Target Operating Model and the refreshed version will be presented to the Audit and Risk Assurance Committee in January 24.

1.3 The ICB BAF holds eleven strategic **system** risks. These risks have been identified 'top down' by system partners since the ICB's establishment in July 2022 and the profile and movement of these system risks is reflected in the summary table on the first page of Appendix A.

1.4 Since joining the Board of the ICB in July 2023, the Chair of the Audit and Risk Assurance Committee, Vineeta Manchanda, has met with the Chairs of the Audit Committees of all seven of the BLMK ICS's NHS Trusts to further develop our work on system risk management. The Chairs have agreed that we are now at the appropriate stage in our maturity that we should evolve our system risk management processes to enable the capture of more granular 'bottom-up' system risks from Trusts that make up the broader strategic system risks that are recorded on the BAF. So for example, there may be different risks relating to different elements of the workforce that require different responses, involving different parts of the ICS and timescales. These system risks will be risks that require action and mitigation from more than one of the organisations in the ICS and recording them in this more detailed way on a separate system risk register (SRR) will bring sharper focus to the related required programmes of work. The Trusts and ICB will also work together to review the current 11 system risks to test if they fully reflect the risks to achieving our strategic priorities. They will then develop the separate more granular system

risk register to support it so that all risks on this register are aligned to one or more strategic risks on the BAF and work on delivering the associated work programmes. Over time we may further evolve how these system risks are presented to ensure that we maintain an effective system risk management tool.

1.5 This initial way forward has been endorsed by the CEO Group and will be taken forward by the executive risk leads in the Trusts and ICB over the next few months. The System CEOs will continue to provide oversight of system risks via the CEO Group. The Trust Audit Chairs will be invited to Part 2 of all future ICB Audit and Risk Assurance Committee meetings to help shape and drive this work and over time focus in Deep Dives on system risks that their organisations are involved in addressing. Our next step in this developmental process will be to involve all partners at place and in collaboratives in system risk management.

1.6 This proactive approach to risk management reflects the ICB's commitment to strategic oversight and continuous improvement in its operations.

2.0 Recommendations

2.1 The Board is asked to **support** the work with NHS Trusts to develop system risk management as described in this paper and to **review** the Board Assurance Framework and identify any additional actions required.

3.0 Key Implications

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

3.1 There are system finance, workforce inequalities and climate change risks on the BAF. Work to develop system risk management will require resources from all organisations in the ICS, starting with NHS Trusts.

3.2 Engagement on the further development of the system risk management has been undertaken with the Audit Committee Chairs and the ICS Chief Executives and Risk Leads.

4.0 Report

4.1 **Current BAF Risks**

There are currently eleven risks on the BAF. BAF0011 on health literacy was added at the September Board meeting following approval of the risk assessment carried out following the Denny Review. The full BAF is available at Appendix A and a summary is below.

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	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	NEW

4.2 There is a risk assessment underway in relation to the risks associated with collaborative working and the outcome will be reported to the Audit and Risk Assurance Committee in January and Board in March.

4.3 The Audit and Risk Assurance Committee is developing a draft risk appetite statement for consideration at a future Board meeting.

5.0 Next Steps

5.1 Share the current system risks on the BAF with NHS Trust Audit Committee Chairs and Executive Risk Leads for review to agree the strategic system risks

5.2 Begin to collect more granular system risks underpinning these strategic system risks with the Executive Risk leads in the Trusts and ICB which would also provide the opportunity to escalate system risks from Trust risk registers.

5.2 Progress report at the Audit & Risk Assurance Committee – 19 January 2024

5.3 Review BAF format for fitness for purpose and make any necessary changes to reporting framework in readiness for April 2024

List of appendices

Appendix A – System Risk Register / Board Assurance Framework

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

ICS Partner: Members of Place Based Partnerships

ICB Executives: Maria Wogan (Link Director for Milton Keynes), Anne Brierley (Link Director for Central Bedfordshire), Sarah Stanley (Link Director for Bedford Borough) and Nicky Poulain (Link Director for Luton).

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

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

Item: 13 – Report from place-based partnerships and collaboratives

Reason for report to the Board: For the Board to discuss any issues raised at the BLMK Health and Care Partnership and/or at Health and Wellbeing Boards which have met since the last Board meeting on 30 September 2023.

1.0 Executive Summary

1.1 This report provides an update on key issues discussed at the BLMK Health and Care Partnership on 31 October 2023 and within place-based governance arrangements.

2.0 Recommendation

2.1 The Board is asked to discuss the update from the BLMK Health and Care Partnership and the four Places in BLMK.

3.0 Key Implications

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

3.1 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.

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

4.0 Report

4.1 **Bedfordshire, Luton and Milton Keynes Health and Care Partnership- (ICP) 31 October 2023**

The main points covered at the meeting are as follows.

1. **Health and Care Partnership Governance, Work Programme and Approach for 2023/24.** The Health and Care Partnership agreed to change its terms of reference to reflect a move towards fewer formal meetings enabling more time for joint working in seminars on the strategic priorities with members of the Board of the ICB.

2. **Denny Review.** The findings of the review carried out by Reverend Lloyd Denny into health inequalities were discussed and partner members committed to the actions outlined in the report to tackle inequalities.
3. **Delivering our Strategy at System and Place – Reports from the Health and Wellbeing Boards and ICB.** Updates from the ICB and each Place Board were received.
4. **Health and Employment outline strategy framework.** Following the joint seminar between the ICB and the ICP in July the ICP received updates on the work being done at Place and by the ICB which approved the framework for system-wide working on employment and skills.
5. **Right Care, Right Person.** Across BLMK, partners are working with the Police to provide appropriate health and care support for residents to reduce the need for police services to get involved in health and care issues e.g. mental health crisis, welfare checks.
6. **NHS Operational Planning 2024/25.** The ICB's Chief Transformation Officer outlined changes to operational planning in 2024/25 which seeks to take a system wide approach to addressing financial and operational pressures and to shift resources towards supporting admission avoidance and discharge from acute settings.

4.2 **Place updates**

4.2.1. **Bedford Borough**

The Borough's Health and Wellbeing Board are due to meet on 13 December. The Board will be considering the draft Joint Local Health and Wellbeing Strategy, a report on smoking cessation work, and an update on the work of Healthwatch Bedford Borough.

A **Bedford Borough Place Strategic Primary Care Estates Board** has been established to oversee the progress and status of the primary care estates projects in the Borough, focusing on a joint approach between the Council and the ICB. The group have met monthly since September.

The Bedford Borough Place Executive Delivery Group (EDG) met on 15 November to discuss:

- A review of the **Place Based Plan** which is underway to determine how many of the priority areas are being targeted effectively through a range of activities through the Council and the NHS. The next part of the process is to narrow down 5-8 key areas to focus on over the next 12 months.
- **Health Inequalities Funding:** so far, the money has been allocated to project to auto-enrol children eligible for Free School Meals. This will ensure more children have access to a hot meal and it brings additional funding to schools through associated Pupil Premium grant they will receive for each child receiving FSM. There are also ideas developing around increasing access to fresh food working in partnership with the VCSE sector.
- **Fuller Neighbourhoods update:** initial work has mapped Bedford Borough into five nominal 'Fuller Neighbourhood' areas. Next steps are to agree with EDG partners the approach to implementing the Fuller recommendations in Bedford Borough, and for the Place team to lead the work when they come into post.

4.2.2 Central Bedfordshire Health and Wellbeing Board 4 October 2023

- The Board received a report on the background and context for refreshing the Joint Health and Wellbeing Strategy (JHWS) for 2024– 2029 and the proposed approach to developing the strategy. The Board discussed potential focus areas and agreed the Kings Fund (2018) model should be used.

- The Board received a report on what Be Active, the Active Partnership's for Bedfordshire, are doing to achieve their strategy 'Moving Forwards Together', how their work aligns with other strategic plans and how they are utilising physical activity to tackle health inequalities. Although the report had been mainly focussed on Young people, older people were a key priority and the organisation had funded opportunities within care homes and this work was to be developed further. Recently, funding was given to instructors to upskill to be able to deliver evidence-based strength and balance provision as part of the fall's prevention agenda.
- The Board received a report on the Integrated Care Board (ICB) and Integrated Care Partnership (ICP).
- The Board received a verbal update and the notes from the previous four meetings of the Central Bedfordshire Place Board. Key topics that had been discussed at the Place Board were Vaccination/Immunisation and Covid Boosters for the winter and in particular reaching vulnerable groups, Digitising Social Care and the various schemes being implemented, and the approach on how to develop the neighbourhood teams.

The Board were advised that the Better Care Fund Plan had been submitted and an approval letter had been received from NHS England

4.2.3 Luton Health and Wellbeing Board Meeting – 16 October 2023

- **Better Care Fund (BCF) Narrative Plan 2023-2025** - the BCF 2022-2023 End of Year Template was retrospectively formally approved, following approval by the Chair and Vice Chair outside the meeting
- **Better Care Fund Quarter 2 Report** – the BCF Quarter 2 template was reviewed by the Board and approved for submission to the BCF Board and the Department of Health and Social Care
- **Bedfordshire, Luton and Milton Keynes Health and Care Partnership and Integrated Care Board (ICB) update** – The Board considered and noted the ICB update report, agreeing the next steps in relation to the actions from the health and employment seminar to be reported back to the ICB and the ICP at their next meetings on 31 October 2023.

  Some specific Issues raised included:
  - In relation to the Denny review, the Board was keen to understand the difference that the recommendations would make for health inequalities in Luton and called for a specific separate report for its next meeting on 12 December 2023. The Board also requested that Rev Lloyd Denny be invited to attend the meeting.
  - The Board also requested that the results of consultation on the BLMK Clinical Strategy be included in the next ICB update report to the Board.

- **Fuller Stocktake update for Luton** – The Board received and discussed an update in respect of the activity to develop neighbourhood working as part of the Fuller Stocktake in Luton. Comments were made into the direction of travel across the range of work linking to the recommendations of the Fuller report published in May 2022, identifying the contribution from Primary Care Services (including primary medical, community pharmacy, primary dental and optometry.

  Some specific Issues raised included:
  - Problems accessing GP and dental appointments in Luton
  - Patients being referred back to Primary Care following referral to Secondary Care and Mental Health Services due to lack of capacity in these services, putting additional pressure on Primary Care
  - Education to raise awareness about available services

- Promotion of the NHS App to assist people access health information.

- **Adult Mental Health Strategy and BLMK Mental Health Provider Collaborative** The Board received an update on and agreed with the approach and direction of travel for the Luton Adult Mental Health Strategy and the BLMK mental health provider collaborative.

  Some of the specific issues raised included:
  - How would people know if the strategy and the work of the provider collaborative was making a difference, i.e. What key performance measures would be used
  - Patients in distress needing services being referred to CAMHS by Primary Care, being referred back to Primary Care, due to lack of capacity in CAMHS. It was recognised that this was a challenge, but should not be happening. ELFT would look at the data on back referrals and report back
  - The crisis café in Luton was mentioned where service users could go and seek support
  - The Board requested an update on the outcome of the implementation of the strategy at an appropriate time (6 or 12 months), showing the priorities and the measures put in place to monitor changes.

- **Luton Family Hubs Update** – The Board received an update on the progress of the Family Hub programme and development of network of Family Hubs and Start for Life services. The Board supported the continued direction of travel for Luton Family Hub programme and the progress and approach to the development of Luton's Family Hub network. The Board was thankful to the officers for a first class piece of work.

  Some key points raised included:
  - The importance of partnership working and community involvement
  - Link to the mental health strategy, looking if it was making a difference
  - Use of the outcome framework to measure outcomes

- **Healthwatch Luton (HWL) Update - Report on Informatics** – The Board considered the report explaining the HWL online informatics system, which supported people giving independent feedback on Luton services.

  HWL sought the advice of the Board on whether that element of the system was still wanted, needed or fit for purpose and on certain aspects of its operations.

  Following discussions, the Board resolved that HWL should keep the current approach, with some moderating of the publishing element to make providers feel more comfortable with feedback provided and agreed that providers be informed of the role of HWL, when services were commissioned.

4.2.3.1 Luton Place Board 10 October 2023

- Mental Health and Learning Disability service offers to the community. This includes a Specialist Accommodation project supporting local residents with supported accommodation needs which embedded the principle of co-production and a system approach across health and care providers. There was also a presentation to showcase the Total Wellbeing service in Luton that supports physical and mental health to raise the awareness amongst all members.
- Wider Determinants Winter planning oversight noting five key topics Housing, Food, Warm/Safe spaces, Connectivity/social isolation, Gateway to employment.

4.2.3.2 Luton Place Board 14 November 2023

- Supporting integrated neighbourhood working. A task and finish group has been set up to meet later on in November to discuss the projects to be funded by the Core20Plus5 funding
- Health Equity Town – Marmot update ongoing priority workstreams are – housing, net zero, children and young people and business, employment and skills
- Supporting place based working – ICS Target Operating Model changes to the structures for the Place Delivery Team noted and wider place networks. Named link Director for each place confirmed.

4.2.4 Milton Keynes Health and Care Partnership 8 November 2023

The main items of business considered at the meeting were:

- **Moving to a more dynamic Joint Strategic Needs Assessment (JSNA)**
  Ian Brown, Chief Officer for Public Health at the Bedfordshire and MK Shared Public Health Service, demonstrated the new dynamic JSNA, designed as a replacement for the current static-based assessment. The Partnership resolved:
  - To endorse the new, dynamic approach to the JSNA, and to note that going forward this will replace the previous arrangements.
  - To promote the new JSNA website as a useful resource for understanding local needs and supporting effective service planning.
  - To engage with the ongoing JSNA development process and provide feedback on the content and presentation of the JSNA.

- **The Carnall Farrar Review of the development of health and care integration in Milton Keynes**

  The Partnership considered the October 2023 progress report on the state of health and care integration in the city, and resolved:
  - To note the Carnall Farrar Review and recommendations at Annex A of the paper presented.
  - To ask the ICB to produce a framework by June 2024 which sets out how greater responsibility for resources and decision making will be made available to MK's place based partnership as it matures.
  - To organise a workshop in early 2024 with the aim of developing MK's medium term vision of each of our priorities, and health and social care more generally.

The next meeting of the MK Health and Care Partnership will be held on 20 March 2024.

5.0 Next Steps

5.1 Not applicable

List of appendices

None

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Anne Brierley, Chief Transformation Officer

ICS Partner Lead: Not applicable

Report Author: Kathryn Moody & Buz Dodd

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

Item: 14 **-** To Re-Procure ICB Business Intelligence Support Services from NHS Arden GEM CSU (AGCSU).

Reason for report to the Board: Power to approve is reserved to the Board.

1.0 Executive Summary

1.1 As previously outlined to the Board, the provision for the ICB's Business Intelligence (BI) services contract was originally signed for the period of 2 years in March 2021 following procurement through a framework contract. The original contract service delivery date was 24 June 2021 – 23 June 2023 which last year was extended by a further year. The total contract price (two-year term plus permitted 12-month extension to the term) is £4,768,800.00 including Data Services for Commissioners Regional Office (DSCRO) – this service is a requirement for NHS commissioning organisations and safeguards and supports the appropriate use of patient data) with the sum split equally over the three years.

1.2 The contract extension clause allows the contract to be extended on one or more occasions for 6 months, up to a maximum of 12 months extension in aggregate. Last year's extension means any subsequent arrangement would require a new contract. The original term and extension of the contract was aligned with procurement plans for the provision of a Strategic Data Platform (SDP) for the Integrated Care Board (ICB) and Bedfordshire, Luton and Milton Keynes (BLMK) system partners. ICS partners have been working together on the SDP and the establishment of a Population Health Intelligence Unit for the system hosted by Bedford Borough Council, via co-production to arrive at the preferred solution to create a system approach to a 'single version of the truth' for all health and care data analysis, to provide better outcomes for patients and citizens for the short, medium, and long term. Via this co-production process under the System Digital Transformation Board, it has been determined recently that the SDP is planned to go live for July 2025 and will not include BI/analytics services but our future BI provision still needs to align with planning and implementation timelines for the SDP.

1.3 The paper requests Board approval to direct award a BI contract for a further year with an option to extend for 12 months AGCSU. This will allow consideration of the SDP strategy and enable further ICS analytical transition on system data linkage and dashboards, provide continuity of provision whilst the SDP and Population Health Intelligence Unit plans are finalised.

1.4 The direct award has been provisionally agreed by the ICB Executive Team. However, due to the ICB's Scheme of Delegation, any contracts relating to commissioning support are required to be approved by the Board. We are now seeking that approval.

2.0 Recommendation

2.1 The Board is asked to approve the direct award of the BI 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.

3.0 Key Implications

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

3.1 The Re-Procurement of ICB Business Intelligence Support Services from NHS Arden GEM CSU will impact on all the areas above as below.

3.2 Resourcing – the Re-procurement has implications for resource, both financial and human. There is a risk that since the contract will require updating there may be financial implications. There will be a need to identify the financial implications against a revised specification and demonstrate value for money. At this stage, there are no additional financial implications which have been quantified. Providing more accessible data often results in increased demand this risk is partly mitigated by the wish to automate reports and reduce reliance on ad hoc reporting. Provider Selection Regime (PSR) delivery is also expected to have implications to the new contract in terms of increased resource for data requests for decision making.

3.3 Equality/health inequalities –the Business intelligence equality data metric lens is key to current and future reporting. Increasing BI accessibility to system partners and new sources of data becoming available and linkage of data should improve the position of the ICB in this area.

3.4 Engagement – the ICB will need to ensure that it is undertaking engagement to support decision-making.

3.5 Green Plan Commitments – social value data quality improvement is a key area for reporting, and so it is hoped that a new contract will improve the focus and profile of these commitments.

4.0 Report

4.1 **Background**

The existing contract was originally commissioned to bring four incumbent providers into one BI service. An interim programme director and interim technical programme director worked with a BLMK BI programme board and contracting to procure and mobilise this contract. Mobilisation was challenging due to the number of providers involved in transfer of data and TUPE.

The current contract provides:

- Flexible analytic resource both local expertise and best practice embedded analysts within ICB teams and expert analysts in AGCSU local and central intelligence hubs;
- GEMIMA which is a business reporting tool which has been recommissioned and will be replaced by Athena, which will provide improve system accessibility to essential data and visualisation across the entire analytics value chain;
- Relevant, user-friendly reports which include regional and national benchmarking data, statutory reporting and contracting analytics, as well as insight, contextual analysis, and comparative information to support the interpretation of raw data;

- Population health management – segmenting and risk stratifying the population into distinct groups to identify differing health and wellbeing needs, as well as inequalities,
- Contract performance management system, including early view of monthly performance against provider plans; secondary uses service (SUS) / service level agreement monitoring reconciliation (SLAM), early deep dives and reporting (contract actual performance against plan);
- Information Governance (IG) including data protection and information security standards;
- DSCRO, Controlled Environment for Finance (CEfF) and Accredited Safe Haven. To ensure appropriate safeguards are in place to manage patient identifiable data DSCRO technical support to providers;
- Programme developments - creation of system solution focused dashboards; and
- Training on AGCSU products

Development of Athena and Cloud-Based Reporting

4.2 Our current analytic reporting tool GEMIMA was developed over eight years ago and was very much a health reporting tool which has become outdated. As part of our contract negotiation, we built into the contract variation a cloud-based solution with greater focus on ICS analytics.

4.3 Athena is currently being mobilised and we are beginning to utilise the technology for ICS system solutions looking at patients/ citizen cohort across the system. Athena will manage authentication through a secure cloud platform named OKTA to enable secure access on any device, anywhere, at any time for nhs.net, nhs.uk, and gov.uk users. Integrating data sets with national toolkits. ICS System stakeholders will soon be able view published data and curate published content.

4.4 Accessibility will follow BLMK and AGCSU IG assurance processes, but the aim is to allow executives, directors, service leads, analysts, developers and, crucially, clinicians visibility to system data. Athena will empower us to co-create and publish analytical content, regardless of organisation, skillset or technical toolkit with support, training, and guidance in place to ensure content is high quality, consistent and non-repetitive. Mobilisation of Athena is on track for completion by March 2024

Procurement Considerations

4.5 As with any contract, when approaching the end of the term, we have reviewed the options for re-procurement/reprovision of this service to ascertain our next steps. Were we in a ‘steady state’ in terms of our BI requirements and our wider digital and population health development, we would be looking to reprocure these services on a longer-term basis. However, because there are a number of moving parts which will have a significant impact on the nature and requirements of our BI services it would be difficult to specify a product for procurement, and the need for both flexibility and a relatively short-term contract means that any procurement would be potentially result in poor value and services which are not fit for purpose.

4.6 As an example, the system Strategic Data Platform strategy and final procurement plans are yet to be finalised. This will be required prior to procurement to inform and align our procurement vision for BI. Locally we are also developing our Population Health intelligence capability this will also support our future vision and the BI service specification and financial budget will be informed by the completion of this strategy. Additionally, a service of this nature usually takes at least a year to procure and mobilise. This is a complex service to mobilise in terms, of data reporting and transfer of data system communications, staff training and Information Governance compliance.

4.7 Due to this, it is proposed that we make a direct award to AGCSU to continue with our current contract arrangements for one year, with an option to extend for a further year. This will ensure continuity of a complex service with alignment to system digital priorities and the extension option will enable further flexibility should national or local strategy change and enable sufficient timelines for procurement. Once the SDP strategy is concluded, planning can commence for a full procurement programme, either through a framework agreement or procurement to open market.

4.8 Whilst the direct award of this contract is not without any risk of challenge, the award of this contract is considered reasonable under Regulation 32 of the Public Contract Regulations 2015 and is considered to be best value for money as stated above. It is therefore considered that this risk is low and to be tolerated.

4.9 The direct award has been provisionally agreed by the ICB Executive Team. However, due to the ICB's Scheme of Delegation, any contracts relating to commissioning support are required to be approved by the Board. We are now seeking that approval.

5.0 Next Steps

5.1 Subject to agreement by the Board, the direct award contract will require a single tender waiver (STW), a refreshed specification, and a full delivery plan to be agreed prior to commencement of service in June 24. The delivery transformation plan will be constructed according to ICB and ICS priorities. This plan will be aligned with the new Target Operating Model of the ICB, existing associated Digital and Data strategies and transformation plans. The exit strategy planning will also commence. These are as follows, and all must be completed by 31 March 2023.

- Review and update existing specification December 2023
- Undertake contract negotiation Dec 2023- January 2024
- Produce STW and seek authorisation to proceed in line with SFIs January 2024
- Award contract and sign contract February/ March 2024

List of appendices

None

Background reading

None

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Martha Roberts, Chief People Officer

ICS Partner Lead: Not applicable

Report Author: Azmi Peerun, Head of OD and Inclusion

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

Item:15 – Workforce Race Equality Standard (WRES)

Reason for report to the Board: NHSE requirement to report to ICB Board

1.0 Executive Summary

1.1 This report relates to the ICB as an employer only. The NHS Workforce Race Equality Standard (WRES) came into effect in the NHS in 2015 and was mandated for Trusts. This requirement has since changed and the WRES is now mandated for ICBs. The purpose of the WRES is to help NHS organisations to review their equality data against 9 WRES indicators and to produce action plans which will facilitate the closure of gaps in outcomes and experience evidenced in the NHS workplace (as a whole) between White and Black and Minority Ethnic (BME) staff, as well as help to improve minority ethnic representation at Board Level. It focusses on ensuring an inclusive approach with regards to recruitment, training, and promotion.

1.2 The workforce data and findings within this report are a snapshot of BLMK ICB on 31 March 2023 and any comparisons with last year will be an amalgamation of the previous CCG. This report has been presented at the ICB Remuneration Committee where feedback was received on the data in the report. Having reviewed that data, we have worked with our Board members to ensure the data for indicator 9 (percentage of Board members from a BME background) reflects the current representation of the Board. Our BME board membership is 31% (this includes NEMs, Executives and primary care members) national trust average for this measure is 10%. The measure uses categories available on ESR and includes colleagues who are not white, not allowing minority ethnicity to be measured for colleagues who are white.

1.3 Action is being taken to ensure completeness of data on ESR and accurate reporting. The composition of our Board in BLMK is complex and goes wider than those who are employed by the ICB and includes Partner organisation members reflective of both internal ICB and system members across health and care. They are included in their own statutory bodies WRES data.

2.0 Recommendation

2.1 The Board is asked to **note this report.**

3.0 Key Implications

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

3.1 The findings from this report provides the evidence required to drive programmes of work to ensure equality for our workforce who have identified themselves as Black or belonging to an ethnic minority. It will support the initiatives being taken forward in the Equality Diversity & Inclusion (EDI) Implementation Plan to deliver the 6 high impact actions.

3.2 There are no resourcing issues or green plan commitments identified.

3.3 Prior to this report coming to the Board key Stakeholders in the Integrated Care Board have been consulted with including the Chief People Officer, Deputy Chief People Officer and Executive Team. This report has also been presented and discussed at the September Remuneration Committee.

4.0 Report

4.1 This report is for BLMK ICB as an employer only. BLMK ICB employs 421 people. Overall, 96.9 % of staff completed their ethnicity profile on ESR as of 31 March 2023; a further improvement since last year. As of 31 March 2023, 23.5% of staff identified as BME, a reduction in percentage terms of 0.6% from 24.1% (96) in 2022.

4.2 Table 1 below summarises the key highlights for each of the WRES indicators in the 2022/23 WRES report. Appendix A provides a copy of the ICB WRES report and action plan

	Indicator	Key highlight
1	% of staff in each of the AfC bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	The representation of BME staff is 23.5%; this is 4% short of the local population BME community which averages at 27.3% across the ICB
2	Relative likelihood of staff being appointed from shortlisting across all posts	In 2023, white candidates were 2.31 times more likely than BME candidates to be appointed from shortlisting which is a consistent year on year improvement from 2021-22
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	There were no members of BLMK staff entering the formal disciplinary process this year as in the previous year
4	Relative likelihood of staff accessing non-mandatory training and CPD	There has been an increase in the likelihood of BME staff accessing non-mandatory training and CPD
5	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	There has been an increase of BME staff who have experienced this type of abuse compared with last year
6	% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	18.2% of BME staff experienced this type of abuse which is below the national average and slightly lower than last year
7	% believing that the organisation provides equal opportunities for career progression or promotion	29.8% of BME staff believe this to be true of the ICB which is 3.5% lower than last year
8	% of staff who have personally experienced discrimination at work from manager/team leader or other colleagues in the last 12 months	14.8% of BME staff have personally experienced discrimination which is higher than the national average higher than last year
9	This indicator presents the % difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive and its overall workforce	ESR records, show that the Board is not representative of the workforce population which is 23.5% BME. We have since worked with our Board members to ensure this data reflects the current representation of the Board. Our BME board membership is 31% (this includes NEMs, Executives and primary care members)

4.3 **Plan of Action**. BLMK ICB is committed to have due regard to the WRES and uses it as a force for driving change, both as an employer and commissioner of services. The ICB aims to fully understand the diversity of their workforce so that it can ensure non-discriminatory practice and work with staff and staff representatives to identify and eliminate barriers and discrimination in line with the Public Sector Equality Duty (PSED), the Equality Act 2010 and Employment Statutory Code of Practice.

4.4 To support this, in the past months we have made good progress in driving a number of initiatives across the ICB since the publication of the report. We are also embarking on a on OD journey following our new organisational structure to support the formation of our new Teams in the ICB. We are working with Affina OD and implementing their assessment tool for measuring team effectiveness, and identifying key areas where teams may need to development and support, supporting the strength of our diversity. Additionally, we have developed a robust staff induction programme which we will be testing out with our STR and Place Teams as part of this work.

4.5 Specific initiatives in the ICB that have been started include:

- **Staff Diversity Network**. The ICB has in place a Diversity Staff Network providing a safe space for colleagues to ensure their voices are heard. The Network is engaging with staff in developing and driving the plans for the WRES. This Network have met on 3 occasions this year and has an SRO championing and supporting the network at a leadership level. The EDI Team are supporting the network to grow its membership and the development of the group.
- **Transformational Reciprocal Mentoring Programme.** We are collaborating with Bedfordshire Hospital NHS Trust to offer this programme which is a systemic intervention designed to create transformational change. It provides opportunities for individuals from under-represented groups to work in an equal partnership with senior leaders as 'partners in progress.
- **Diversity in Health and Care Partners Programme.** We are participating in a year programme run by NHS Employers which supports the advancement of Equality and Inclusion in the workplace. It provides thought leadership, tools and tips to help put organisations at the forefront of EDI practices.
- **BLMK inclusive recruitment toolkit**. We are developing this toolkit to support recruiting managers it provides some essential tools for recruitment from initial stages of preparing and advert to on boarding. This toolkit had been produced and aligns itself to the recommendations of Roger Kline's No More Tick Boxes report, and the Birmingham Race Action Partnership (BRAP) If your face fits framework. BRAP is a registered charity transforming the way we think and do equality. They have worked with Roger Kline to pull together a compendium of useful evidence to support more effective and equitable recruitment practice.
- **Ready Now and Stepping up Programme.** We are exploring providing a joint local programme with Cambridge and Peterborough ICS as these programmes are being stood down nationally.
- **Inclusive Career Development Programme**. As part of our Talent Management work, we will develop an Inclusive Career Development Programme for under-represented groups across Band 2-4 and 5-7.
- **Civility and Respect**. The ICB will be implementing this toolkit and engaging with staff in the process to ensure the principles of civility and respect are understood and displayed in our culture.
- **NHS Leaders' Wellbeing Local Programme**. Building a culture of wellbeing. The ICB are participating in this programme which will support us to in creating a healthy culture, including developing leaders' own wellbeing alongside the leadership skills and attitudes that are proven to build staff wellbeing.
- **The Lived Experience Charter** – The ICB has been accepted to apply for Lived Experience Charter Status. The Lived Experience Charter is an award that providers of NHS England Health and Justice services and integrated systems can apply to complete and receive. Having Lived Experience Charter 'status' will demonstrate that organisations have quality standards, best practices, and a commitment to improving the inclusive recruitment and retention practices of people with lived experience.

4.6 The development of the EDI Implementation plan and delivering the East of England Anti racist strategy will further support transformational change required for our BME workforce.

5.0 Next Steps

5.1 Progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours. To ensure we are streamlining all our work on this agenda we are developing our local EDI Implementation Plan which will align the actions and initiatives for WRES, Workforce Disability Equality Standard (WDES), Equality Diversity System (EDS), the East of England Anti racist strategy, and the Pay Gap reports. This comprehensive document will provide a single depository of actions which can be monitored holistically to ensure we have a strategic view on all activities and progress. The aspiration is to avoid duplication, silo working and promote a more collaborative way of working spanning across teams, and directorate boundaries.

List of appendices

Appendix A: provides a copy of the ICB WRES report and action plan.

Background reading

The Public Sector Equality Duty and Equality Delivery System - BLMK Integrated Care Board (icb.nhs.uk)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 8 December 2023

Executive Lead: Maria Wogan, Chief of System Assurance and Corporate Services

ICS Partner Lead: Non-Executive Members – Committee Chairs

Report Author: Gaynor Flynn, Corporate Governance Manager

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

Item: 16 - Corporate governance update and report from Committees

Reason for report to the Board:

- Requirement in Committees' Terms of Reference to provide updates on the work of Committees to the Board
- Requirement in Standing Orders to report urgent decisions to the next Board meeting for ratification
- Governance requirement for the Board to agree the delegation of its authority to officers
- Assurance to the Board on specific elements of Corporate Governance.

1.0 Executive Summary

1.1 This report:

- Provides updates from Chairs of the following committees:
  - Audit and Risk Assurance Committee – Vineeta Manchanda
  - Bedfordshire Care Alliance – Shirley Pointer
  - Primary Care Commissioning and Assurance Committee – Alison Borrett
  - Quality and Performance Committee – Shirley Pointer
  - Working with People and Communities Committee – Manjeet Gill and Lorrain Mattis
- Reports on an urgent decision made by the Chair and CEO under 4.9.5 of our standing orders in relation to finance and activity plans for 23/24
- Seeks Board approval of the delegation of authority:
  - to the CEO to sign off the ICB's Equality Delivery System submission to NHSE in February 2024
  - to the Chief Transformation Officer (CTO) to agree any regional arrangements for Provider Selection Regime and report to the next Board on 22 March 2023.
- Updates on the following of governance matters:
  - the re-establishment of the BLMK Joint Health Overview and Scrutiny Committee (JHOSC)
  - NHS England's approval to changes to the Constitution
  - progress with the ICB's annual Conflict of Interest Exercise and Fit and Proper Person Test
  - use of the ICB company seal

2.0 Recommendations

The Board is asked to:

2.1 **discuss** issues highlighted in the reports from Committee Chairs

2.2 **ratify** the urgent decision taken by the Chair and CEO in on 22 November 2023 in response to the letter from NHSE in relation to financial challenges and industrial action.

2.3 **approve** 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.
2.4 **welcome** the establishment of the BLMK JHSOC
2.5 **note** the approval by NHS England of changes to the Constitution
2.6 **note** the completion of the annual conflicts of interest and fit and proper person exercise
2.7 **note** the use of the ICB company seal as described in the paper

3.0 Key Implications

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

3.1 The urgent decision on financial and activity plans relate to the resourcing of the ICB and system partners.

3.2 There are no other 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.

The ICB is piloting a new approach to Committee reports to the Board based on feedback from the review of the last Board meeting. This new approach aims to reduce duplication of reporting and discussions between Committees and the Board and seeks to provide the Board with clear assurance information from Committees on the areas within their remit. The new report approach has been piloted at the most recent Quality and Performance and Finance and Investment Committees and is on the agenda at items 10 and 11. Board members are invited to feedback on these reports so that we can continue to improve the effectiveness of Committee reports to the Board and the overall effectiveness of Board meetings. It is proposed to extend the pilot to all the other Board Committees for the next round of meetings and then we will review feedback from Board and Committee members and continue to evolve our approach on a continuous improvement basis.

Name of Committee	Meeting Held On
Audit and Risk Assurance Committee	**13 October 2023**
Bedfordshire Care Alliance	**21 September 2023**
Primary Care Commissioning and Assurance Committee	**16 June 2023**
Quality and Performance Committee (extraordinary)	**15 September 2023**
Working with People and Communities	**22 September 2023**
Working with People and Communities*	**1 December 2023**

*Verbal updates will be provided at the Board meeting.

Please note that the Health and Care Senate meeting scheduled for 19 September 2023 did not take place. The next meeting of the Senate is scheduled for 12 December 2023.

4.2 **Urgent Decision – NHSE Finance and Activity Submission 22 November 2023**

In accordance with the standing orders in our constitution, we are required to report urgent decisions taken by the Chair and CEO to the next available Board meeting for ratification and Audit and Risk Assurance Committee meeting for oversight.

Integrated Care Boards received a letter from NHS England on the 8 November titled 'Addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take'. The Board of the ICB was required to sign off the response to this letter by 22 November 2023 and in the absence of a Board meeting, the Chair and Chief Executive signed off the response as an urgent decision, following confirmation from the Chairs and CEOs of Bedfordshire Hospitals Trust and MK University Hospital Trust and correspondence about the process with ICB Board members. The response confirmed that the ICB and partner foundation trust boards plan to deliver on the system financial targets for the current year and submitted revised UEC, cancer and elective plans and final trajectories for the current year.

The Board is requested to ratify the urgent decision taken by the Chair and CEO in response to the letter from NHSE in relation to financial challenges and industrial action.

4.3 Delegation of Authority Requests:

Equality Delivery System 2022 Inclusive leadership submission
The **NHS Equality Delivery System (EDS)** is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

EDS enables NHS organisations in England to review and develop their services, workforces, and leadership, in active conversations with stakeholders including patients, public, staff, staff networks and trade unions. It is a requirement on both NHS commissioners and NHS providers and is driven by evidence and insight.

The Integrated Care Board is required to make an organisational submission to NHS England by 28 February 2024 on EDS Domain 3 – inclusive leadership. Information and evidence is being compiled and there is not another ICB Board meeting prior to the submission. **Therefore, the Board is requested to delegate authority to the ICB's Chief Executive to approve the submission to NHSE.**

Provider Selection Regime Governance Arrangements
As detailed in item 9, the Provider Selection Regime is being implemented from 1 January 2024. The governance procedures are being developed and discussions are taking place with ICBs in the East of England Region in relation to having an independent review panel as part of the Provider Challenge Process. As the next Board meeting is on 22 March 2024, **it is requested that the Board delegates authority to the Chief Transformation Officer to agree any regional arrangements and inform the Board at the next meeting.**

4.4 **Corporate Governance Updates – to note**

BLMK Joint Health Overview and Scrutiny Committee
The BLMK Joint Health Overview and Scrutiny Committee was re-established at a meeting on 27 November 2023. At the meeting, Cllr Long (MK) was elected Chair and Cllr Underwood (Luton) was elected Vice Chair. A short presentation was delivered by the ICB covering the functions of the ICB, the Joint Forward Plan, the diversity of the BLMK population and the major challenges faced, including deprivation, inequality, and financial constraints. The Committee agreed to meet on a quarterly basis and identified several areas for its future work programme, including MSK re-procurement, action on inequalities,

system performance and the development of outcome measures, financial planning and pressures, coproduction, health services strategy and delivery of innovative digital services and tools. The ICB looks forward to working with the Committee alongside place Overview and Scrutiny Committees.

Constitution
At its meeting on 29 September 2023, the Board agreed some changes to its constitution and these were approved by NHS England on 24 November 2024. The updated Constitution has now been published on the ICB website.

Progress on the process for Fit and Proper Person Test and Conflict of Interest Exercise
As reported to the Board on 29 September 2023, the process for Board members to complete and return a revised Fit and Proper Person Test form has been undertaken at the same time as the annual process of reviewing the interests of Board members and participants. Completion rates are as follows:

% of Fit and Proper Person Test forms completed and returned to human Resources Team	100%
% of Board members and participants. declarations of interest reviews and updates completed	100%

The Corporate Governance Team is continuing the annual exercise to review and update conflicts and interests of members and attendees of committees of the Board and staff bands 8a and above.

Use of ICB Company seal

The ICB company seal was affixed to an agreement with Luton Borough Council and Bedford Borough Council for Bedfordshire Pension Scheme in relation to an employee.

5.0 Next Steps

None

List of appendices

Appendix A – Committee Chairs Updates.

Background reading

Annex A – None for this report.