Bedfordshire, Luton and Milton Keynes Integrated Care Board

Board of the Integrated Care Board In Public - 29 September 2023

Agenda

10:00	**1. Meeting opening** Chair	
	1.1 Apologies	Note
	1.2 Quoracy	Note
	1.3 Disclosure of Interests	Update
	1.4 Minutes (from 30 June 2023) and Matters Arising	Approve
	1.5 Action Tracker	Update
	1.6 Board Decision Planner	Update
10:05	**2. Chair's Report - verbal** Chair	Note
10:10	**3. Chief Executive Officer's Report** Chief Executive Officer	Note
10:15	**4. Questions from the Public** Chair	
10:20	**5. Resident Story** Chair	
	6. SYSTEM STRATEGY	
10:25	**6.1 Health and Employment outline strategy framework** ICB EXECUTIVE: Chief of System Assurance & Corporate Services and Chief People Officer	Approve
10:35	**6.2 Mental Health, Learning Disabilities & Autism Collaborative** ICS PARTNER: Ross Graves, Chief Strategy and Digital Officer, CNWL; Richard Fradgley, Executive Director of Integrated Care, ELFT. ICB EXECUTIVE: Chief Transformation Officer	Approve
10:45	**6.3 Equality, Diversity and Inclusion Implementation Plan** ICB EXECUTIVE: Chief People Officer	Note
10:55	**6.4 Section 75 Agreements** ICB EXECUTIVE: Chief Transformation Officer	Approve

7. OPERATIONAL

11:05

7.1 BLMK Quality and Performance Report
Note

ICB EXECUTIVE: Chief Nursing Director and Chief of System Assurance & Corporate Services

11:15

7.2 Winter and Urgent & Emergency Care Assurance 2023-4
Note

ICB EXECUTIVE: Chief Transformation Officer

11:25

7.3 BLMK ICS Finance Report (July 2023)
Note

ICB EXECUTIVE: Chief Finance Officer

11:30

8. GOVERNANCE

8.1 Reports from Places - to be tabled
Note

ICS PARTNERS: Members of Place Based Partnerships. ICB EXECUTIVE: Place link directors • Bedford Borough • Central Bedfordshire • Luton • Milton Keynes

8.2 System Board Assurance Framework
Note

ICB EXECUTIVE: Chief of System Assurance & Corporate Services

8.3 Corporate Governance update and updates from Committees
Approve

ICB EXECUTIVE: Chief of System Assurance & Corporate Services

11:40

9. Meeting Closing
Chair

9.1 Communication from the Meeting
Note

9.2 Meeting Evaluation
Discuss

9.3 Any Other Business

Next meeting
Date: Friday 8 December 2023
Time: 09:00 to 11:00 (exact time TBC)
Venue: Milton Keynes Council Chamber

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

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

All in attendance are asked to:
> Declare any relevant interests relating to matters on the agenda.
> Confirm that all offers of Gifts 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 18.9.2023

Integrated Care Board Members and Participants

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	No									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	Ongoing	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
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

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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 3AX	May-20	Ongoing	Declare in line with conflicts of interest policy	15/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				Chief Executive Officer, NHS Milton Keynes University Hospital	2013	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes		Y			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, Samantha Jones, Expert Advisor to the Secretary of State for Health & Social Care	Nov-22	Ongoing	Declare in line with conflicts of interest policy	23/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes				Y	Sister, Ruth Harrison, Director of Durrow Ltd	Circa 2012	Ongoing	Declare in line with conflicts of interest policy	21/11/2022
Harrison	Joe	Chief Executive, Milton Keynes University Hospital	Yes	Y				National Director for Digital Channels	Jan-23	Ongoing	Declare in line with conflicts of interest policy	01/02/2023
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes	No									27/06/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		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

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Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Milton Keynes Christian Centre	01/10/2019	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			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			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				Trustee of LifeArc	June 2023	Ongoing	Declare in line with conflicts of interest policy	26/04/2023
Manchanda-Singh	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				Essex Cares Limited - Audit Chair & NED	Oct-20	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda-Singh	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-Singh	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes	Y				IBMDS - Director - Consultancy Company	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-Singh	Vineeta	Non Executive Member, Integrated Care Board, Chair of Audit Committee	Yes			Y		Audit Committee Member - Worcester College	Oct-22	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/07/2023
Manchanda-Singh	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
Mattis	Lorraine	Associate Non Executive Member	Yes	Y				Director - Community Dental Services Community Interest Company	Nov-17	Ongoing	Declared in line with conflicts of interest policy	10/01/2023

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

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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	Acting Chief Executive Officer, East London NHS Foundation Trust	TBC									
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

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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
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

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 30 June 2023

Time: 09.00-13.15

Venue: Council Chamber, Central Bedfordshire Council Offices, Priory House Monks Walk, Shefford SG17 5TQ

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
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	RG
Joe Harrison	Partner Member, NHS Trusts and Foundation Trusts - *part*	JH
Dr Omotayo Kufeji	Partner Member, Primary Medical Services	OK
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	SS
Sahadev Swain	Partner Member, Primary Medical Services	SSw
Dean Westcott	Chief Finance Officer	DW
Dr Sarah Whiteman	Chief Medical Director	SW

Participants:		
Anne Brierley	Chief Transformation Officer	ABr
Sally Cartwright	Director of Public Health, Luton	SC
Vicky Head	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes Councils	VH
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	MT
Maria Wogan	Chief of System Assurance & Corporate Services	MW

In attendance:		
Paul Calaminus	CEO East London Foundation Trust	PC
Michelle Evans-Riches	Acting Head of Governance	MER

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In attendance:		
Sarah Frisby	Head of System Engagement, Communications	SFr
Cathy Jones	Deputy CEO Bedfordshire Hospitals	CJ
Michelle Summers	Associate Director Communications & Engagement ICB	MS
Matthew Winn	CEO Cambridgeshire Community Services	MWi

Apologies:		
David Carter	Partner Member, NHS Trusts and Foundation Trusts	DC

There were 7 members of the public in attendance.

No.	Agenda Item	Action
1.	**Welcome, Introductions and Apologies** The Chair welcomed all to this meeting of the Board of the Bedfordshire Luton and Milton Keynes Integrated Care Board (ICB) and apologies were noted as above. There were no questions submitted by the public for this meeting. It was confirmed that the meeting was **quorate**. The meeting was being recorded for the purpose of the minutes.	
2.	**Relevant Persons Disclosure of Interests – Register of Interests** Members had reviewed the Register of Interests and entries were confirmed to be accurate. The Chair added that she has been formally appointed to the Board of Lifearc, formerly known as MRCT, which is a charity that does work in research and development. The Board confirmed that there had been no offers of gift or hospitality received in the last 28 days, in relation to ICB business. The Chair asked that any conflicts of interests be declared during the meeting, if appropriate.	
3.	**Approval of Minutes and Matters Arising** The Board **approved** the minutes of the meeting held on 24 March 2023. There were no matters arising that did not form part of the meeting's agenda.	
4.	**Review of Action Tracker** Actions were followed through between meetings and the action tracker has been updated. This was presented for review with updates and proposed items for closure. **Action 44 Integrated MSK and Pain Services** Since the last Board meeting the MSK and Pain services contracts have been extended for one year to enable further market testing and engagement with Place. Therefore,	

	the target date for local authorities to identify representatives to work in partnership with the ICN to identify a new MSK provider had been moved to 1 April 2024. The one action update was **noted** and all other actions were **agreed** to be closed.	
5.	**Chair's Report** The Chair opened her report by reflecting on the achievements of the ICB as it approached 1 year of operation. In particular, she recognised: • The commitment from all partners including the VCSE to working together to support residents to live longer, healthier lives • The vital contributions made by residents to help shape our work as a partnership • Innovations delivered such as digital innovations in patient apps and care homes, the Shine Programme and the research programme with University of Bedfordshire And looking forward recognised the importance of addressing the following in the context of being one of the fastest growing ICSs: • Access to health care and services across the system • Supporting and growing our workforce • Making sure our estates and facilities keep pace with our growth • Tackling inequalities, learning from our residents through work such as the Denny Review. The Chair thanked all Board members and the wider partnership for their commitment to this work. The Board **noted** the Chair's report.	
6.	**Chief Executive Officer's (CEO's) Report** *Presented by the Chief Executive Officer, Felicity Cox* The CEO gave the following update: The Target Operating Model (TOM) consultation with staff, trade unions and other stakeholders went live on 28 June and there is a 45-day period for feedback. The MSK contract has been extended for one year to allow further market engagement, a robust competitive procurement and additional time to continue to engage with patients and residents. The delegation of the contracting of Pharmacy, Optometry and Dental (POD) from NHS England to the ICB took place as planned on 1st April 2023 and lessons learnt so far have been circulated to stakeholders. Dentistry is a particular hot topic for residents and we are looking at how to improve access to dental services, whilst recognising the current contract terms. Due diligence work is being undertaken on specialised commissioning to help us produce options for the Board to consider. This includes whether we wish to host the specialised commissioning service either directly or as a joint venture at arm's length or not at all. An extraordinary Board is being arranged to discuss the options.	

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	The Chief Executive and Chair have commenced meetings with newly elected local authority Councillors, to provide information and insight on the role and functions of the ICB. The following guidance has been issued: • NHS England issued revised statutory guidance on delegation and joint working arrangements for ICBs, NHS trusts and foundation trusts • Annual assessment of Integrated Care Boards 2022/23 The NHS Workforce Plan was launched in the media and will be published next week. <u>Discussion</u> Specialised Commissioning – sufficient time needs to be taken to consider the quality, clinical and financial risks of any delegation to the ICB. Particularly as BLMK has tertiary centres outside its geography. There was concern that the NHS Workforce plan does not appear to contain any reference to having resilient and effective social care, which the NHS is reliant on to enable it to work effectively. JH stated that the NHS Employers Board had written to express the disappointment at this. The Board **noted** the Chief Executive Officer's report.	
7.	**Questions from the Public** There were no questions from the public.	
8.	**Resident's Story** Jackie, supported by her husband, read a summary of her experience and treatment after being diagnosed with a brain tumour in 2021 (see appendix A to these minutes). Jackie expressed her appreciation for the care she received, but her experience highlighted the difficulties of navigating NHS services for her treatment and during her recovery period. Jackie's experience served as a strong reminder of how, when we come together to work in an integrated partnership way, we can better treat the whole of the person and achieve a higher level of wellbeing for our population. <u>Discussion</u> This experience highlighted the difficulty in navigating the complex system of NHS111, primary, secondary and tertiary care and the fact that Jackie and her family had no support. Jackie stated that it would have been helpful to have had someone to support her. It would have been particularly useful to speak to a neurosurgeon following her surgery when she had so many questions. It was disappointing not to have a response from Headway, a charity to support patients and families with brain injury. Jackie found support from Facebook groups for people who had meningioma. It was through persistence of Jackie's family that ensured Jackie got a diagnosis and treatment, as she did not want to be a nuisance. A personalised and proactive process of contacting patients following a surgical procedure would be really helpful and could be done by social prescribers. There was also an opportunity with the delegation of Specialised Commissioning to promote outreach work by specialised providers and see people closer to home. There is an opportunity to use digital systems more effectively with appropriate permission to share information between providers. Details could then be recorded	

	about how the resident wants to be treated, who their appointed advocate is and details of their treatment and support. The Chair, on behalf of the Board thanked Jackie and her husband for sharing their experience and stated that the partners in the ICB do want to make a positive difference for our residents.	
9.	**Denny Review** *Presented Reverend Lloyd Denny, the Author of the Denny Review and Paul Calaminus, CEO ELFT* The Covid pandemic exposed inequalities as it disproportionately affected certain groups of our society. Reverend Lloyd Denny was asked to lead a review of health inequalities in BLMK. This involved working with health and care partners, the four Healthwatch organisations and residents to identify the issues faced and also included a detailed literature review. Residents identified that they are often treated as a set of health conditions rather than a whole person and navigating the health and care system is difficult, particularly if your first language is not English. People often give up trying to access services and leave seeking help too late. The report will be published in July 2023 and identifies short and medium-term recommendations. <u>Discussion</u> • As heard in the resident story it takes tenacity and persistence to navigate the NHS system. • Many of the recommendations are universal, but it is important to identify specific issues for children and young people and how we can positively impact their health and wellbeing as this will have long term benefits. • There are cultural challenges in our organisations that need to shift to make processes more person centred. • As the Board, we must take collective responsibility to implement the recommendations in the report. • Services need to be co-designed with residents to create a system that is easier to navigate. Residents and patients need to be involved in the continual assessment and improvement. • The report also includes resident feedback on where services are working well and these need to be shared as good practice. Good practice from outside BLMK also needs to be shared. • Personalised care is at the heart of the recommendations, with standardisation where it is appropriate to do so. This may require disproportionate investment to make a real difference. • In Luton, the Talk, Listen, Change culture has been embedded and cultural competency training is being rolled out. **ACTION:** Board members share two or three risks to the implementation of the Denny review recommendations with the Chair of the Working with People and Communities Committee, who will summarise and report to the Committee with proposed assurance actions. **Agreed:** **1.** That the report on inequalities be circulated to the Board for comment and the Working with People and Communities Committee be delegated authority to approve the publication of the report following feedback. 2. That the proposals for implementing the short-term and medium-longer term recommendations from the Denny Review including the proposed communications, engagement and co-production activity to build on the work of the review be endorsed.	**ALL**

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	3. That the reverend Lloyd Denny be thanked for leading this valuable review.	
10.	**2023/24 Inequalities Funding – proposed allocation and governance** *Presented by ICB Chief Nursing Director and Senior Responsible Officer for Inequalities, Sarah Stanley,* The Chief Nursing Director and Directors of Public Health introduced a paper proposing the allocation of ICB inequalities funding for 2023/24. In 2022/23 inequalities funding was not all utilised and £145K had to be returned to NHS England. An ICS Health Inequalities System Leadership Group has been established to provide guidance on the development of the inequalities strategy and allocation of inequalities funding. Group members also provide advice and guidance to shape the priorities and work programme of the shared Population Health Intelligence Unit. The Health Inequalities System Leadership Group has proposed the following: **Place allocation,** To allocate £2M to Place, £500K per Place, and it will be the responsibility of the Place for how this money is allocated locally. The rationale for this even split across Places is that when factors such as deprivation, as well as age structure and population size have been accounted for in initial simple modelling, the difference in amounts between the four places have been minimal. **Sustainable Inequalities programme support** Provide additional support to take the programme to a more evidence based, data driven and integrated approach, whilst also taking some key projects through a system of learning. It is proposed to establish a small team as follows: • Four Inequality Improvement Advisors aligned to Place - there are currently two on fixed term contracts. • An Inequalities Programme Manager • Head of Quality and Inequalities The additional resource will enhance the quality improvement capability across the system. **Institute of Healthcare Improvement (IHI)** Working with the Institute for Healthcare Improvement will provide BLMK ICS with valuable expertise, resources, and a collaborative platform to address inequalities in healthcare effectively. Two programmes in maternity preconception programme and Mental Health Serious Mental Illness and Dementia are being rolled into 2023/24, as previously agreed. <u>Discussion</u> • Concern was expressed that the proposed equal allocation of funding to four places was not in accordance with previous 'fair shares' methodology based on historical CCG funding patterns. The key concern was that this approach could set a precedent for the allocation of future funding and JH sought assurance that this was not the case as receiving a quarter allocation rather than a 'fair share' would fundamentally undermine the ability of Milton Keynes to continue to deliver change in health and care services at the level that it is currently delivering. Assurance was provided that this was a proposal for this inequalities funding alone and just for 2023/24. JH requested that this be minuted. • One of the benefits of allocating funding at Place was that it could be done via s.256 and funding could be used over multiple years. • It was explained that in developing the proposed allocated, assessments were undertaken on place deprivation, population, age structure etc and as a result	

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	of these factors being taken into account the allocation to the four Places was roughly equitable. • Concern was expressed that allocation to Place could also preclude doing things at scale e.g. pan system, across Bedfordshire Care Alliance. Whilst it is recognised that many solutions will be taken at neighbourhood and Place. Allocation of resource to Place aligns with the principle of subsidiarity and did not preclude the option for activities to span across places. • Concern was also expressed regarding the proposal to increase staffing resource for inequalities when the Target Operating Model required reduction in posts. It was clarified that the proposed roles did not increase head count for the ICB. The funding is separate to the running costs of the ICB and therefore, are not subject to the reduction of 30% required by NHS England. • The membership of the Health Inequalities System Leadership Group included acute and primary care members and nominations were invited. • The governance of the funding and monitoring of outcomes needs to be clear. • Places need to ensure that the inequalities funding is allocated to address the recommendations in the Denny review and ensure that children and young people benefit from the funding. • It was recognised that it was a relatively small amount of money and the wider determinants of health need to be addressed as part of the prevention agenda. • It was suggested that it would be helpful to have options and design principles in future reports. • For each £1 spent on VCSE the social value was ten-fold and this needs to be explored more. VCSE is part of the solution and needs to be invested in. • Membership of the Institute of Healthcare Improvement (IHI) costs £250K per year and it was proposed to join for 3 years with funding for future years would have to be identified. The IHI can analyse inequalities and whether actions being taken are addressing them. The IHI will also work alongside the Population Health Intelligence Unit, which the Board has invested in. • It is imperative to focus on a few key areas that will have maximum impact on outcomes. Challenging inequalities is the golden thread throughout all ICS work. **Agreed:** 1. That the proposed allocation of inequalities funding 2023/24 described in the paper be approved and be focused on a small number of initiatives as outlined in the paper. That authority be delegated to the ICB Chief Nursing Director to make future decisions on the allocation of inequalities funding, with the members of the ICS Health Inequalities System Leadership Group advising on these decisions. 2. That the acute providers and primary care nominate a representative to the Health Inequalities System Leadership Group. 3. That the Health Inequalities System Leadership Group develop a plan for 2024/25 that includes funding options recognising, Place, neighbourhood and collaboration, and the governance arrangements with engagement from partners. Joe Harrison requested that his disagreement with the proposed allocation of inequalities funding be noted in the minutes. <u>Joe Harrison left the meeting due to a prior engagement.</u>	
11.	**Joint Forward Plan** *Presented by Chief Transformation Officer, Anne Brierley* The ICB is required to publish a Joint Forward Plan (JFP) which details how we will provide resilient health and care services in BLMK and meet the four core objectives	

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	of an ICS. The plan is the foundation on which action plans will be developed at Place, Collaborative and System. There has been wide engagement of draft Joint Forward plan which includes the five local authority Health and Wellbeing Boards, who have confirmed that it aligns with their respective Health & Wellbeing strategies, and NHS Trusts. **Agreed:** 1. That the views of the Health and Wellbeing Boards on the draft Joint Forward Plan be noted. 2. That the BLMK Joint Forward Plan 2023-2040 be approved for publication and submission to NHSE. 3. That plans for widespread engagement activity with partners and residents through the Summer and Autumn of 2023 to feed into the next iteration of the Plan be noted.	
13.	**Memorandum of Understanding with Healthwatch** *Presented by Chief of System Assurance and Corporate Services, Maria Wogan* The four Healthwatch organisations have worked with the ICB to develop the Memorandum of Understanding which is based on the national model. It details how we will work with Heathwatch to hear the voice of residents. It clearly states the expectations of Healthwatch and the ICB in working together particularly on engagement. Healthwatch are represented on the ICB Board, Committees e.g. Integrated Care Partnership, Working with People & Communities and Primary Care Commissioning & Assurance Committees and governance structure of the ICB and are integral to our approach of decision making being resident focused. It is recognised that Healthwatch has limited resources and the MOU commits the ICB and Healthwatch to work together to develop suitable governance and joint working arrangements. **Agreed:** That the Memorandum of Understanding between the ICB and Healthwatch be approved.	
14.	**Quality and Performance Report** *Presented by Chief of System Assurance and Corporate Services, Maria Wogan and Chief Nursing Director, Sarah Stanley* The performance report had been considered by the System Oversight and Assurance Group that is attended by NHS England. It highlighted areas of concern and improvement. The national System Oversight Framework is being reviewed and there is a proposal to reduce the number of metrics from 89 to 54. A data scoping exercise on establishing a single source of the truth is being undertaken and will be reported to the Board. We are continuing to work up with partners a new Cross-Cutting Outcomes Framework, based on the Office of National Statistics Health Index. The new Framework will reflect the diverse nature of what determines population health and there are three categories Health People, Health Lives and Healthy Places. **ACTION**: SS to provide an update to the Board. <u>Discussion</u> • Comparison against national performance should be included in the performance report.	SS

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	• Community data on waiting times for adults and children & young people including MSK and audiology is available and should be included in future reports. • Wider primary care data needs to be included. It was clarified that GP contacts in the report does not include non-GP contact in primary care, which included dentistry, ophthalmology and pharmacy. Recording of general practice contacts will be improved when cloud telephony is implemented across practices. Of our 93 practices 49 have cloud-based telephony and there is national evidence that it improves patient experience. • It was recognised that demand on general practice is growing but GP retention is declining. Patients need to see the right professional at the right time and this is not necessarily a GP, which will require communication with residents. Self-referral for services is also increasing, e.g. musculoskeletal and it is expected that community podiatry and wheelchair services to follow suit. • Clostridium difficile (CDif) infections were above the target of 146 with a breakdown of approximately 50% being hospital acquired and 50% community acquired. There is a CDif working group focusing attention on actions that will reduce this e.g. hand hygiene. • BLMK Elective recovery board are examining long waits which includes those of children and young people that often span a number of areas e.g. autistic spectrum disorder which can include speech and language and occupational health. • Diagnostic testing performance is lower quartile and will be improved by the investment in community diagnostic infrastructure. **ACTION:** Primary Care Commissioning and Assurance Committee to review the data on and reasons for "do not attend" appointments. The Board **noted** the written and verbal reports.	NP
15. a.

	• The system reported a deficit of £6.7m in month 2, with East of England Region deficit being £32m and nationally circa £300m. • Deficit drivers are increases in prescribing costs (£1m) due to supply issues and reflects the trend of the last four months of 2022/23, inflation, operational pressures and industrial action. • Discussed month 2 position with NHS England regional team and system wide work is underway to recover. • It is forecast to break even at year end and this will be monitored closely with ongoing discussions with providers on achieving break even. **ACTION**: Financial information from providers that are hosted outside BLMK will be included in future reports. **Agreed:** 1. That the ICS Financial Plan including income and expenditure, efficiency, risks and capital be approved. 2. That the month 2 finance report 2023/24 be noted.	DW
16.	**Section 75 Agreements** The Finance and Investment Committee reviewed the proposals for s.75 agreements with Luton Borough council and Milton Keynes City Council and these were referred to the Board for approval. The s75 agreements encompass the Better Care Fund (BCF) and it was noted that additional monitoring is in place. There are discussions at Place and Collaborative regarding the BCF and the adult discharge fund, particularly as there is a two-year funding agreement and agreeing actions with the most impact. **Agreed**: 1. That the 2023/24 S75 agreement between BLMK ICB and Luton Borough Council be approved. 2.That the 2023/24 S75 agreement between BLMK ICB and Milton Keynes City Council for Community Equipment Services be approved.	
17.	**Decision Planner** *Presented by Chief of System Assurance and Corporate Services, Maria Wogan* The decision planner provided transparency of key issues that will be reported to the Board at future meetings for decision. It will be published on the ICB website. **Agreed**: That the report be noted and Board members will notify the corporate governance team of any future items for inclusion in the Board Decision Planner.	
18.	**Update from Place Based partnerships** *Presented by the Place Link Directors* **Agreed**: That the update from the four Place Based partnerships be noted.	
19.	**Board Assurance Framework (BAF)** *Presented by Chief of System Assurance and Corporate Services, Maria Wogan* The report presented an update on activity in relation to the BAF since the last Board meeting and the following was highlighted: • An additional risk has been added on partnership working which had been identified at a Board workshop. This had been raised following the challenges on primary care estate. The risk recognises the mitigation in place and how partners need to work together to mitigate the risk. Given the discussion on inequalities funding allocation at the meeting and the methodology used, the partnership risk mitigation plan should be reviewed to address this specific issue.	

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	ACTION: Review the partnership risk mitigations following discussion on inequalities funding allocation discussions at the Board. • System risks have been reviewed in light of the industrial action and a number of risk ratings have increased. • A workshop on collaborative working and risks associated with it is being organised and details will be shared. <u>Discussion</u> • The resident story identified issues of navigating NHS services and this is not reflected in the BAF. **ACTION**: An assessment of the risk related to the challenges faced by residents accessing and navigating the system as raised in the resident story and the Denny Review will be undertaken and reported to the next Board. **Agreed:** The Board reviewed the BAF**,** noted actions taken to manage risks on the system BAF and agreed the additional risk on partnership working.	**MWo** **MWo**
20.	**Corporate Governance Update** *Presented by Maria Wogan, Chief of System Assurance and Corporate Services* **Agreed:** 1. That the amendment to the Governance Handbook Scheme of Reservation and Delegation for the Chief Nursing Director be approved; 2. That the recruitment of Dr Sahadev Swain, Primary Medical Services partner member of the Board of the ICB and agree to his appointment as a member of the Quality and Performance Committee be noted. 3. That the update on the recruitment of a Non-Executive Member and Chair of Audit and Risk Assurance Committee be noted 4. That the Committee Chairs' updates, provided in appendix A of the report be noted.	
21.	**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 to include: • The agreement to publish the Denny review report. • The allocation of inequalities funding. • Approval of the Joint Forward Plan • Agreement of the Memorandum of Understanding between Healthwatch and the ICB. **Action:** MW (Comms Team) to prepare a summary of updates from the meeting to share with partner members as above.	**MWo**
22.	**Meeting Evaluation** The following areas were highlighted: • It was reflected that although there had been some improvement in written reports, the reports were still quite long and detailed. • The item on resident story and public questions should be the first item on future agendas. • There was constructive challenge and contribution to discussion at the meeting.	
23.	**Any Other Business**	

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	There was none.	
24.	**Date and Time of Next Meeting:** The next meeting of the Board is currently scheduled to be held on Friday 29 September 2023. This will be include the Annual General Meeting. The Chair read the Resolution to exclude members of the press and public to part 2 of this meeting: 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 closed at 13.15.*	

Approval of Draft Minutes:		
Name	Role	Date
Rima Makarem	Chair	28.07.2023

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Integrated Care Board MASTER Action Tracker as at 18.9.23

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Key

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

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
44	24/03/2023	Integrated MSK and Pain Services	Local Authority representatives to nominate a representative (public health or social care) by 6 April to work in partnership with the ICB to identify new MSK provider arrangements from 1 April 2024	Tara Dear Michael Bracey Laura Church Marcel Coiffait Robin Porter		01/04/2024	MSK contract has been extended for one year, during which time engagement with Place will take place.	**Not Yet Due**
47	30/06/2023	Denny Review	Board members share two or three risks to the implementation of the Denny review recommendations with the Chair of the Working with People and Communities Committee, who will summarise and report to the Committee with proposed assurance actions.	All		14/07/2023	Information was provided by Board members	**COMPLETE: Propose closure at next meeting (29/9/23)**
48	30/06/2023	Quality & Performance	Update on data scoping exercise	Sarah Stanley		29/09/2023	1/9/23 SS confirmed that an update will be included either within the Q&P Update Report, or within the verbal update in the Private part of the meeting, on 29/9/23	**COMPLETE: Propose closure at next meeting (29/9/23)**
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	Report to Primary Care Commissioning and Assurance Committee 15 September 2023	**In Progress**
50	30/06/2023	Finance report	Financial information from providers that are hosted outside BLMK will be included in future reports.	Dean Westcott		29/09/2023		**COMPLETE: Propose closure at next meeting (29/9/23)**
51	30/06/2023	BAF	Review the partnership risk mitigations following discussion on inequalities funding allocation discussions at the Board	Maria Wogan		29/09/2023	Risk mitigation reviewed	**COMPLETE: Propose closure at next meeting (29/09/2023)**

Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
Action No.	Meeting Date	Agenda Item	Action	Action Owner	Past deadlines (Since Revised)	Current Deadline	Current Position (latest update)	RAG
52	30/06/2023	BAF	An assessment of the risk related to the challenges faced by residents accessing and navigating the system as raised in the resident story and the Denny Review will be undertaken and reported to the next Board.	Maria Wogan		29/09/2023		**COMPLETE: Propose closure at next meeting (29/09/2023)**
53	30/06/2023	Communications from the Meeting	A summary of updates from the meeting to share with partner members as above	Maria Wogan		07/07/2023	Communications circulated to partners.	**COMPLETE: Propose closure at next meeting (29/09/2023)**

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	10071	Integrated Urgent Care	To agree the strategy for the re-provision of integrated urgent care (111 service, clinical assessment services, GP out of hours) urgent treatment and walk-in centres.	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Amanda Flower, Associate Director - Primary Care Commissioning and Transformation Steve Gutteridge, Senior Primary Care Transformation and Commissioning Programme Manager – Integrated Urgent Care
FUTURE	10074	Specialist Community Dental Service (SCDS) Contracts	To agree the process for re-procurement of specialist community dental services contracts.	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Lynn Dalton, Associate Director - Primary Care
FUTURE	10075	111 Emergency dental services	To agree the process for re-procurement of emergency dental services accessible via 111.	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Lynn Dalton, Associate Director - Primary Care
FUTURE	10076	Primary Care estates	Approve the process for any review of primary care estates programme (prioritisation list).	Primary Care Commissioning and Assurance Committee	BLMK	15 Sep 2023	Chief Primary Care Officer	Nikki Barnes, Head of ICB Estates
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	10078	Mental Health	Approve the establishment of a Mental Health, Learning Disability and Neurodiversity Collaborative Committee.	Board of the ICB	BLMK	29 Sep 2023	Chief Transformation Officer	Robin Campbell, Deputy Director of Integrated Care, East London NHS Foundation Trust

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	10079	Strategic Data Platform	To agree the approach to procuring a hosted ICS wide strategic data platform	Board of the ICB	BLMK	8 Dec 2023	Chief Medical Director	Mark Thomas, Chief Digital and Information Officer
FUTURE	10080	Business Intelligence Strategy	To approve the ICB Business Intelligence Strategy.	Board of the ICB	BLMK	8 Dec 2023	Chief Transformation Officer	Kathryn Moody, Director of Contracting
FUTURE	10082	VCSE Development	To agree an approach to grow the role of the VCSE in healthcare.	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	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	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	10087	Primary Care estates	Approve any changes to the prioritisation list for primary care estates schemes.	Primary Care Commissioning and Assurance Committee	BLMK	15 Dec 2023	Chief Primary Care Officer	Nikki Barnes, Head of ICB Estates Lynn Dalton, Associate Director - Primary Care
FUTURE	10088	Primary Care estates	Approve Kempston estate scheme business case (King St. GP practice reprovision).	Primary Care Commissioning and Assurance Committee	Bedford Place	Q1 2024/25	Chief Finance Officer	Nikki Barnes, Head of ICB Estates Lynn Dalton, Associate Director - Primary Care
FUTURE	10089	Equality, Diversity and Inclusion	To report on the Equality, Diversity and Inclusion improvement plan	Board of the ICB	BLMK	29 Sep 2023	Chief People Officer	Bethan Billington, Deputy Chief People Officer

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Decision Planner

Status	Ref No.	Topic	Decision to be taken	Decision Taker	Scope	Date of Decision	ICB Board Sponsor	Contact Name
FUTURE	10090	Home Oxygen Service	To consider the procurement of the Home Oxygen Service	Board of the ICB (Private)	BLMK	29 Sep 2023	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	8 Dec 2023	Chief of Systems Assurance and Corporate Services	Michelle Summers, Associate Director Communications and Engagement

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

Executive Lead: Felicity Cox, Chief Executive Officer

Report Author: Georgie Brown, Chief of Staff

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

Item: 3 Chief Executive Officer's Report

1.0 Executive Summary

1.1 This report provides a summary of corporate activities since the last Board Meeting on 30th June 2023.

2.0 Recommendations

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

3.0 Key Implications

Resourcing	
Equality / Health Inequalities	ü
Engagement	ü
Green Plan Commitments	

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

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

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

3.6 The following individuals were consulted and involved in the development of this report:
Nikki Barnes, Associate Director of System and ICB Estates
Kathryn Moody, Director of Contracting
Sarah Stanley, Chief Nurse
Sophie Powers, Head of Engagement, Communications & Marketing
Dr Sanhita Chakrabarti, Deputy Medical Director

4.0 Key Updates

4.1 **Industrial Action**

I would like to recognise the commitment and hard work of our teams over this year and past months in the planning, preparation, and continuity of care to our residents and patients through the several periods of Industrial Action. This has been significant for all concerned. We continue to hope for a resolution to the ongoing action, but, in the meantime, we will continue to limit and minimise harm to patients and disruption to services, supporting our teams to maintain and manage their resilience and morale in these challenging times.

4.2 **"Freedom to Speak Up" Letter – Verdict in the trial of Lucy Letby**

NHSE England wrote to all ICB and NHS Trusts and Primary Care Networks on 18th August 2023. BLMK ICB support the commitment made by NHSE to doing everything possible to learn from this case and to prevent anything like this happening again.

The new Patient Safety Incident Response Framework (PSIRF) will be implemented this autumn, which will have a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

As leaders, we must ensure that everyone feels safe to speak up and confident that it will be followed up by a prompt response. We must listen to the concerns of patients, families, and staff, following whistleblowing procedures, alongside good governance, particularly at trust level.

By January 2024, all NHS organisations should have adopted the strengthened NHSE "Freedom to speak up" policy, which will be addressed via the System Quality Group (QSG).

NHS leaders and Boards should urgently implement and oversee that all staff have access to information on how to speak up and are confident to do so, supporting staff facing cultural barriers, those at lower grades and those working unsociable hours. Boards should seek assurance that their organisation is aware of the national speaking up support scheme and actively refers to it, that staff can speak up, and that whistle-blowers are treated well, whilst reporting, reviewing, and acting on available data.

All NHS organisations are reminded of their obligations under the Fit and Proper Person (FFP) requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements. NHSE have recently strengthened the fit and proper person framework bringing in additional background checks which will be refreshed on an annual basis.

This case has shocked the NHS and the nation, and NHSE ask for our commitment by implementing the actions set out in the letter. An independent inquiry will follow, to ensure every possible lesson is learned.

4.3 **Reinforced Aerated Autoclaved Concrete (RAAC)**

The issue of Reinforced Aerated Autoclaved Concrete (RAAC) has been an issue of media and government focus in the last period. NHS England wrote to ICBs, and Trust Chief Executives and Estates leads on 5th September following publication of the guidance from the Department for Education. Within the NHS there has been an extensive programme of work to identify RAAC within the NHS estate and to establish appropriate mitigations to manage. To date no NHS sites, including the Primary Care sites surveyed so far, in BLMK have been identified as having RAAC. Boards have been asked to ensure they support their estates teams and ensure all assessments have been completed and are reviewed to cover all buildings on their estates. We will be working to ensure this review and updated request for BLMK is complete.

4.4 **Performance**

As we approach the winter months, we are working to prepare the BLMK system for winter pressures, ensuring services and access for residents and patients is maximised. It is essential for us to make sure that all parts of the system maximise their capacity and access to manage demand. Delivery of the System Coordination Centre and new OPEL framework for 2023 are being revised into our local escalation and management arrangements. NHS recovery, reduction of backlogs and waiting lists in planned care and cancer remains a firm and increasing focus. It will be critical for us to balance the activity of these interdependent functions in the months ahead, ensuring operational grip, efficiency and prioritisation. The national reinvigoration of Patient Choice and the introduction of patient initiated digital mutual aid system (PIDMAS) () at the end of October will also require focus.

4.5 **Awards and Nominations**

Kathy Nelson, Head of the cancer network for Bedfordshire, Luton, and Milton Keynes Integrated Care System, has been named in a shortlist of just three in the Ground-breaking Researcher category at the National Black, Asian and Minority Ethnic Health and Care

Awards. She was shortlisted for this prestigious national award for her innovation in cancer research in Luton. The award ceremony will take place on 28 September.

Meanwhile, Blenda Correya, International Nurses Career Coach for BLMK ICS, has been shortlisted for an award at the prestigious Nursing Times Workforce Summit and Awards 2023. She was shortlisted in the "Overseas Nurse of the Year" category after colleagues nominated her for her inspirational work. Blenda has supported the arrival and deployment of more than 475 internationally educated nurses, and she is pivotal in the whole international nurse journey.

A group of caring and diligent NHS volunteers in Bedfordshire were recognised for their vital contribution to breastfeeding support. The Breastfeeding Buddies from Bedfordshire Community Health Services (part of Cambridgeshire Community Services NHS Trust) were regional winners for the Volunteer Award category in the NHS Parliamentary Awards for the support they give in Baby Brasseries, which are groups based in children's centres in Bedford Borough and Central Bedfordshire. They were nominated by Mohammed Yasin MP and Richard Fuller MP.

At the MJ Achievement Awards in June, Luton Borough Council with health partners, were highly commended for place work on health inequalities for Luton as a health equity town- embedding the Marmott principles. This award invited entries for innovative approaches to improve health and reduce inequalities across a range of services. Judges were looking for council areas where improving health is at the heart of the corporate strategy and action is being taken in areas such as housing, planning, economic development, and education. Submissions were required to demonstrate strong leadership on health inequalities across the whole council and clear evidence of impact.

And, in July, the ICB was handed a key NHS financial accreditation. The NHS Finance Towards Excellence accreditation process allows the Finance Leadership Council to give due recognition to organisations that have the very best finance skills, development culture and practices in place. The accreditation awarded to the ICB means that all eligible NHS organisations in BLMK have now achieved Level 1 in the programme and are working towards meeting the more detailed requirements of Levels 2 and 3.

4.6 **Running Cost Allowance and Target Operating Model (TOM)*:***
The Board will be aware of the requirement for all ICBs to reduce running costs by 30% (£5.5m for BLMK) by April 2025. The transition to the ICB's new Target Operating Model (TOM) will enable us to reduce costs whilst supporting the ICB to become a more flexible, responsive, and Place-focussed organisation. The Consultation, which closed on 11th August 2023, lasted 45 calendar days, with all staff encouraged to provide feedback on the proposed organisational structures and in other areas too, including changes to the hybrid working policy, estates rationalisation and on-call arrangements. The responding consultation documents and adjusted structures were published to staff on 24th August. We also welcomed feedback from stakeholders and partners throughout the process which truly helped us to shape our TOM and supporting structures.

The transition to our TOM is iterative and will continue to evolve. The consultation response document sets out a summary of the purpose and functions of the teams as the key areas of focus. What we will and will not do as an ICB will be just as important as how we do things. Over the past months, teams have been giving their ideas of what should continue, stop or be done elsewhere. So, to do this, we are establishing a thorough understanding of how we spend our time, internally, externally, in regional networks and meetings to identify where value is added (and for whom) and which are value limited and/or duplicative and need to work better for us or stop. This will evolve as NHS England develop their own operating model.

The results of this will form proposals, which will need to be shared and discussed with Partners to ensure we are taking the correct approach for BLMK, our Places and our

residents. We are clear however, that the ICB should be doing what only the ICB can do, that we support Place, Collaboratives and Alliance to do what only they can and should do. All the organisations in the ICB partnership are of course resourcing the new operating model as well, the ICB will only be successful if we mutually resource this work. Ensuring autonomy, design, and delivery at the right level and on the right things will be vital.

4.7 **NHS England Annual Assessment of ICB Performance 2022/23**

NHS England (NHSE) has a legal duty, as set out in the Health and Care Act 2022, to undertake an annual assessment of Integrated Care Board (ICB) performance. For 2022/23 NHSE undertook a narrative based assessment of ICBs and how the ICB has discharged its key statutory duties since establishment, against the four core objectives and its key duties. BLMK ICB received the formal summary assessment in early August 2023.

The assessment positively highlighted the foundations, frameworks, approach and impact the ICB is already having. The ICB was encouraged to consider a regional or peer review to ensure a holistic approach to operational delivery, governance, and oversight; and to widen the governance framework to incorporate operational delivery priorities. Priority areas cited for development over the year were improvement in financial position, Cancer, elective recovery, diagnostics 6-week waits and management of inappropriate out of area bed days for Mental Health and CYP, and to build on the existing workforce and people plan. We were encouraged to maintain a focus on population health, prevention, and management and to continue development of governance and operational approaches in tackling unequal outcomes and exploring ringfenced investment.

4.8 **ICB Review Meeting**

The ICB Review meeting took place on 2nd August 2023. This session enabled ICB Partners to meet with regional colleagues to discuss the progress the ICB has made in its first 12 months of operation and our forward plans for BLMK. Our commitment and focus on population health, tackling inequalities, experience, and access were recognised as well as strong partnership working and developments at system and place. Progress within our mental health, learning disabilities and autism collaborative was commended as a significant piece of work undertaken to understand the emerging needs and themes of our population. Our approach to sharing best practise and entering our work for awards, sharing both credit and confidence with staff was noted as inspiring. Our workforce teams were recognised for attracting and retaining staff, and as having the largest growth across the region.

The ICB is currently non-compliant against our capital plan, and we expressed concern about the impact of the national allocation funding formula not being viable to support longer term planning. In addition, we noted that minimal capital is available to increase capacity in primary care estate which challenges our ability to modernise and accommodate future rapid population growth. This was raised alongside the lack of capital flexibility across system boundaries (for example, with mental health and community providers outside of the immediate ICB boundary). In turn, NHSE confirmed national discussions to create more flexibility with the use of capital and committed to engaging us in national discussions in the run up to the spending review.

Several actions were agreed following discussion for both the ICB and Region. ICB actions include reviewing admissions for children (under 16) with Asthma and describing how Primary Care Networks (PCNs) will support admission avoidance/management of surges in activity ahead of winter. The region committed to sharing examples of modular build solutions; to arrange a meeting with the national team to discuss the approach to CDEL ahead of the spending review; to raise a list of requirements to progress with safe delegation of specialised commissioning and hosting arrangements and to further discuss the Luton CDC and opportunities to resolve/move forward and options available.

4.9 **Hydrotherapy**

The hydrotherapy service provision in Bedfordshire was paused in March 2020 due to the Covid pandemic. Following engagement and briefings with key stakeholders, we were pleased to confirm, in early September, that hydrotherapy provision will re-start in the

community for Bedford Borough and Central Bedfordshire residents from January 2024. The service will once again be available for eligible NHS patients from Anjulita Court, Bramley Way, Bedford.

The ICB also acknowledges the commitment made by Bedfordshire Clinical Commissioning Group to re-examine the use of the hydrotherapy pool at Gilbert Hitchcock House (GHH) in Bedford. As has been the case since 2019, hydrotherapy services will not be available from this site. Providing hydrotherapy in the community at Anjulita Court is a comparable offer for residents, which also delivers value for money and makes best use of valuable NHS estate. Estate that is suitable for the delivery of healthcare in the Bedfordshire area is extremely limited and it is important that the GHH space be used to deliver NHS services that benefit as many residents as possible, with the greatest impact on improving health outcomes.

Access to NHS capital funding is extremely limited across England, and the local demands for additional capital for new health facilities to meet the needs of our fast-growing population are well known. Investment of very limited NHS capital of upwards of £1.2m to return hydrotherapy to GHH is not the best use of public expenditure when options requiring no new capital investment are available locally.

Individuals experiencing Musculoskeletal (MSK) issues can self-refer to the Bedford Borough and Central Bedfordshire Community MSK Service online, with services including individual physio or group therapy and pain management support available.
The provision of Hydrotherapy in Bedfordshire Luton and Milton Keynes will be considered as part of our re-procurement of MSK services in due course, built upon continued resident engagement and co-production.

4.10 **Autumn/Winter 2023/24 Vaccination Delivery Programme**

The BLMK Strategic Vaccination Board, with Public Health as key members, is working to bring forward this autumn's vaccination programme in line with the announcement from the Secretary of State (SofS) for Health and Social Care. The SofS has asked for the accelerated delivery of this programme, with as many people as possible to have been vaccinated by the end of October. DHSC are providing additional support to the NHS to enable this to happen. Vaccination for care home residents, those who are housebound and those who are eligible will commence from 11th September. We have achieved excellent sign up from PCNs and community pharmacists to deliver this programme to our population in BLMK.

4.11 **Women's Health Strategy for England**

Published in summer 2022, the Women's Health Strategy sets out national plans to boost the health outcomes of women and girls, to improve how the healthcare system listens to women and to reduce disparities. The national strategy is informed by a public call for evidence, which received about100,000 responses.

Evidence shows that women live longer than men but spend more of their lives in ill health and 84% of respondents said they had not been listened to. A year one implementation priority of the strategy is to encourage the expansion of women's health hubs (which may be virtual or physical) to improve women's access to services. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities by bringing together healthcare professionals and existing services in the community.

Our Women's Health Champion in BLMK, Dr Sanhita Chakrabarti, Deputy Medical Director, is leading a small steering group, including local authority commissioners of sexual and reproductive health services and the academic health sciences network. The 14th September saw the launch of BLMK multi-professional, multi-agency stakeholder forum. This group will help inform the future directions of the development of woman health hubs and other recommendations of women's health strategy.

We are preparing to submit a bid on 30th September to secure approx. £500K to establish a women's health hub in BLMK, we are keen and hope that all stakeholders have been able to contribute to this and will continue to support this workstream moving forward.

4.12 **Specialised Commissioning**

In June, the Board agreed for BLMK ICB to host Specialised Commissioning Services, on behalf of the East of England ICBs from 1st April 2024 (subject to a number of conditions, including the adoption of a joint endeavour model, the ability to move funding and pathways to support local residents, and certainty around transitional funding).

Utilising regional funding, we are progressing with securing a Programme Director and Finance Lead to start in early October and will be developing a project team to support them in the coming weeks. Alongside this we are scoping and developing the Memorandum of Understanding, risk share and governance arrangements of the Joint Endeavour with our five East of England ICB Partners.

The Pre-Delegation Assurance Framework (PDAF) will be discussed in further detail today. It is expected that the work to complete this will continue until March 2024, in line with the national timetable for completion. As part of this work, we will continue to work with an external partner to provide additional support and expertise to ensure this process is comprehensive and mitigates risk where possible.

4.13 **Enquiries and Experience**

The ICB Executive team receives quarterly reports on the Enquiries and Complaints to the ICB. For Q1 2023, the ICB received 196 contacts, relating to funding, Primary Care, GPs, Medicines Optimisation and Continuing Health Care (CHC). 96 Freedom of Information Requests were received, relating to Planned Care, Primary Care, Digital, Medicines Management, CHC, Children and Young People and Contracts. For Q4 2023, the ICB received 407 contacts, a 100% increase in FOI's and in contacts/enquiries, relating to contracts, community services, GPs, healthcare provision, referral, and treatment times. The themes from these reports will be reviewed and built into conversations with providers and teams in the ICB.

4.14 **Inductions for New Local Councillors** *(mentioned briefly in previous report)*

The local elections in May 2023 resulted in a changed political landscape in Bedfordshire, Luton, and Milton Keynes with more than 48 newly elected councillors across our four places. Induction meetings were held during June and July with the ICB Chair, Chief Executive, and place-based directors, supported by the communications team and the democratic services teams in each of the four places. A record was made of the points raised at each session, which included primary care access and the impact of the cost-of-living crisis on residents, for further discussion and action.

4.15 **Denny Review**

I would like to thank all involved in the development and publication of the final report and look forward to hearing more on this later today.

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

20 June	**CEO Group and System Oversight and Assurance Group** Chaired by the ICB Chief Executive Officer, it was agreed at this meeting to incorporate the oversight function into the CEO Group meetings from September to bring conversations into one forum to avoid duplication. It also brings BLMK ICB in line with the approach adopted by other ICBs.
26 June	**NHS England CEO and Chair Event** Attended by the ICB Chair and Chief Executive Officer with a focus on key, national hot topics including making the most of primary care, NHS Impact, long term workforce plan, productivity and efficiency, mental health, integrated care, and new models of care.
28 June	**Total Wellbeing Luton - BLMK Talking Therapies Away Day** Talking Therapies is a national programme to support people with mild depression and anxiety using

	a range of evidence based therapeutic interventions such as cognitive behavioural therapy (CBT). This event brought together a range of stakeholders to discuss support to people living in Luton who want to improve their physical and emotional health. The Chief Executive Officer attended as a guest speaker to share the vision and values for mental health in BLMK.
29 June	**National Institute for Health and Care Research (NIHR) Applied Research Collaboration East of England Member and Partner Event** The ICB Chair and Chief Executive Officer attended to share thoughts to help shape plans post October 2024.
5 July	**NHS 75 Celebrations** Members of the Executive Team joined staff at ICB offices to celebrate 75 years of the NHS.
11 July	**Executive to Executive with Bedford Borough Council** The Executive Teams of the two organisations discussed joint working in relation to Councillor inductions, primary care, mental health, place plans and ICB Target Operating Model.
13 July	**Meeting with Richard Fuller MP** The Chief Executive Officer and Chief Primary Care Officer met with Richard Fuller MP to discuss Biddenham/Health Hub.
18 July	**Monthly PCN Clinical Directors Meeting** The Chief Executive Officer joined the Chief Primary Care Officer to meet with Clinical Directors of the BLMK Primary Care Networks.
19 July	**ICB Executive and VCSE Infrastructure Organisations** The Executive Team met with key leaders from the Voluntary, Community and Social Enterprise sector in BLMK. A positive, inaugural meeting which led to colleagues taking away actions to progress the identification of funding opportunities to further support longer term work as a system.
20 July	**MP Briefing - Sarah Owen MP Luton North**
24 July	**Meetings with Richard Sumray** The ICB Chair held an introductory meeting with Richard Sumray, Chair of Bedfordshire Hospitals NHS Foundation Trust.
25 July	**Andrew Selous MP Visit to Grove View Site** Andrew Selous MP visited the Grove View site accompanied by the Chief Primary Care Officer.
25 July	**Graduation Ceremony at Putteridge Bury** The event was attended by the ICB Chair and Chief Executive Officer.
25 July	**Visit to Integrated Care Hub in Dunstable** The ICB Chair and Non-Executive Members visited the Integrated Care Hub in Dunstable.
25 July	**Introductory Meeting with Mayor Tom Wootton** The ICB Chair and Chief Executive Officer met with the new Mayor of Bedford, Tom Wootton and Laura Chief, Chief Executive of Bedford Borough Council.
27 July	**Milton Keynes Faith and Community Leaders Listening Event** The ICB Chair, Chief Executive Officer and Non-Executive Member, Lorraine Mattis attended to engage, listen, and understand the health and care needs of faith groups in Milton Keynes, answer questions and talk about plans and ambitions for delivering local health and care services that meet the needs of our communities.
27 July	**Meeting with Lucy Nicholson, Healthwatch Luton** The ICB Chair met with Lucy Nicholson to discuss current issues for residents in Luton.
9 August	**Executive to Executive with Central Bedfordshire Council** The Executive Teams of the two organisations discussed joint working in relation to feedback from local Councillor inductions, primary care, winter planning, place plans, children with complex mental health needs and special educational needs, Leighton Buzzard, Biggleswade and the ICB target operating model.
15 August	**Wixams Residents Association Meeting** The Chief Executive Officer attended the event to share engage with local residents regarding plans for a new surgery and funding requirements.
18 August	**Luton Clinical Diagnostic Centre (CDC) Meeting with Luton Borough Council and Local MPs** The Chief Executive Officer met with Minister Neil O'Brien, Robin Porter, Chief Executive of Luton Borough Council, Councillor Hazel Simmons,

	Leader of Luton Borough Council, Sarah Owen MP and Rachel Hopkins MP to discuss the Luton Clinical Diagnostic Centre (CDC) Scheme.
22 August	**Meeting with National Diagnostics Team** Members of the ICB Executive met with the national team to discuss the Luton Clinical Diagnostic Centre (CDC) Scheme.
1 September	**Meeting with Mohammad Yasin MP** The Chief Executive Officer met with Mohammad Yasin MP to provide an update on hydrotherapy (as per paragraph 4.8 above).
4 September	**Meeting with Andrew Selous MP** The Chief Executive Officer met with Andrew Selous MP to provide an update on Leighton Buzzard, as part of a commitment to provide progress updates every six weeks.

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

Anchor Institutions: The UCL Partners Anchor Measurement Toolkit
Anchor approaches have grown rapidly in popularity, providing a new way for healthcare organisations to improve community health, wealth, and wellbeing. This Toolkit provides guidance and support to local health anchors, helping to capture activity and impact. To read the guidance by UCL Partners click here.

Letter from DHSC to ICBs and Directors of Public Health regarding referrals into substance misuse treatment. Highlighting the launch of a new unmet need toolkit on the National Drug Treatment Monitoring System to help ICBs and Local Authorities to understand the pathways that are currently in place and resolve any causes of individuals not making it into treatment. This product provides another tool to support local systems to achieve the strategy's headline commitments to prevent 1,000 drug-related deaths and bring 54,000 additional people into treatment.

Addressing palliative and end of life care needs for people living with heart failure: a revised framework for ICSs. Its purpose is to raise awareness of the supportive, palliative and end of life care needs of people living or dying with progressive heart failure, to help in commissioning services to meet their needs. It covers care for adults and refers to anyone aged 18 or over.

Domestic Abuse and sexual violence – launch of the First NHS sexual safety charter
Launched on 4th September 2023. To ensure that every part of the NHS takes a systematic zero-tolerance approach to sexual misconduct and violence, keeping our patients and staff safe. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. Signatories to the charter commit to implementing all ten commitments by July 2024. All organisations are encouraged to sign up https://www.england.nhs.uk/publication/sexual-safety-in-healthcare-organisational-charter/

Other information published by NHSE for Board to note:
The King's Fund: Driving better health outcomes through integrated care systems: The role of district councils
This new report from The King's Fund draws on interviews with district council officers and ICB staff in four sites around England to better understand the current relationships between local government and ICBs, what good practice looks like, what enables it and the outcomes it produces. Read the report here.

Using PHM to tackle health inequalities and support prevention
In the latest blog on Population Health, NHS leads discuss how having access to accurate real time information is transforming how we plan, manage, and sustain services. It highlights the recent Intelligence Functions guidance which supports Integrated Care Systems to bring together capacity and capability across system partners to transform population based preventative care.

5.0 Next Steps

5.1 As described in this report.

List of appendices

None

Background reading

None.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

Executive Lead: Maria Wogan, Chief of System Assurance and Corporate Services and Martha Roberts, Chief People Officer

Report Author: Bethan Billington, Deputy Chief People Officer, and Tim Simmance, Associate Director of Sustainability and Growth

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

Item: 6.1 Health and Employment outline strategy framework

1.0 Executive Summary

1.1 This paper outlines recent ICB progress relating to employment and skills and anchor development in support of the ICS's Growth priority and Joint Forward Plan

1.2 A joint Integrated Care Board (ICB) and BLMK Health and Care Partnership seminar was held on 21 July 2023. The seminar provided the opportunity for members of the ICB, Health and Care Partnership, wider system partners, and residents to identify the opportunities and challenges in obtaining and retaining employment for those 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 action plans are currently under review by Place Boards to be adopted as part of the wider work programmes of each place.

1.3 The ICB also collated a set of system-level activities, which have informed development of an ICB outline strategy framework (the "framework") to support improving employment for those with health conditions. This will enable the ICS to fulfil its responsibilities to support local social and economic development, improve health and reduce inequalities.

2.0 Recommendations

2.1 The members are asked to **note** the outputs of the Health and Employment seminar and the next steps through the Place Boards.

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

1. 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

2. The recommendation for a version of this report to go to the BLMK Health and Care Partnership in October 2023.

3.0 Key Implications

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

3.1 **Risks:**

a) **ICB resource (people and finances)** – there is no additional resource yet associated with the proposed work at Place-level, nor for the proposed outline framework. This may limit pace of progress.
Mitigation:
   i. The framework directly and indirectly supports key elements of the ICS's overarching strategy and Joint Forward Plan, and align with existing work at the ICB – the framework represents a shift in emphasis and activities, rather than setting new outcomes.
   ii. Aligning the programme with existing strands of work means progress towards the Health and Employment framework outcomes can be made alongside other goals (for example, focusing initially on employment within the Housing Anchors workstream of the Growth strategic priority will deliver benefits to health, employment and reducing inequalities for social housing residents, as well as support work on supporting Housing Associations as anchors).
   iii. Roles within the new ICB structure will have some time (up to 0.6wte) allocated to support ICB work on sustainability and growth, though this time will not be available for several months.
   iv. Constant review of work within the Workforce and Sustainability and Growth portfolios will ensure this strategy is prioritised.

b) **Place priorities and resource (people and finances)** may also mean that it is difficult to progress the proposed activities.
Mitigation:
   i. Stakeholders from place geographies, from a wide range of partners organisations, were involved in the July seminar
   ii. Review of the seminar outputs via Place Board to ensure alignment to existing priority outcomes and work programmes

c) **Access to employment opportunities** within our Partner organisations
Mitigation: Engagement through the People Board, Workforce Planning and Supply group, and directly with HR Directors and their deputies.

3.2 **Resourcing:** There are no direct additional resourcing implications of this report. The strategy represents a shift in emphasis and activities, rather than setting new outcomes. Any additional resource requirements as a result of individual projects or activities supporting work on Health and Employment would be subject to future requests and business cases as appropriate. Please note the related risk noted above on resourcing and the potential impact on pace and progress.

3.3 **Inequalities**: The Health and Employment strategy aims to address some of the wider determinants of health. Employment and income gaps are highest for those with health conditions and in areas of higher deprivation. Many of the ideas developed at the Health and Employment seminar specifically target groups that have worse health and employment outcomes. There are employment rate gaps for those with health conditions (e.g. mental health, learning disabilities) and in certain social situations (e.g. ex-offenders, carers). Addressing barriers to good employment for these groups, be they related to health, social situation or organisational systems, should have mutually beneficial effects, reducing health need, unemployment, and, therefore, inequalities.

3.4 **Engagement:** The content relating to the Health and Employment seminar was co-produced by the approximately 80 participants. This content is in the process of being reviewed through the four place boards. The proposed Health and Employment strategy was shared with the ICS Recruitment and Retention group in April 2023 and People Board in May 2023; suggestions were incorporated, alongside further ideas linked to the aforementioned seminar.

3.5 **Green Plan contribution:** One of the ways to reduce emissions from healthcare is to reduce demand for services. Employment is a key factor in an individual's and a population's health and wellbeing. Unemployed people are five times more likely to be in poor health and thus higher employment rates should significantly reduce the need for healthcare services, and associated emissions (e.g. direct emissions from service delivery, and indirect emissions such as supply chain and patient travel). Ill health in a workforce reduces productivity, which introduces additional inefficiencies. Although not easily calculable, the assumption is that inefficient organisations will undertake more unnecessary work and thus use more resources, with an increase in associated emissions.

4.0 Report

4.1 Context

4.1.1 The fourth pillar of an ICS[1] is to help the NHS support social and economic development. The ICS has many anchor institutions which have a significant influence on the health and wellbeing of communities. To maximise the value of these organisations, the ICB is supporting development and collaboration work across several areas, including environmental sustainability, employment and skills, estates, procurement, and VCSEs.

4.1.2 A report for BLMK by the Centre for Local Economic Studies (see Annex B) recommended the ICS to "Target skills development and employment opportunities towards people and communities who need them the most".

4.1.3 The aim of the work on employment and skills is to use the influence of our partner anchor institutions to re-invest in our local communities, by ensuring that we proactively provide local employment opportunities in health and social care to populations furthest from employment.

4.1.4 Employment is one of the key factors supporting an individual's health. For every £1 spent on the NHS, £4 is returned to the economy, due to better resident health, and employment opportunities within health and care, among other reasons. (In some sectors of healthcare this "Gross Value Add" is as much as £14[2].). Reducing rates of economic inactivity and increasing rates of good employment, particularly for those with health conditions, will thus contribute to better population health, improved local economic growth, and reduced inequalities.

4.1.5 The health and care system presents many different direct employment opportunities for residents, as well as supporting better health to support residents to gain and maintain employment in other sectors.

4.1.6 By maximising the impact of healthcare and other anchor institutions, we can improve employment rates for residents that are furthest from employment due to their health conditions or social situation, supporting improvements in health, wellbeing, inequalities and the local economy.

4.2 Health and Employment Seminar July 2023

4.2.1 The first joint seminar of the BLMK Integrated Care Board and Health and Care Partnership took place on 21 July 2023 and approximately 80 people from local authorities (officers and councillors), the NHS and other public services, including the Prison Service and the Department for Work and Pensions, were joined by representatives of the voluntary, community and social enterprise sectors for a day of action planning on tackling poor health and employment outcomes.

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[2] https://www.nhsconfed.org/system/files/2023-08/Creating-better-health-value.pdf

4.2.2 Attendees also included residents with relevant lived experience, several of whom shared powerful stories of the positive health impact of finding employment.

4.2.3 A 2022 study by the Health Foundation[3] found that unemployed people were more than five times as likely as those in employment to be in poor health, whilst NHS figures from 2021 indicate that people with a long-term condition have an employment rate of 64.5%, compared with 75% of the population as a whole, a gap of 10.5%. The employment gap is even wider in Luton (16.1%) and Central Bedfordshire (14.4%).

4.2.4 The event's keynote speaker, Professor Donna Hall CBE, is chair of the community-focused think tank New Local and an advisor on Integrated Care Boards to NHS England. She was formerly chief executive at Wigan Council.

4.2.5 Detailed planning sessions were held throughout the afternoon, with individual group discussions for Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, to identify key priorities and agree actions that will be taken forward by those working at Place, with support from the ICB.

4.3 Seminar outputs for noting

4.3.1 Full details are captured in the Annex A.

4.3.2 The morning session considered what was important to our residents and partners – this included resident videos, a resident and VCSE panel discussion, the keynote speech, and table discussions across 10 different cohorts, based on their health, social or demographic situation.

4.3.3 Common themes from the morning included the need to eliminate stigma, to raise awareness of existing support, to join up services across sectors, to address health conditions earlier, for flexibility from employers, and for reducing barriers to achieving educational outcomes, training, and stable employment.

4.3.4 The afternoon session was dedicated to place-based action planning, to develop and implement ideas addressing some of the challenges identified in the morning. Each set of ideas and action plans are in Annex A.

4.3.5 Themes running through the action plans include: closer working with employers to increase the number of workplaces which support people into jobs after a period outside employment, enhancing the level and relevance of young people's skills for the modern workplace, better use of the apprenticeship levy, better in-work support, and investigating whether people can be directed more efficiently to volunteering opportunities when they receive treatment for their mental health or substance misuse.

4.3.6 Place boards are in the process of receiving and reviewing the action plans, with a view to integrating them within their existing priorities and resource.

4.4 The Board is asked to note the outputs from the seminar and the process of review at Place Boards.

4.5 ICB Health and Employment Outline Strategy Framework

4.5.1 The aim of the proposed ICB Health and Employment outline strategy framework is to improve employment rates for residents that are furthest from employment due to their

[3] https://www.health.org.uk/evidence-hub/work/employment-and-unemployment/how-employment-status-affects-our-health

health conditions or social situation, by maximising the impact of healthcare and other anchor institutions.

4.5.2 Objectives:
i) improve employment rates for those furthest from employment

ii) increase the proportion of health and care workforce from local populations, where possible

iii) maximise support from anchors as employers (including volunteering opportunities, apprentices, occupation health, awareness)

4.5.3 It is proposed that delivery of the Health and Employment framework would be overseen via the People Board, with work being undertaken through the Workforce Planning and Supply subgroup. An earlier version of this framework was shared with the People Board in May 2023, and further updates will continue to be presented to that group.

4.5.4 Key strands of the outline framework are proposed to be:
a) A shared understanding of resident cohorts that are furthest from employment, and current barriers to obtaining and maintaining good employment;

b) A targeted approach to improve employment rates in local population, addressing health barriers to employment, and using the health system as an opportunity for good employment;

c) Work with place boards and partner organisations (including VCSE) to prioritise projects that are making a difference to employment rates in disadvantaged groups;

d) Support anchor institutions to align to wider economic growth programmes (for example Real Living Wage) and common commitments (e.g. use of apprenticeship levy).

4.5.5 A set of high-level ideas for cross-system activity led by the ICB and recent project progress is in the Health and Employment Outline Strategy Framework and Programme Outline (Appendix A)

4.6 The ICB Board is asked to approve the outline framework for a strategy and proposal to use the People Board as the governing group. The next update will be taken to People Board in Q3 2023/24.

4.7 The ICB Board is asked to approve a version of this paper being presented to the Health and Care Partnership in October

5.0 Next Steps

5.1 Place Boards to complete review of seminar outputs and agree action plans aligned with existing work and priorities during Q3 2023/24.

5.2 Report to the BLMK Health and Care Partnership in October 2023.

5.3 Updated progress to be presented to People Board in Q3 2023/24, with ongoing oversight of progress managed through the Workforce Planning and Supply sub-group.

List of appendices

Appendix A – Proposed ICB Health and Employment Outline Strategy Framework and Programme Outline

Background reading

Annex A – Outputs from BLMK Health and Employment seminar 21 July, particularly ideas and actions (slides 22-42) https://blmkhealthandcarepartnership.org/health-and-care-partners-commit-to-tackling-major-employment-and-health-challenges/

Annex B – “Health institutions as anchors: maximising potential through integrated care systems. An action plan for BLMK ICS”, Centre for Local Economic Studies, 2023 (in particular section 3, pp 17-19)

Anchor Institutions:
Employment and Skills Outline Strategy Framework

Bedfordshire, Luton and Milton Keynes
Integrated Care System

The BLMK **ICB Health and Employment Outline Strategy Framework** aims to improve **employment rates** for residents that are **furthest from employment** due to their **health conditions or social situation**, by maximising the impact of **healthcare and other anchor institutions**.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Global Aims

i) improve employment rates for those furthest from employment

ii) increase the proportion of workforce from local populations, where possible

iii) maximise support from anchors as employers (including volunteering opportunities, apprentices, occupation health, awareness)

Working Principles

a) A shared understanding of resident cohorts that are furthest from employment, and current barriers to obtaining and maintaining good employment;

b) A targeted approach to improve employment rates in local population, addressing health barriers to employment, and using the health system as an opportunity for good employment;

c) Work with place boards and partner organisations (including VCSE) to prioritise projects that are making a difference to employment rates in disadvantaged groups;

d) Support anchor institutions to align to wider economic growth programmes (for example Real Living Wage) and common commitments (e.g. use of apprenticeship levy).

The ICB Health and Employment Outline Strategy Framework supports ICS's Anchor Institution development work:

Using the strength of the BLMK ICS **anchor institution** partners the ICB will support the **local social and economic development** of the BLMK population, to increase the number of years people **spend in good health** and **reduce the gap** between the healthiest and least healthy in our community.

Potential outcomes:

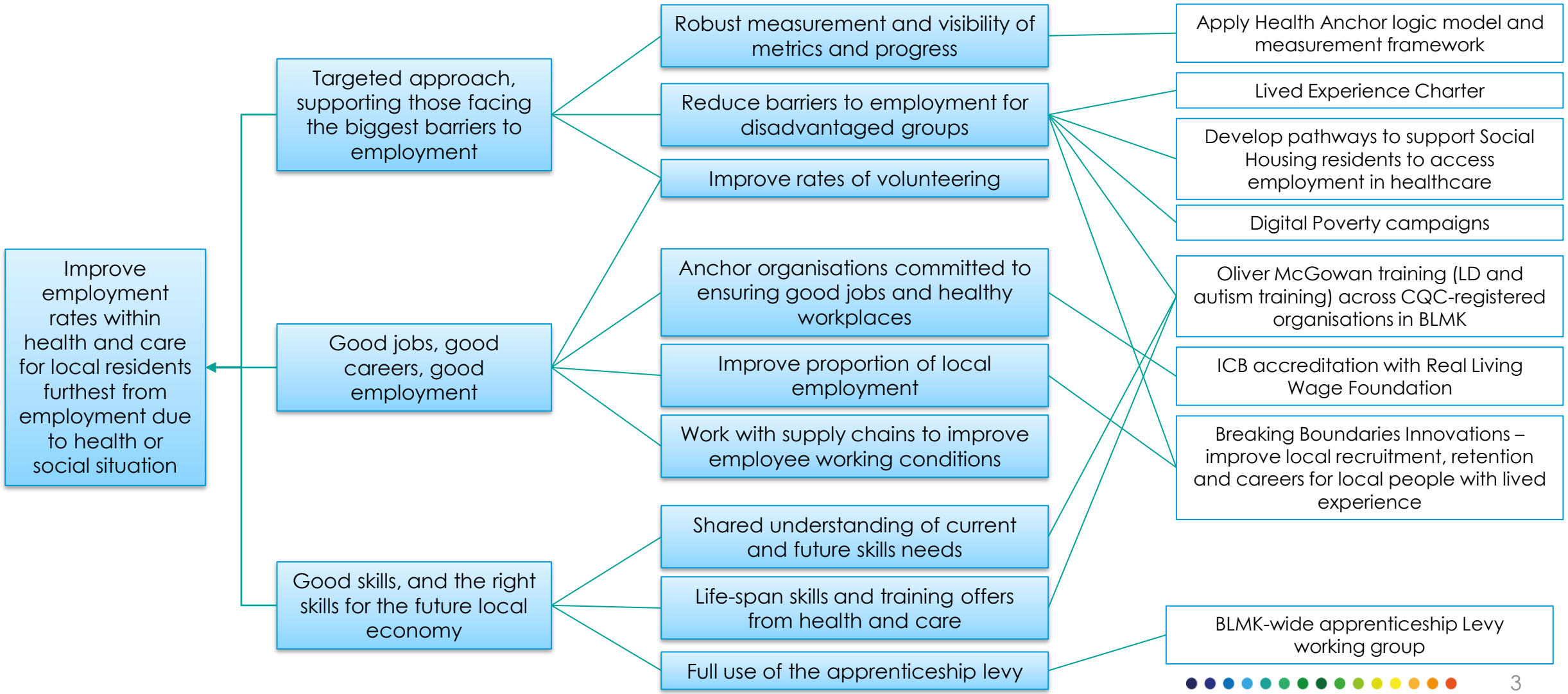
- Improvement to rates of **local employment**, particularly within health and care organisations
- **Reduce barriers** to employment for disadvantaged groups, particularly those furthest from employment due to health
- Reduce **economic inactivity**
- Improve rates of **volunteering** and other potential routes to employment

Potential outputs:

- **Good jobs** and **careers**, and good **working conditions**, across anchors
- **Full life-span training** offers
- Full use of the **apprenticeship levy**
- Agree ambitions to work with **supply chains** to improve **employee working conditions**

Health and Employment Driver Diagram

Bedfordshire, Luton and Milton Keynes Health and Care Partnership



Project Progress

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Main 2° Driver	Idea / Project	Description	Progress update	Next steps
Robust and visible measurement of metrics and progress	Health Anchor logic model and measurement framework	UCLP, supported by BLMK and other ICSs, developed a logic model and measurement framework to maximise impact of health anchors.	In process of using model as an indication of the anchor maturity of ICB and ICS as a whole.	Work with NHS organisations in BLMK to complete assessment of maturity, and identify actions to improve. By Q4 2023/24.
Reduce barriers to employment for disadvantaged groups	Lived Experience Charter	The Lived Experience Charter provides a practical solution and a toolkit to employers to improve and develop their recruitment practices of people with lived experience of criminal justice and/or the care system, groups who face disproportionate barriers to employment and career progression.	The ICB has submitted an expression of interest (EoI) in being part of the next cohort of organisations to seek accreditation.	Assessment process commences January 2024, if EoI accepted.
	Pathways to support Social Housing residents to access employment	Working with Social Housing partners at local authorities and housing associations, the aim is to develop employment support and easier access to jobs in healthcare to residents.	Scoping, aim statement and driver diagram drafted with representatives from Milton Keynes and Luton local authorities, and Grand Union Housing Group.	Refine scoping work with partners (including data); workshop with stakeholders and residents to develop initial pathway (Q3 2023/24)
	Oliver McGowan (government-mandated) training	Learning disability and autism training for employees of CQC-registered organisations, delivered in part by those with lived experience.	An ICB-led task and finish group has been created to oversee this across the ICS. First trio to be trained by Autism Bedfordshire.	Plan and roll out the train-the trainer model across BLMK, in a hub model as agreed at People Board
	Digital Poverty	Attention paid to areas of digital poverty to ensure equity of access to recruitment campaigns	During a collaborative recruitment campaign for Healthcare Support Workers, ICS partners focused support on areas of digital poverty	Learn lessons and share best practice with partners.
Good jobs and healthy workplaces	Real Living Wage Foundation	Achieving accreditation with the charity Living Wage Foundation for offering the Real Living Wage (RLW)	ICB is seeking accreditation	Partners at the ICS People Board have been asked for their current position with regards RLW
Improve proportion of local employment	Breaking Boundaries Innovations	Breaking Boundaries Innovations (BBI) and Royal Society of Public Health working together to improve recruitment, retention and careers for local people with lived experience.	BLMK has expressed an interest in participating in the programme in partnership with Cambridgeshire and Peterborough ICS	Develop proposal further

Additional Planned Activities

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

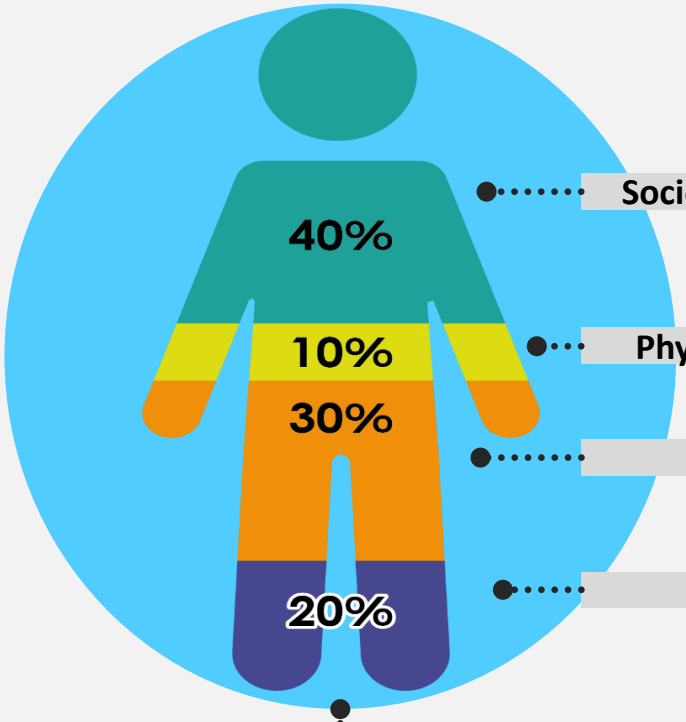
Main 2° driver	Actions 2023/24	Actions 2024/25
Robust measurement and visibility of metrics	• Collate **best practice** and evaluate **current programmes** • Agree **measures** based on aim statements, **identifying gaps** in what is currently gathered • Identify areas of high deprivation with highest barriers to employment	• Develop and report on **Anchor Dashboard**
Reduce barriers to employment for disadvantaged groups	• Engage with the **Luton Employment Passport Pathway** and assess learning • **WorkWell Partnership Programme:** engage with LAs, DWP / job centres, and NHS organisations develop bid for portion of £75m government fund to increase employment rates for those with disabilities and/or long term conditions	• **Review pilot** employment pathways and **expand** e.g. Lived experience of the criminal justice system, SEND
Anchor organisations committed to ensuring good jobs and healthy workplaces	• Convene **Healthcare anchors summit** on employment • Obtain **commitment from anchors** to work towards certain employment standards • Review and adopt **Healthy Workplace Standards, Good Business Charter,** or equivalent across health employers	• Work towards **Healthy Workplace Standards, Good Business Charter,** or equivalent across health employers
Improve proportion of local employment	• Map the **employment profile** of provider trusts - identify any **deprived postcodes** where they are not a representative proportion of people	
Life-span skills and training offers from health and care	• Map the totality of **employment support interventions** across its geographical footprint, and **identify gaps**.	• Design an overarching skills and employment programme.
Full use of the apprenticeship levy	• Convene Task and Finish group • Understand current situation and develop plan	

Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

Appendix

CONTEXT AND CASE FOR CHANGE

Employment, training, education and income are significant contributors to an individual's and a community's health



Socioeconomic factors

What we do in our spaces: Learning, jobs, community

- **10%** Education
- **10%** Income
- **10%** Employment
- **5%** Family / social support
- **5%** Community safety

Physical environment

Our surroundings: How we interact with the world around us

- **5%** Environmental Quality
- **5%** Built Environment

Health behaviours

The way we live: Leisure, nutrition and other things we do that affect our health

- **10%** Diet / Exercise
- **10%** Smoking
- **5%** Alcohol use
- **5%** Sexual health

Healthcare

Health and care: access and delivery of services

- **10%** Access to Care
- **10%** Quality of Care

Climate and Ecosystem

Changes in our climate and environmental degradation **underpin** and **affect** the wider determinants

- Extreme weather events
- Air and water pollution
- Allergens
- Infectious diseases
- Food and water supplies
- Biodiversity loss

Adapted from Robert Woods Johnson Foundation / University of Wisconsin County Health Rankings Model

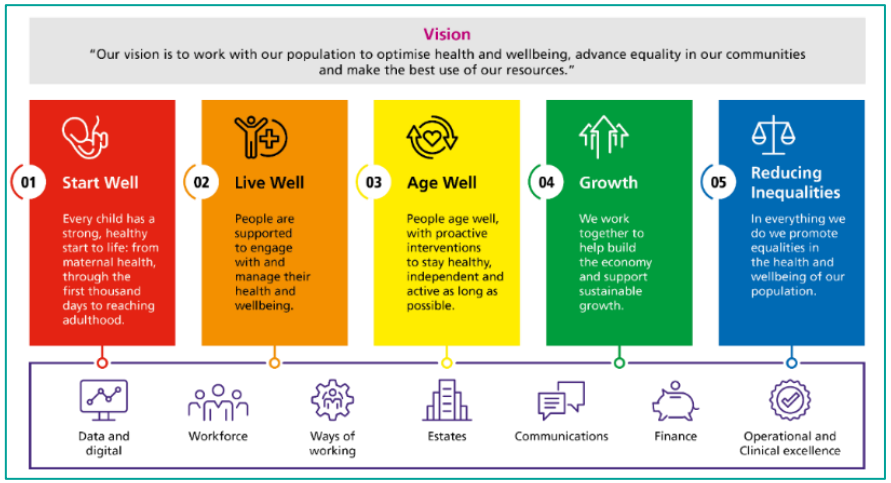
Gaps in employment and educational attainment, and also sickness absence, remain relatively large in some parts of BLMK, particularly for those with health conditions

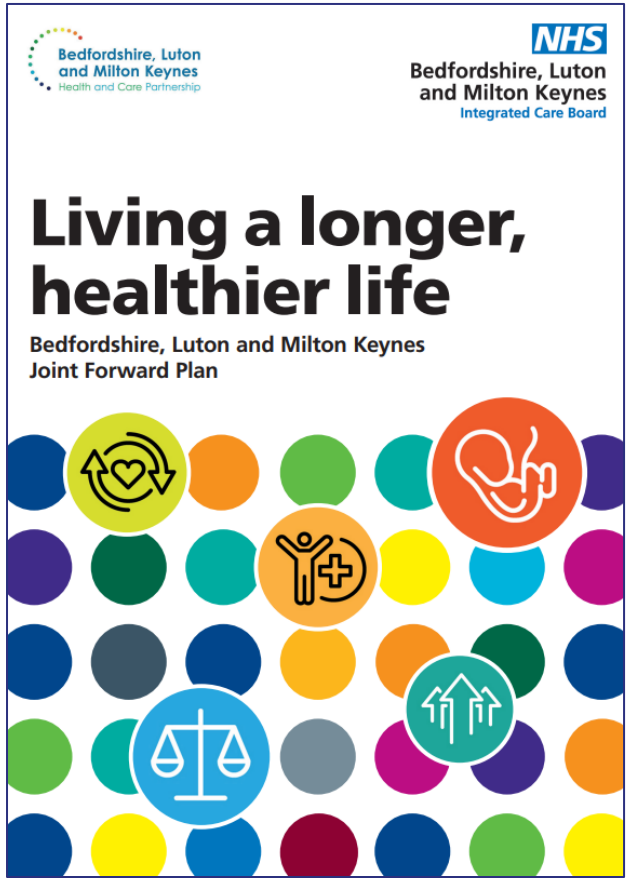
Bedfordshire, Luton and Milton Keynes Health and Care Partnership

Key: A lighter colour indicates better performance

Domain	Indicator	Bedford Borough	Central Beds	Luton	Milton Keynes	East of England	England
Overall employment	Employment rate	74%	81%	70%	82%		75%
	Economic inactivity rate	24%	18%	26%	17%		21%
	Unemployment rate	5.5%	3.1%	7.6%	5.0%		5.0%
Employment inequalities (employment gap)	People with learning disabilities	65%	73%	68%	74%		71%
	People with long term conditions	-0.1%	14.4%	16.1%	6.7%	9.0%	9.9%
	People with mental health conditions	75%	65%	62%	72%	62%	66%
Ill health	% of Employment Support Allowance claimants where MSK was primary cause	12.3%	12.3%	13.0%	13.2%	12.4%	12.6%
	% of employees with at least 1 day off in the previous week	2.9%	2.0%	0.9%	3.6%	1.9%	1.8%
	% of working days lost to sickness absence	1.4%	0.6%	2.2%	0.6%	1.1%	1.0%
Younger and older people	% of 16-17 year olds who are NEET or whose activity is unknown	4.6%	3.6%	3.1%	3.7%	3.9%	4.7%
	Gap in early years educational attainment between children with and without a special educational need	21%	26%	9%	19%	21%	20%
	Employment rate in adults aged 50-64 years	69%	74%	65%	70%	73%	71%

Social and economic development is a core part of the role of an ICS and encapsulated in the ICS's strategic priorities (Growth) and Joint Forward Plan (Thriving Ecosystems and Prosperous Communities high impact programme).





A 2023 report for BLMK by the Centre for Local Economic Studies identified a number of recommendations for anchors to support better employment

- Develop a **socio-economic profile** of health and care academy candidates
- Map the **employment profile** of the provider trusts
- Map the totality of **employment support interventions** across its geographical footprint
- Design an **overarching skills and employment** programme

Ideas to consider

Created in support of Health and Employment seminar
July 2021

General lines of enquiry	
Spread something that works	Target support at specific groups
Link partners together	Share funding streams and opportunities
Co-design and co-delivery	

Better health:

- Quickly **address health issues** that reduce chances of good educational attainment
- Make it **easier for people to get healthcare** without having to take time off work - health on the high street, digital first etc.

Employer and employee support:

- Promotion of “access to work”, “disability confident” and other **national programmes** and support offers
- **Supported internships** for SEND candidates
- Enhance **occupational health** offer, especially for smaller businesses, including through subsidised access
- **Local, representative employment** where possible, supported by community engagement.

Working with suppliers

- Unified approach to **social value** for employment and skills – local employment, offers of skills development
- **Real Living Wage** across all anchor supply chains and employers
- Support suppliers to ensure they **look after their employees**

Collaboration:

- **Make Every Contact Count** – employment and health support provided at the same time where appropriate (IPS, Health and Wellbeing Coaches, Social Prescribing link workers; plus what can we do in collaboration with DWP, Housing Associations, schools/colleges/universities etc.)
- **100% use of apprenticeship levy**, with guaranteed job somewhere in the health and care system.
- Utilise the apprenticeship levy at a system level to support skills development in care pathways where required

Recruitment:

- **Remove or reduce barriers** for entry-level jobs in health and care – transforming attraction and recruitment processes
- **Pipeline of job seekers** going through a pre-employment training programme, offered work without interview
- **Anchors** linked in to **all employment support offers in VCSEs** – linking job seekers with potential employers
- **Lived experience recruitment pipelines** for those far from employment i.e. Lived experience of the criminal justice system

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

Executive Lead: Anne Brierley, Chief Transformation Officer

Report Authors: Ross Graves, Chief Strategy and Digital Officer, CNWL; Richard Fradgley, Executive Director of Integrated Care, ELFT; Anne Brierley, Chief Transformation Officer, BLMK ICB

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

Item: 6.2 Mental Health, Learning Disabilities and Autism Collaborative

1.0 Executive Summary

In November 2022, the Integrated Care Board received a report on *Developing a BLMK Mental Health, Learning Disability and Autism (MHLDA) Collaborative*, and approved the recommendation to move to a planning and design phase.

Over the course of the past several months system partners have progressed with the design of the Collaborative, with a particular focus on engaging with service users, carers, residents and health and care partners, whilst continuing to focus on the collaborative delivery of the existing mental health, learning disability and autism programmes.

This report provides the Integrated Care Board with an update on progress, and recommendations for next steps.

2.0 Recommendations

1. The Board is asked to endorse the next steps proposed in this paper.

2. The Board is also asked to provide a steer on the areas of development / governance for the collaborative requested on:

- Configuration of Local Authority Membership of the MHLDA Committee (see para 4.5.1)
- Services for people with learning disabilities and people with autism (see para 4.5.2)

3.0 Key Implications

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

Parity of esteem for people with mental health conditions or learning disability continues to be an issue, both nationally and in BLMK. Whilst the NHS Long Term Plan has over the last five years brought significant focus on and investment into tackling the treatment gap, we continue to have significant variation in outcomes, access and treatment for people with mental health conditions and learning disability and autism, exacerbated for people from communities with protected characteristics. Need, and therefore demand for mental health services is increasing considerably in the wake of the pandemic, placing considerable pressure on health and care services.

We believe the development of the BLMK MHLDA Collaborative gives us the opportunity to build on and formalise our current approach to integrated planning and improvement across the Integrated Care Board, ELFT and CNWL to ensure our collective resources are aligned to tackle these problems, and to further improve outcomes across BLMK and through more fully joining up planning and improvement at place and the Bedfordshire Care Alliance.

There are risks to the development of the Collaborative, which are summarised in section 6.0 below. However, these risks have appropriate mitigations in place, which the proposed Collaborative governance arrangements will oversee and support the management of. These risks need to be offset against the risk that the Integrated Care System does not continue its progress to achieve parity of esteem to achieve the improved health outcomes, reduction of inequalities and offering services that support these residents to thrive.

4.0 Report

4.1 Where are we now

4.1.1 Population Need

We have amongst the highest levels of mental health need in the region in some areas of BLMK. In 2022/23, there were:

- Around 8,000 adults registered in primary care with a serious mental illness (5% growth since 2019/20)
- Around 90,000 adults registered with depression and/or anxiety (33% growth since 2018/19)
- Around 6,500 adults registered with dementia (19% growth since 2018/19)
- Around 12,000 referrals to child and adolescent mental health services in 2021/22 (200% growth since 2018/19)[1]
- Around 5,680 people registered with a learning disability.

The pandemic and its aftermath has increased mental health need in our population, with significant growth in children and young people seeking support, substantial growth in people seeking help with suspected ADHD or autism, and significant growth in acuity and complexity amongst adults with serious mental illness.

Expectations are changing too, with mental health discussed more openly in society, and a growing movement championing how people with neurodiversity can thrive. With projected growth in our population over the next 10 years, we can also expect to see need in our population increase, in particular amongst older adults as our population ages.

[1] There are no prevalence estimates for child & adolescent mental health services locally or nationally, hence referrals denoted here as a proxy for need.

The NHS spends approximately £224m on specifically commissioned mental health, learning disability & autism services in BLMK[2]. Our Mental Health Investment spend stands at £176 per head of weighted population, which is just below the England average.

4.1.2 Progress with the ICS Mental Health Programme

The existing BLMK ICS Mental Health Programme has continued to deliver over the last year in planning for the delivery of the NHS Long Term Plan for Mental Health whilst also tackling current quality and financial pressures. Since the November 2022 update to the Integrated Care Board, we have:

- Opened Evergreen, a new BLMK wide inpatient ward for children and young people at the Luton Centre for Mental Health – for the first time, children, young people and their families do not have to travel out of BLMK for a bed when they are in crisis
- Opened Young Peoples Sanctuaries in Bedford, Central Bedfordshire and Luton with Milton Keynes to follow shortly, to support young people in crisis
- Pioneered the Better Days programme, promoting mental well-being and prevention for young people through creative arts
- Opened additional mental health schools teams so that there are now nine teams in place across BLMK with a further two being mobilised this year
- Opened additional crisis cafes so we now have five across Bedford, Central Bedfordshire, Luton and Milton Keynes
- Opened the East of England Gambling Service which provides support for residents across BLMK
- Grown our access to perinatal mental health, core CAMHS and primary care talking therapies services
- Continued to oversee the most ambitious programme of transformation of community mental health services in 20 years, building new community teams around neighbourhoods, working in a much more integrated way with GPs, the voluntary sector and social care, with a focus on broader psychosocial support, connecting people to communities, supporting more people into work and offering more physical health checks than ever before
- Expanded and diversified our workforce, including new roles such as Peer Support Workers, Mental Health Pharmacists, Education Mental Health Practitioners, Clinical Associates in Psychology, and Community Connectors
- Ensured that 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 the East of England region
- Worked with local authorities to develop prevention initiatives through the prevention concordat for better mental health, and a well-developed suicide reduction partnership and plan.

4.1.3 Our Challenges

However multiple challenges remain, in particular in the context of the long tail of the pandemic and its impact on the mental health and wellbeing of our communities. We are seeing sustained growth in demand and acuity for mental health services, in particular in our crisis care pathways for children and young people and for adults, with people staying for longer in hospital and an increase as a consequence in out of area placements. We know too that there are opportunities for us to work together to improve accommodation options for people with mental health conditions so that it is more recovery orientated and supports people into independent living.

[2] excluding mental health related activity in other settings such as primary care, community or acute health services.

We know that despite the improvement in focus and investment over recent years, people with mental health conditions, people with learning disabilities, and people with autism continue to achieve poorer physical health, employment opportunities, opportunities for social connection, lower income and poorer housing than the general population, and this is compounded for some communities including people living in poorer areas, or people from black and minority ethnic communities: parity of esteem for mental health continues to be a pressing challenge.

In the above context, we cannot afford to keep doing more of the same, even with increased resourcing. Our question in scoping the design of the collaborative has been – how can we work together to innovate and improve in the context of changing need and demand and the parity of esteem gap, and what greater benefits to residents can we achieve.

4.2 Why Develop a mental health, learning disability and autism collaborative?

As an Integrated Care Partnership we heard in June 2023 that there is more to do to improve outcomes and address unwarranted variation for people from BLMK who have a mental illness, people with learning disabilities, and people with autism. The MHLDA Collaborative give us the vehicle to tackle these challenges more effectively.

National guidance requires mental health providers to form and be part of one or more provider collaboratives, groups of providers who agree to work together to improve one or more care pathways for their population. Provider collaboratives aim to do the following, and in doing so may work with their ICBs to take on responsibility for the budget and pathway:

- Reduce unwarranted variation, and inequality in health outcomes, access to services, and experience
- Improve resilience by, for example, providing support and mutual aid
- Ensure that specialisation and consolidation occur where this will provide better outcomes and value
- Bring a greater focus on prevention and wherever possible supporting service users in their community rather than in restrictive environments.

Across ELFT, CNWL, other providers and the ICB, we are further cementing a shared 'one team' approach and continuing to work with very high levels of collaboration, transparency and trust. We continue to test more integrated approaches to planning and transformation through the ICS mental health programme, and are exploring how similar approaches could be adapted to the transformation of services for learning disabilities and people with autism.

Formalising our way of working, and developing and extending our collaboration across the system, our alliances, and our Places will allow us to make progress more quickly and develop an integrated approach to whole population planning and delivery. We are already making progress, collaborating deeply, and 'learning by doing' through our work on existing operational priorities.

4.3 How we are working to develop the collaborative

Since our last report to the ICB, our approach has been twofold: working through the planning and design phase for the Collaborative (development); and at the same time working together to tackle existing operational deliverables (delivery). We have:

i. Engaged with service users, carers and partners to develop key priorities and test design principles

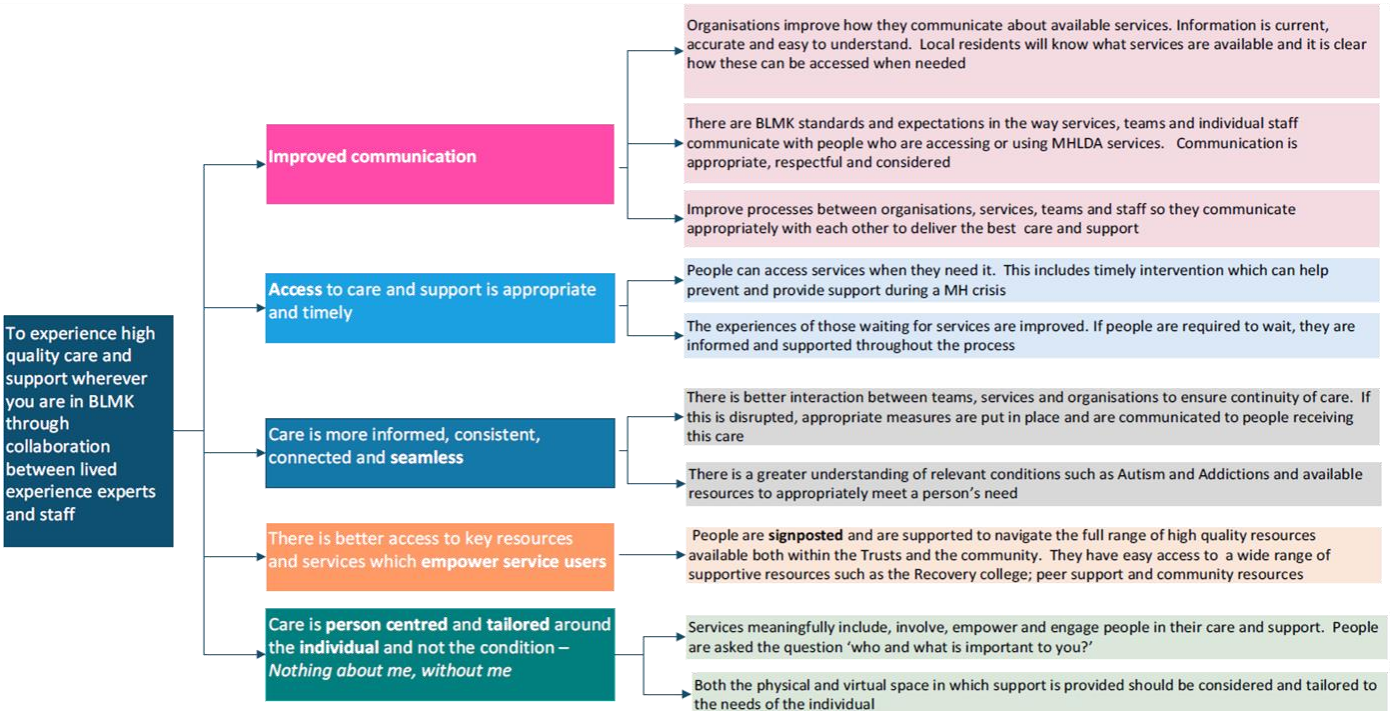
ii. Been designing the technical aspects of the Collaborative, including governance, leadership, contracting and market management, quality and performance, and finance
iii. Learned "by doing", accelerating our collaboration around the delivery of existing programmes, in particular around the two key priorities of mental health accommodation and urgent and emergency care.

4.3.1 Engaging with service users, carers and partners to develop key priorities

At the end of March 2023, we held a BLMK Mental Health "What matters most" Summit, with over 180 people in attendance, the majority of whom were service users and carers. The event was conceived, designed and facilitated by a small group of lived experience leaders from across BLMK, with the same group working post-event to organise and synthesise the rich feedback from participants on what matters most to them, and which will be adopted as priorities by the Collaborative going forward.

We are in the process of recruiting to a People Participation Lead to support the Collaborative to deepen its approach to co-production.

Figure 1. Overarching outcomes developed by BLMK service users and carers for the Collaborative



All of the four place-based executives / leadership teams are exploring the opportunities for joining up and driving improvement in mental health outcomes for the populations of Bedford, Central Bedfordshire, Luton and Milton Keynes, with the opportunity for developing a single place-based plan across the NHS and local authorities (including Health & Wellbeing Board priorities for mental health, other place-based priorities, and ICS-wide and national priorities), and a single team approach to leading its delivery. Design sessions are taking place with partners in each place, with a focus on, 'what is most important our local population'.

4.3.2 Designing the technical aspects of the Collaborative

We have worked across the ICB, ELFT and CNWL to develop the proposal through a series of workshops with a focus on purpose, key design features, governance arrangements including

Committee structure, developing our approach to the functions in scope for the Collaborative, leadership, contracting and market management, quality and performance and finance. There have been a broad range of participants in the various workshops, with more detailed work underway to articulate the detail of the operating model to form the basis of a partnership agreement. Key features of the work to date are detailed in Section 5 below.

4.3.3 Learning by doing, accelerating our collaborative around the delivery of the 2023/24 priorities

As part of our collaboration we have been accelerating joint work around two priorities this year: mental health accommodation and mental health in emergency care.

For example, for mental health accommodation, we have undertaken a joint market diagnostic of our supported accommodation pathway for people with mental health conditions, analysing commissioning strategy, market structure and market development. We launched the diagnostic at a well-attended event in early July with over 80 housing and care providers, clinical and managerial leads and commissioners from across BLMK.

We are now working across local authorities and the NHS to develop an accommodation care pathway and commissioning strategy with a focus on supporting people with serious mental illness proactively into recovery, which we believe will significantly improve quality and value. The event triggered a number of new relationships across clinical teams and housing providers. We have a joint project underway to clinically review all specialist hospital placements across BLMK to consider opportunities for more effective pathways for this group in the future.

4.4 What are the key elements of the Collaborative?

4.4.1 Aim and Principles

As considered and approved at the November 2022 Integrated Care Board, our aim and design principles have been central to the process of Collaborative design.

Our aim is to work together to improve outcomes, quality, value and equity for people with, or at risk of, mental health problems, people with a learning disability and people who require support for neurodiversity across Bedfordshire, Luton and Milton Keynes. Our design principles are to:

- Ensure that our work to plan and improve mental health outcomes is done with the best expertise and evidence and in full collaboration between service users and carers, communities, expert clinicians, care professionals, voluntary sector and academic partners
- Refresh and revitalise how we plan, deliver and hold ourselves accountable for mental health outcomes, quality, value and equity in our Bedfordshire Care Alliance, Milton Keynes Health and Care Partnership and our four place-based partnerships, and in particular involving service users, carers and citizens
- Refocus our effort on driving down inequalities across our communities in BLMK. This means focusing more on underlying causes and targeted support to ensure services are based on the needs and assets of people across BLMK, and not constrained by geography
- Taking our cue from the pandemic response, focus on collaboration and partnerships, reimagining the commissioning of the future with Local Authority partners – with commissioning functions at scale and place delivered in a much more integrated way with providers
- More effectively organise our system interface with the East of England Mental Health Collaborative, to promote improve pathways and better outcomes for the population of BLMK
- Reach collective decisions about how to best use our resources to deliver outcomes at scale and at place. We will focus on reducing duplication, improving efficiency, and looking outward to those we serve.

4.4.2 Scope

It is proposed that the scope for the Collaborative Committee includes:

- NHS programme spend on mental health, learning disability & autism, across children and adults through the mental health investment standard, service development funding and programme-specific spend on learning disability and dementia outside of the mental health investment standard
- The services and schemes secured via the above, the large majority of which is in the contracts of the two main NHS providers, ELFT and CNWL
- The functions required to secure services and service improvement associated with the above, with appropriate arrangements in place to satisfy the requirements of the provider selection regime and to manage conflict of interest
- Other areas may over time be included within the scope of the Collaborative Committee
- Place-based mental health partnerships may over time have in scope a more general set of spend, services and schemes and functions, including those secured via current commissioning s.75 arrangements.

4.4.3 Priorities

The priorities of the Collaborative are framed by the strategic priorities developed by service users and carers, the BLMK Integrated Care Strategy and Joint Forward Plan, and national requirements including Constitutional Standards.

With the impending end of the five-year settlement supporting the NHS Long Term Plan, and in light of the Hewitt Review, it is anticipated the national requirements will be fewer in coming years. We therefore anticipate that the Collaborative will be held to account for delivery over a three to five year period primarily for the delivery of the Integrated Care Strategy key outcomes, and service user and carer priorities.

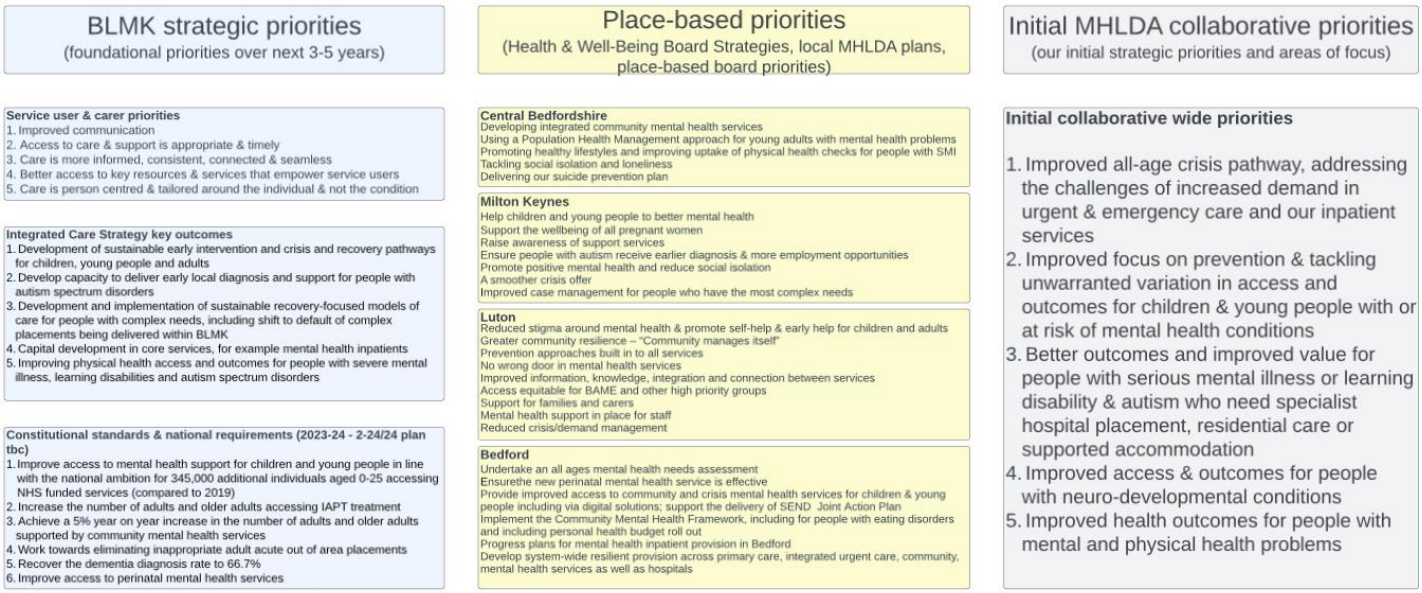
The Collaborative gives us a refreshed opportunity to focus on bringing the NHS together with local authority, general practice, VCS and lived experience leaders in our four places to plan for and deliver improved mental health, learning disability and neurodiversity services for our local populations. Place-based priorities for mental health, learning disability and neurodiversity will be a key area of focus over the next period.

There are some areas where we believe we can go further, faster, by working together across the four places. This is in particular the case where there are opportunities for a common approach to developing and implementing strategy, or market management, or where there are fragile services, or where there is significant variation, and/or opportunities for shared learning.

Our five priorities for initial MHLDA Collaborative focus build on programmes of work already underway:

1. Improved all-age crisis pathway, addressing the challenges of increased demand in urgent and emergency care and our inpatient services
2. Improved focus on prevention and tackling unwarranted variation in access and outcomes for children and young people with or at risk of mental health conditions
3. Better outcomes and improved value for people with serious mental illness or learning disability or autism who need specialist hospital placement, residential care or supported accommodation
4. Improved access & outcomes for people with neuro-developmental conditions
5. Improved health outcomes for people with mental and physical health problems.

Figure 2. Proposed priorities and outcomes for the Collaborative



4.4.4 Structure

We have considered a range of options for the structure of the Collaborative in the context of the aim, design principles and initial priorities, as outlined above. To plan to meet the needs of the population of BLMK more effectively and inclusively across the Integrated Care System, in a way that brings together place-based priorities with planning at scale to address unwarranted variation, to ensure our approach to the execution of our plans is aligned and integrated, with appropriate accountabilities for both planning and delivery, we propose the following elements to the Collaborative structure:

- A **MHLDA Collaborative Committee of the ICB** will be responsible for transacting the ICB's duties for MHLDA, with reporting as appropriate into the ICB and ICB Committees. There may over time be an opportunity to develop the Committee into a Joint Committee of the ICB, ELFT and CNWL to more formally share responsibilities

- **A BLMK Programme Board** which will take responsibility for the day-to-day delivery of the strategic priorities of the ICB MHLDA Committee

- **Improvement networks** working across BLMK where there is a need to work across BLMK to address variation or inequity or share learning. Improvement networks will be clinically led, service user involved, and managerially supported,

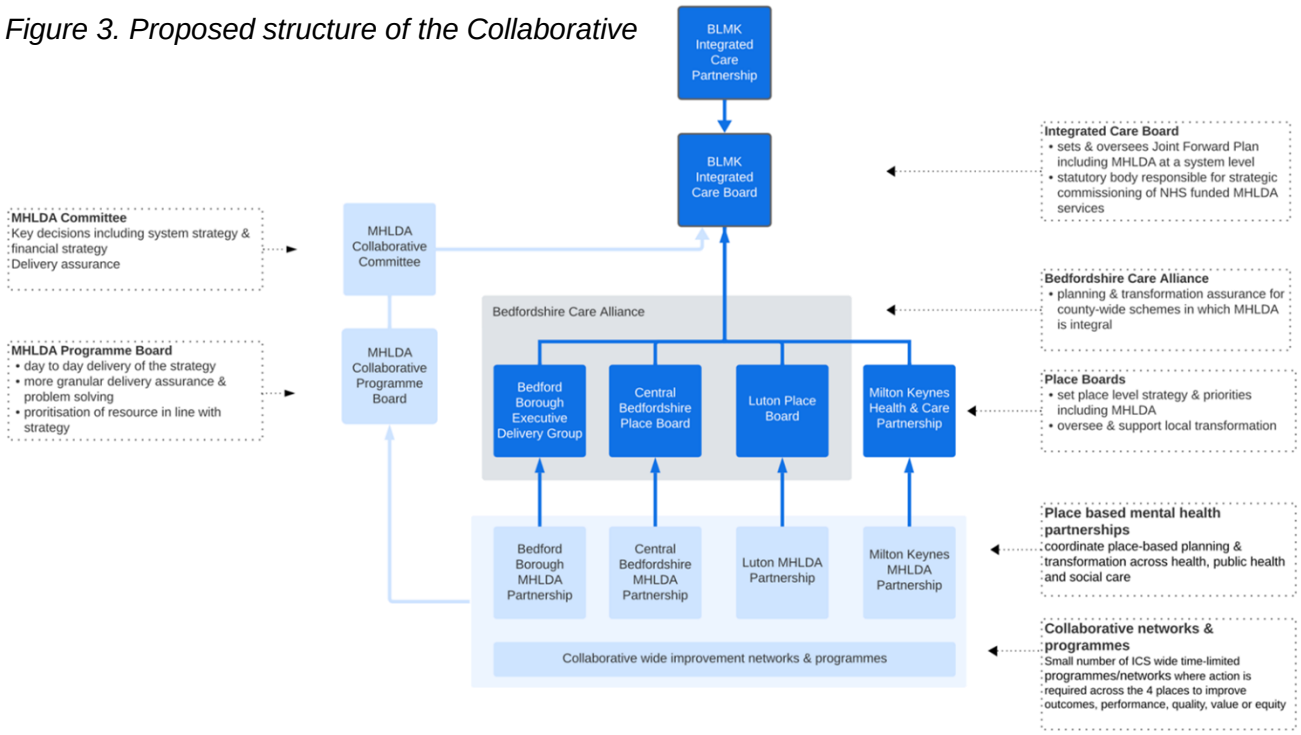
- **Four MHLDA Collaborative Place Partnerships** responsible for local strategy development and delivery, transformation of local services and setting investment plans and priorities within their place allocation. Place partnerships will be the primary forum for joint working with general practice, primary care networks, local authorities, the voluntary sector and other local partners, with a report into the at-place partnership/delivery boards

- **For Bedford, Central Bedfordshire and Luton** a key relationship will be the Bedfordshire Care Alliance, taking responsibility for integrating mental health into system wide plans where there is a need to do so across the whole of Bedford, Central Bedfordshire and Luton, in particular in order to ensure that urgent and emergency care pathways are working effectively, and that we have a joined up, upstream approach to supporting people with mental and physical health comorbidities

- **A pooled team** comprising ICB and Trust staff, working together to support the delivery of the MHLDA Collaborative plans, including those working directly as mental health commissioning and transformation leads, and business partnering arrangements for key functions such as finance, workforce planning, performance, quality and contracting.

Our Collaborative proposal will support delivery through place whilst leveraging the benefits of working at scale. There are currently a wide diversity of local transformation arrangements across BLMK and so the expectation is that arrangements at place will continue to vary according to local requirements. However these local arrangements are constituted, the goal of the Collaborative will be to support and enable the delivery of local at-Place priorities, whilst having a strong vehicle to tackle system level opportunities and challenges that require a joined up response. The makeup of team structures and resources for these two components will be subject to detailed engagement and consultation with staff and partners.

Figure 3. Proposed structure of the Collaborative



A proposed summary of key roles and responsibilities of the elements of the structure is set out in the table below:

Governance	Key function	Reporting	People resource requirement
Committee meets bi-monthly	• Key decisions including strategy & financial strategy • Delivery assurance	• BLMKICB • Periodic reports to BLMKICB finance & quality committees on delegated functions	• Chaired by BLMKICB Chair • Attended by Board leads from ELFT, CNWL & NELICB & other invitees as per t of r • Secretariat provided by ICB • Exec group oversee development of agenda
Programme Board meets monthly	• Decisions on day to day delivery of the strategy (note the programme exec group will determine which decisions need to go to programme board and which to committee in first instance) • More granular delivery assurance & problem-solving	• BLMK MHLDA Collaborative Committee	• Chaired by SRO for MHLDA • Attended by programme exec group, programme/network leads; place-based clinical & operational leads • Secretariat provided by Collaborative PMO lead • Agenda agreed by programme exec group
Programme Exec Group meets weekly/ fortnightly	• Day to day coordination of the collaborative • Coordinates the Collaboratives "corporate services" functions, including PMO, quality (assurance & improvement), performance, finance, business intelligence/observatory)	• BLMK MHLDA programme board (tho doesn't provide a report as such)	• Chaired by ELFT/CNWL Directors of Strategy/Partnership • Attended by ICB executive/chief officer lead, & Collaborative senior leadership team, programme PMO lead • Secretariat provided by Directors of Strategy/Partnership EA • Agenda agreed by programme exec group
Collaborative corporate functions	• Support the Committee and Exec to deliver on delegated functions • Coordinate collaborative planning, performance & quality functions • Coordinate collaborative business intelligence requirements • Managing reporting requirements to ICB/NHSE	• Programme exec group	• A matrix team including: • Named ICB corporate services business partners • Overall coordination of corporate functions to ensure effective planning and reporting overseen by members of named collaborative senior leadership team
Collaborative networks/ programmes	• Small number of ICS wide time-limited programmes/networks where action is required across the 4 places to improve outcomes, performance, quality, value or equity	• MHLDA programme board	• Where an improvement network, will require clinical leadership, service user leadership, and managerial leadership • Where best delivered through a programme
Place-based mental health partnerships	• Places variously developing place-based mental health& LDA partnerships that will coordinate place-based planning & transformation across health, public health and social care	• Place-based system executive/committee • MHLDA programme board & as appropriate MHLDA committee	• place based partnerships currently in development; will be coordinated by place-based commissioning lead; co-chaired by GP clinical lead and service user?
Place-based executive groups	• Oversight of place-based mental health & LDA plans • Delivery assurance & problem-solving		• Collaborative representation via ELFT/CNWL executive/operational directors
Bedfordshire Care Alliance Executive	• Planning & transformation assurance for county-wide schemes in which mental health is integral	• BCA Committee	• Collaborative representation via ELFT CEO/delegate

4.4.5 Functions

We are currently working through the detail of how the key functions of the collaborative will be discharged. Whilst in many ways we have tested new ways of working in planning and transformation, financial planning, contracting and market management, performance and quality management, and staff and team development across commissioners and providers through our existing mental health programme, we are re-designing systems and processes that have been in place for a number of years, and which therefore need careful consideration. During August and September 2023, a series of workshops are being held with a range of system partners to work through the functions and to inform the Collaborative development plan for the second half of this year:

4.4.5.1 *System Leadership, Planning and Transformation*

The Collaborative will approach commissioning and strategic planning jointly with other partners, putting the voice of lived experience being front and centre, supported by clinical and care professional leadership.

A single strategic plan for MHLDA will be in place from 2024/25. This will bring together a collective diagnosis of issues and opportunities, aligning with the ICB Joint Forward Plan, Place Plans (underpinned by our Borough's Health & Well-being strategies) and BLMK's MHLDA service user and carer priorities, and setting out the priorities at Place and System that will be delivered by the Collaborative working with its partners.

The Collaborative will provide transformational capacity and capability to support the delivery of system and place priorities. The Programme Board will work with MHLDA partnership arrangements in each borough to prioritise and deploy resource.

Design discussions have highlighted workforce as a key risk but also an opportunity for greater collaboration across the system. This will be included as part of the strategic plan, surfacing the opportunities for shared action on recruitment and retention for existing resource hotspots such as CAMHS, along with further innovation of roles such as peer support and community collaboration and connection.

4.4.5.2 *Finance*

Historically the planning cycle has tended to be a short-term annual process, focusing solely on achieving financial balance rather than delivering value-based healthcare. Financial efficiencies are largely the domain of the individual providers but there has been work to contain cost pressures across the system. CNWL and ELFT both have 'host' ICBs outside BLMK which can pose complications for financial and operational planning within BLMK. Both Milton Keynes and Bedfordshire and Luton mental health services have significant historic deficit positions and there are a number of growing cost pressures and risks in the system that require new shared system approaches.

The goal of the financial planning function for the Collaborative is to reduce duplication or rework wherever possible and focus on longer term planning and delivering value in a way that is consistent with the aims outlined above. This should embrace local authority financial planning where relevant to MHLDA and interact closely with wider ICB planning. From April 2024 we intend to work to a more streamlined financial planning process, a single business case development process, a single reporting process for services in scope and a shared approach to identifying efficiencies. Longer term goals include alignment of planning cycles with local government and joint financial assurance functions.

4.4.5.3 *Contracting and Market Management*

Whilst the large majority of direct NHS spend on mental health, learning disability and autism sits in the ELFT and CNWL contracts, there are a small number of ICB held voluntary sector contracts along with Trust held voluntary sector contracts. There are also a number of spot-purchased specialist hospital, residential care and supported living contracts. There is a significant opportunity through the Collaborative to streamline these arrangements. A future state in the Collaborative will seek to integrate our contracting for the voluntary sector, growing our investment into the sector and strengthening our approach to contracting so that it is more focussed on developing capacity and encouraging smaller organisations within the sector to deliver mental health support.

There are significant opportunities to improve supported accommodation for people with serious mental illness and learning disability to develop a market that is orientated to recovery, offers people support in a crisis without recourse to inpatient admission, and supports people into independent living. Working through our place-based mental health partnership arrangements across NHS and local authority commissioners and voluntary sector partners, the contracting and market management function will be focused on improving value, based on insights from experts by experience, and shared data and intelligence.

Initial steps towards this end state are to map out current resources, contracts and processes to identify areas of waste or duplication and opportunities for synergy. Working with colleagues across the system, this function will seek to collectively lead a planning round for FY 2024/25. By April 2024, governance and processes will be in place to enable this collective approach.

4.4.5.4 *Performance and quality*

There are a variety of arrangements in place for reporting quality and performance across ELFT, CNWL and the ICB, and in Bedfordshire in Luton to local authority partners, given current commissioning Section 75 arrangements, with varying levels of coordination between partners. The Collaborative will approach quality and performance across MHLDA services in a single way across the BLMK system, with quality defined with the involvement of residents. This approach will be supported by consistent and high-quality data. We intend to develop a collective and rigorous quality improvement approach where challenges are collectively identified and resolved (we will draw on the expertise of ELFT and CNWL in quality improvement in this regard). There will be an overarching set of system quality outcomes against which the collaborative will hold itself accountable, which should over time include both health and social care and public health outcomes, orientated around what matters most to service users and carers and residents.

4.4.5.5 *Staffing, Skills and Organisational Development*

The Collaborative will formalise a “one team” approach across the ICB and Trusts, and, over time, with other partners. Ensuring that the Collaborative Team has the right skills at the right level will require investment in training and organisational development. ICB business partner staff may form part of the Collaborative leadership team, or ‘lean in’ to the Collaborative from professional networks at Place. This will be developed during this year and 2024-5 as part of phase 2 of the ICB’s move to the new ICS Target Operating Model. Each organisation will contribute staff to the Team and the Collaborative will need to draw on expertise from enabling teams (for example ICB Contracts, provider QI), so that it has a multi-disciplinary approach to delivering the Collaborative’s priorities.

4.5 Current Design Questions

In undertaking this work, we have encountered some key design questions where we would welcome a steer from the ICB:

4.5.1 *Configuration of Local Authority Membership of the MHLDA Committee*

Local authorities have a key role alongside NHS services in the commissioning of services and support for people with mental illness, people with a learning disability and people with autism. As part of setting the Partnership Agreement and the Terms of Reference for the MHLDA Committee we are planning on working through a number of options for how that membership should work. We welcome feedback Local Authorities and members of the ICB on this to inform our work over Q3. Potential models could include:

- ***One Local Authority member*** *(CEO or Chief Officer level) representing the four local authorities*
- ***Four Local Authority members*** *representing the four BLMK places*
- ***Matrix approach*** *consisting of four Local Authority members, one from each Place, each representing one each of the following portfolios: Adults, Children, Public Health and Neurodiversity.*

4.5.2 *Services for people with learning disabilities and people with autism*

Arrangements for services supporting people with learning disabilities and people with autism are more complex across BLMK than for all age mental health. Commissioning arrangements vary significantly between Places and system level programmes are less well-developed. We believe learning disabilities and autism is an important part of the scope of the Collaborative and needs a strong approach at both system and Place. However, we need to take the time to work with partners – particularly local authority partners – to shape how this should work. The phasing and scoping of the Collaborative needs to be able to accommodate this.

4.6 Development Roadmap and Oversight

Subject to the discussion today, we propose to move the programme into a mobilisation phase in the run up to the launch of a formal MHLDA Collaborative Committee in April 2024.

The key deliverables associated with this period are set out below. We propose that oversight of this work sits with a Mobilisation Group that includes representatives from partners across the broader ICS as well as the ICB Executive, ELFT and CNWL.

By November 2023	During Q3 and Q4 2023/24	By April 2024
• Mobilisation group meeting on a monthly basis • Partnership principles agreed • Service user and carer led collaborative priorities tested across system ensuring that they support delivery of place-based priorities • Draft operating model for planning and delivery of place-based priorities proposed	• Complete place-based design groups for the collaborative and finalise operating model for the planning and delivery of place priorities • Complete design workshops for the delegated functions to the collaborative committee to inform the operating framework for the collaborative • Engage with staff to develop and shape a resourcing model for the	• Operating framework in place for the functions delegated to the collaborative committee • Partnership Agreement in place • Strategic plan for system and place priorities agreed for 2024/25 • Place based arrangements for delivery of priorities in place supporting MHLDA partnership arrangements • System arrangements for delivery of shared priorities in place e.g. clinical

By November 2023	During Q3 and Q4 2023/24	By April 2024
• Draft operating framework for delivery of Committee functions proposed • Detailed mobilisation plan agreed for delegated functions • Planning round for 2024/25 commenced.	collaborative functions at system and place • ICB decision to formally authorise the terms of reference for the committee and launch of the collaborative in April 2024.	networks, transition of existing programmes • Terms of reference for the Collaborative Committee in place • Organisational development programme in place to support system and place-based functions.

5.0 Risks

As noted above, there are risks associated with the development of the Collaborative, which are highlighted along with mitigations below. However, these risks have appropriate mitigations in place, which the proposed Collaborative governance arrangements will oversee and support the management of. These risks need to be offset against the risk that the Integrated Care System does not continue its progress to achieve parity of esteem to achieve the improved health outcomes, reduction of inequalities and offering services that support these residents to thrive.

#	**Key Risk** **"There is a risk that…."**	**Potential impact** **"…which leads to…"**	**Mitigation** **"How we will address this…"**
1	The purpose and case for change are sufficiently clearly articulated in the context of a complex system	• Lack of support for, or engagement with the proposition amongst key individuals and/or partners who/which are essential to its success	• Ensuring a crisp articulation of the vision, purpose, and principles of the Collaborative and communicating it effectively (see risk 3 below)
2	We do not have the capacity to manage such a significant change	• Arrangements are not ready by 2024 • Lost opportunity for 2024/25 planning round to be managed differently	• Commitment by all partners to invest time and resources • Engagement of all staff, especially ICB staff subject to consultation etc • Clear prioritisation of functions to be developed by April 2024 • More formal involvement of Local Authorities and other partners in the programme
3	The change is not communicated effectively to stakeholders – partners and staff	• Lack of engagement or resistance to proposals from some partners	• Proactive engagement strategy in place for mobilisation period • Partners actively engaged in Mobilisation Group and relevant supporting programmes and pieces of work • Close management of interdependencies with ICB staff consultation, current and future phases
4	Structural challenges and cost pressures across MHLDA coupled with rising demand	• Prevents a sustainable financial strategy being established • Restricts capability to transform the system	• Transparency of structural financial risks • Shared ownership as a shared system issue • Development of assumptions to build into financial plans.

#	Key Risk **"There is a risk that…."**	Potential impact **"…which leads to…"**	Mitigation **"How we will address this…"**
5	Immediate pressing issues around crisis and bed capacity in the system	• System pressures on the emergency pathway and dependency on inappropriate out of area placements that do not deliver the best outcomes for patients	• Ensure that immediate operational delivery priorities are early deliverables for the Collaborative • Use this as part of delivery 'learning by doing' approach.

6.0 Next Steps

From October 2023 we propose that MHLDA Collaborative development will be overseen a more formal Executive Steering Group. The Group will include broad partner representation including Local Authorities, VCSE and primary care. The Executive Group will:

- Oversee the development of the collaborative functions outlined in this paper, interface with the ICB and CNWL/ELFT boards on progress, and engage at a strategic level with partners including other provider collaboratives in BLMK
- Ensure that this is done in conjunction with the development of a BLMK MHLDA strategic plan and where appropriate the transition of current system programmes
- Enable the mobilisation of a formal committee of the BLMK ICB in April 2024, including resolving the design questions outlined in this paper.

We propose that the programme of work to design and plan the Collaborative now moves into a formal mobilisation period to April 2024 which develops these functions and tests ways of working, in the context of delivering a single strategic plan for MHLDA in BLMK. The focus of the mobilisation period will be to:

- Support the development of the partnership, through the development of an MHLDA strategic plan and partnership agreement
- Deliver a new approach to the agreement of contracts and financial plan
- Develop the collaborative functions and their supporting processes and resources, linking to subsequent phases of the ICB staff consultation and corresponding changes to provider teams
- Confirm, in full engagement with staff and partners, the final operating framework for the Collaborative.

Learning from this transition period, along with the final development of the operating model and functions of the collaborative will inform the decision to launch the MHLDA Collaborative Committee from April 2024, subject to ICB Board approval in March 2024.

List of appendices

None

Background reading

None

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

Executive Lead: Martha Roberts, Chief People Officer

Report Author: Azmi Peerun, Head of OD and Inclusivity

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

Item: 6.3 Equalities, Diversity and Inclusion Implementation Plan

1.0 Executive Summary

1.1 In June 2023 NHS England published the Equalities, Diversity and Inclusion Implementation plan (EDIIP). This sets out six high impact actions for NHS organisations, addressing inequalities across the nine protected characteristics as prescribed in the Equality Act 2010. Addressing all forms of discrimination and inequalities and embracing inclusion will enable our workforce to use their full range of skills and experience to deliver the best possible care to our patients and service users. We know that outcomes are better for people served by teams that are diverse. A copy of the detailed Equalities, Diversity, and Inclusion Implementation Plan is attached as Annex A to this report. Alongside the national EDIP, BLMK ICB has published the Denny Review, setting out a clear challenge to continue our work on inequalities.

1.2 The EDIIP supports the objectives of the Long-Term Workforce Plan by setting out actions to improve the culture of our workplaces and the experiences of our workforce, benefiting retention and the attraction of new talent to the NHS. By promoting equality of opportunity for progression and growth within the NHS, we can have a positive impact on health inequalities and social mobility, enhancing the NHS's role as an anchor institution within the communities we serve and attracting diverse talent to our workforce.

1.3 The key change management principle guiding this work is that equalities, diversity, and inclusion is everyone's business, our leaders set the tone and culture, however everyone has a role to play. Progressing this agenda requires not only a change in systems and processes, but also cultures and behaviours.

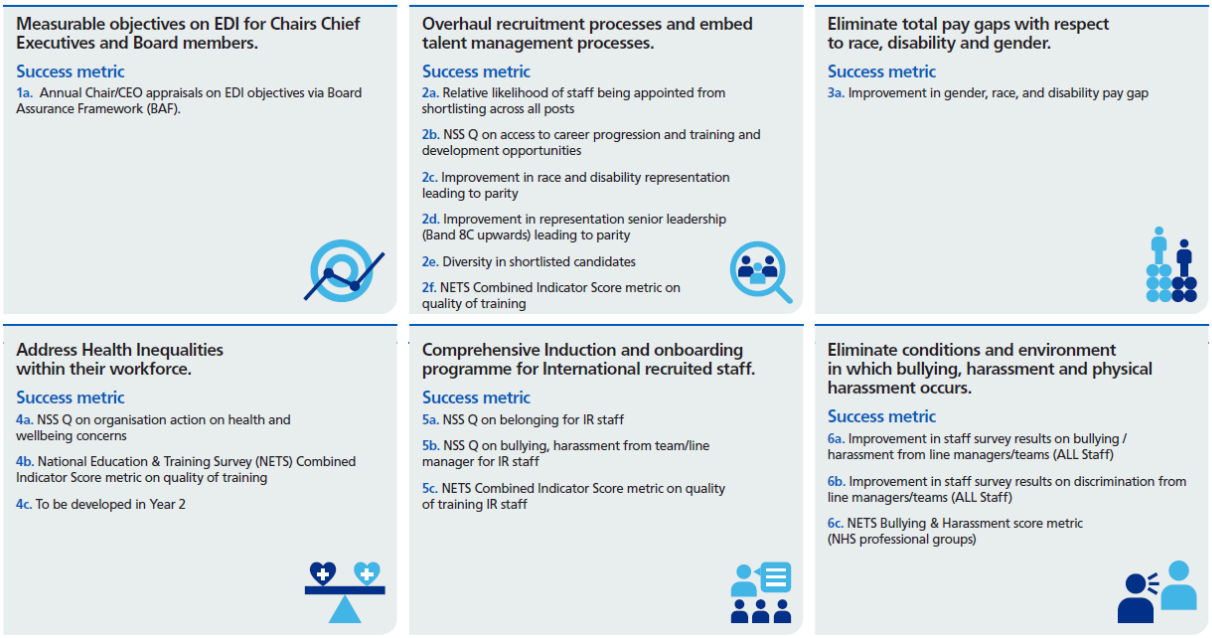
1.4 This report provides a summary of the actions taken since the publication of the EDIIP from NHS England this summer. We will be working closely with NHS England to ensure the implementation plan is developed and progressed demonstrating improvement across the six high impact actions of the Plan.

1.5 Engagement across the system will be through the Equalities, Diversity, Inclusion and Belonging, and Wellbeing subgroup which reports into the BLMK ICS People Board. Within the ICB actions will be implemented in collaboration with staff Groups/ Networks as defined in the guidelines. The below table outlines the six high impact actions of the plan addressing widely known intersectional impacts of discrimination and bias.

1.6 The actions from the Denny Review relating to workforce and equality supported by employment will be part of the response and actions in the EDIIP.

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.



2.0 Recommendations

2.1 The members are asked to receive this report for **noting** the progress and next steps to be taken on the Equalities, Diversity and Inclusion Implementation Plan**.**

3.0 Key Implications

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

3.1 Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010. The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for staff to improve their experience.

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. Following the Board this will be brought to the system Equalities, Diversity, Inclusion and Belonging and Wellbeing subgroup. The Executive team undertook EDI training this month to support and reflect on our actions.

4.0 Report

4.1 **Context** - How health and social care is organised and delivered is changing. Changing technology, demographic changes in our populations mean that the current approach to providing and staffing services needs to change. A more person centred, integrated and

data driven approach is required. A service that reflects the people it serves and provides equality of opportunity is essential.

4.2 There are substantial EDI workforce challenges around vacancies, demographics, pipelines of staff and our ability to support and develop our learners, workers and volunteers. National policy in health and care, such as the recent Fuller review of Primary Care and the Hewitt Review all impact on the services and workforce required by the system.

4.3 The establishment of Integrated Care Boards as statutory bodies in July 2022 provides opportunities for organisations operating in Bedfordshire Luton and Milton Keynes (BLMK) to work together to address some of these challenges and improve EDI related outcomes for our populations and workers. At the heart of this is the NHS People Plan and the NHS People Promise to support inclusion and belonging for all and creating a great experience for staff. We need to identify issues of inequality and inequity and address these for all people working in the system.

4.4 We want to work smarter across our system and are committed to working together to use our enablers to improve outcomes for our residents by building a health and care workforce that is at the heart of our efforts to improve population health. Our one workforce approach will support staff to work across settings, and ensure we have enough trained, engaged and valued workforce who represent our population, drawing people from all backgrounds, being properly inclusive and building on our role as an anchor institution.

4.5 Our Integrated Care System (ICS) People Strategy clearly outlines that we will create an environment where staff from all backgrounds feel included, valued and free from discrimination. We want to have a happy, healthy and engaged workforce as we know that staff who are supported, well and at work and deliver quality and safe effective care to our patients.

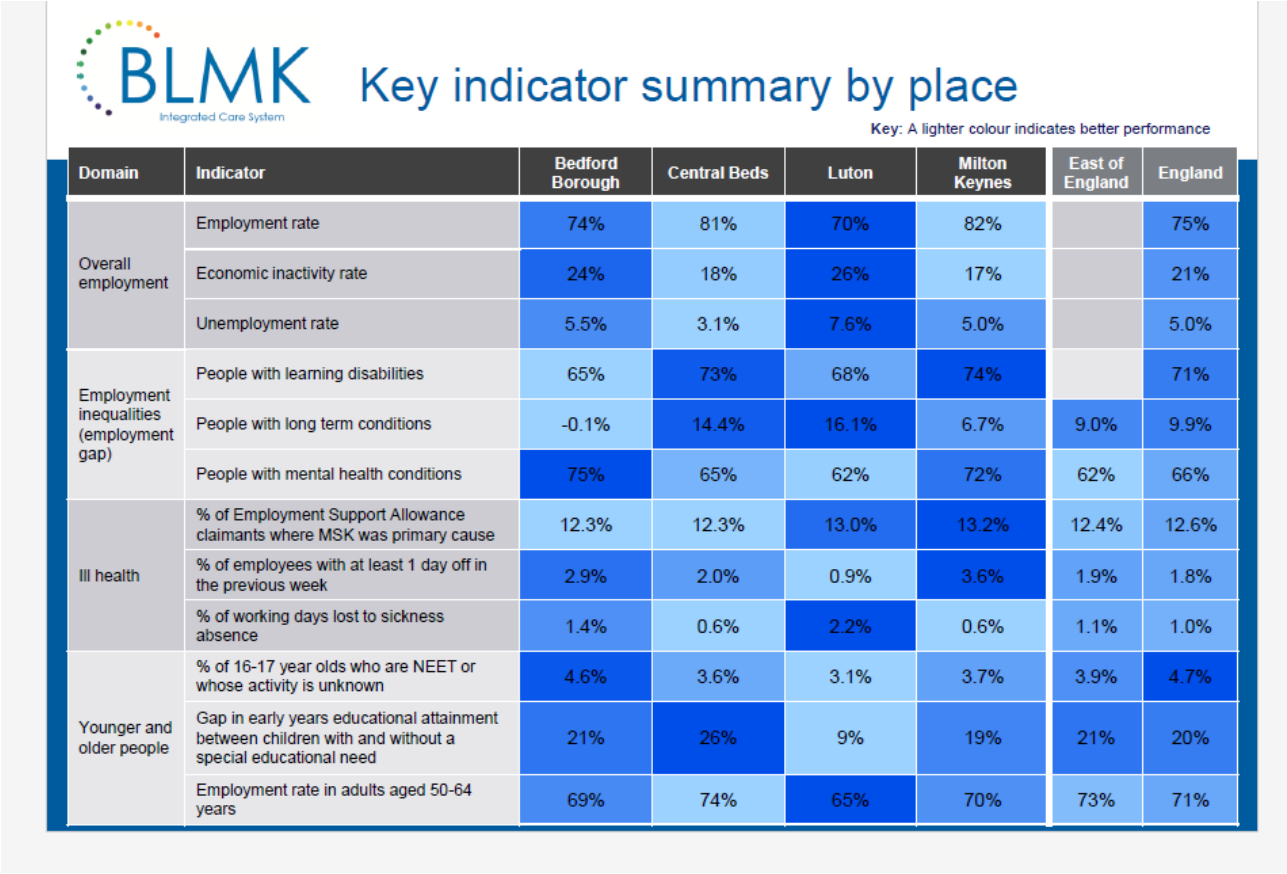
4.6 This Equalities Diversity and Inclusion Implementation plan provides a framework to produce local plans, setting out targeted actions to address the prejudice and discrimination (direct and indirect) that exists through behaviour, policies, practices and cultures against certain groups and individuals across the workforce. The findings and recommendations of the Messenger Review- Leadership for a collaborative and inclusive future (July 2022), reaffirmed the need for this plan's actions.

4.7 This plan also supports the Long Term Workforce plan in improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS.

4.8 Our Population - Our area covers four places Bedford, Central Bedfordshire, Luton and Milton Keynes - all vibrant, unique and rich in cultural heritage. Our population is diverse with more than 100 languages spoken. Of our population of one million people, 69% are Asian, 8% are Other White and 6% Black. With 2 million jobs we are one of the fastest growing economies in England, contributing £110bn to the economy. We are served by excellent air, rail and road transport links. We are one of the fastest growing areas in the country. Our population is expected to exceed 1.2m within the next decade and could increase by nearly 90% by 2050. This rich and diverse community is not currently reflected equally in our organisations.

4.9 The recent Denny Review sets out the work needed to support the reductions in health and care inequalities in our system. The role of the system partners as employers and the connected reduction in inequalities experienced by people in good and fair work will be part of the System People Board's work. The opportunity for the system partners, as anchor institution employers will be key. Employing 50,000 people across health and care, each of the people are ambassadors and advocates for health and wellbeing in their families and communities. The research partnership with the University of Bedfordshire is looking at diverse populations in our system and how they participate and benefit from employment in

our organisations. In all four places, public health teams support local employers to build supportive and healthy workplaces, whatever the sector.



BLMK Integrated Care System

Key indicator summary by place

Key: A lighter colour indicates better performance

Domain	Indicator	Bedford Borough	Central Beds	Luton	Milton Keynes	East of England	England
Overall employment	Employment rate	74%	81%	70%	82%		75%
	Economic inactivity rate	24%	18%	26%	17%		21%
	Unemployment rate	5.5%	3.1%	7.6%	5.0%		5.0%
Employment inequalities (employment gap)	People with learning disabilities	65%	73%	68%	74%		71%
	People with long term conditions	-0.1%	14.4%	16.1%	6.7%	9.0%	9.9%
	People with mental health conditions	75%	65%	62%	72%	62%	66%
Ill health	% of Employment Support Allowance claimants where MSK was primary cause	12.3%	12.3%	13.0%	13.2%	12.4%	12.6%
	% of employees with at least 1 day off in the previous week	2.9%	2.0%	0.9%	3.6%	1.9%	1.8%
	% of working days lost to sickness absence	1.4%	0.6%	2.2%	0.6%	1.1%	1.0%
Younger and older people	% of 16-17 year olds who are NEET or whose activity is unknown	4.6%	3.6%	3.1%	3.7%	3.9%	4.7%
	Gap in early years educational attainment between children with and without a special educational need	21%	26%	9%	19%	21%	20%
	Employment rate in adults aged 50-64 years	69%	74%	65%	70%	73%	71%

4.10 Our workforce – Our Provider Trust workforce shows an aging workforce with 4904 within 10 years of retirement. We have a predominately female workforce, making up 79% of the workforce profile. We have a decreasing trend in our rolling 12-month sickness rate, currently 4.31%. We have a voluntary turnover rate, currently at 14.91% and a decrease over the last 2 years in staff engagement scores. These figures compare very well with East region of the NHS, overall, in East Region NHS, data shows that BLMK is the best place to work.

4.11 Our social care workforce has a vacancy rate of 12.6%, with 2,000 vacancies and a turnover rate of 31%. Similarly, to health partners, there is an aging workforce.

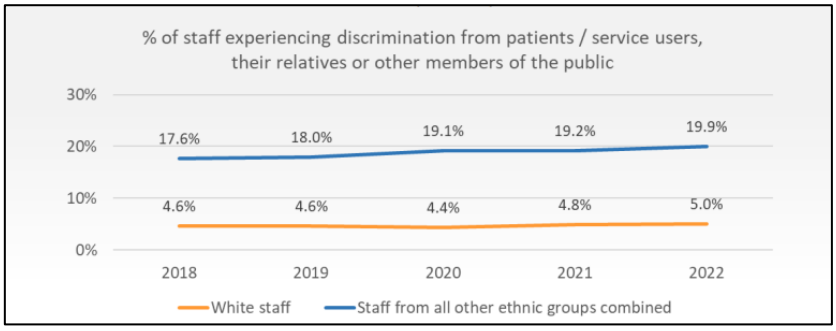
4.12 Primary care has 515 GPs in post (including 120 trainees) and a further 40 vacant GP posts. There are 264 Practice Nurse roles, with circa 10% vacancy rate, with a further 254 direct patient care roles within practices (mostly healthcare assistants). Primary care networks have made very good progress in recruiting to Additional Roles Reimbursement Scheme roles with 354 in post to date.

4.13 Given the expected growth in the overall population in our system (with associated increase in demand for health and care provision), our workforce will need to grow whilst also transforming with new skill mixes, new roles, multi-disciplinary working models and portfolio careers to address the pending challenges.

4.14 Data on our workforce top reasons for leaving highlights it as being “other” or “not known”. This is consistent across all underrepresented groups identified.

4.15 The Equalities, Diversity, and Inclusion Implementation Plan – Since the People Plan, progress on EDI has been made across the country. The total number of black and ethnic minority staff at very senior manager (VSM) level has increased by 69.7% since 2018 from

201 to 341. The percentage of Board members declaring a disability has increased from 2% in 2019 to 4.6% in 2022. The number of black and ethnic minority board members in NHS trusts increased by 128 (38.1%) between 2020 and 2022. However, there is still a lot to do, we still find that the percentage of staff experiencing discrimination from patients/ service users, their relatives or other members of the public has increased since 2018 to 2022. This trend is significantly higher for staff from all other ethnic groups combined as shown in the graph below:



4.16 This implementation plan comprises of six high impact actions co-created with system leaders, for all organisations to implement. These have been designed to create the change and achieve strategic Equalities, Diversity, and Inclusion outcomes. These outcomes are aligned to the Long Term Workforce Plan, People Promise and NHS Constitution over a 5 year period 2023-2028.

4.17 The intention is for the success metrics to be tracked via a national Equalities, Diversity and Inclusion dashboard which will be hosted on Model Health System. It will provide a suite of seventeen aggregated metrics and indicators aligned to the six high impact actions in the Equalities, Diversity, and Inclusion plan. NHS England will collaborate with Integrated Care Boards to co-create and test metrics as part of this development.

4.18 A report detailing the current metrics is attached as appendix 1. This will provide a base line for us to measure progress at the end of the year. There are two metrics where we currently do not have system level data.

4.18.1 1a - measurable objectives on equalities, diversity and inclusion for Chairs, Chief Executives and Board members (though these objectives are being set).

4.18.2 5c - National Education and Training Combined Indicator Score metric on quality of training Internationally Recruited staff (noting that we are the best performing system in East in the recruitment, retention, and promotion of internationally trained staff).

4.19 Below is a summary including each of the six High Impact Actions

4.19.1 **Measurable objectives on EDI for Chairs Chief Executives and Board members**. As part of the objective setting process for 2023/2024 EDI objectives will be introduced.

4.19.2 **Overhaul recruitment processes and embed talent management processes**. Work, Learn, Live is a website for current and aspiring health and social care workforce across the ICS. It provides useful opportunities for learning, clinical and non-clinical careers and vacancies within our Health and Care Partnership organisations across BLMK. WRES and WDES data and action plans are produced by system health care partners and will be monitored through the subgroup. An Inclusive recruitment toolkit is being developed and will be implemented within the ICB as a pilot. Good practice is shared from our Partner Organisations at the subgroup. Alongside the EDIB and Wellbeing subgroup there is a Leadership and Culture subgroup who also report to the ICS People Board and who will be working

towards a system talent management process to include system talent pools. This further aligns with the plans of the system People Plan.

4.19.3 **Eliminate total pay gaps with respect to race, disability and gender.** Action plans from Pay Gap reporting are produced by system health care partners and will be monitored through the relevant organisations and the People Board subgroups. Reports for all three areas have been produced and reviewed by the Remuneration Committee.

4.19.4 **Address Health Inequalities within their workforce.** Partners have strategies for Wellbeing in place. Work is commencing to look at the NHS Health and Wellbeing Toolkit with a view to opening discussions at a system level to drive thinking around collaboration within this space. The subgroup will be the driver for this collaborative work. BLMK ICS has in place a system Wellbeing Hub and will be joining the East of England regional wellbeing hub from September 2023 to offer support to all of the key workers across our system.

4.19.5 **Comprehensive induction and onboarding programme for internationally recruited staff.** We led the development of the InterN App with partners to support our internationally recruited colleagues. The InterN app for Internationally Recruited Nurses, Midwives and Allied Health Professionals was launched in June 2023. Internationally recruited staff can download the app before they arrive in the UK and are informed of this by their Trusts. Within the app there is a wealth of general information about support and recruits can go to their specific ICS and Trust for more information. General Information includes, health and wellbeing, housing, finance, and training links. Other information included are welcome packs, details of Pastoral and Education leads, development coaches, freedom to speak up contacts, peer listening services, Occupational Health, staff network information, and other general details. Since April 2023 there is a BLMK ICS International Recruits Career Coach who supports with one-to-one coaching for Internationally Educated Nurses. There is a bimonthly system forum for internationally educated nurses.

4.19.6 **Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.** NHSE has funded a Regional Equalities, Diversity, Inclusion team for 18 months. This team includes a System Culture Transformation Lead for each system who will be working with the ICS to support this work and the implementation of the Anti-Racism Strategy. Identified actions from the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Staff Survey and EDI plans all provide means to work towards reducing bullying and harassment for our workforce. Further best practice will be shared with system partners such as initiatives from the Civility and Respect toolkit and the work the AHP Council are doing on the Disrupting Challenges framework.

4.20 To supplement the above the ICB is developing a comprehensive action plan that can be monitored to ensure we have a strategic view on all activities and progress. The aspiration is to avoid duplication, silos of working and promote a more collaborative way of working spanning across teams, and directorate boundaries.

4.21 In order to support behavioural change across the system we are exploring possible funding to develop a Micro Incivilities training programme focussing on elements of Behavioural change rather than awareness.

4.22 Staff Networks of varying maturities have been set up in system organisations. As part of the system work to ensure our staff have psychologically safe spaces, we will be exploring shared access for some of our workforce to existing staff Networks. This will also provide a means to feedback best practice across Partners and support the One Workforce approach across our system.

4.23 A copy of the detailed Equalities, Diversity, and Inclusion Implementation Plan is attached as Annex A to this report.

4.24 ICB Progress

4.25 The Equality Delivery System (EDS) helps NHS organisations improve the services they provide for their local communities and provide better working environments, reducing discrimination, for those who work in the NHS, whilst meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, taking inspiration from existing work and good practice.

4.26 The EDS was first launched for the NHS in November 2011. An evaluation of the effectiveness of the tool in NHS organisations took place in 2012. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS – known as EDS2 – was made available in November 2013.

4.27 The Equality Delivery System 2022 framework is designed for both NHS commissioners and NHS providers and places a stronger focus on partnership working between ICS system partners. It covers three domains;

Domain 1- Commissioned or provided services.

Domain 2- Workforce health and well-being.

Domain 3- Inclusive Leadership (with the focus being on the Board and Deputy Director level).

BLMK ICB piloted Domain 2 as an early adopter to support our development. The time period for the Domain 2 review was the year up to March 2023.

4.28 In reviewing Domain 2 standards previous work carried out on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the recent Staff Survey results were reviewed. The objectives supporting the EDS 2022 template are derived from the priorities of these other tools and reports, which support the ICB in delivering its Public Sector Equality Duty (PSED). The review was supported by the ICB EDI Staff Engagement Group.

4.29 The scoring of Domain 2 puts the ICB in the 'Developing' category. This is an accurate reflection of a newly established ICB whose work on EDIB is not fully embedded across the culture, systems, and processes.

4.30 The ICB is below the national benchmark median for the organisation taking a positive interest in staff health and wellbeing, however as identified above these results have improved. The results are low across each of the diversity strands, those from the older age group (70.5%), those with a disability (72.9%), those from a BME background and staff that do not wish to state their sexual orientation (61.1%).

4.31 The overall average of staff experiencing bullying or abuse from managers is proportionately higher for disabled (12.8%) and BME (10.9%) staff.

4.32 The overall average of staff who experienced bullying or abuse from colleagues is the same as the national median (9.7%), however, it is significantly higher for disabled (17%) and BME (17.4%) staff, and higher for women (11%). (Compared with WRES and WDES to ensure the information is validated).

4.33 For staff who would recommend the ICB as a place to work, the ICB is 13.4% below the national median and this reflects in the scores across most diversity strands This is most significant in the older (51-65yr old) age group and those staff who did not state their sexual orientation at 48.4% and 27.8% respectively.

4.34 The ICB has focused on 5 equality themes to deliver the EDIB Agenda.

4.35 **Theme 1 - To improve the quality of employee data, held on ESR, data recording and monitoring**

WRES data was compiled using the NHSE submission template. The staff surveys suggest BME staff are subject to more bullying, harassment and suffer from career discrimination compared to White staff. Examples include:

- White applicants were 2.31 times more likely to be appointed from shortlisting compared to Black Minority Ethnic (BME) applicants.
- 19.1% of staff from a BME background experienced harassment, bullying or abuse from staff over the last 12 months (2020) compared to 12.9% of White staff.
- 33.3% of staff from a BME background believed that there were equal opportunities for career progression or promotion compared to 60.9% of White staff.

Building on the results, a WRES action plan 2022-24 was developed, and the plan focuses on enhancing workforce data and providing staff support including:

- Regular monitoring and reviewing of workforce demographics
- Maintain robust inclusive recruitment and selection practices
- Reiteration of commitment to EIHR by leadership team
- Promote the use of Freedom to Speak Up Guardian service
- Encourage staff to take part in the NHS National Staff Survey
- Leadership commitment to zero tolerance bullying and harassment policy
- Development of a civility and respect toolkit
- Ensure a talent management scheme is in place.

4.36 **Theme 2 - To show inclusive leadership and commitment to being a leader in equality, diversity and inclusion**

ICB leaders are advised by Equality Inclusion and Human Rights Experts (EIHR) to discuss EIHR priorities and better understand roles and responsibilities in relation to the Public Sector Equality Duty and NHSE requirements. Looking ahead to 23/24, the ICB People Directorate will utilise all resources to promote internal and system working for the good of the community. The introduction of EDS 2022 will guide the ICB in its work across all spheres- patient services, workforce, and leadership.

4.37 **Theme 3 - To improve the processes for recruitment, retention, experience, and progression**

The ICB recognises the need for equality and diversity within the workforce and is committed to improve the processes for recruitment, retention, experience, and progression of all its staff. We continue monitoring and reviewing our workforce demographics through the WRES, WDES, EDS22 and Staff Surveys. The ICB continued to ensure the new organisation has robust inclusive recruitment and selection practices.

The Gender Pay Gap was complete for 2023 Our mean gender pay gay is 27.5%.

Our median gender pay gap is 27.5%.

ICB is mindful that it must act fairly, and within the law, and act where possible to reduce the gender pay gap. The ICB is committed to:

- check for any gender bias in its recruitment information and appointment processes and rectifying this through training or other means.
- check for any gender bias in the uptake of its training offers and other development processes.
- The ICB needs to ensure that its recruitment strategy has a focus on attracting men to the NHS in all grades. It needs to appeal to all genders as an attractive career path.
- monitor the application policies and procedures, such as flexible working.

- carry out an analysis of current workforce in relation to specific roles, salary increase requests, and starter salaries to understand any occupational bias.
- ensure that we respond to any behavioural concerns arising from feedback mechanisms such as Freedom to Speak Up and in future years, check for any indicators from staff surveys and or exit interviews that might increase the understanding of the situation.

4.38 **Theme 4 - To actively engage with, promote, support and encourage the work of staff networks and recognised forums**

The ICB has been engaging with staff about their staff network preferences. The inaugural Staff Meeting took place in June 2023 and comprises of 16 volunteers who champion all protected characteristics, chaired by the ICB Associate Director Quality and Safeguarding.

4.39 **Theme 5 - To ensure staff feel confident to access the health and wellbeing schemes according to their individual needs**

The ICB has supported the health and wellbeing of its staff by providing the following services:

- The Peppy Nurse Menopause app and all the support that goes with it for its staff
- Referrals to the Bedfordshire Steps programme
- The employee assistance programme covering counselling, Occupational Health etc
- Regular online fitness sessions to all our employees and staff who are not on the payroll.
- Health & Wellbeing resources for staff, mental health hub and Shiny Mind app.

Across the ICS, and therefore accessible to ICB staff, H&W has been addressed via the following:

- Shiny minds app
- Keeping well hub and website available for all key workers across BLMK
- Drug and alcohol related services
- Menopause awareness platform menopause support platform

5.0 Next Steps

5.1 Repurpose the System EDIB and Wellbeing subgroup with a reviewed Terms of reference and Membership who can lead and drive this work across their respective organisations – 2023/2024

5.2 Source data for Metrics 1a and 5c for the system Equalities, Diversity, Inclusion Implementation Plan – 2023/2024

5.3 Review the Denny Review recommendations and how they impact on the system as employers and the potential to reduce inequality by good, fair, and fulfilling work.

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Appendix 1 – EDI Implementation plan

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A note on language

In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours.

This plan acknowledges that some definitions and terminology in legislation do not always reflect the identities or lived experience of individuals.

Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010[1].

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. Therefore, while we refer to the protected characteristics as defined in the Equality Act 2010, the actions set out here are intended to positively impact groups and individuals beyond these terms and definitions.

We have developed the high impact actions in this plan to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation[2].

Some specific points on language

When referring to ethnicity, we use the term Black and minority ethnic (BME) to be consistent with *NHS Workforce Race Equality Standard terminology*.

We use the term 'disability' as it is defined in the Equality Act 2010 recognising that the Act's intention is both positive and protective for disabled people. However, we recognise that 'disability' is a dynamic term, within which terms such as 'neurodivergence' and 'neurodiversity' are emerging and changing, including the relationship between neurodivergence and definitions of disability.

We use the acronym LGBT+ is used in this document, where the 'plus' includes all those identities and sexual orientations not specifically referenced. To promote the use of inclusive language, this document uses the terms 'trans and non-binary', 'gender identity' and 'sexual orientation'.

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Foreword

"The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms"

NHS People Plan 2020

Amanda Pritchard,
Chief Executive,
NHS England

It is our privilege to introduce the NHS's first *equality, diversity and inclusion (EDI) improvement plan*. The NHS workforce is more diverse today than at any point in its 75-year history, and that brings benefits for patients and taxpayers alike.

Our NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. These values underpin how healthcare is provided, but must also extend to our NHS workforce.

Staff are at the heart of everything the NHS does, and always will be. To support the recovery of services following the COVID-19 pandemic, we need to increase capacity by growing our workforce and find new ways of working to enhance productivity.

To build for the future, we must inspire new staff to join and encourage existing staff to stay.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale - which, in turn, leads to improved patient care and outcomes[3].

This can only be done by treating people equitably and without discrimination.

An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long Term Plan, and reduce the costs of filling staffing gaps.

Delivering that kind of working environment in an organisation of any size takes deliberate focus, listening and action.

The NHS People Plan, sets out the priorities for supporting the 1.3 million people who work in the NHS in England[4], with specific actions for improving their sense of 'belonging' in the NHS. This *plan* builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

It is also right that NHS England holds itself to account to the same standards as the NHS as a whole, so we will be implementing this plan in our organisation.

We would like to acknowledge the contributions, expertise and lived experience shared with us by staff, staff networks, managers and system leaders in the development of this plan, which have provided us with invaluable insights on improving the experience of staff across the NHS.

We would also like to acknowledge the inputs from our strategic partners, including the Health and Care Women Leaders Network, the Race and Health Observatory, NHS Employers, NHS Providers, NHS Confederation, and many more.

On behalf of the whole NHS leadership team, we want to thank you for working with compassion, putting our patients and people at the helm and rising to the challenges we face.

We hope this plan provides the framework for making the NHS the best place to work whoever you are, where all staff feel they belong, can thrive, and – ultimately - deliver the best possible service for our patients.

Dr Navina Evans
Chief Workforce, Education and Training Officer,
NHS England

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Introduction

This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

It has been co-produced through engagement with staff networks and senior leaders.

The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

The findings and recommendations of the Messenger Review- Leadership for a collaborative and inclusive future (July 2022) reaffirmed the need for this plan's actions , which forms part of our response to recommendation two of the review. Future iterations of this plan will address how we tackle EDI challenges within social care, and will be developed in collaboration with integrated care boards (ICBs) and other key stakeholders including the Department of Health and Social Care (DHSC).

The NHS Long Term Workforce Plan defines the size, shape, mix and number of staff needed to deliver high quality patient care, now and into the future. This EDI improvement plan supports the Long term workforce plan by improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS. The plan also supports the achievement of strategic EDI outcomes, which are to:

- **Address discrimination**, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, the Messenger Review
- **Support the levelling up agenda** by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- **Make opportunities for progression equitable**, facilitating social mobility in the communities we serve.

These actions should be implemented in partnership with trade unions / staffside colleagues and forums, and in collaboration with staff networks. In line with our operating framework, NHS England will provide guidance to assist trusts and ICBs in adopting an improvement approach to the implementation of this plan, supported by a repository of good practice and a dashboard to enable the measurement of progress. We will also implement this plan internally to ensure consistency with the NHS as a whole.

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The case for change

Where diversity – across the whole workforce – is underpinned by inclusion, staff engagement, retention, innovation and productivity improve. Inclusive environments create psychological safety and release the benefits of diversity – for individuals and teams, and in turn efficient, productive and safe patient care.

Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS[5]. For example, women make up 77% of the NHS workforce but are under-represented at senior level[6]. Just over 24% of the workforce are from black and minority ethnic (BME) backgrounds but face discrimination across many aspects of their working lives The 2022 Workforce Race Equality Standard (WRES) data showed that 27.6% of Black and minority ethnic (BME) staff experienced bullying, harassment or abuse from other staff in the preceding year; The NHS Staff Survey along with the Workforce Disability Equality Standard (WDES) shows that disabled staff in the NHS are under-represented when compared to the general population. The NHS staff survey data shows that 25% of disabled staff have experienced bullying from their colleagues, compared to 16.6% of non-disabled staff. Similarly, 23.5% of our LGBT+ colleagues face bullying and harassment at work compared to 17.9% of heterosexual staff.

Organisational efficiency correlates with staff and patient experience:

- Staff who are bullied are less likely and less willing to raise concerns and admit mistakes[7].
- Increased leadership diversity correlates with better financial performance[8].
- In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance[9].
- High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction[10].
- A workforce that is compassionate and inclusive for all has higher levels of engagement, motivation and wellbeing, which results in better care and reduced staff turnover[11].
- Fair treatment of every individual in the workforce helps reduce movement of substantive staff into bank and agency roles to avoid discrimination at work
- A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities[12].
- Organisations with more diverse leadership teams are likely to outperform their less diverse peers[13].
- Psychologically safe work environments, where people feel they are treated with dignity and respect, achieve more effective, safer patient care[14].

Simply put, a diverse workforce in an inclusive environment will likely improve staff engagement, lower turnover and enhance innovation

Elective recovery is a top priority for the NHS[15]. Key to our success is boosting capacity, by filling vacancies, reducing turnover and improving morale[16]. To achieve this stability and to lay the foundations from which to grow the workforce of the future, as described in the Long-Term Workforce Plan, the NHS must improve staff experience across all protected characteristics if we are to sustainably reduce staff turnover, increase recruitment, reduce absenteeism and create more inclusive and productive teams.

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High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

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High Impact Action 1

Chief executives, chairs and board members must have **specific and measurable EDI objectives** to which they will be individually and collectively accountable.

Leaders set the tone and culture of their NHS organisation.

Leaders who demonstrate compassion and inclusion, and focus on improvements, are key to creating cultures that value and sustain a diverse workforce. Staff will in turn feel more empowered to deliver great care and patient experience[17].

As highlighted in the Messenger Review, principles of EDI should be embedded as the personal responsibility of every leader and every member of staff. It is in this context that all Chief executives, chairs and board members should have distinct objectives on improving inclusion in their organization and have a personal commitment to mainstream EDI as the responsibility of all, such that the provision of an inclusive and fair culture should become a key metric by which leadership at all levels is judged.

NHS organisations and ICBs must complete the following actions:

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).
- Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).
- NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

Success metric for high impact action 1	
Annual chair and chief executive appraisals on EDI objectives.	Board Assurance Framework

Further information and case studies can be found in the EDI repository.

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High Impact Action 2

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

We know diverse boards make better collective decisions for the communities they serve[18]. There has been progress in improving diversity of senior management teams; the total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341[19] and the percentage of board members declaring a disability has increased from 2% in 2019 to 4.6% in 2022. However, in relation to the three protected characteristics for which reliable data exists (race, disability and gender); senior teams across the NHS are less representative of their organisation's workforce. For example, WRES data (31 March 2022) shows that BME people make up 24.2% of the NHS workforce[19] but only 13.2% of board members; 85% of people with a disability do not believe that their trust provides equal opportunities for promotion;[20] and women represent 77% of the NHS workforce but only 37% of very senior managers[21].

Talent management strategies must recognise the importance of equitable recruitment and career progression for all staff. If they do not, the NHS risks losing talent because everyone does not see themselves as having the same opportunity, leading to a direct impact on patient care.

The national Inclusive *Recruitment and Promotion Practices framework*[22] highlights the principles for an evidence-driven approach. It supports boards in achieving the aspirations of the Long-Term Workforce Plan by addressing workforce vacancies.

NHS organisations and ICBs are to complete the following actions:

- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)
- Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.

Success metric for high impact action 2	
Relative likelihood of staff being appointed from shortlisting across all posts	WRES and WDES
Access to career progression, training and development opportunities	NHS Staff Survey
Year-on-year improvement in race and disability representation leading to parity over the life of the plan	WRES and WDES
Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	WRES and WDES
Diversity in shortlisted candidates	To be developed in year two
Combined Indicator Score metric on quality of training	NETS

Further information and case studies can be found in the EDI repository.

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High Impact Action 3

Develop and implement an **improvement plan to eliminate pay gaps**

As an inclusive employer, the NHS should take steps to address gender, ethnicity and disability pay gaps.

The gender pay gap in the UK has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full time employees[23]. The pay gap is relatively small for the 88% of NHS staff employed on Agenda for Change (AfC) terms and conditions. However, it is 47% for the 12% of NHS staff who are not, essentially doctors and senior leaders.

The independent review Mend the gap (2020) describes the actions that the NHS should take to address the gender pay gaps in medicine, such as promoting flexible working for all. Many of its recommendations can also be applied to non-medical senior leaders. For example, for every 80 pence earned by Black female doctors their White counterparts earn £1[24]. In younger age groups, the pay gap favours female doctors, reflecting the large numbers of women joining the NHS, but this reverses between the ages of 30 and 34 and then widens with age[25].

Data on organisational ethnicity and disability pay gaps will become available in the coming years.

NHS organisations are to complete the following actions:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.
- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)

Success metric for high impact action 3	
Year-on-year reductions in the gender, race and disability pay gaps	Pay gap reporting

Further information and case studies can be found in the EDI repository.

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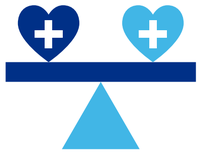
High Impact Action 4



Develop and implement an improvement plan to **address health inequalities** within the workforce.

In England, 1 in 19 working age adults is employed by the NHS , making NHS[26] organisations one of the largest employers within local communities.

This creates an opportunity to positively impact population health by addressing health inequalities in the workforce[27]. A proactive approach to reducing health inequalities in the workplace[28] can make a significant contribution to the levelling up agenda[29] within local communities, supporting targets set by CORE20PLUS5[30].

NHS organisations should start by delivering action in two specific areas.

Firstly, reducing bullying, increasing civility, and having a robust approach to all abuse and harassment. This will address some common causes of ill health, absenteeism and turnover within the workforce which disproportionately impact on those with some protected characteristics, and will improve inclusive team working, staff health and wellbeing.

Secondly, as anchor institutions in local communities, NHS organisations can make a positive impact by offering routes into employment, good work[31] and career development.

Organisations are to complete the following actions:

- Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. (by October 2023).
- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025).

Success metric for high impact action 4	
Organisation action on staff health and wellbeing.	NHS Staff Survey
National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	NETS
During 2024/25, NHS England will work with ICBs and other key stakeholders to establish a mechanism for measuring improvements in workforce health inequalities.	

Further information and case studies can be found in the EDI repository.

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High Impact Action 5

Implement a **comprehensive induction, onboarding and development programme for internationally-recruited staff.**

Since its inception in 1948, the NHS has benefitted from the expertise, compassion and commitment of internationally recruited healthcare professionals. A warm welcome and comprehensive induction and pastoral support package will make them feel valued from the start and help retain this staff group.

NHS organisations should complete the following actions:

- Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).
- Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured rom, for example, turnover, staff survey results and cohort feedback (by March 2024).
- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).
- Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024).

Success metric for high impact action 5	
Sense of belonging for internationally recruited staff	NHS Staff Survey
Reduction in instances of bullying and harassment from team/line manager experienced by (Internationally recruited staff).	NHS Staff Survey

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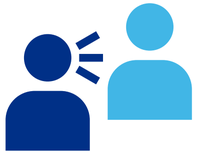
High Impact Action 6



Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Bullying and harassment at work results in increased sickness absence and employee turnover, diminished productivity, sickness presenteeism, governance and employee relations costs. Workplace bullying therefore adversely impacts patient safety.

In the 2022 NHS Staff Survey 18.7% of NHS staff reported they had experienced bullying by colleagues, 11.1% by line managers and 27.8% by patients or their relatives. These statistics are consistently higher for people with some protected characteristics, and particularly those with a disability or and in the LGBT+ community.[32]

Staff who are bullied in the workplace are less likely to speak up and to admit mistakes, and therefore are less likely to contribute to effective team working. Bullying affects bystanders and witnesses too[33], eroding psychological safety within the workplace culture[34].

Relying on local policies to prevent bullying or discrimination is not enough. A proactive, preventative approach that seeks early informal intervention wherever possible is more likely to be effective, with escalation only where that fails.

NHS organisations are to complete the following actions:

- Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.
- Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it. (By June 2024)
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).
- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

Success metric for high impact action 6	
Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)	NHS Staff Survey
Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	NHS Staff Survey
Bullying & Harassment score metric (NHS professional groups)	NETS

Further information and case studies can be found in the EDI repository.

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Make change happen

As England's largest employer, the NHS must lead the way in establishing equitable and inclusive workplace environments.

The key change management principle guiding this work is that EDI is everyone's business – our leaders set the tone and culture, but we all have a role to play. Progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours.

NHS leaders, specifically chairs and chief executives, must lead by example and demonstrate that they are committed to creating an EDI environment for their workforce. Board members should collectively and individually decide what support and development they require to confidently lead this complex and challenging agenda.

We expect **NHS employing organisations** to implement the six high impact actions. They should be confident in explaining to their workforce – especially leaders, HR professionals and line managers – the rationale for this work and what is expected of individuals and teams. Using the repository of good practice, organisations should identify suitable interventions for local implementation, based on local context and conditions. NHS England will support this by collating and disseminating best practice.

Accountability is important for setting clear expectations, coupled with a focus on learning and improvement. NHS England, ICB and provider accountabilities and responsibilities for delivery of the NHS EDI improvement plan follow the principles set out in the NHS Operating Framework and are outlined in the table below. NHS England will provide regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and the CQC through the well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations.

Measurement of progress is critical to guide targeted action. Progress should be measured at organisation and system level to inform delivery, and will be monitored by NHS England to inform the support we provide.

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Accountability framework

Providers	ICSs / ICBs	Regional	National
✓ Delivery of high impact actions and interventions by protected characteristic at trust level. ✓ Measure progress against success metrics consistently within the organisation. ✓ Engagement with staff and system partners to ensure that actions are embedded within the organisation. ✓ Effective system working and delivery to ICS strategies and plans ✓ Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.	✓ Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities. ✓ Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties. ✓ Measure progress against success metrics consistently and coordinate a system view. ✓ Compliance with Care Quality Commissions assessment frameworks.	✓ Primary interaction between national and systems ✓ Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed ✓ Agree ‘local strategic priorities’ with individual ICSs and provide oversight and support. ✓ Measure progress against success metrics consistently and coordinate a regional view.	✓ Set expectations for equality and inclusion through the NHS EDI improvement plan ✓ With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes ✓ Measure progress against success metrics consistently and coordinate a national view.

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Support from NHS England

We will work alongside systems and organisations to support the delivery of the NHS EDI improvement plan.

A national EDI repository

We will create a repository of good practice on the Future NHS platform to share examples of what is working in the NHS and in other public and private sector organisations. This will help prevent duplication of effort and promote learning. The repository will be continually updated and include:

- case studies from organisations
- practical toolkits and resources
- the latest research and evidence.

A national EDI dashboard

A national dashboard of key EDI metrics is being developed and will be available in the coming weeks by region, within ICBs and within similarly benchmarked trusts. This will enable local organisations and NHS England to monitor progress, identify challenges and assist peer-to-peer learning alongside the EDI repository. It will incorporate relevant education and training metrics, created by Health Education England.

Data

Reliable, consistent and timely data is crucial to effective progress. There are significant differences in the range and quality of data held for the protected characteristics. This is reflected in the sections for each protected characteristic. In 2023/24, NHS England will seek to improve the range and quality of data, working with DHSC and other partners. So, for example, with the addition of a question to the NHS Staff Survey, data is now available on whether staff are internationally trained. In addition, NHS England will seek to develop a new mandated workforce standard on gender identity (gender/sex) and sexual orientation.

Review and Evaluation

Sustained improvement is central to this NHS EDI improvement plan. Trusts and ICBs will want to adopt implementation approaches that include learning. NHS England will evaluate progress, particularly on the high impact actions, in years 2 and 5 of the plan, to understand the plan's impact in transforming culture to engender a sense of belonging in the NHS across the workforce, and what does and does not work to inform changes to our approach.

There is currently a range of EDI information datasets and we intend the dashboard to provide one source of information that both organisations and regulators, such as the CQC, can use to track the impact and outcomes of the NHS EDI improvement plan.

In developing the dashboard, we are conscious that there are limitations on the availability of datasets for certain protected characteristics, such as for transgender colleagues. Furthermore, the declaration rates on the Electronic Staff Record (ESR) for certain characteristics are not a true reflection because the available options, for example, do not reflect that Judaism is a religion and Jewish an ethnic identity. We will continue to work with DHSC and other external stakeholders to harmonise and expand the quality and extent of datasets as we engage with DHSC's Unified Information Standard on Protected Characteristics (UISPC) programme.

We are committed to updating the dashboard with new and refreshed datasets as they become available.

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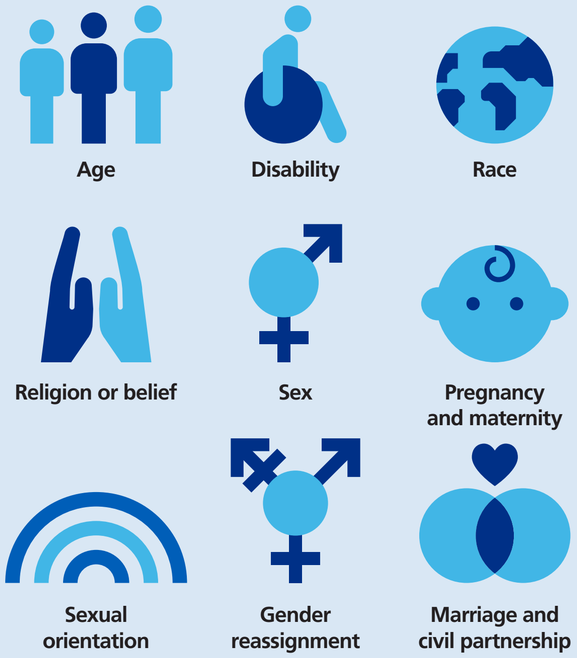
Intervention by protected characteristic

The interventions in the table below address the negative experiences of staff with individual protected characteristics, as defined in the Equality Act 2010. They supplement the intersectional high impact actions and suggest how organisations can go further in specific areas. To inform implementation and prioritisation of their actions, organisations should use robust datasets for each protected characteristic. It is important to note that no person is only one protected characteristic, and so organisations should consider the impact of intersectionality, when implementing these interventions.

The nine protected characteristics as defined in the *Equality Act 2010* are:



Engagement with staff networks informed the decision to combine some protected characteristics who face similar challenges in the workforce. To this end, gender reassignment and sexual orientation are covered together. Similarly, pregnancy and maternity are incorporated into the sex protected characteristic. The following section does not include specific interventions on the protected characteristic of marriage and civil partnership because the available evidence does not currently suggest that there is a need for a national focus on this protected characteristic from a workforce perspective, however this will be kept under review.

Case for change

Age

As the largest employer in the country, all NHS organisations should create an age inclusive culture which addresses the needs of staff from pre-employment to post–retirement. Discrimination against both younger and older workers has been identified in the application and selection processes[35]. The NHS has an ageing workforce across all professions with over 41% of NHS staff now aged 45 years and over[36]. We must proactively seek to retain the skills, experience and knowledge of NHS staff close to retirement.

Disability

Successive reports of the Workforce Disability Equality Standard (WDES) and NHS Staff Survey show that more must be done to achieve parity of experience and outcomes for staff with a disability, in areas such as bullying and harassment and formal capability processes.

Race

The 2022 WRES data report for NHS trusts provides evidence that race discrimination continues to impact every aspect of the working lives of BME staff. This discrimination has an impact on the long term physical[17] and mental health[18] of our workforce contributing to structural health inequalities[19].

Religion or belief

Religious identity is an often overlooked area in the NHS[37]. Approximately two-thirds of our 1.3 million people working in the NHS declare a religion or belief. NHS Staff Survey data shows that staff from all faiths experience discrimination based on their religion or belief, and this is highest against Muslim and Jewish colleagues[38]. Recent data highlights increasing levels of antisemitism in wider society, as well as discrimination against Sikhs and other faiths, and this is likely to be reflected among NHS staff[39].

Sex

77% of the NHS workforce are women, so addressing sex discrimination must be a key focus for organisations. The discrimination is multifaceted – bias in recruitment and career progression and contributing to the gender pay gap, under-representation within senior leadership teams, sexual harassment and inflexible working practices – and may deter potential recruits or force talented women to leave the NHS[40].

Elimination of the gender pay gap would bring social economic benefits as would likely lower poverty rates among women and reduce the gender gap in old age pensions. Government's Women's Health Strategy for England reports a strong correlation between the lack of support for, and understanding of, how women's health affects their experience in the workplace including progression, retention and productivity levels.

Pregnancy and maternity

There is a growing evidence that the protected characteristic of pregnancy and maternity is associated with poor employment outcomes and health inequalities, and health-related outcomes may be poorer as a result of pregnancy and maternity. Additionally, in a survey of over 6,000 women and employers, over three-quarters of mothers reported negative or possibly discriminatory practices during pregnancy, maternity and/or on their return to work[41]. Women also experience specific inequalities in relation to the menopause.

It is important to acknowledge that trans, non-binary and intersex staff may also experience inequalities in relation to pregnancy and menopause and may require specific support during these times. The CQC's Maternity Survey reported that trans respondents experienced inequalities, including in to how they were communicated with during labour and birth, their length of hospital stay after giving birth and the information and care they received after leaving hospital[42] [43].

The recommended interventions to address this inequity are similar for colleagues of one or both protected characteristics and have been reflected as such in this document.

Gender reassignment and sexual orientation

LGBT+ staff are more likely to face discrimination from their colleagues and patients,[44] and this can have a detrimental impact on their health[45].

The 'plus' within the term LGBT+ acts to include those identities and sexual orientations not specifically referenced. However, we recognise that this group is diverse and their lived experience is varied.

A significant barrier in understanding the experiences of LGBT+ staff is the absence of complete and accurate data. The DHSC Unified Information Standard for Protected Characteristics (UISPC) programme is considering the current data limitation within the ESR with respect to LGBT+ staff declarations. NHS England is working with DHSC and other key stakeholders to expand the workforce data currently available on ESR to make it accurate and representative.

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Protected characteristic	Interventions	Corresponding high impact actions
Age	Review recruitment practices to ensure they are fully inclusive of all ages, removing bias and improving accessibility for people wishing to join the NHS for the first time.	2
	Line managers should have meaningful conversations with their teams, to align personal aspirations with job roles and requirements. This should include the option of phasing retirement and exploring alternative work patterns.	2
	Organisations should encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late stage careers.	2
	NHS organisations should work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.	2, 4
Disability	Demonstrate year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.	ALL
	Promote the visibility of leaders with a disability through effective campaigns alongside providing leadership and career development opportunities tailored to disabled staff, such as the Calibre Leadership programme[46] or Disability Rights UK[47] development programmes. Progress can be measured by tracking the number of disabled staff in leadership roles.	2
	Implement recommendations from the inclusive recruitment and promotion practices programme, and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS. This can be tracked via the WDES, using Trac data.	2
	Commissioners and providers of talent management and career development programmes must ensure that these are fully accessible and inclusive. Progress can be measured by tracking the number of Disabled people in leadership roles.	2
	NHS organisations should take steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured from NHS Staff Survey results.	6
	NHS organisations should ensure that their reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments at work.	2,4

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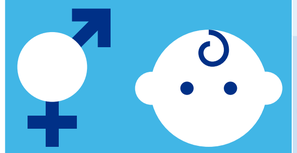
Protected characteristic	Interventions	Corresponding high impact actions
Race	Boards should be able to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.	1
	Board will use the EDI dashboard to establish internal data driven accountability and scrutinise progress at an organisational, divisional, departmental, occupation, and site level to address under-representation and pay gaps.	2,3
	To tackle race discrimination effectively, Boards must give due consideration to national policies and recommendations from other Arms Lengths Bodies such as the Equality and Human Rights Commission inquiry[48] and General Medical Council[49] In addition, boards must proactively raise awareness of their commitment with patients and public.	1,6
	Boards should ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians[50].	6
Religion or belief	ESR and qualitative data should be tracked to highlight the experience of people with different faiths or no faith through all stages of the employment journey. For example, NHS organisations can track turnover data by religion to identify and address trends.	ALL
	NHS organisations should review their policies and processes to ensure they are supportive of religious expression in the workplace. This includes access to facilities for prayer, understanding of cultural differences, including religious clothing, and flexibility around religious observances such as the Sabbath and Ramadan.	ALL
	Boards should ensure concerns raised about religious discrimination are dealt with in a proactive, preventative, thorough and timely manner, including by encouraging diversity in Freedom to Speak Up guardians[51].	6

Protected characteristic	Interventions	Corresponding high impact actions
Sex and pregnancy and maternity 	NHS organisations to focus on closing the gender pay gap and improving the experiences of the lowest paid people, extending the Mend the gap review recommendations for medical workforce to the wider workforce.	2,3
	NHS organisations should ensure that their flexible working policy is easily accessible and suitable for all their staff; supporting their work–life balance, management of caring responsibilities, health and wellbeing, and enabling continued professional development.	2
	NHS organisations are encouraged to adapt NHS England's policy on menopause awareness as applicable to their local workforce. They should also adopt and implement the Supporting our NHS people through menopause: guidance for line managers and colleagues. This will ensure they fully support colleagues experiencing menopause, maximising their wellbeing and allowing them to work for as long as they wish to contribute.	ALL
Gender reassignment and sexual orientation	Where colleagues feel comfortable, actively encourage LGBT+ staff to self-declare their sexual orientation on ESR and TRAC, emphasising how this can improve the experiences of LGBT+ staff. We recognise that national changes to ESR must be made before trans and non-binary staff are able to do so.	ALL
	Review organisational data for LGBT+ staff across multiple sources such as ESR, TRAC, NHS Staff Survey and local qualitative and quantitative data from LGBT+ staff networks and communities. This will inform the key areas of concern that need to be addressed.	ALL
	Organisations to ensure that diversity training on gender reassignment and sexual orientation is included within mandatory training.	1
	Executive teams within the organisations should actively talk about the benefits of allyship as well as champion and sponsor LGBT+ staff networks. They should also build the concept of allyship into existing and new development programmes .	1
	Organisations to ensure that LGBT+ staff are closely involved in the development and delivery of its LGBT+ training and educational interventions and its health & wellbeing programmes so that these are fully inclusive.	ALL

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Conclusion

Our organisations must be more inclusive and our leadership more diverse. We have an obligation to improve the experience of staff so that they feel like they belong. This plan articulates meaningful action to transform the lived experience of our staff and realise the benefits that we know come from greater equality, diversity and inclusion.

There is a wealth of evidence that shows having a diverse workforce and making sure everyone feels part of a team delivers the best care for patients.

It is the job of NHS leaders to ensure we deliver, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered. But everybody has a role to play supporting, encouraging and promoting inclusion.

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NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

Executive Lead: Anne Brierley, Chief Transformation Officer

Report Author: Kathryn Cragg, Head of Acute and Strategic Contracts

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

Item: 6.4 Section 75 Agreements

1.0 Executive Summary

1.1 This paper presents to the Board of the Integrated Care Board in Public, the 2023/24 Section 75 agreements as follows:

1. Better Care Fund and Learning Disabilities S75 for Milton Keynes City Council for approval.
2. Better Care Fund S75 for Bedford Borough Council for approval.
3. Better Care Fund and Personal Health Budgets S75 for Central Bedfordshire Council for approval.

1.2 The S75 agreements have been jointly developed between ICB and Local Authority colleagues and reviewed by the Joint Strategic Commissioning Groups.

1.3 These agreements have previously been to the ICB Finance and Investment Committee where they were recommended for approval by the ICB Board in line with ICB SFI's.

2.0 Recommendations

2.1 The members are asked to **approve** 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)
5. Personal Health Budgets (PHB's) S75 for Central Bedfordshire Council (CBC)

3.0 Key Implications

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

3.1 The financial implications and details of each scheme for each of the agreements and subsequent schedules were reported to the Finance and Investment Committee.

The total value of each S75 is set out below:

1. Better Care Fund S75 for Milton Keynes City Council - £31,606K
2. Learning Disabilities S75 for Milton Keynes City Council - £30,651K

3. Better Care Fund S75 for Bedford Borough Council - £19,398K
4. Better Care Fund S75 for Central Bedfordshire Council - £37,376K
5. Personal Health Budgets S75 for Central Bedfordshire Council - £184 per year, per client and £65 for one off PHBs or additional visits.

3.2 Through the management of contracts and pooled funds we can work together with local authority colleagues and providers to address inequalities across these services, tailored to the demography of place.

3.3 We will address Green Plan commitments through appropriate contracting in-line with operational plan requirements.

3.4 No engagement implications have been identified, and there are not risks to report in relation to the proposed S75 agreements.

3.5 Colleagues from across both the ICB and local authorities have been consulted during the development of the S75 agreements including Commissioning, Contracting, Finance, Information Governance and Governance.

4.0 Report

4.1 Section 75 (S75) agreements ensure that we are compliant with statute, but more crucially, that we are commissioning services in an integrated way through the use of delegation agreements and pooled budget arrangements, including the Better Care Fund (BCF).

4.2 We are proposing three S75 agreement between MKCC and BLMK ICB for 2023/24 for BCF, Learning Disabilities and Community Equipment Services in line with previous years. The Community Equipment Services S75 has been previously approved by the Board on 30 June 2023 and signed therefore the Finance and Investment Committee are recommending the outstanding 2 S75 agreements for signature.

4.3 We are proposing two S75 agreements between BBC and BLMK ICB for 2023/24, in line with the previous year for BCF and PHB's. The PHB S75 has not yet formally been agreed with BBC due to delay within the local authority, therefore, the Finance and Investment Committee are recommending signature of the BCF S75 only.

4.4 We are proposing two S75 agreements between CBC and BLMK ICB for 2023/24, in line with the previous year for BCF and PHB's. The Finance and Investment Committee are recommending signature of both the outstanding S75 agreements.

5.0 Next Steps

5.1 Following approval from the ICB Board the S75's will be put forward to the ICB Chief Executive for formal signature and recording.

List of appendices

None

Background reading

Date: 29 September 2023

Executive Lead: Sarah Stanley, Chief Nurse & 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: 7.1 BLMK Quality and Performance Report

1.0 Executive Summary

1.1. This paper provides a system overview of our quality and performance improvements and challenges, including:

- Quality and Performance Improvements (Section 4.2) and Areas of Concern (Section 4.3)
- Urgent Emergency Care and Winter Planning (Section 4.4.1)
- Primary Care Access (Section 4.4.2)
- Progress against the Green Plan (Section 4.4.3)

We are continuing to develop this report to provide a system report that addresses the full range of ICB responsibilities. Since the last report we have further developed our primary care reporting and performance against green plan targets. The Quality and Performance Committee will continue to work on developing outcome measures and improving this report. Feedback from Board members on how to improve the report is welcome.

1.2 The ICB's Quality and Performance Committee, at its meeting on 15 September, received a full Quality and Performance Report and this is available in the Board Effect Library. The Committee's discussion focused on:

- The ongoing impact of industrial action, including the consequent disruption on elective activity and the increased waiting times and risk of harm for residents in addition to the financial impact on the system. The Committee received assurance that clinical reviews of waiting lists were being undertaken but noted that the risk of resident harm occurring was increasing with the continuation of industrial action.
- The role of the Local Maternity and Neonatal System (LMNS) in providing oversight of maternity and neonatal quality and performance concerns and supporting improvements. In view of national assurance for Maternity services the LMNS will have some dedicated time to discuss at the Board meeting in December.
- The Urgent and Emergency Care position and the Winter Plan, including positive feedback on the Winter Plan from the NHSE Regional Team and Professor Tim Briggs.
- The latest data on Primary Care access, the Committee welcomed the increase in number of appointments offered and noted the ongoing work to reduce unwarranted variation. The Committee supported work to improve health literacy in the population which would help people to access services and noted that a related risk assessment was included in the BAF report to Board. Reporting of performance by Place was welcomed, with a request for more performance data to be reported by place with a focus on more outcomes/impacts where possible.

- The Green Plan where progress is being made across the system with clear identification of areas where further progress was needed. The Committee supported the linkage of work on the green plan with wider system efficiency work, such as reduced medicines waste.
- The Committee also received updates on the response to the Lucy Letby verdict and the regional reviews of the ICB, details of which are included in the CEO report to the Board

2 Recommendations

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

3 Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓ 4.4.3

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.

3.2 Inequalities are considered in all aspects of transformational work as a part of the quality agenda, using the Equalities Impact Assessment Process. We are improving the way we analyse data to support us to have a better understanding of inequalities, for example by being able to cut data by population groups.

4 Report

4.1 **Background**

Performance dashboards and trend charts are included as appendices to this report, which focuses on providing narrative to explain changes in performance and associated action plans.

4.2 **Areas of Quality and Performance Improvement**

4.2.1 **NHS 111 – call abandonment -** <3% threshold – local provider data shows the 6-week trend remains an improving position across BLMK and at both HUC (Beds/Luton) and DHU (MK).

4.2.2 **Primary Care Access –** 4% increase in number of appointments offered compared to previous year.

4.2.3 **Primary Care Long Term Conditions Management –** improvements have been achieved in the delivery of eight care processes for diabetes and in the recording of blood pressure for patients with hypertension**.**

4.3 **Areas of Quality and Performance Concern**

4.3.1 **Industrial action -** Further future dates for Industrial Action have now been confirmed for Consultants and Junior Doctors in late September and early October with a joint strike day on 20th September and from 2-4th October, where 'Christmas Day' cover will be provided.

We continue to develop our plans and arrangements in response to the Industrial Action. This will be the first time for concurrent Consultant and Junior Doctor action and as such we continue to work proactively as a system to identify and mitigate risks, to ensure patient safety and minimise disruption, as far as practicable.

Industrial action is having a negative impact on elective care and providers continue to undertake clinical prioritisation of the waiting list which has been increasing since March 2021. June further increased to 141,936 (+1838 from May). Bedfordshire Hospitals Trust increased by 1,484 and Milton Keynes by 357. The elimination of all 65 week waits by the end of March 24 remains a challenging target and the risk of non-delivery increases with every strike action.

4.3.2 **British Pregnancy Advisory Service (BPAS) – Care Quality Commission (CQC) National inspection report and Section 29 Notice of 25 May 2023**

BPAS is an independent healthcare charity which was established in 1968. The charity's stated purpose is advocating and caring for women and couples who decide to end a pregnancy. Vasectomy services are also offered through the service locations.

Following a visit in May 2023 the CQC sent a warning notice to BPAS outlining the following action that **MUST** be taken to improve:

- Must ensure that effective governance systems and processes are embedded across all services to support the delivery of sustainable and high-quality care.
- Must ensure that policies and procedures are consistent across all services to support staff in the delivery of care and treatment and to allow effective audit and assurance.
- Must ensure that clinical and corporate risks are identified and effectively managed at every level in the organisation including a clear risk escalation process.
- Must ensure that access to freedom to speak up guardians is equitable across all NHS commissioned services.
- Must ensure all policies pertaining to fit and proper persons: directors are completed in a timely manner as part of the onboarding employment process.

Oversight across region is led by Norfolk and Waveney ICB with a local visit to the Luton service to be led by Deputy Chief Nurse on 21st September.

4.3.3 **Broomhill Hospital, Northamptonshire - MH/LD Inpatient provision** – The Care Quality Commission served a notice of proposal to remove registration on 24/08/23 and the ICB have been notified by the provider and NHSE. The provider will be responding with evidence to the contrary as they wish to resolve. Currently we have six patients at this Trust which includes one Transforming Care Patient. Five MK patients placed by CNWL who report that they do not have specific concerns but are reviewing all cases and one Luton patient placed by ELFT and we are asking ELFT to follow up this case who was last seen 17/07/23. Oversight is via the Deputy Chief Nurse and Head of Quality for MH/LD and region colleagues are supporting.

4.3.4 **East and North Herts Paediatric Audiology Services (PAS) - Serious Incident -** Following the recommendations in the PAS Review - NHS Lothian, the Newborn Screening Programme (NHSP) completed an analysis of data that demonstrated geographical variation in the diagnostic yield for permanent childhood hearing impairment (PCHI), in babies referred to audiological services by the NHSP.

The report identified practices in paediatric hearing services that have resulted in delayed diagnosis or premature discharge of children with PCHI which causes significant harm and delay in speech and language, educational, and overall development. In October 22, the National Paediatric Audiology Oversight Group was established as a time limited task and finish group to oversee external peer reviews focused on referrals from the NHSP, initially the Trusts identified as having a lower-than-expected yield for PCHI. The group's role includes:

- Identifying any babies appropriately referred into audiological diagnostic assessment services by NHSP that may require a recall for further diagnostic testing to ensure that they are on the correct treatment pathway.
- Provide assurance that where babies referred by the newborn screen have been discharged from diagnostic services this was clinically appropriate, by reviewing diagnostic Otoacoustic Emissions (OAE) and Auditory Brainstem Responses (ABR) traces, to determine the quality of the assessments.
- Sharing findings with the commissioners of audiology services to drive service quality improvement where indicated.

The National Paediatric Audiology Oversight Group identified five NHS Paediatric hearing services across England with lower-than-expected yield for babies with PCHI. Since then, a further two sites have also self-declared. Two of the originally identified services are within East of England. **One of these is the service at East & North Herts hospital**. Herts and West Essex are leading oversight from a quality perspective with BLMK attendance on a fortnightly basis.

4.4 System Performance Report

4.4.1 **Urgent Emergency Care -** In July BHFT was third in the Region for 4-hour performance with MKUH 4th (out of 13). BHFT was above plan at 76.5% but MKUH was below plan, primarily due to changes in the emergency department. The trust is in a stable and improving position and have a robust ED improvement plan in place.

BLMK are in the Region's top performance range for the 12 hours from arrival measure. The system is working collaboratively with partners across Voluntary, Community and Social Enterprise, Primary Care and Local Authorities to bolster admission avoidance schemes and these are equally being developed as part of our Winter Plans and we have an Urgent Care Hub in Bedfordshire which is proving successful in admission avoidance and accessing the stack. A BLMK UEC Planning and Assurance Group has been set up to provide a system forum to oversee planning and assurance of urgent and emergency care for the BLMK population.

NHSE Winter Assurance Plan has now been submitted with positive feedback from NHSE regional colleagues. The plan describes all elements of our Bedfordshire Care Alliance and MK Together Winter Programmes and is reported as a separate agenda item to Board. Most plans to be operational by mid-October 2023. A 'Getting It Right First Time' GIRFT review recently held with Prof Tim Briggs saw the ICB commended for Elective and UEC planning. A key focus is the need to deliver against our elective plan.

4.4.2 **Primary Care Access -** This is our second Primary Care Dashboard Report to the Integrated Care Board. It remains in development, with the intention to create a greater focus on impacts and outcomes. There were 4% more appointments being offered in primary care in June 2023 than the same period last year. There were 429 appointments per 1,000 patients - a total of 481,541 appointments in June 2023.

The proportion of appointments on the same day as booking has reduced across each place. Taken with the increase in the number of appointments, this suggests that there are more planned appointments taking place. We aim to do a deep dive into primary care data to enable graphical charts and setting of clear aims and outcomes. In Central Bedfordshire and Milton Keynes, over half of the appointments are with a healthcare professional (non-GP), showing a healthy skill mix in primary care. In Bedford and Luton, GPs remain the most common professional being seen in practice (both near 55%).

Urgent Primary Care Access – National data for NHS111 in May and June continues to have data quality concerns for Herts Urgent Care (Bedfordshire & Luton) due to technical issues with the data submission. Local data for HUC is showing a small reduction in the overall number of calls to 111. National Data for DHU (Milton Keynes) also shows a small reduction in the overall number of calls to 111 with an increase in the number of calls made in-hours.

Long term conditions - Each patient with diabetes should have eight care process (HbA1c, BMI, cholesterol, blood pressure, urine albumin, retinal screening, foot check, and creatinine) completed annually. In 2021/22 46% of patients nationally had receive all eight care processes. In 2022/23, over 48% of people with diabetes in BLMK had all eight care processes completed. The improvement was achieved by utilisation of national programme funding to support general practice to adequately resource and prioritise care process completion. Six practices achieved above 70% completion of all eight care processes. Care process completion is now a component in the Universal Offer launched from April 2023. Furthermore through the availability of inequalities funding we have been able to improve recording of blood pressure for patients with Hypertension. By March 2023, nearly 85% of patients with hypertension had a recorded blood pressure reading in the last 12 months. This is a significant improvement on the previous year's performance and is replicated in each place.

Prevention - Structured education is a valuable piece of secondary prevention supporting people with diabetes to manage their condition. Nearly 68% of registered patients with type 2 diabetes were offered access to structured education within 12 months of their diagnosis and BLMK is the highest performing system nationally. We will develop this indicator further over the coming months.

Vaccination and screening - Nationally, the MMR vaccination rate (MMR for two doses (5 years old)) has been declining since 2014/15. In 2021/22 national achievement was 86% against a threshold of 95%. For Q3 of 2022/23 (latest available data) the achievement across BLMK was 86% ranging from over 90% in Central Bedfordshire, nearly 90% in Bedford, 89% in Milton Keynes and 83% in Luton. Cervical screening uptake for 2022/23 across BLMK is 68% against a threshold of 75%.

Serious Mental Illness (SMI) Health checks - Investigations into data quality issues in the SystmOne reporting for this indicator have now been completed with a number of duplicate entries identified. The revised data (removing duplications) for Q4 2022/23 (rolling 12 months) across BLMK has reduced from 5,353 to 4,294 health checks carried out however this remains an improvement compared to 3,134 at the same time last year. Using the new methodology Q1 23/24, data showed that 3,789 health checks had been completed against a Q1 target of 5,562 and some of this is also due to expected seasonal variation.
The following actions will support improvement:

- Carers in Bedfordshire are running a bespoke nurse led project to undertake SMI health checks for carers with an SMI and carers who are caring for a person with an SMI.
- Bedoc Healthcare Services and Evexia Health are offering health checks across Bedfordshire and Luton for patients who do not routinely attend GP practices
- A number of PCNs are running bespoke health checks projects for their patients.
- There is a project with secondary care to ensure checks are recorded in the GP record
- 'Rethink' is leading a bespoke SMI project using inequalities funding to raise awareness of SMI health checks

Learning Disabilities Health checks In July 2023, over 17% of people with learning disabilities had a health check. This represents an increase on the same period last year. Bedford and Luton are both significantly ahead of the 17% monthly target, 23% and 20% respectively. Milton Keynes is close to the target at just below 17% and Central Bedfordshire is running at 10%. **[See Appendix 2, Primary Care Dashboard].**

4.4.3 **BLMK Green Plan Progress -** The BLMK ICS Green Plan 2022-2025 was published in April 2022, and thus we are half-way through the period covered by the Plan. The ICS Green Plan sets out how the system will reach net zero by 2035 for emissions we directly control, and by 2045 for emissions we can but influence. The ICB holds responsibility for delivery of the ICS Green Plan, provides a supporting role in ensuring partner NHS organisations deliver their own green plans, and looks to collaborate across all partners to help deliver against all our environmental sustainability plans.

Monitoring processes are still in development, with some metrics calculated nationally and infrequently, and others not yet measurable. The ICB uses a tiered governance structure and collegiate, collaborative conversations with partner organisations to ensure progress towards key deliverables as set out by NHS England's Greener NHS programme and respective organisational and system green and sustainability plans. The following dashboard sets out an initial set of key deliverables and metrics, by way of progress update.

Selected Key Metrics supporting ICS Green Plan - Note that the ICS Green Plan sets out other metrics that are not yet measurable or measured, that require further development work.

Key Selected Metrics		Expected level by end of 2023/24	Baseline (2019/20, unless otherwise stated)	Latest Value	RAG (red = significantly off-target)	Rectifying action required / notes
Estates	Building energy emissions	82% of baseline	27.65	22 (2021/22)	Amber	2022/23 data not yet known
	Trusts purchasing renewable electricity	100%	0	50% (n = 2) (Q1 2023/24)	Amber	Trusts to move to renewable as soon as finances allow
Procurement & Supply Chain	10% minimum social value weighting	In all tenders, contracting and monitoring processes	0	100% of tenders	Green	Not yet in all contracting & monitoring processes
	Walking aids reuse programmes in place	All Trusts; 20%+ return rate	0	All Trusts have a scheme Return rate not yet reportable	Green	Trusts to determine return rate; ICB to consider system-wide scheme
	Proportion of paper used that is recycled	100%	Unknown	Unknown	Not known	Trusts and ICB to determine volume of paper purchased, and % that is recycled
	Paper use	15% reduction by 2024/25	Unknown	Unknown		
Anaesthetics	Reduce the use of desflurane in surgery	<2% of total volatile anaesthetic gas use	23.00%	4.41% (worst quartile) (Q1 2023/24)	Red	Acute trusts to move to <2% use by Dec 2023, and by clinical exception by end FY24
	Reduce use of and waste of nitrous oxide	Reduction (value not specified)	1,663	1,096 (annual extrapolation from Q1 2023/24 data)	Amber	Trusts to complete waste review and actions, and stop use of manifolds as appropriate

Inhalers	Mean carbon emissions per salbutamol inhaler prescribed (all ages)	50% reduction by 2028 22.1kg in 2022/23 13.4kg in 2023/24	25.22 kgCO_2e (Mar 2020)	19.63 kgCO_2e (68^{th} percentile) (Jun 2023)	Amber	Primary Care to continue move to lower-emission MDIs and alternatives to MDIs. ICB to consider system-wider recycling scheme
	MDI prescriptions as a % of all non-salbutamol inhalers (12yos+)	25%	63.6% (Mar 2020)	59.7% (95^{th} percentile) (Jun 2023)	Red	Primary Care to encourage shift away from MDIs (as clinically appropriate)
Travel	Fleet meeting LEV / ULEV / ZEV standards*	Increase towards 100%	LEV: 60% ULEV: 10% ZEV: 10% (2020/21)	LEV: 83.3% ULEV: 33.3% ZEV: 33.3% (2021/22)	Amber	Only Bedfordshire Hospitals has reported - MKUH to report in next data collection. All new vehicles to be ULEV/ZEV (in line with existing renewal timelines)
Carbon literacy	Staff undertaking climate change awareness training.	Increase e-LfH training (or equivalent) uptake	0	Not yet reportable	Not known	Trusts and ICB to monitor uptake of eLfH or equivalent course
		Fully use 55 Centre for Sustainable Healthcare course vouchers	n/a	24 provided on request. 8 booked / undertaken	Green	ICB to revise current allocations and ensure all vouchers are used ahead of expiry.

*Zero-emission (ZEVs) and Ultra-low emission (ULEVs) are sub-categories of ULEV and low emission vehicles (LEVs), respectively.

Date: 29 September 2023

Executive Lead: Sarah Stanley - Chief Nurse and Maria Wogan, Chief Strategy and Assurance Officer

Report Author: Dominic Woodward-Lebihan, Deputy Chief Strategy and Assurance Officer and Maria Laffan, Deputy Chief Nurse

Report to the: **ICB Board**

Item: **BLMK Quality and Performance Report – Appendices**

1.0 Executive Summary

1.1 This paper includes the appendices referred to within the main BLMK Quality and Performance Report

- Appendix 1 – Month 3 – BLMK Performance Dashboard Page 2
- Appendix 2 – Primary Care Medical Services Dashboard Page 3
- Appendix 3 – System Oversights Framework Page 4
- Appendix 4 – Trend Charts Pages 5-6

Appendix 1 - Month 3 – BLMK Performance Dashboard

Area	BLMK ICB	Threshold	Frequency	Latest Data	Achievement	Trend over last 6 data points	YTD	Ranking	Regional Average (ICB position vs region)	What does good look like
Elective Recovery	RTT - % Patients Waiting 18 Weeks or less	92%	M	Jun-23	52.52%	⇩	●	6 / 6	55.69%	High
	RTT - Number of 104+ Week Waits	0	M	Jun-23	1	⇧	●	2 / 6	2	Low
	RTT - Number of 78+ Week Waits	0	M	Jun-23	63	⇧	●	1 / 6	227	Low
	RTT - Number of 65+ Week Waits	1,754	M	Jun-23	1,707	⇧	●	3 / 6	2,465	Low
	RTT - Number of 52+ Week Waits	7,028	M	Jun-23	7,960	⇩	●	3 / 6	9,540	Low
	Diagnostics Tests - 6 Week Waits	1%	M	Jun-23	31.70%	⇩	●	5 / 6	28.01%	Low
Cancer Care	Cancer - 2 Week Waits Standard	93%	M	Jun-23	81.87%	⇩	●	2 / 6	72.53%	High
	Cancer - 28 Day Faster Diagnosis Standard	75%	M	Jun-23	70.40%	⇧	●	3 / 6	68.73%	High
	Cancer - 62 Day GP Referral	85%	M	Jun-23	60.98%	⇧	●	3 / 6	56.48%	High
Urgent Emergency Care	A&E 4 hour waits	76%	M	Jul-23	77.24%	⇧	●			High
	% ED Attendances that result in emergency admission		M	Jul-23	26.69%	⇧			26.92%	High
Primary Care	Number of appointments in General Practice		M	Jun-23	481,541	⇧		6 / 6	565,231	High
	% same day appointments in General Practice		M	Jun-23	40.18%	⇩		5 / 6	42.29%	High
	% of appointments with health professional other than GP		M	Jun-23	52.26%	⇩		2 / 6	53.85%	Low
Adult Mental Health	CPA 72-Hour Follow Ups	80%	M	May-23	84.00%	⇧	●	1 / 6	69.21%	High
	SMI Healthchecks (Rolling 12 months)	5,562	Q	Jun-23	3,789	⇩	●	3 / 6	5,522	High
	Dementia Diagnosis Rate	64%	M	Jun-23	66.72%	⇧	●	1 / 6	62.79%	High
	IAPT Access	2,017	M	May-23	2,260	⇧	●	3 / 6	2,194	High
	IAPT Moving to Recovery	50%	M	May-23	47.94%	⇩	●	6 / 6	51.34%	High
	Early Intervention in Psychosis (EIP)	60%	M	May-23	81.00%	⇧	●	2 / 6	65.57%	High
	Inappropriate Out Of Area Bed Days	34	Q	Mar-23	980	⇩	●	2 / 6	2,050	Low
Learning Disability & Autism	Learning Disability Healthchecks (Cumulative)	16.79%	M	Jul-23	17.43%	⇩	●			High
Children and Young People (CYP) & Maternity	Number of CYP accessing mental health services (Rolling 12 months)	17,091	M	May-23	13,125	⇩	●	3 / 6	13,331	High
	CYP Eating Disorders - Routine	95%	M	May-23	72.0%	⇧	●	2 / 6	40.79%	High
	CYP Eating Disorders - Urgent	95%	M	Mar-23	69.2%	⇩	●	5 / 6	63.92%	High
	Perinatal Mental Health Access (YTD)	363	M	May-23	280	⇩	●	5 / 6	422	High
Community Services	Childrens Wheelchairs - % received in 18 weeks	92%	M	Jun-23	82.69%	⇧	●	4 / 6	82.82%	High
Quality & Safety	Infection Control - C-Difficile	12	M	Jun-23	23	⇩	●	4 / 6	13.21	Low
	Infection Control - MRSA	0	M	Jun-23	2	⇩	●	6 / 6	0.71	Low
	Infection Control - E-Coli		M	Jun-23	32	⇧		4 / 6	24	Low

Appendix 2 - Primary Care Medical Services Dashboard– August update

Primary Care Dashboard																				
Indicator	Threshold /Ambition	Frequency	Latest Data	BLMK ICB				Bedford Borough			Central Bedfordshire			Luton			Milton Keynes		
				Latest Position	Same time last year	6 Data Point Trend	National Ranking	Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend	Latest Position	Same time last year	6 Data Point Trend
Access - General Practice Access																				
Total number of appointments in General Practice per 1,000 list size (actual)	Increase	Monthly	Jun-23	428.26	392.40			434.50	392.30		465.77	413.86		396.65	371.09		414.45	389.27	
Total number of appointments in General Practice (actual)	Increase	Monthly	Jun-23	481,541	429,035			87,430	77,599		147,035	126,120		104,954	95,371		142,122	129,945	
% of appointments on the same day	Increase	Monthly	Jun-23	40.18%	46.83%		37/42	41.83%	47.88%		39.29%	45.97%		40.67%	43.19%		39.72%	45.84%	
% of appointments with a healthcare professional other than a GP	Increase	Monthly	Jun-23	52.26%	43.22%		17/42	44.63%	49.98%		58.38%	54.65%		45.62%	53.14%		55.54%	50.75%	
% of appointments with a GP	Decrease	Monthly	Jun-23	47.74%	56.78%			55.37%	50.02%		41.62%	45.35%		54.38%	46.86%		44.46%	49.25%	
Access - Urgent Primary Care																				
NHS 111 Total Calls per 1,000 pop	Increase	Monthly	Jun-23	7	31			0.41	26		0.29	30		0.09	40		23	25	
Number of calls in-hours per 1,000 pop	Decrease	Monthly	Jun-23	3	13			0.17	10		0.15	12		0.03	21		11	9	
Personalised Care - Prevention																				
Structured Education offered within 12 months of diagnosis of Type 2 diabetes	Increase	Annual	May-23	67.70%																
Personalised Care - Vaccinations/Screening																				
Population vaccination coverage – MMR for two doses (5 years old)	95%	Quarterly	Q3 22/23	86.19%	86.70%		28/42	89.83%	89.30%		90.70%	90.95%		82.50%	82.30%		88.90%	88.30%	
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage)	75%	Quarterly	Q4 22/23	68.04%	69.27%			67.65%	69.40%		75.67%	76.40%		57.87%	59.96%		66.53%	67.56%	
Pro-active Care - Health Checks																				
People with severe mental illness receiving a full annual physical health check and follow up interventions	Increase	Quarterly	Q1 23/24	3789	3944			1724	1580		Central Beds included in Bedford Borough figures			1053	1351		1029	1013	
People aged 14 and over with a learning disability on the GP register receiving an annual health check	16.79%	Monthly	Jul-23	17.43%	16.03%			23.46%	30.05%		10.48%	9.66%		20.08%	16.02%		16.59%	11.00%	
Pro-active Care - Long Term Conditions																				
Proportion of diabetes patients that have received all eight diabetes care processes	Increase	Annual	22/23	48.35%				45.41%			Central Beds included in Bedford Borough figures			47.44%			54.12%		
Patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 months	Increase	Quarterly	Q4 22/23	84.77%	77.15%			82.80%	73.19%		84.70%	80.24%		85.43%	78.81%		86.26%	76.55%	
Patients with hypertension - % with most recent BP (within last 12 months) treated to target (<140/90 if aged 79 or under, <150/90 if aged 80 or over)	80%	Quarterly	Q4 22/23	63.16%	56.16%		37/42	61.72%	53.22%		63.34%	60.03%		64.45%	57.07%		63.94%	54.27%	

Key:

Achieving ambition	
Within 5% of ambition	
More than 5% from ambition	

Where there is no ambition the latest position is ragged against the ICB position	Better than previous period	
	Within 5% of previous period	
	More than 5% from previous	

NHS111 data for May and June for Herts Urgent Care (Bedfordshire & Luton provider) is inaccurate due to technical issues with the data submission. These two indicators have not been ragged.

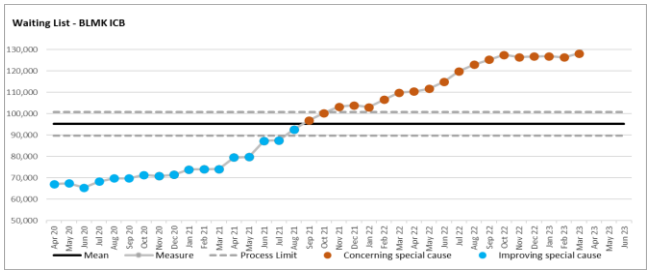
Appendix 3 – BLMK System Oversight Framework – 21/07/23

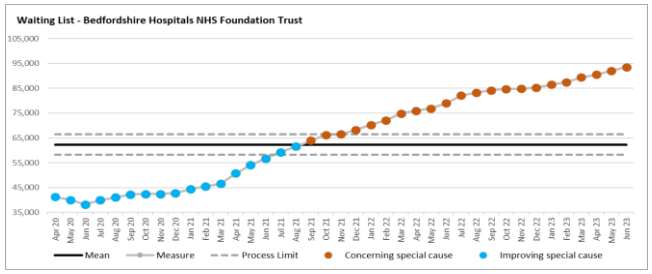
BEDFORDSHIRE, LUTON AND MILTON KEYNES INTEGRATED CARE BOARD		Jul-23				
Aggregation Source	Indicator	Period	Value	Change from previous period	Threshold/Plan	Quartile range
ICB	S047a Proportion of people over 65 receiving a seasonal flu vaccination	02 2023	79.2%	No change		32/42
ICB	S63a Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	2022	12.4%	No change		33/42
ICB	S050a Cancer – cervical screening coverage: % females aged 25-64 attending screening within the target period	22-23 Q3	67.8%	Deterioration	75%	34/42
ICB	S60a Aggregate score for NHS staff survey questions that measure perception of leadership culture	2022	6.86/10	No change		34/42
ICB	S63c Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	2022	29.1%	No change		34/42
ICB	S013d Diagnostic Activity Levels - Total	03 2023	97.8%	No change		36/42
ICB	S74a FTE doctors in General Practice per 10,000 weighted patients	05 2023	5.14/10,000	Deterioration		36/42
ICB	S108a Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice	02 2023	28.4/100,000	No change		36/42
Provider	S013d Diagnostic Activity Levels - Total	03 2023	96.5%	No change		37/42
ICB	S053b % of hypertension patients who are treated to target as per NICE guidelines	2021-22	57.0%	No change	80%	37/42
Provider	S011a Cancer - percentage of patients on the waiting list who have been waiting more than 62 days	w/e 9/7/2023	10.8%	Improvement		39/42
Provider	S013a Diagnostic Activity Levels: Imaging	03 2023	94.3%	No change		39/42
Provider	S013c Diagnostic Activity Levels - Endoscopy	03 2023	64.2%	No change		39/42
Provider	S041a Clostridium difficile infection rate	05 2023	166.7%	Deterioration		39/42
ICB	S055a Number of GP referrals to NHS digital weight management services per 100k head of population	22-23 Q4	8.8/100,000	No change		39/42
ICB	S104a Neonatal deaths per 1,000 total live births	2021	2.37/1,000	Deterioration		39/42
ICB	S042a E Coli Blood stream infection rate	05 2023	129.1%	Deterioration		40/42
ICB	S013a Diagnostic Activity Levels: Imaging	03 2023	92.6%	No change		41/42
ICB	S013c Diagnostic Activity Levels - Endoscopy	03 2023	63.5%	No change		41/42
ICB	S030a Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	22-23 Q4	68.5%	Improvement	75%	41/42
ICB	S037a Percentage of patients describing their overall experience of making a GP appointment as good	2022	45.9%	No change		42/42
Provider	S042a E Coli Blood stream infection rate	05 2023	182.8%	Deterioration		42/42

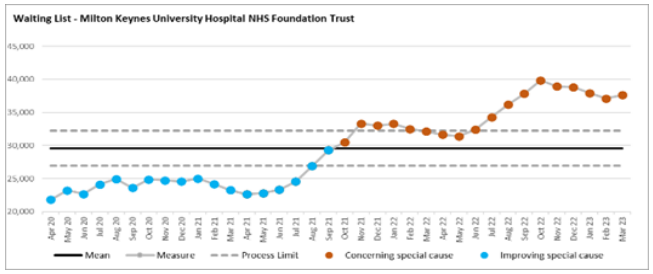
The indicators highlighted in the dashboard above are expected to be removed from the 23/24 framework.

Appendix 4 – Trend Charts

Elective Care

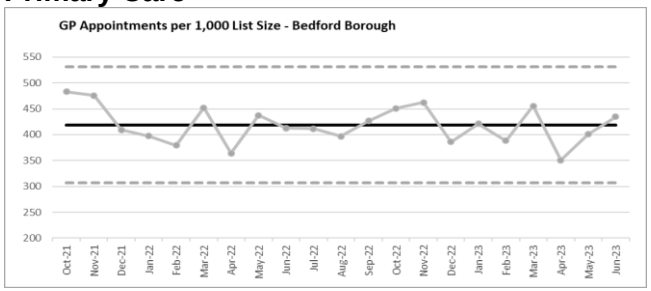


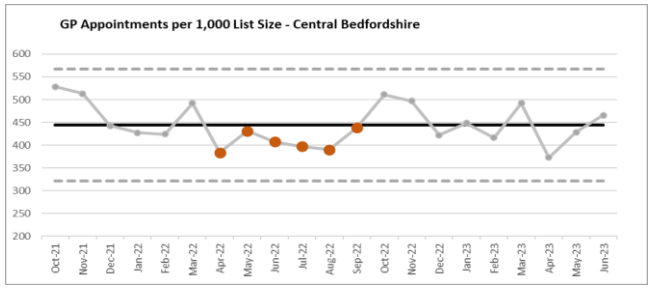


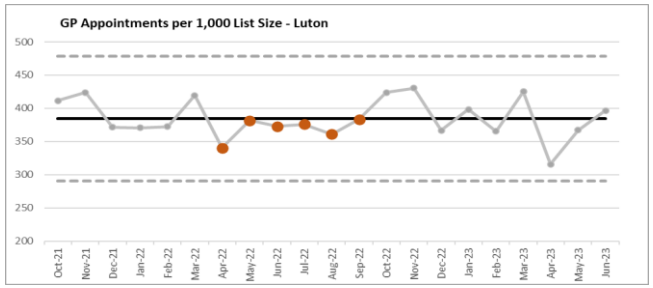


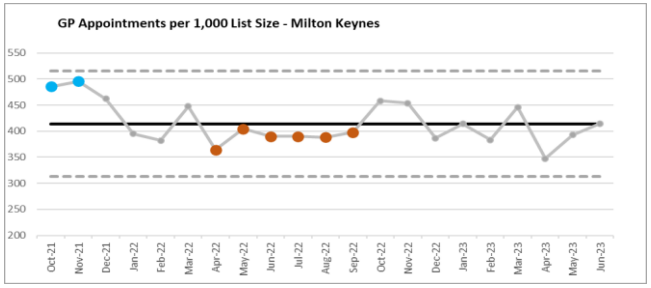
See section 4.3.1 for waiting lists

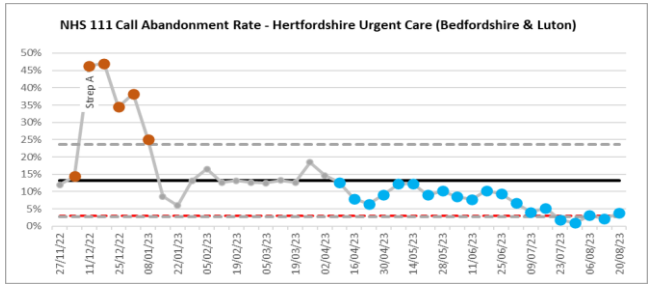
Primary Care

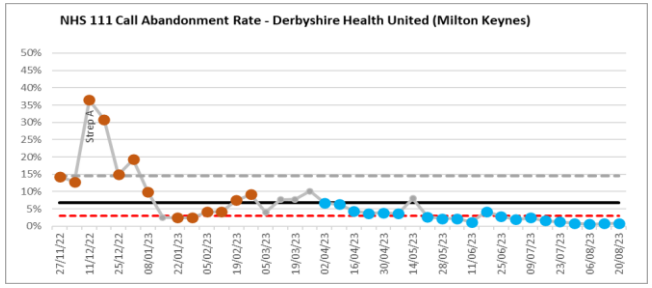


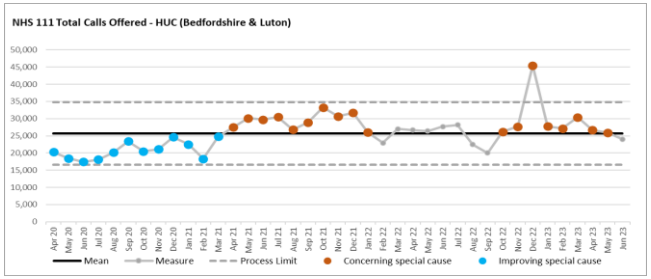


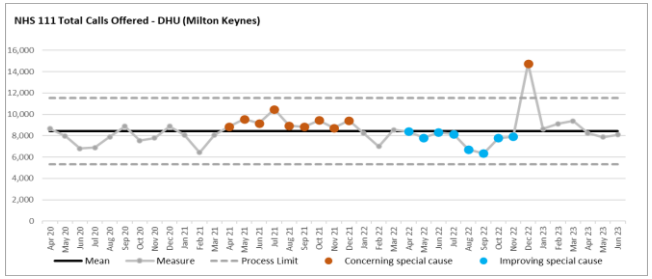




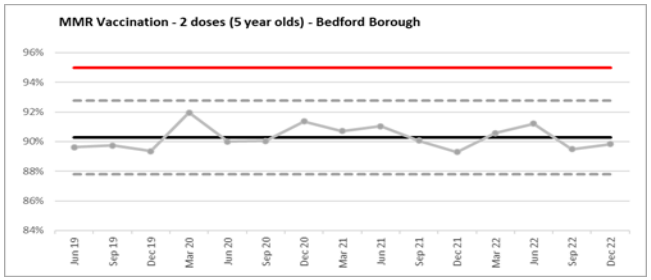


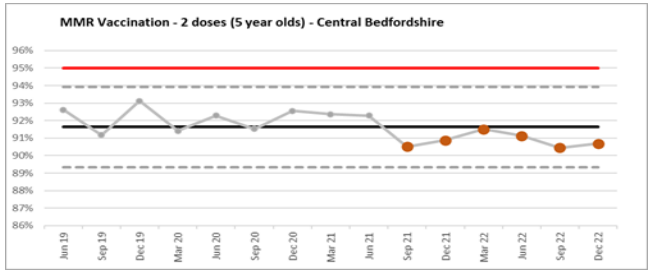


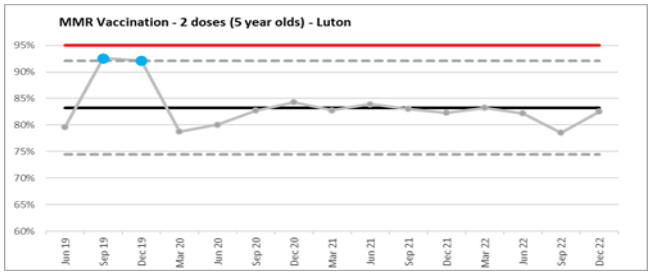


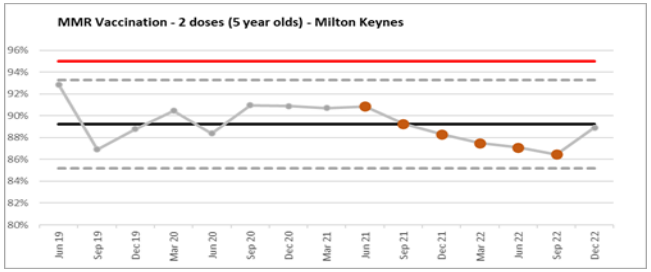


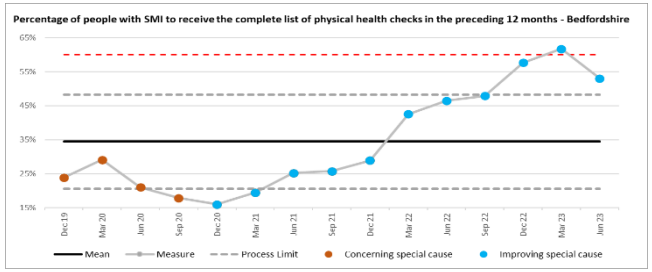
See section 4.2.1 for NHS 111 call abandonment rates and 4.4.2 for all other primary care metrics

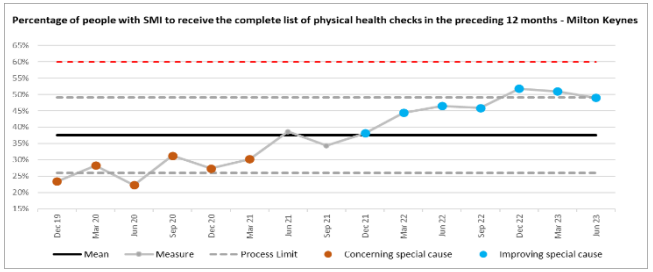


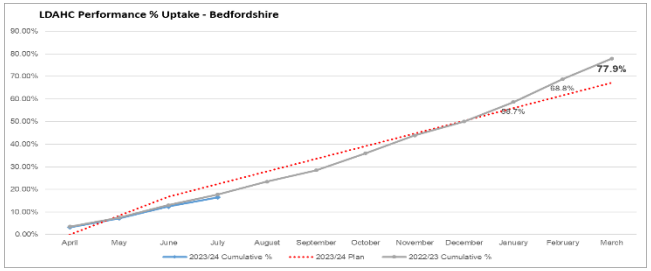


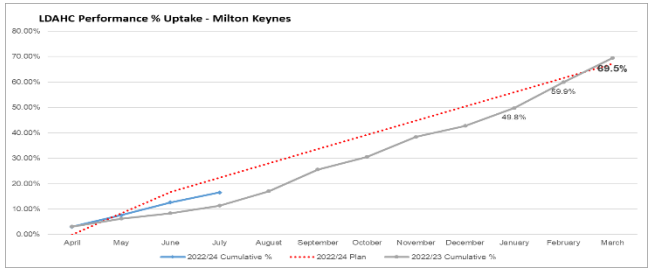












Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

Executive Lead: Anne Brierley, Chief Transformation Officer, BLMK ICB

Report Author: Francesca Cummings, Head of Capacity, Flow & Frailty, BLMK ICB

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

Item: 7.2 Winter and Urgent & Emergency Care (UEC) Assurance 2023-4

1.0 Executive Summary

1.1 This report provides summary overview and assurance on the Winter and Urgent & Emergency Care (UEC) Plan for BLMK for 2023/4.

1.2 Whilst overall BLMK performs well against NHS England's UEC metrics - for example ambulance handovers – this masks the impact of mitigating actions on wider patient cohorts. Immediate mitigations traditionally used in BLMK to reduce high pressure demands (for example use of acute escalation beds in elective clinical settings and spot purchasing of intermediate care capacity in nursing homes) reduce immediate pressures but also carry adverse consequences to a wider cohort of patients. Sustained escalation of surge beds in acute elective settings compromises elective activity; and across all health and care settings the more thinly teams are spread across surge capacity (community and acute settings), the less effective flow management. Without effective de-escalation, over protracted periods the risks increase and our operational management becomes less effective.

This year's winter plan contains a mixture of innovation (new services developed collaboratively to address specific UEC challenges) as well as a collective focus on improving operational processes to make better use of the capacity we already have. MK Together and the Bedfordshire Care Alliance have developed metrics to assess flow / impact to test and enable refinement of these innovations and pathway process improvements.

The monthly pan-BLMK partners' UEC meeting also focuses on flow, highlighting local risks and the impact of our actions to tackle these. This gives ICS partners a shared line of oversight on local issues that are not highlighted in the national or regional UEC performance dashboards.

All partners in the ICS have used the opportunity of early confirmation of winter funding arrangements for 2023/4 to undertake co-ordinated winter planning during Quarters 1 and 2. This means that plans are better co-ordinated between partners within local UEC systems and better reflect the overarching transformational strategic shift than historic short-notice contingency arrangements driven by late notification of winter funding plans. In both MK Together and the Bedfordshire Care Alliance dedicated workstreams have focused on known demand pressure points and transformational opportunities, with this work reflecting the maturity of our collaborative relationships through the honesty and innovation demonstrated in working through new ways to tackle the stubborn challenges of flow.

2.0 Recommendations

2.1 The ICB Board are asked to note:

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.

3.0 Key Implications

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

3.1 **Resourcing**

Winter planning this year has been significantly earlier because NHS England winter funding commitments have (in the main) been made known much earlier in the financial year. This includes areas such as the adult social care discharge fund and NHSE winter UEC monies, which based on NHSE guidance have been primarily focused on acute bed capacity.

This means that winter planning this year thus has been able to better focus on sustainable transformation in urgent and emergency care compared to historic short-notice actions to increase capacity.

This change is essential to meet the increased urgent and emergency needs of our population as post-pandemic both clinical co-morbidities and complexity of need have increased demand pressures in health and care services.

These changes will need not only to deliver this winter but accelerate into 2024-5 and beyond to address the mounting cost efficiencies required in the current economic climate for all public sector partners to deliver a balanced financial position whilst costs continue to rise.

3.2 **Workforce**

Sustained delivery of the changes highlighted in this winter plan requires a number of workforce developments.

3.3 **Equality / Improving Health Outcomes**

There are concerted efforts across primary care to improve access for all residents to same day urgent care; and co-ordination between LA, NHS and VCSE partners to support residents to stay well at home. Sustained delivery of these will have the greatest impact on tackling inequalities and improving health outcomes.

Acute, community, ambulance and mental health and local authority partners have plans in place to improve flow for people requiring urgent / emergency care, both for admission avoidance and supported discharge. Maximising timely flow through these UEC pathways is crucial to minimise decompensation in people with frailty / multiple co-morbidities.

Both BLMK acute hospitals have robust internal plans that – together with the wider system UEC / winter plans – are aimed at reducing the negative impact of UEC demand on elective recovery.

3.4 **Risks**

Optimising flow between partners along UEC pathways is key to minimising risk of harm to residents caused by winter pressures – however, despite our collective planning efforts, there are several risks to sustaining effective UEC flow during winter 2023/4. This are summarised as:

Risk 1 Infrastructure constraints

We have long-standing infrastructure constraints which will not be resolved this winter, including:

- SDEC capacity at Bedford Hospital
- Overnight crisis accommodation in Bedfordshire (adults)
- Supported Independent living accommodation to support people with MH, LD and complex neurodiversity step down from acute inpatient provision
- Acute bed capacity at MKUH and BHT

Risk 2 - **Escalation areas**

One of the most significant impacts of opening escalation areas is the reduction in elective capacity, leading to the postponement or the cancellation of elective surgery or procedures.in community settings, escalation intermediate care beds can stretch teams more thinly and extend length of stay. Our winter plan is focused on reducing community and acute escalation capacity but it remains a significant risk this winter.

Risk 3 - **Mental Health demand pressures (all ages)**

Significant increase in mental health acute presentations (all ages) since COVID, exacerbated by the cost-of-living crisis. This causes capacity pressures at all stages of the UEC MH pathway: support in the community (overnight crisis capacity), EDs, and mental health acute inpatient beds. We have actions in place to optimise flow within existing resources, but need significant infrastructure capacity (see risk 1) to embed sustainable change

Risk 4 - **Workforce morale and resilience**

The workforce across health and care teams have experienced an extended period of pressure and disruption including COVID and recovery and industrial action. Although actions are in place to support our workforce, the risk remains that our staff are under significant pressures.

5.0 The BLMK Winter / UEC Plan

4.1 Learning from COVID and Winter 2022-3

The learning applied in the BLMK winter plan this year is reflected in many aspects of the Bedfordshire Care Alliance and Milton Keynes Together plans. Areas common to both include:

Actions to reduce acute escalation / surge bed numbers (especially in elective clinical areas) and volume of spot-purchased intermediate care beds in community settings. Whilst this may provide temporary relief to emergency capacity (ambulance response times and emergency department capacity), there are significant unintended consequences to extended periods where teams are stretched more thinly to provide additional non-elective capacity.

Improved co-ordination between system partners to optimise flow and use of resources in both community and hospital settings

Admission prevention - new provision in community settings to reduce ambulance attendances / conveyances, and treat more people with urgent care needs in community settings

Resources to support our most vulnerable residents, especially those most affected by the cost-of-living crisis. This includes provision of homeless services in hospital emergency departments (VCSE and local authority); continuation of 'warm spaces' for residents experiencing fuel poverty, with increased connections with VCSE offers (for example, good neighbourhood schemes);

Children and Young People – a pan-BLMK plan has been developed, with good engagement from all partners. The key areas are:

- Increasing uptake in vaccinations for children and young people (COVID, Flu and MMR)
- BLMK Healthier Together information website has been launched and is regularly updated. There is a communications plan in place to raise awareness of this with young people and families
- Hospitals have reworked their internal surge plans to better protect use of elective clinical capacity for children's services
- Acute trusts across the region are working together to co-ordinate and optimise paediatric critical care capacity

Primary Care - Primary care same day urgent care access – all ICBs have been awarded non-recurring revenue funding for Quarters 3 and 4 which we will utilise in line with the NHSE requirements:

- Supporting primary care delivery of 'Delivering operational resilience across the NHS this winter'
- Additionality of service capacity above ICB 2023/24 operating plan provisions for primary care
- Support for winter resilience with demonstrable capacity expansion or surge capacity
- Demand and capacity approaches and capability development including for example OPEL / escalation warning

In BLMK last winter, we deployed non-recurrent funding for 'acute respiratory hubs' into primary care, with GP Federations providing additional same day capacity via existing premises. Stood up from mid-December to April, these provided an additional 7,500 appointments. This year we are planning to deliver this additional capacity across winter, with scheduling already underway.

GP Recovery plan

Concurrently GP practices across BLMK are working to deliver their GP Recovery Plan – the sustainable changes in GP practices to maximise appointments capacity and to align access to demand for same day urgent care appointments. All 24 PCNs have submitted their access and capacity improvement plans, with 10 practices opting for Intensive support to deliver and a further 3 requesting Intermediate support from the national programme. All practices will receive £13.5k to facilitate the transition. In addition, 38 GP practices are being supported to fund the move to cloud-based telephony (this is crucial to reduce the

8am rush for same day appointments), which will be rolled out across these practices by March 2025.

4.2 Specific Innovations

GP PCN innovation to support specific patient cohorts proactively is already underway, with multiple PCNs in BLMK undertaking proactive and targeted engagement with populations at risk during winter:

- Those with long term conditions
- Support for over 65's and those with frailty
- Mental health
- Support for the Homeless population

Unscheduled Care Hub (Bedfordshire) – this is live with CCS and ELFT having merged their Urgent Care response desks to maximise activity and impact especially in the early evening period. The hub has a dedicated geratology consultant and paramedic to provide clinical oversight and support to the teams.

Central Bedfordshire Council has increased its domiciliary crisis capacity, and connected with the Unscheduled Care Hub to co-ordinate resources to help avoid unwarranted acute admissions. Events are planned during September to connect VCSE and NHS / LA teams working to support people to stay well at home to make best use of all resources available to local residents.

Virtual Ward (Milton Keynes) – this is on track to meet its activity trajectory of 124 patients at full capacity, this has focused on admission avoidance pathways with metrics in place to monitor impact to patients and impact on UEC flow

Milton Keynes Council has commissioned a range of services from local VCSE to support people to stay well at home and recover after acute admission including, collecting pension / medications, shopping and light food preparation, support to complete reablement exercises, referrals for adaptations and telecare

Bedford Borough Council has commissioned Age UK to provide 'Hot Boxes', which typically include the following contents - Double bed blanket, Knee blanket/shawl, Hat, Thermal gloves, Scarf, Flask, Hot water bottle, Thermal bed socks, Emergency food provisions which include items such as tea bags, coffee, hot chocolate, milk, soup, biscuits etc., Thermometer, Guide to staying warm in winter, Access to energy check and benefits checks, Referral to other winter warm projects and initiatives (British Gas Energy Trust/EoN/Keep Warm Keep Well projects), Advice on energy switching.

Paediatric 'virtual wards' are being piloted from both Bedfordshire hospitals.

Milton Keynes Integrated Discharge Hub – co-ordination and streamlined communications between providers for patients being discharged into intermediate care (at home and in bed-based care)

Children & Young People's Crisis Sanctuary – launching this autumn to provide an alternative to acute hospital emergency departments for children and young people in mental health crisis

Luton Council has commissioned NOAH (a local VCSE supporting people who are homeless) to support hospital discharge, including support with housing, medications and connections to community-based support

Dementia Intensive Support Teams (Luton and Bedfordshire) – working with residents with highest needs to recue risk of admissions and to support carers

A slide deck setting out the innovations in MK Together and Bedfordshire Care alliance, as well as pan-BLMK services (mental health, primary care and children's services) sets out the key additions / developments on our UEC pathways this winter. This can be viewed at Appendix A below.

4.3 Use of Data - Evaluating Impact

The importance of accurate communication in managing complex flow across multiple settings cannot be overemphasised in supporting our teams to meet winter UEC demand. Several initiatives are underway to facilitate day-to-day management and give partners a shared oversight of the impact of innovations and actions in place this winter. These include:

- Mental health UEC dashboard
- Milton Keynes Together Virtual Ward metrics – focusing on impact to the resident (national metrics focused on activity and occupancy)
- BCA 'single line of sight' (from acute admission to intermediate care)
- Primary care dashboard
- Demand & Capacity modelling for home-based intermediate care – undertaken by Milton Keynes, Central Bedfordshire and Bedford Borough partners

Alongside the increasing constraint in public sector funding for 2024-5 and beyond, there are several initiatives commenced during COVID whose non-recurring funding from NHSE will expire during the next 18 months. It is crucial that the actions put in place this winter are carefully evaluated and collaborative decisions are made regarding future investment based on impact / benefits to residents. ICBs have statutory responsibility to deliver improvements in health outcomes and equalities through value for money and so ICB Board partners will need to consider which of these national initiatives should be funded from baseline spend in future years based on evaluation of local impact to our residents. If these are to be included in ICB baseline allocations for substantive investment, this will add to the financial gap modelled in the NHS medium-term financial plan.

4.4 Winter Plan Assurance

This year, ICBs are required to submit a winter assurance document, which asks ICS partners to:

- Review the NHSE Operating Plan activity trajectories submitted in March 2023, and confirm that plans are in place to achieve the planned activity (for example, in virtual ward)
- Provide commentary against 32 Key Lines of Enquiry (KLOEs) for local UEC 'systems' together with pan-BLMK overview
- Give detail and assurance as to how UEC pathways co-ordination will be managed in BLMK, especially at times of highest pressure

This submission was due to the regional NHSE team on the 7th September (completed) for review / commentary. The submission to the national NHSE team is due 25th September. These documents focus on the 10 High Impact UEC actions to optimise flow identified by NHSE.

The process undertaken in BLMK to complete this assurance has been configured to reflect our Provider / Place collaborative working, with dedicated responses for MK Together and Bedfordshire Care Alliance. Where additional winter assurance at a Place level has also been completed, this intelligence has been added. ICB responsibilities which are reviewed in this assurance have been completed once for the ICB.

Review of this documentation has highlighted some key areas of health provision which are not covered to the same depth as areas such as supported discharge or ambulance

handovers. This includes flow improvements within acute settings; primary care capacity; and children and young people's services. To address this, assurance from other workstreams (for example GP Recovery Plan) or additional local assurance (flow internal to acute settings) has been undertaken and added to the NHSE assurance template to give a comprehensive view of winter / UEC planning in BLMK.

The completed NHSE Winter / UEC Assurance template can be viewed at Annex A (background reading).

BLMK is fully or mostly compliant with each of the NHSE High Impact Actions, with some actions being deployed during this winter. Full compliance is not in place / not expected in specific areas due to constraints of resources (revenue, capital / estates and workforce) in key areas such as:

- SDEC capacity - not maximum extended hours at MKUH at weekends and limited physical space at Bedford Hospital to provide a full SDEC
- Virtual ward – specific cohorts (respiratory / children and young people – whilst specified by NHSE there is not additional funding to deliver these)

This winter assurance has been considered in conjunction with a range of aligned operational plans in place for BLMK:

- Place Board Plans
- Better Care Fund plans (including adult social care discharge fund)
- Elective Recovery
- GP Recovery Plan

4.5 System-level Coordination

BLMK ICB has reviewed its current escalation / surge plans against the new System Co-ordination Centre and OPEL framework published by NHSE in August 2023.

BLMK ICB comprises of 2 almost completely distinct UEC geographies – MK with SCAS as the ambulance provider and Bedfordshire Care Alliance, served by EEAST ambulance service. Divert pressures usually originate elsewhere in the relevant ambulance region (South Central and East of England) respectively, requiring the System Co-ordination Centre to engage equally across 2 NHSE regions. Escalation on patients from outside BLMK Boroughs awaiting supported discharge packages also requires ongoing communication across several ICBs and NHSE Regions.

Within our 2 BLMK UEC systems, each provider has committed to reviewing its internal OPEL 3 actions during September, with specific focus on:

- Clarity on management oversight to optimise capacity and flow, and manage individual patient / service escalations in a timely manner
- Internal challenge that actions identified quantifiably manage clinical risk along the wider UEC pathway, ensuring that limited actions from one provider do not leave disproportionate risks elsewhere in the pathway
- De-escalation plans are in place to recover from surge actions and return to BAU at the earliest possible opportunity

A review of co-ordinated OPEL 4 actions (MK Together, Bedfordshire Care Alliance and ICB) is planned for late September. This will be a peer challenge and co-production process to ensure that

- OPEL 4 actions are co-ordinated across providers within a local UEC system to optimise flow and reduce clinical risk
- De-escalation actions are clearly understood and communicated, especially to sustain elective activity as well as reduce clinical risk in UEC flow

5.0 Conclusions and Next Steps

5.1 Conclusions

This year's round of winter planning commenced in Quarter 1 and reflects the commitment of all ICB partners to work in collaboration to improve the UEC outcomes and experiences of residents (and staff) this winter. Changes made in pathways explicitly link to learning from previous deployment and are better underpinned by impact metrics to support evaluation of benefit and highlight further changes to improve delivery and outcomes. Winter spend has been focused on enabling sustainable UEC transformation across all Places (aided by the early confirmation of winter funding).

There remains, however, real challenge to all ICB partners to meet resident urgent / emergency care need this winter. Co-ordinated delivery will be crucial to making best use of our resources and to minimise clinical risk across UEC and elective care pathways.

5.2 Next Steps

- Continued roll-out of winter / UEC actions will continue as per Bedfordshire Care Alliance and MK Together flow plans. These will be overseen locally through existing collaborative governance.

- The monthly BLMK UEC Board will review issues by exception, using the BLMK UEC Flow Dashboard. This focuses not on individual organisation's performance against individual UEC metrics but rather the flow through all services in each Place's UEC pathways.

- Evaluation of impact of these innovations will inform quality improvement measures during this winter – and inform 2024-5 contracting and future winter planning

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List of appendices

Appendix A – Winter Planning – the BLMK Journey

Background reading

Annex A – NHS England winter assurance template (submitted to region 7th September)

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Winter Planning: The BLMK Journey

August 2023

Trust

Respect

Integrity

Accountability

Care and Compassion

We want BLMK residents to stay well at home

Bedfordshire, Luton and Milton Keynes Integrated Care Board

MK Together

Bedfordshire Care Alliance

Sustaining Elective Recovery

Improving primary / secondary interface

Report in public board updates and plans for **improving the primary–secondary care interface** (four focus areas highlighted in the recovery plan)

- Onward referrals
- Completing episodes of care (fit notes and discharge letters)
- Adequate call and recall
- Established point of contact for GP/secondary care liaison

Establish all self-referral pathways

(including MSK, audiology and podiatry) as set out in 2023/24 guidance, also ensure pathways are in place between community optometrists and ophthalmologists. Some of the specified services already provide self referral pathways others need to develop these. An action plan is in place/continuing to develop.

24/7 NHS 111 Offer

- Service has been OPEL 1 for some time with low call handle times & abandonment rates.
- Clinical queues are managed well with front end staff trained to support online during worst staffing hotspots of the day.

Primary Care

HUC 111/OOH

HUC in deficit for Pathways Clinicians (Clinical Advisors) based within the contact centres – plans are in place to review alternate DSTs which will allow a move from pathways requirements giving flexibility in the workforce – however, this workforce remains a risk. Mitigation is changes to internal processes.

Cat 3 & 4 plus ED disposition validation remains a high priority, workforce plans are matched against predicted activity and surge plans are in place, agreed with commissioners/ICB to mitigate the risk of increased activity.

Recent innovations include a HUC – EEAST liaison manager to review learning, pathways and escalations.

CNWL Community Services

MK Access to the Stack 3 month pilot went live on 24 July. Category 3 & 4 , Level 2 falls pathway patients are being transferred by the SCAS Clinical Co-ordination Centre to the CNWL Urgent Community Response Team Specialist Practitioner. The pathway operates between 08:00-16:00 M-F.

We have a fully embedded 2 hour response service and current performance is 93.10% (April 23)

Urgent Community Response

CCS & ELFT Community Services

Access to the Stack is embedded across Bedfordshire and the two community services have merged their desks to support an increased acceptance rate. (August 57% acceptance rate, 6% returned, 24% manually rejected and 13% auto rejected) ELFT stack offer is limited to 8-5 until 4 September when they expect to move to 8-8

The unscheduled care hub is live with UCR teams, a dedicated consultant and an EEAST paramedic.

We have a fully embedded 2 hour response service and current performance is 88.62% (April '23)

BLMK ICB UEC Winter Planning – At Hospital

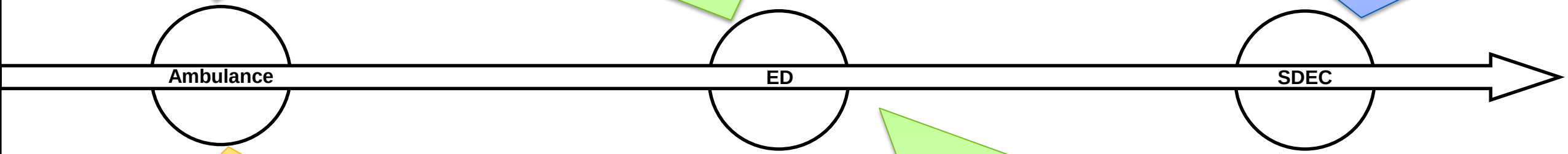
Bedfordshire, Luton and Milton Keynes Integrated Care Board

MK Together

SCAS
CQC rating of inadequate (safety and leadership). A robust oversight and assurance plan is in place, 4 key priority areas identified. Locally MK are under target but have a clear trajectory for improvement .80% of ambulance handovers were within 30 mins, with an average handover time of 23 mins (July 2023).
Data gap with EoE NHSE now resolved and data flows have been initiated.

MKUH
New national 4 hour standard is 76%, MKUH is below planned performance. Drop in performance from 2022/23 due to sustaining elective capacity. MKUH is 4th in the region for 4 hour performance. The new 12 journey time shows MKUH are one of the top performing trusts across the region.

MKUH
SDEC is a functional and bespoke unit with a wide range of assessment services available (to include VTE and OPAT), along with a 26 bedded acute medical assessment ward. SDEC is open 14hrs on weekdays (12hrs for surgical SDEC) with 10hrs at a weekend for both services with streaming of patients directly from ED. We continue to work towards an extended weekend service of 12hrs.



Bedfordshire Care Alliance

EEAST
There is a strong correlation between *Cat 2 performance and hours lost due to handover, region have set BHT a target of 54 lost hours per week.
Recovery plan in place to support reduction in hours lost including a specific focus on PIN compliance and 100% of handovers within 30 minutes . EEAST are reviewing shift patterns to reduce ambulances batching at ED's
The Bedford site is one of the highest achieving in all metrics across the region.
C2 : National targets requires this response category has an appropriate resource on scene within 18 minutes on average, and within 40 minutes 90% of the time.

Bedfordshire Hospitals
BHT is 3rd in the region for the 4 hour standard, with 76.% performance. The Luton site are undergoing a significant restructure in their ED, to increase capacity. This has had an impact on ambulance handovers but will improve ambulance performance by winter. A new initiative has funded to embed the 15min handover measure by increased clinical workforce to streamline handovers, alongside the HALO. L&D are one of the top performing Trusts against the 12 hour journey time standard
There is a BCA workstream in place to embed senior clinical decision makers in ED, to improve their 4 hour standard and deliver criteria to admit to improve flow, whilst utilising admission avoidance pathways.

Bedfordshire Hospitals
Fully functional SDEC at Luton site open 24/7 with appropriate clinical teams based on the unit. 31% of daily SDEC attendances of non-elective activity is recorded as 0 day length of stay, national standard is 33%.
The Bedford site have limited SDEC capacity which is bedded at times of peak ED pressure to enable ambulance handovers. Capital investment is required to establish a fully functional SDEC for Bedford Hospital.

BLMK ICB UEC Winter Planning – In Hospital

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

MK Together

MKUH
Improvement work stream in place to address variation in board round practice across all inpatient areas.

MKUH hold weekly LLOS meetings with system partners to progress patients out of hospital and agree next steps. There is an improvement workstream committed to reducing LLOS which is inclusive of our commissioned community Seacole beds
The #NOF pathway exceeds the GRIFT Model hospital best performing quartiles. The planned care team (ICB) have supported the acute provider site within the system to have a critical friend / deep dive review undertaken via ECIST. This looked at point of conveyance to point of discharge out of hospital for patients. Good practice and firm recommendations for improvement of practice were summarised and have been pulled into recommendations for each of the sites that have been shared with Trust leads

A proposal for a new MK Integrated Discharge Hub (IDH) has been developed, to be physically located at MKUH to assist patients to navigate services both admission avoidance and discharge. There will be enhanced hours and an expanded team. The aim is for the Hub to be operational by late Winter 23-24. MKUH are experiencing data quality issues and non submission of discharge and NcTR data. NHSE colleagues are supporting BI teams to resolve. The ambition is to report accurate data for September 2023 There are daily conference calls in place to discuss each patient, agree their pathway and discharge requirements

Board Rounds → **Length of Stay** → **Planning 4 Discharge**

Bedfordshire Care Alliance

Bedfordshire Hospitals
BCA developing an integrated discharge team, board round standards have been set and agreed, these will be in place by November to tackle variation across wards to embed best practice.
Patient pathway will be identified at board round and discharge ready date set. Identification of palliative/fast track/EOL patients will trigger complex planning involving relevant services.
At the Bedford site this is mitigated, there is a daily triage call, with system partners to discuss each patient, agree their pathway and discharge requirements. At the Luton site there are 2/3 weekly PTL's to discuss and plan for patients.

System partners have committed to a reduction LOS by 3 days (Bedford site) by winter 2023, supported by the BCA improvement plan. Weekly LLOS meetings held at both sites with system to progress patients out of hospital, attended by the Medical/ Deputy Director. The #NOF pathway exceeds the GRIFT Model hospital best performing quartiles. The ICB planned care team have supported the acute provider sites with a deep dive review undertaken via ECIST. This looked at point of conveyance to point of discharge out of hospital for patients. Recommendations for each of the sites have been shared with Trust leads based on good practice.

The Luton site have a high daily discharge rate with a integrated discharge team. There are challenges around P2, intermediate care beds which impacts NcTR numbers. Existing contracts are being reviewed to support the care homes to accept patients in a timely manner to reduce spot purchases.
There is a BCA improvement work plan across all pathways which includes embedding an integrated discharge team at the Bedford site so acute discharge officers can plan and manage all discharges. This will allow community providers to have a 'pull' approach to improve flow. Across both 'discharge ready' date is being embedded and work is being undertaken to ensure accurate reporting as per National requirements.

BLMK ICB UEC Winter Planning – Out of Hospital

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

MK Together

Pathway 1 has been reviewed to streamline services and remove duplication. Four options have been developed including a community hub with one pathway and service. The Task Group reviewing Pathway 2 identified three options including wrapping care around the patient and moving to a single site that would involve repurposing a building to co-locate a number of existing services: WICU, Dementia and Step Down Beds.
Improvement is required to ensure that our Seacole commissioned beds are easily accessible in a timely manner and are utilised effectively. This will need to be supported by therapy provision and LA engagement to reduce delays and bed blocking.

Capacity and workforce modelling across social care markets has been undertaken. Uplift in tariff from October 2023 to support home care providers sustainability over winter.
Exploring opportunities to remove variation and align intermediate care pathways 1&2 to maximise intermediate service with a recover to reable lens.
A long term supply of care home services is needed with agreed funding resource. The Integrated Discharge Hub will ensure information sharing is timely and accurate to mitigate the risk of wasted resource and failed discharges. The risks are capacity and workforce funding across all sectors.
LA's transitioning patients out of commissioned intermediate care beds and stepping down from the reablement space to increase capacity.

MKUH and CNWL are due to meet the target of 124 patients' capacity for their Virtual Ward by April 2024, focusing on frailty. Model is predominantly admission avoidance, with metrics in place to monitor impact to patient outcomes and UEC flow.

Pathway1 & 2 → **Transfer to long term care** → **Virtual Wards**

Bedfordshire Care Alliance

Across Bedfordshire hospitals the ambition is to reduce the number of days between the discharge ready date and the date of transfer out of hospital to an average of 24 hours for all but the most complex of patients. System partners have re-designed and simplified processes across Pathways 1&2, underpinned by the BCA improvement plan, with the aim to implement by October 2023.
VCSE partners are supporting through winter planning by enhancing discharge services.

- Demand and capacity and workforce modelling across social care markets has been undertaken.
- Uplift in tariff from October 2023 to support care home providers sustainability over winter
- Exploring opportunities to remove variation and align intermediate care pathways 1&2 to maximise intermediate service with a recover to reable lens
- A long term supply of care home services is needed with agreed funding resource.
- The North Beds Discharge Model will ensure that information sharing is timely and accurate to mitigate the risk of wasted resource and failed discharges. The risks are capacity and workforce funding across all sectors.
- LA's transitioning patients out of commissioned intermediate care beds and stepping down from the reablement space to increase capacity.

Bedfordshire Virtual Wards are due to meet the target of 263 beds by April 2024, split by Frailty, Respiratory and Cardiology. Proof of concept being developed for Children and Young People as per the National ask.

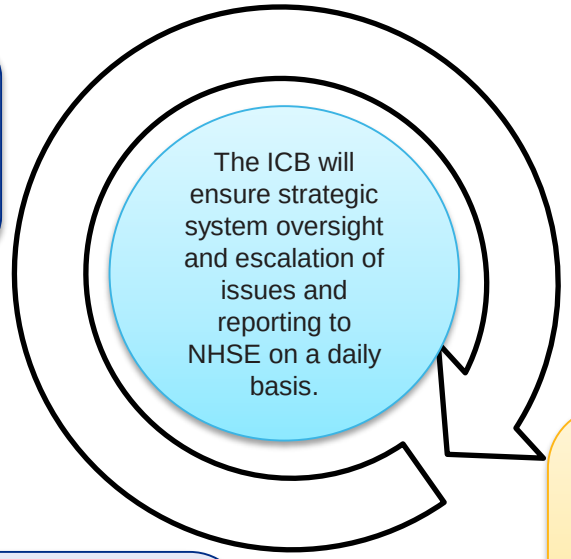
BLMK ICB UEC Winter Planning – Surge and Escalation

Bedfordshire, Luton and Milton Keynes Integrated Care Board

BLMK has an NHSE Mandated system Co-ordination Centre, which is fully functional and operates 8-8, 7 days a week.
A review of current practice against the new specification and OPEL framework is underway to ensure that the Bedfordshire Care Alliance and MK Place and the ICB core team meet the required operational standards and technical guidance.

BLMK has a product in place called SHREWD. SHREWD Resilience shows the operational situation of local urgent care systems in real time. Partners can quickly and easily identify where the pressure is across BLMK, why it is happening and the action requires to support the implementation and effectiveness of a system control centre.
All partners across health and social have access 24/7

Real-time co-ordination of capacity and action
A system view of capacity across all providers and the wider health care system, leading to a collaborative effort to improve performance to patients' benefit. To identify predictable and emergency activity to support forward planning (minimise the need for escalation beds to be opened) and data will be visible to all key decision-making and co-ordinating staff.



Improved visibility of operational pressures
Senior operational and clinical leaders will have an aligned view of the operational pressures and risks across system providers which will support collective action to improve patient safety.

Improved clinical outcomes
Coordination and leadership at the local level to oversee a suite of operational metrics in real time enables it to provide a timely response at a system level, assisting local providers to deliver the right care at the right time.

We are working with our system partners to update their surge and escalation documentation and local OPEL procedures to reflect the 10 measures, underpinned by robust action cards. Within Bedfordshire we are transforming the daily system call to enable clear identification of challenges, risks and demand and capacity and provider mutual aid where available.
The MK system has a weekly operational call, with robust governance, performance and escalation in place

The NEW OPEL Framework has been released and will be phased between 20 November and 3 December, with the first submission on 4 December 2023. The OPEL score supports consistent identification of operational pressures by using 10 measures in the Acute Trusts .

OPEL measures have been assigned scores within the ranges of between 0-4 and 0-6 with the score reflecting how far that measure deviates from the expected standard and submitted into SHREWD 7 days a week, 365 days of the year.

1. Mean Ambulance Handover Time
2. Cohorting of patients
3. ED 4-hour all-type performance
4. ED all-type attendances
5. Majors and Resuscitation occupancy
6. Time to treatment
7. Over 12-hour journey time
8. G&A bed occupancy
9. Escalation beds open
10. Patients no longer meeting criteria to reside.

BLMK ICB UEC Winter Planning – Mental Health

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

CYP crisis sanctuary due to launch in Autumn to provide a crisis alternate for CYP to A&E.

System Oversight - UEC MH Dashboard
An integrated dashboard to indicate flow across UEC mental health pathways. Monitoring the impact of crisis pathway improvements and linking with other initiatives like 'Right Care, Right Person'

Mental Health Response Vehicles provided by NHS England.
EEAST has secured 6 (+4 on the original bid) SCAS has secured 0.5. Vehicles will be available this financial year. Models of Care to be developed by December '23.

System flow and resilience to be supported with plans to reduce number of private beds being used. Working with Local Authorities reduce delays accessing step-down / social housing, £246k for step-down beds via BCF/HDF.

Dementia Intense support teams in Bedfordshire / Luton in place to improve care, reducing risk of admission and providing support for carers.

Crisis Alternatives
MIND Crisis Cafes and Crisis phoneline.
Crisis Services - Trust Single Point of Access (24/7 phoneline), access to CRHTT and Hospital Liaison Team (A&E based).
Street Triage operates in the community with Police to support patients as part of overall Crisis Pathway.
Adopting GIRFT best practice initiatives around crisis prevention capacity in CMHT.

BLMK ICB UEC Winter Planning – Children and Young People

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Vaccine programme identified as a key part of wider CYP winter preparations, and included in winter planning activity. Includes Covid, Flu and MMR.

Whole-system CYP planning group (incl. all providers and key stakeholders) has begun winter planning. ICB sighted on ODN planning for increased Level 2 PCC capacity. Key activity datasets established and routinely monitored.

BLMK Healthier Together health information website launched and regularly reviewed. Communications planning underway to promote this and other health information to young people and families.

Paediatric Virtual Wards piloted at Bedfordshire Hospitals, with interest expressed at Milton Keynes Hospital (to be further pursued once resources identified).

Importance of protecting paediatric elective capacity has been highlighted as part of current winter planning. Winter planning will include co-ordination of individual provider escalation plans.

Acute trusts working with their relevant ODNs regarding surge planning and mutual aid.

BLMK ICB UEC Winter Planning – VCSE Contribution

Bedfordshire Care Alliance

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Age Concern Meet and Greet Hospital Aftercare Service:
Providing immediate support on discharge:Support safer early facilitated patient discharge from hospital - following an attendance at Accident and Emergency; an acute inpatient stay or a planned procedure.

- Offers non-medical interventions to patients following discharge from hospital to enable them to remain at home and prevent re-admission due to lack of basic home support.
- Support a programme of reablement focusing on skills for individual's daily living, that enables them to live more independently and reduce the need for ongoing support.
- Facilitates service user access into other voluntary and community based services that enables them to feel socially active and improves their capacity for independent living.

British Red Cross Assisted Discharge Service:
Ensure a safer discharge, reduce hospital length of stay, avoid a delay in transfer, enable a quicker discharge and prevent re-admission

- Ensure the service user is settled comfortably back into their home with immediate needs met and access to food, warmth, and low level support.
- Reduce the risk of admission, re-admission to hospital or residential care admission by making referrals for both short-term and longer-term support.
- Ensure service users are encouraged to access and linked to information or other services and networks which may reduce anxiety and enhance ability to continue living independently in their home.

Luton - NOAH provide hospital discharge support with the following services:

- Maintaining accommodation/tenancy and avoiding homelessness
- Accessing the relevant pathways to housing if needed
- Avoiding re-admission to mental health or general hospital
- Supporting engagement with medication and treatment (including for substance misuse via ResoLUTiONs)
- Forging/maintaining connections with family and friends and engaging in activities of your choice (therapy, group support, employment or volunteering)
- Connection with community-based support and services

ELFT working with Carers and VCSE supporting residents to stay well at home to reduce social admissions for clients and their carers

Central Bedfordshire

- Working with VCSE colleagues to maximise uptake of Carer's Contingency Plans
- September workshop of VCSE and community health and social care to build links to support integrated offer to support people to stay well at home
- Including VCSE partners in integrated neighbourhood social prescribing huddles

BLMK ICB UEC Winter Planning – VCSE Contribution

Bedfordshire, Luton and Milton Keynes

MK Together

AgeUK Hospital Aftercare Service:

Providing short-term (up to 1 week) and longer-term (up to 6 weeks) support on discharge to enable swifter hospital discharge and prevent re-admission. In particular they support with:

- Preparation of home prior to hospital discharge (with prior consent)
- Accompanying patients home following hospital discharge
- Shopping (basic essentials)
- Making telephone calls on behalf of the patient
- Collecting pension/benefits/prescriptions
- Light food preparation
- Reablement under advice of OT and according to patient plan
- Signposting to other specialist agencies within the voluntary and statutory sector
- Advice on home aids and adaptations and help to access them in conjunction with OT.
- Referrals for telecare and telehealth equipment
- Support in accessing GP appointments and other health and social care appointments were appropriate
- Emotional and other practical support when required

Other VCSE support:

- MK Food Banks support people who have financial difficulties obtaining food. Medication support is provided by ACS to assist people who are unable to mange their medication independently. X-Store supports with essential items for those with limited access to money or are homeless

End of Life / Palliative Care

MK- Palliative Care Community hub

24hour advice and support offered 365 days per year for patients, relatives and carer but requires additional workforce to be sustainable and meet demand.

Gaps/Inequalities:

There is not a fully funded specialist community nursing service in MK
Business case submitted for additional support through Winter but no funding source identified

Bedfordshire Care Alliance

Hospices work alongside acute dx teams to expediate discharge with hospice at home as focus. Specialist hubs are in place across Bedfordshire but does not meet the current demand due to workforce constraints.

Gaps/Inequalities:

No palliative night site in Luton (in place across Bedfordshire) and lack of IPU beds resulting in declined referrals.
Business case submitted for additional support through Winter but no funding source identified

BLMK ICB UEC Winter Planning – Residual Risks

Bedfordshire, Luton and Milton Keynes Integrated Care Board

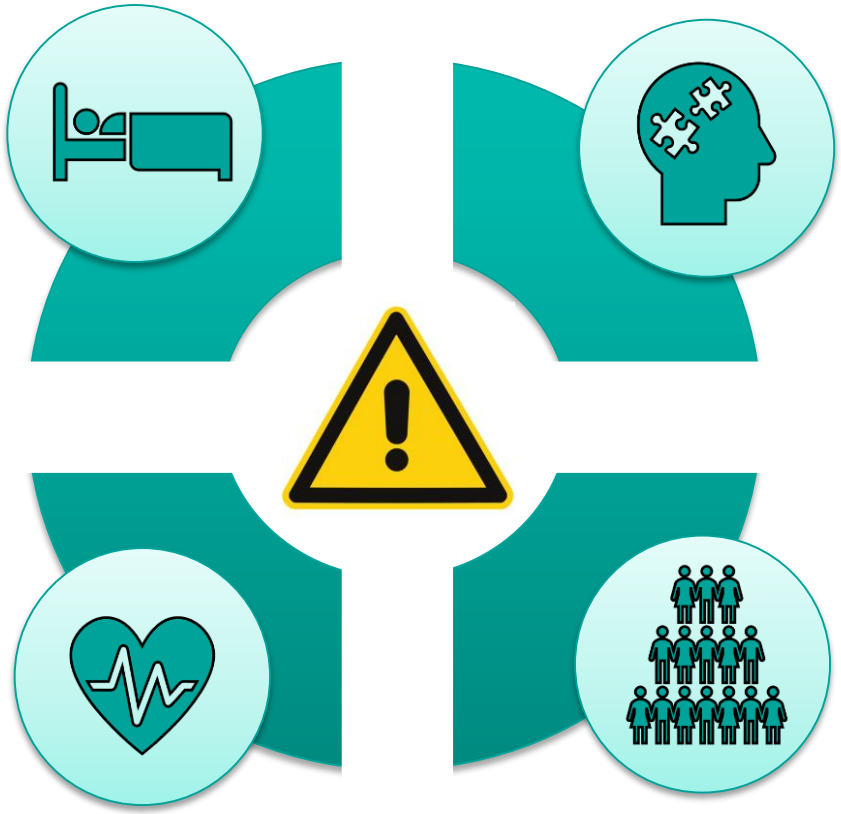
Risk 1
Infrastructure constraints

We have long-standing infrastructure constraints which will not be resolved this winter, including:

- SDEC capacity at Bedford Hospital
- Overnight crisis accommodation in Bedfordshire (adults)
- Supported Independent living accommodation to support people with MH, LD and complex neurodiversity step down from acute inpatient provision
- Acute bed capacity at MKUH and BHT

Risk 2
Escalation areas

One of the most significant impacts of opening escalation areas is the reduction in elective capacity, leading to the postponement or the cancellation of elective surgery or procedures.in community settings, escalation intermediate care beds can stretch teams more thinly and extend length of stay. Our winter plans is focused on reducing community and acute escalation capacity but it remains a significant risk this winter.



Risk 3
Mental Health Demand pressures (all ages)

Significant increase in mental health acute presentations (all ages) since COVID, exacerbated by the cost of living crisis. This places capacity pressures at all stages of the UEC MH pathway: support in the community (overnight crisis capacity), EDs, and mental health acute inpatient beds. We have actions in place to optimise flow within existing resources, but need significant infrastructure capacity (see risk 1) to embed sustainable change

Risk 4
Workforce morale and resilience

The workforce across health and care teams have experienced an extended period of pressure and disruption including COVID and recovery and industrial action. Although actions are in place to support our workforce, the risk remains that our staff are under significant pressures.

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Date: 29 September 2023

Executive Lead: Dean Westcott, Chief Finance Officer

Report Author: Stephen Makin, Deputy Chief Finance Officer

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

Item: 7.3 BLMK ICS Finance Report (July 2023)

1.0 Executive Summary

1.1 This report sets out the 2023/24 BLMK ICS financial position at July 2023 (Month 4) for revenue and capital spend. The table below shows a summary of key financial metrics for NHS organisations hosted within the system.

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

1.2 NHS organisations hosted within the system are reporting a £11.9m deficit to plan at Month 4; 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. 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 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 members are 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 4 (July) for those NHS organisations that form part of the Bedfordshire, Luton and Milton Keynes (BLMK) ICS financial control total, covering both revenue and capital. These organisations are:

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

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 £11.9m, 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	0.1	(3.4)	(3.5)	0.0	0.0	0.0
Milton Keynes NHS FT	0.4	(5.9)	(6.3)	0.0	0.0	0.0
BLMK ICB (after allocation adjustments)	0.0	(2.1)	(2.1)	0.0	0.0	0.0
Intra ICS Organisations	**0.5**	**(11.4)**	**(11.9)**	**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

Income & Expenditure	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	251,656	262,440	10,784	754,959	787,321	(32,362)
Pay	(160,004)	(170,493)	(10,489)	(480,018)	(490,480)	10,462
Non-Pay	(91,526)	(95,345)	(3,819)	(274,941)	(296,841)	21,900
SURPLUS / (DEFICIT)	**126**	**(3,398)**	**(3,524)**	**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 and ahead on outside system patient care income.
- 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

Income & Expenditure	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Income	115,249	119,417	4,168	344,869	344,869	0
Pay	(73,562)	(80,425)	(6,863)	(220,381)	(220,381)	0
Non-Pay	(41,330)	(44,890)	(3,560)	(124,488)	(124,488)	0
SURPLUS / (DEFICIT)	**357**	**(5,898)**	**(6,255)**	**(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.
- Pay (Employee Expenses) – impact of junior doctors' strike, continued use of temporary staff to cover escalation capacity and delayed Cost Improvement Plans. Agency spend has reduced in month.
- Non-Pay (Operating Expenses) – additional drugs and clinical supplies for escalation areas.

Integrated Care Board

4.9 The ICB is reporting a £2.1m 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 4 the ICB is forecasting full achievement of these metrics.

Performance Measure	Year To Date - Month 04			Forecast		
	Target	Actual	Variance	Target	Actual	Variance
Revenue Resource Limit	£667.5m	£669.6m	-£2.1m	£2,000.7m	£2,000.7m	£0.0m
Capital Resource Limit	£0.3m	£0.3m	£0.0m	£1.7m	£1.7m	£0.0m
MHIS Expenditure	£56.5m	£56.3m	-£0.2m	£169.5m	£169.5m	£0.0m
Efficiency Savings	£4.8m	£4.5m	-£0.3m	£18.5m	£18.5m	£0.0m
BPPC	>95%	97%	2%	>95%	95%	0%

4.11 The financial position by commissioning programme as at month 4 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	**667,453**	**667,453**	0	**2,000,671**	**2,000,671**	0
Acute Services	345,452	346,846	(1,395)	1,035,071	1,038,906	(3,835)
Mental Health Services	71,530	71,538	(8)	214,799	214,888	(89)
Better Care Fund	11,729	11,723	6	35,186	35,171	14
Other Community Services	50,250	50,753	(504)	151,128	152,363	(1,236)
Continuing Care Services	27,131	30,355	(3,224)	81,290	90,914	(9,624)
Primary Care Co-Commissioning	58,633	58,848	(215)	174,149	173,956	193
Pharmacy, Ophthalmic & Dental Co-Commis	29,064	29,561	(497)	86,810	86,807	3
Prescribing	49,233	51,213	(1,979)	148,847	154,081	(5,234)
Other Primary Care Services	11,506	11,321	185	35,374	35,130	244
Other Programme Services	6,610	1,871	4,739	19,072	1,502	17,570
Total Commissioning Expenditure	**661,137**	**664,029**	**(2,892)**	**1,981,723**	**1,983,718**	**(1,995)**
Running Costs	**6,316**	**5,553**	**763**	**18,948**	**16,953**	**1,995**
SURPLUS / (DEFICIT)	**0**	**(2,129)**	**(2,129)**	**0**	**0**	**0**

4.12 The main variances are:

- Acute – overperformance at Independent Sector Providers, predominantly for orthopaedic work is driving the overspend. 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.
- 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. Work is ongoing to establish the drivers for this increasing pressure, which is forecast to continue for the rest of the year.
- Prescribing – These pressures are due to increased scripts issued and medicine prices. The forecast assumes that this pressure can be mitigated, however prescribing price rises continue to be of major concern in relation to the run-rate and the underlying financial position 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 provide in BLMK but for ICS providers who are hosted outside the system. These services are reporting a year-to-date deficit of £4.2m, and this is forecast to increase to £11.6m 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	(1.5)	(1.5)	0.0	(3.5)	(3.5)
ELFT	0.0	(2.7)	(2.7)	0.0	(8.1)	(8.1)
CCS	0.0	0.0	0.0	0.0	0.0	0.0
Inter ICS Providers	**0.0**	**(4.2)**	**(4.2)**	**0.0**	**(11.6)**	**(11.6)**

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

Central & North West London NHS Foundation Trust (CNWL)

- At M4 reports a deficit of £1.5m, split to £0.9m for Mental Health and £0.6m for Community Health. The forecast deficit is £3.5m.
- The main driver of the overspend on Mental Health is complex placements which is showing an in-month deficit against plan of £0.2m and a year to deficit against plan of £0.8m; 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 mostly arising from increased agency costs are in the crisis and Mental Health community teams partially offset by underspends in other services.
- The Trust has been able to reduce the level of nursing vacancies through locally focused recruitment events. Recruiting doctors to medical posts in the current environment remains exceptionally challenging, and agency cover for these roles is expensive. When agency staff must be used the Services go to framework agencies who bill at off framework rates. Total agency spend for Mental Health is £0.9m and Community Health is £0.4m.
- All known risks are built into the forecast.

East London NHS Foundation Trust (ELFT)

- At M4 reports a deficit of £2.7m. The forecast deficit is £8.1m.
- 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. Specialist pay costs are underspent.
- 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 deliver in full 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	Recurrent	2,169	2,012	(157)	-7%	6,709	6,709	0
ICB - Non recurrent	Non Recurrent	2,634	2,455	(179)	-7%	11,769	11,769	0
Subtotal - ICB		**4,803**	**4,467**	**(336)**	-7%	**18,478**	**18,478**	**0**
BHFT - Recurrent	Recurrent	5,676	3,835	(1,841)	-32%	17,028	17,028	0
BHFT - Non recurrent	Non Recurrent	6,336	6,336	0	0%	19,004	19,004	0
Subtotal - BHFT		**12,012**	**10,171**	**(1,841)**	-15%	**36,032**	**36,032**	**0**
MKHFT - Recurrent	Recurrent	2,608	294	(2,314)	-89%	7,828	7,828	0
MKFT - Non recurrent	Non Recurrent	3,168	1,991	(1,177)	-37%	9,506	9,506	0
Subtotal - MKFT		**5,776**	**2,285**	**(3,491)**	-60%	**17,334**	**17,334**	**0**
Total Efficiencies		**22,591**	**16,923**	**(5,668)**	-25%	**71,844**	**71,844**	**0**

4.16 MKUH started the year with run-rate pressures (to plan) related to escalation bed capacity and premium staff costs (escalation beds, international nursing supernumerary backfill etc…); and costs for additional clinical capacity (outsourcing/WLIs). These costs more than

plan offset benefits attributed to planned financial efficiencies. In addition, operational bandwidth to prioritise savings delivery was impeded by planning for industrial action and other service priorities. The Trust has refocused the financial efficiency plan and is recovering the position.

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

4.18 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 transformation.

Workforce

4.19 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 £5.6m 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	10,559	5,952	(4,607)	24,460	17,855	(6,605)
Milton Keynes NHS FT	3,781	2,795	(986)	5,972	8,386	2,414
Total	**14,340**	**8,747**	**(5,593)**	**30,432**	**26,241**	**(4,191)**

4.20 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 and there was a reduction in month 4.

System Capital

4.21 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.

4.22 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.

4.23 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.

4.24 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 £4.0m variance for Milton Keynes is capturing the capital awarded post plan for UEC (£3.0m) and a CT scanner (£0.9m). Once adjusted for this, the forecast is breakeven against the overcommitted plan for the year.

	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedfordshire Hospital NHS FT	27.1	19.5	7.6	96.4	96.4	0.0
Milton Keynes NHS FT	13.7	12.3	1.3	46.8	50.8	(4.0)
BLMK ICB	0.0	0.0	0.0	1.7	1.7	0.0
Intra ICS Organisations	**40.8**	**31.8**	**8.9**	**144.9**	**148.9**	**(4.0)**

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.

Capital Plan - Provider Based	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Charge against capital allocation (CDEL)	16,346	16,867	(521)	45,697	45,697	0
Other funding streams	24,444	14,995	9,449	97,498	101,452	(3,954)
Total	**40,790**	**31,862**	**8,928**	**143,195**	**147,149**	**(3,954)**

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).

Appendix A – Financial Positions of Local Authorities

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

Bedford Borough Council
Source: 1 (bedford.gov.uk)

The table below summarises the budgetary position relevant to each Directorate**.**

Budget Forecast as at 30 June 2023	Current Budget	Forecast Outturn	Forecast Variance	Mitigating Actions	Revised Forecast Variance
	£ million	£ million	£ million	£ million	£ million
Adult Services	55.869	57.754	3.886	(1.136)	2.750
Children's Services	43.796	45.518	1.722	0.000	1.722
Environment	27.383	28.126	0.743	(1.695)	(0.952)
Corporate Services	20.835	26.126	5.613	0.000	5.613
Transformation	(0.553)	(0.553)	0.000	0.000	0.000
Finance	4.056	4.116	0.060	0.000	0.060
Chief Executive	3.981	4.123	0.142	0.000	0.142
Public Health	0.000	0.000	0.000	0.000	0.000
Operational Net Cost	**155.368**	**167.533**	**12.165**	**(2.831)**	**9.334**
Financing	3.082	3.105	0.023	(1.000)	(0.977)

(Revenue Trends / Executive / 13 September 2023)

Budget Forecast as at 30 June 2023	Current Budget	Forecast Outturn	Forecast Variance	Mitigating Actions	Revised Forecast Variance
	£ million	£ million	£ million	£ million	£ million
Total	**158.450**	**167.638**	**12.188**	**(3.831**	**8.357**

The forecast variance set out in this report reflects a different financial landscape to that when the 2023/2024 Budget was approved by Full Council in February 2023. Services are being delivered against a backdrop of continuing inflationary pressures (energy/ commodity prices and wider contract inflation) along with significant demand related pressures within Adult Social Care, Children's Social Care and Temporary Accommodation.

Key areas of variance by directorate are set out below:

Adults' Services – £1.750 million overspend.
The forecast variance within Adult Services primarily relates package costs with a net forecast overspend of £3.972 million across all external packages. This is due to several factors, namely higher than profiled package costs, an increase in levels of need, increases in the average number of hours agreed for home care packages and higher spot prices in supported living. The additional contractual cost is partially offset by client income. The forecast overspend has been offset by the use of the remaining Social Care Turbulence Reserve of £1.136 million.

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

Children's Services - £1.722 million overspend.
The overspend within Children's Services is related to Looked After Children Placements of £0.652 million, costs associated with Home to School Transport of £0.533 million and employee related overspends.

The primary driver of the demand forecast overspend within Looked After Children is due to increases in the cost of placements, most notably within Semi Independent Living with a forecast overspend of £1.054 million. This is partially offset by a reduction in cost of Residential Placements due to fewer than budgeted number of placements currently required.

Home to school transport is forecast to overspend by £0.533 million. This is due to a 10% inflationary uplift in costs and a forecast 7% increase in the number of SEND pupils requiring transport from September. Work is being undertaken to review costs in an effort to reduce this forecast overspend. The chart below shows the increase in cost of home to school transport since 2019/2020.

There is a forecast overspend of £0.445 million of employee costs across the directorate primarily due to Agency staff being utilised to cover vacant Social Worker posts. Options related to the reduction in the reliance on agency staff are being developed.

Environment - £0.952 million underspend
The underspend position within Environment reflects the recommendation within this report to utilise borrowing instead of Direct Revenue Funding to fund certain schemes in the Capital Programme within Environment. This leads to a £1.695 million underspend within the directorate.

The underspend is partially offset by a number of overspends across the directorate. Within Fleet there is a forecast overspend of £0.309 million as a result of difficulties in recruitment within the team and therefore the need to outsource some of the repair work.

There is a forecast overspend within the Grounds Maintenance, Parks and Open Spaces team of £0.166 million and the forecast overspend within Refuse and Recycling of £0.159 million are due to agency staff being used to cover staff vacancies.

Parking Fee income is below budgeted levels by £0.137 million, however it should be noted that the income for the month of June was higher than budgeted, and at around pre-covid levels due to the success of events within the town centre.

Corporate Services - £5.613 million overspend
The primary reason for the overspend in Corporate Services is Temporary Accommodation which is forecast to overspend by £5.718 million. This is due to an unprecedented demand for temporary accommodation In September 2022, when the current budget was set, there were 465 households in temporary accommodation. As at June 2023 there were 658 households in temporary accommodation, an increase of 41%.

Public Health – £0.000 million over/ underspend
The public health grant allocation of £9.457 million was confirmed on 15 March 2023. This was a decrease of £0.062 million on the 2022/2023 Grant.

Overall Public Health is forecast to be on budget. Within Public Health is £0.295 million Contain Outbreak Management Fund (COMF) carried forward from 2022/2023 for work to contain Covid-19. This funding is being utilised across the Council - including targeted communications and engagement to promote protective behaviours and vaccination, grants to community and voluntary sector organisations to support Covid-19 objectives, support for rough sleeper provision as a result of Covid-19 policies, and supporting social care Covid-19 impacts.

Central Bedfordshire Council
Revenue Budget Monitoring Q1 (June) 2023/24
Source: 10.2 Item A Q1 Executive - Revenue Monitoring 2023-24.pdf (azeusconvene.com)

Executive Summary

The forecast outturn position as at June 2023 before any release of the contingency and application of grants is an overspend of £6.1M.

The forecast position after reflecting release of Contingency (£4.6M), the Household Support Fund (£1.5M) and is on budget.

The contingency for 2023/24 is £6.2M with £4.6M utilised in the forecast outturn position, thus leaving a balance of £1.6m.

The variance analysis below is after the application of the Household Support Fund (HSF) which is identified in Table 1. Please note that as at Q1, the forecast for the use of the HSF was £1.5M but it is anticipated that the full allocation of £3M will be spent in year. This will have a net nil impact on the forecast as the spend is grant funded.

- Chief Executive is forecasting on budget.
- Resources is forecasting a £0.1M overspend, which is mainly £0.4M for Legal Services,offset by higher than budgeted Housing Revenue Account recharges. The Legal Services overspend is based on trend analysis for the previous two years and due to increased complexity in cases, and court practices in connection with Children's Services casework.
- Corporate Costs is forecast on budget.
- Children's Services is forecasting an overspend of £3.0M, which relates to Educational Transport which is forecasting an overspend of £3.0M. £2.3M for SEND routes and £0.7M Mainstream routes. A new system is in the process of being implemented to provide more accurate financial information on routes. This should also mitigate some of the forecast overspend.
- Adult Social Care and Housing General Fund is forecast on budget.
- Place and Communities is forecasting an overspend of £1.6M which relates to a reduction in income from the Leisure Management Contract
- Public Health is forecasting to budget.

The table below details the full year variances by directorate:

Table 1

	Year to Date - June			Full Year			HSF	OTHER
Directorate	**Budget £m**	**Actual £m**	**Variance £m**	**Budget £m**	**Forecast Outturn £m**	**Variance £m**	**Variance £m**	**Variance £m**
Chief Executive's	0.8	1.1	0.4	3.0	3.4	0.4	0.5	(0.1)
Resources	7.2	7.4	0.2	28.9	29.4	0.6	0.5	0.1
Corporate Costs	3.3	0.2	(3.1)	13.1	13.1	0.0	0.0	0.0
Childrens Services	14.7	18.8	4.0	59.0	62.4	3.4	0.4	3.0
SCHH	24.0	23.4	(0.6)	96.2	96.4	0.2	0.2	0.0
Place and Communities	13.2	14.6	1.4	52.0	53.6	1.6	0.0	1.6
Public Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Excl Landlord Business	**63.2**	**65.5**	**2.3**	**252.1**	**258.3**	**6.1**	**1.5**	**4.6**
HSF Grants				**0.0**	**(1.5)**	**(1.5)**	**(1.5)**	**0.0**
				252.1	**256.7**	**4.6**	**(0.0)**	**4.6**

Luton Borough Council
Source: COMMITTEE REF: (luton.gov.uk)

The first 2023-24 quarter monitoring report already depicts a challenging financial outlook with the Council facing a significant overspend at the end of the financial year. In a review of its financial position at the end of Q1, the Council is forecasting a £6.525m (Table 1 below) overspend against its £156.8m revenue budget. This position is exacerbated by a number of one off funding and underspend amounting to £4.927m resulting in a projected underlying gross core deficit of £11.452m which is net of £3m of savings delivered already.

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

Table1

General Fund Departments	Approved Budget £'000	Projected Outturn £'000	Base Costs / Income Variations £'000
Airport	14	14	0
Chief Executive's	13,805	14,502	697
Children Families & Education	72,106	73,788	1,682
Inclusive Economy	51,323	52,357	1,034
Population Wellbeing	67,731	70,505	2,774
Total Services at Q1	**204,979**	**211,166**	**6,187**
General Contingencies	5,115	5,115	0
Borrowing Costs & Treasury Man.	17,922	17,833	-89
Interest on Investments	-41,804	-41,377	427
Capital Financing & Corporate Grants	-29,505	-29,505	0
Sub Total prior to transfer to/from Reserves	**156,707**	**163,232**	**6,525**
Other Specific Reserves	107	107	0
Total General Fund Overspend at Q1	**156,814**	**163,339**	**6,525**

Milton Keynes Council
Source: Q1 2023-24 Forecast Outturn Report.pdf (moderngov.co.uk)

General Fund Revenue Account (GFRA) – is currently forecasting an overspend of £4.019m. The continuing increase in demand and uncertainly around the inflation is causing pressure in year and will also continue into the Medium Term Financial Plan.

The Corporate Leadership team are currently assessing measures to address the projected overspend to ensure that this is brought back in line with the approved net budget.

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

General Fund High Level Revenue Summary	P3 Position		
	2023/24 Full Year Budget	Forecast Outturn	Variance
Service	£m's	£m's	£m's
Adult Social Care	98.934	101.871	2.937
Public Health	12.517	12.517	0.000
Children's Services	55.640	56.731	1.091
Customer and Community	6.135	6.024	(0.111)
Strategy and Futures	0.000	0.000	0.000
Housing and Regeneration	0.000	0.000	0.000
Planning and Placemaking	2.137	2.174	0.037
Environment & Property	73.170	73.313	0.143
Resources - Retained MKC	5.196	4.902	(0.294)
Resources - Shared Services	(0.215)	(0.215)	0.000
Law & Governance	2.463	2.678	0.215
Corporate Codes & Debt Financing	18.698	18.699	0.001
Assets Management	(26.030)	(26.030)	0.000
General Fund Requirement	**248.645**	**252.664**	**4.019**
New Homes Bonus	(4.542)	(4.542)	0.000
NNDR	(72.599)	(72.599)	0.000
RSG	(6.731)	(6.731)	0.000
Public Health	(12.517)	(12.517)	0.000
Other Government Grants	(1.879)	(1.879)	0.000
Council Tax	(150.377)	(150.377)	0.000
Total Financing	**(248.645)**	**(248.645)**	**0.000**
Net Surplus / Deficit	**0.000**	**4.019**	**4.019**

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

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 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 in Public

Item: 8.2 System Board Assurance Framework

1.0 Executive Summary

1.1 Risk management is fundamental for the ICB's growth and protection. Central to this is the ICB Board Assurance Framework (BAF), safeguarding against strategic risks that might hinder ICB's strategic objectives. The Board receives a report on its Board Assurance Framework at each meeting. The system CEO Group also reviews the BAF as risk ownership sits with executives. The CEO Group is meeting on 21st September, after the publication of the Board paper. Any updates from CEO Group will be reported verbally at the Board.

1.2 The Denny Review raises wide ranging and complex issues about how and for whom the ICB is delivering health and care across its system. The ICB intends to reflect lessons learned from Denny in reviewing all risks on the BAF, as appropriate. Existing risks of particular relevance include those relating the System Pressure and Resilience (BAD0003), Widening Inequalities (BAF0004) and our response to the Rising Cost of Living (BAF0009). Agreement will be sought from the Board at its next meeting to any updates made to these risks as part of the proposed system-wide response, alongside any new risks required to address the issues the review raises in relation to barriers to access. In the short term, the addition of a new risk on Health Literacy (the degree to which individuals can find, understand, and use information and services to inform health-related decisions) inspired by the Denny Review and the associated patient story heard at the last Board meeting, is proposed.

1.3 A risk assessment on difficulties experienced by residents in accessing services, which was prompted at the last Board meeting by consideration of the Denny Review and recent patient narratives, identified two major areas of risk:

1. minority and disadvantaged groups' understanding and navigation of NHS services (health literacy) and wider inclusivity concerns and
2. broader navigation and fragmentation of service issues for residents which is scheduled for a future risk assessment.

The Board's approval is sought for the addition of the health literacy risk to the BAF and subsequent monitoring by the CEO Group.

1.4 Key upcoming initiatives on the BAF work programme include a risk assessment workshop with the Mental Health, Learning Disabilities and Autism Collaborative in November 2023, and the development of a Risk Appetite matrix by the Audit & Risk Assurance Committee in preparation for the Board Development Session in October 2023.

2.0 Recommendations

2.1 The members are asked to **agree** the inclusion of the health literacy risk on the BAF, **note** the BAF update and future work programme and **agree** any additional actions or mitigations required.

3.0 Key Implications

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

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

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

3.6 The BAF recognises Climate Change and subsequent adaptation as a key strategic risk from the BLMK system.

4.0 Report

4.1 Risk management benefits the ICB, our stakeholders and the local population by enabling new ideas to be explored and potential risks to be managed to minimise their impact. The approach is to utilise the ICB Board Assurance Framework (BAF) as the key tool to hold the strategic risks as defined by the ICB: the major risks that could prevent the ICB from fulfilling the objectives in its agreed strategy.

4.2 **Current BAF Risks**

There are currently ten risks on the BAF. BAF0010 has reduced in score due to ongoing mitigations put in place.

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

Ref	Risk Title	Risk Description	Current Risk Rating	Change
BAF0001	Recovery of Services	There is a risk that the NHS is unable to recover services and waiting times to pre-pandemic levels due to Covid related pressures, or demand led pressures. This may lead to poorer patient outcomes and reputational damage.	20	
BAF0002	Developing suitable workforce	If system organisations within BLMK ICS are unable to recruit, retain, train and develop a suitable workforce then staff experience, resident outcomes and the delivery of services within the ICS, ICB People Responsibilities and the System People Plan are threatened.	20	
BAF0003	System Pressure & Resilience	As a result of continued pressure on services from various factors (staff sickness, increased activity etc) there is compromised resilience in the system which threatens delivery of services across BLMK	20	
BAF0004	Widening inequalities	There is a risk that inequalities in the system widen due to a range of factors leading to compromise to population health and increases in system pressure in the most deprived areas.	20	
BAF0005	System Transformation	There is a risk that as a result of significant operational pressures, there will be decreased capacity to focus on strategic transformational change to deliver improved outcomes for our population.	20	
BAF0006	Financial Sustainability and Underlying Financial Health	As a result of increased inflation, significant operational pressures, elective recovery and the enduring financial implications of the covid pandemic - there is a risk to the underlying financial sustainability of BLMK that could result in failure to deliver statutory financial duties.	20	
BAF0007	Climate Change	Due to climate change and wider impacts on the environment and biodiversity, there is a significant risk of increased pressure on health and care services.	16	
BAF0008	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	

4.3 **New and Pending Risks**

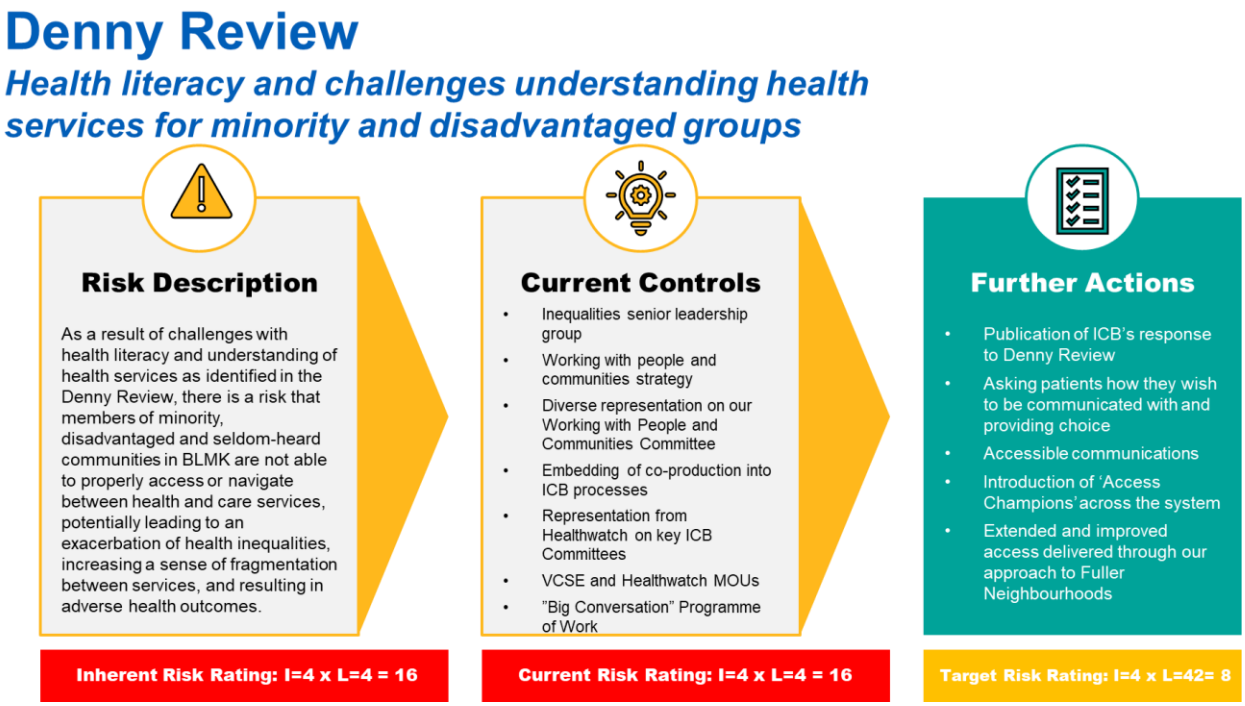
4.3.1 At the request of the Board of the ICB, a risk assessment has been carried out in response to the challenges highlighted in the Denny Review and the patient story shared at the last meeting.

The risk assessment highlighted two distinct areas of risk in relation to the review:

a) health literacy and challenges understanding services on offer by minority and disadvantaged groups; and

b) Challenges for the population in navigating the complexity of sometimes-fragmented NHS services.

The immediate focus is on the former, with a commitment to explore the latter in a future risk assessment, to be reported at the next meeting of the Board alongside changes to existing risks in the interest of embedding the findings of the review into everything the system does (see 1.2 above).



The Board is asked to review and confirm agreement of the above risk assessment in order that it can be added to the BAF and monitored via the CEO Group going forward. As the system response to Denny takes shape additional actions that system partners are taking to respond to the findings will be added. The CEO Group will discuss this at their meeting on 21st September and agree ownership and timelines The outcome of this discussion will be reported at the Board.

4.4 **BAF Work Programme**

4.4.1 A risk assessment workshop with the Mental Health, Learning Disabilities and Autism Collaborative to assess the potential **risk that an over-commitment to collaborative working does not deliver sufficient value** is being scheduled for November 2023. By bringing together relevant stakeholders, the workshop will aim to foster a shared understanding of the potential risk and challenges related to it, promoting open discussions and knowledge exchange, enabling partners to gain insights from each other's experiences and expertise. The workshop will facilitate a structured approach to prioritisation. Through collaborative discussions and assessments, partners will be able to collectively evaluate the likelihood and impact of the risk, enabling the identification of high-priority areas that may require immediate attention and mitigation.

4.4.2 The Audit & Risk Assurance Committee has begun the process of developing a Risk Appetite matrix on behalf of the Board of the ICB. This process will be concluded by the Board in the Board Development Session scheduled for 20th October. The Committee will review the proposed initial categories at its meeting on 13th October, in advance of the Board Development Session.

5.0 Next Steps

5.1 The BAF will be presented to Audit & Risk Assurance Committee at its next meet and based on feedback from the Board, and from the CEO Group discussion on 21st September, ICB officials will reflect lessons learned from Denny in reviewing all risks on the BAF as appropriate and seek the Board's approval to any changes at its next meeting in December.

List of appendices

Appendix A – System Board Assurance Framework

System Strategic Risk Register (BAF)

Generated Date	12 Sep 2023 11:49
Risk Criteria	
Project	LIVE-Risk
Risk Area	ICB Board Assurance Framework

Heat Map

Impact ↓ / Likelihood →	1. Rare <20%	2. Unlikely 21%-40%	3. Moderate 41%-60%	4. Likely 61%-80%	5. Imminent >80%
5. Catastrophic	Medium (5)	Medium (10)	High (15)	High (20) R: 1	High (25)
4. Major	Medium (4)	Medium (8)	High (12)	High (16) R: 2	High (20) R: 6
3. Moderate	Low (3)	Medium (6)	Medium (9) R: 1	High (12)	High (15)
2. Minor	Low (2)	Medium (4)	Medium (6)	Medium (8)	Medium (10)
1. Insignificant	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Risk Movement by Time

BAF0001 – Recovery of Elective Services

ICB Board Assurance Framework

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0001	**Risk Title**: Recovery of Elective Services **Risk Description**: Recovery of Elective & Cancer Services **Risk Owner**: Anne Brierley **Risk Lead**: Michael Ramsden **Status**: Open	High (4:5=20)	The actions and controls to support the Pandemic and System Pressures risk will support Elective Recovery, as, if there is strong demand management and flow, then the likelihood of emergency medical patients outlying to surgical ward (and concomitant elective cancellation) will be mitigated.	1st Line	Process embedded into clinical services for all relevant providers	High (4:5=20)	**Detail**: System wide transformation plan to increase productivity using GIRFT data); transform outpatients through advice and guidance, PIFU and virtual clinics; demand management actions such as clinical triage. All outlined in the 22/23 Operational Plan and delivery overseen by the Elective Collaboration Board **Assignee**: Michael Ramsden **Variable Target**: 28 Mar 2024 **Status**: In Progress	High (4:3=12)
			Processes in place to ensure those with most urgent clinical needs are treated first. Quality - Supporting review of performance across service provision in particular Cancer services and associated Pathways & diagnostics. Triangulating information and soft intelligence such as serious incidents , complaints , HW engagement , Safeguarding partnership information. Involvement in ICS board discussion for MH , Stroke , Cancer, safeguarding	1st Line	Elective Recovery Board Papers		**Detail**: Delivery of national and local recovery priorities, monitored through the Elective Collaboration Board and Leadership Group **Assignee**: Michael Ramsden **Variable Target**: 29 Mar 2024 **Status**: In Progress	
			An Elective Recovery Board has been convened to track recovery and instigate actions. The Board involves CEO/executive/senior stakeholders across commissioning, providers & NHSEI and is accountable for delivery of the Elective Transformation Programme and Elective Accelerator Programme in Bedfordshire, Luton and Milton Keynes. It sets the vision and change needs to deliver the programme objectives whilst assuring quality, safety and value for the BLMK system and our population.	1st Line	Ongoing monitoring and oversight via Elective Leadership Group, Elective Collaboration Board and Cancer Board		**Detail**: Protecting Electives through winter resilience **Assignee**: Francesca Cummings **Variable Target**: 31 Aug 2023 **Status**: Not Started	
			Monthly RTT report indicating size of waiting list and length of wait. Ongoing work with hospitals to optimise utilisation of ISP's					
			Monthly RTT report indicating size of waiting list and length of wait. Ongoing work with hospitals to optimise utilisation of ISP's Clinical Prioritisation (P1-6) review and shared decision making in place					
			Independent Sector and community services use to support Trusts in their wait reduction and where choice is indicated, transfer care to providers with short waits. In addition, Trusts are now using a Digital Mutual Aid System (DMAS) to request support from providers across the country (where choice has indicated they are willing to have care transferred)					

BAF0002 – Developing Suitable Workforce

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0002	**Risk Title**: Developing suitable workforce **Risk Description**: Developing suitable workforce **Risk Owner**: Martha Roberts **Risk Lead**: Bethan Billington **Status**: Open	High (4:5=20)	EDI & Wellbeing: People Board Sub Group focussing on supporting the wellbeing of staff across the ICS. Also responsible for improving workforce inequalities relating to protected characteristics and development and implementation of initiatives e.g. 'no more tick boxes' to address recruitment inequalities. Leadership & OD: People Board Sub Group focussing on building the OD capacity and skills within the system to support workforce transformation across health and care. Development of leadership and development programmes for the ICB and system partner organisations in conjunction with regional and national bodies. Primary Care: People Board Sub Group focussing on workforce programmes as they relate to Primary Care Workforce. Wellbeing, career development, new roles (e.g. ARRS), international recruitment and workforce planning and OD Workforce Modelling & Supply: People Board Sub group focussing on the development of workforce strategy, recruitment, retention programmes and innovative role pilots Primary Care Training Hub supporting in recruitment, retention and training of primary care workforce People Board: ICS Executive Group with responsibility for People Plan delivery to meet ICS workforce priorities linked to BAF and People Board workforce risks. This enables delivery of ICS Strategic Objectives, ICB People Responsibilities and development of Workforce strategy Education Partnership: People Board Sub Group responsible for development and co-ordination of CPD fund use & demand scoping for system as well as use of apprenticeship levy, school and university engagement and development of innovate courses and training courses across health and care workforce	1st Line	People Board (occurs 2 monthly)	High (4:5=20)	**Detail**: Rotational Apprenticeship: (Education Partnership) Pilot of level 3 HCA rotational apprenticeship between health and care providers in Bedfordshire to launch in 22/23 as proof of concept **Assignee**: Catherine Jackson **Variable Target**: 10 Oct 2023 **Status**: In Progress **Detail**: Launch, assess and embed the Health and Wellbeing pilot: (Primary Care) Pilot a range of wellbeing support and interventions for primary care staff, assess their impact and embed those which represent value to the system. **Assignee**: Susi Clarke **Variable Target**: 31 Mar 2024 **Status**: In Progress **Detail**: 50k Nursing Target: (linked to Workforce Modelling and Supply) System has a target to increase NHS system nurses WTE to in excess of 3113WTE by March 2023. Sources range from international recruitment, apprenticeships to graduates and those recruited from other systems. **Assignee**: Marie Lambeth-Williams **Variable Target**: 31 Mar 2024 **Status**: In Progress **Detail**: Embed use of 'No more tick boxes' recruitment approach: (EDI & Wellbeing) To ensure that system organisations have implemented the key principals of the 'no more tick boxes' approach to recruitment in at least some recruitment episodes in 22/23 **Assignee**: Bethan Billington **Variable Target**: 31 Mar 2024 **Status**: Not Started	High (4:3=12)

BAF0003 – System Pressure & Resilience

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0003	**Risk Title**: System Pressure & Resilience **Risk Description**: System Pressure & Resilience **Risk Owner**: Anne Brierley **Risk Lead**: Anne Brierley **Status**: Open	High (4:5=20)	BLMK engaged with regional critical care groups	1st Line	Minutes of TILT, Q&P, F&P and GB	High (4:5=20)	**Detail**: BCA and MK together mobilised winter plans by October 2023 **Assignee**: Francesca Cummings **Variable Target**: 01 Oct 2023 **Status**: Not Started	High (3:4=12)
			BLMK Primary Care Access Program	1st Line	Reviews of statistical performance data on monthly basis to are mitigations and actions			
			SHREWD being implemented across BLMK to enable real time resilience/flow data.					
			In line with escalation process, daily system calls in place for Bedfordshire					
			Specific ICB focus on community bed management across Bedfordshire.					
			Increased Patient Transport Services to facilitate swifter discharge					
			Discharge To Assess process is being implemented in Bedfordshire (already in place in Milton Keynes and Luton)					
			Monthly reports are reviewed at the TILT, Q&P and F&P meetings and the GB					
			CCG officers review performance weekly via reset & restoration meetings					
			Reports are provided to the ICS CEO meeting regarding the performance issues and Covid position					
			Revised escalation process in place to prompt system response across BLMK					
			The Exec Team reviews performance on a monthly basis					
			BLMK Performance & Delivery Group reviews performance on a bi-monthly basis and agrees system mitigations and actions					
			Work with Councils to review and redesign care pathways to release more therapy resource to focus on flow.					
			Winter Planning to include commissioning of further capacity (beds and care) across BLMK					

BAF0004 – Widening Inequalities

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0004	**Risk Title**: Widening inequalities **Risk Description**: Widening inequalities **Risk Owner**: Sarah Stanley **Risk Lead**: Sarah Stanley **Status**: Open	High (4:5=20)	Resource allocation for 22/23 to help to reduce inequalities and draw out learning for future investment Learning from incidents , safeguarding case review, Community partnership safety work The new PCN Impact Investment Fund (criteria released 24.08.21) states that by 31 March 2022, PCNswill make use of GP Patient Survey results for practices in the PCN to identify patient groups experiencing inequalities in their experience of access to general practice, and develop and implement a plan to improve access for these patient groups. Cross-ICS inequalities steering group and working group to coordinate inequalities activity across the ICS framed around the core20plus5 approach ICS system inequalities lead appointed giving more capacity for this workstream Health inequalities defined at place and PCN level Supporting the workforce to deal with the impact of the pandemic being overseen by the BLMK Peoples Board. Work with voluntary agencies e.g maternity Voices , parent carer forums SEND in coproduction of outcomes Safeguarding partnership board priorities (Neglect , transition etc..) Working with providers and partners on access for seldom heard communities Developing Business Intelligence reporting to report key health outcomes/NHS constitutional standards by place and PCN. For example: uptake of cancer screening and early diagnosis of cancer and 62-day treatment standards to highlight populations with late cancer diagnoses and enable proactive case finding and community engagement. Review to understand the impact of Covid on inequalities (Lloyd Denny) Literature review completed.	1st Line 1st Line	Proposal signed off by appropriate governance - Paul Calaminus SRO Development of performance framework to track impact on inequalities	High (4:5=20)	**Detail**: Assurance and outcome metrics to be developed by Director of Contracting **Assignee**: Buz Dodd **Variable Target**: 31 Jul 2023 **Status**: In Progress	High (4:3=12)

BAF0005 – System Transformation
BAF0006 – Financial Sustainability & Underlying Financial Health

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0005	**Risk Title**: System Transformation **Risk Description**: System Transformation **Risk Owner**: Anne Brierley **Risk Lead**: Anne Brierley **Status**: Open	High (4:5=20)	Operational performance management process in place taking account of responses to operational pressures Performance & Delivery Group - manages immediate operational issues Chief Exec/SOAG - regular reviews of operational performance issues to agree mitigations Agreed strategic priorities across the system in place Same Day Urgent Primary Care Offer EPRR Framework and System monitors and responds to incidents resulting from operational pressures to wider system	1st Line 1st Line 1st Line 1st Line	Operational performance management plan Performance & Delivery Group ToRs Terms of Reference for SOAG and Chief Exec's Meeting EPRR Workplan	High (4:5=20)	**Detail**: Set clear timescales and expectations for place plans to deliver transformation for the population **Assignee**: Anne Brierley **Variable Target**: 05 Sep 2023 **Status**: In Progress	Medium (3:2=6)
BAF0006	**Risk Title**: Financial Sustainability & Underlying Financial Health **Risk Description**: Financial Sustainability & Underlying Financial Health **Risk Owner**: Dean Westcott **Risk Lead**: Stephen Makin **Status**: Open	High (5:4=20)	Monthly financial reporting to Finance & Investment Committee and Integrated Care Board - includes analysis of financial performance: revenue, capital, underlying financial performance plus risks & mitigations. System led financial oversight through SOAG, Performance & Delivery Group and System DoFs Group. Update and development of system Medium Term Financial Plan for 2023/24 to 26/27. Includes scenario modelling of key variables and downsides.			High (5:4=20)	**Detail**: Development and implementation of system transformation, improvement and efficiency programme covering for 2023/24 + across and between ICS partners **Assignee**: Anne Brierley **Variable Target**: 31 Jul 2023 **Status**: In Progress	High (4:3=12)

BAF0007 – Climate Change

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0007	**Risk Title**: Climate Change **Risk Description**: Climate Change **Risk Owner**: Maria Wogan **Risk Lead**: Tim Simmance **Status**: Open	**High (4:4=16)**	Partner Green Plans and Sustainability Plans. NHS organisations, local authorities and other public sector bodies have plans to reduce their contribution to climate change, and put in place both business continuity and adaptation plans to address the impacts of climate change. The ICB will support NHS providers to implement their green plans and ensure adaptation plans are in place, and work in partnership with other public sector bodies and anchor institutions to mitigate the risks of climate change. Local Resilience Forum Adverse Weather Plans BLMK ICS Green Plan 2022-25 Severe Weather Plan Green Plan Operational Working Group Climate Adaptation Task & Finish Group			**High (4:4=16)**	**Detail**: Implement recommendations from Green Plan Health Impact assessment. **Assignee**: Tim Simmance **Variable Target**: 30 Sep 2023 **Status**: Not Started **Detail**: Develop and implement Green Plan governance to ensure delivery of ICS and NHS partner green plans **Assignee**: Tim Simmance **Variable Target**: 30 Sep 2023 **Status**: Not Started	**Medium (2:4=8)**

BAF0008 – Population Growth

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0008	**Risk Title**: Population Growth **Risk Description**: Population Growth **Risk Owner**: Anne Brierley **Risk Lead**: Anne Brierley **Status**: Open	High (4:5=20)	Joint forward plan population trajectories Oxford-Cambridge Arc Local Authority Place Plans Partner Support Schemes for staff	1st Line	Working with public health to develop population growth and demographic shift modelling to 2040	High (4:5=20)	**Detail**: Primary Care estates strategy aligned with One public estates plan **Assignee**: Nicky Poulain **Variable Target**: 04 Dec 2023 **Status**: Not Started **Detail**: Infrastructure plans (capital, estates, health services, workforce) will be addressed in the 5 year Joint Forward Plan, in line with Local Authority plans. **Assignee**: Anne Brierley **Variable Target**: 31 Dec 2023 **Status**: In Progress **Detail**: One public estates plan mapped against population growth for each borough **Assignee**: Dean Westcott **Variable Target**: 04 Dec 2023 **Status**: Not Started	High (3:4=12)

BAF0009 – Rising Cost of Living

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0009	**Risk Title**: Rising Cost of Living **Risk Description**: Rising Cost of Living **Risk Owner**: Maria Wogan **Risk Lead**: Martha Roberts **Status**: Open	High (4:4=16)	Delivery of ongoing communications to support population access to support services in partnership with Trusts and Local Authorities. Partner support schemes for residents Partner and national NHS financial plans for managing increased costs due to inflation Need for clinical and operational prioritisation of waiting lists			High (4:4=16)	**Detail**: [EDI & Wellbeing People Sub-Group established]: Ongoing work plan for maximising support for staff across BLMK. **Assignee**: Bethan Billington **Variable Target**: 31 Jul 2023 **Status**: In Progress **Detail**: Develop and implement Population Health Intelligence Unit with Local Authorities to enable identification of groups most vulnerable to the rising cost of living. **Assignee**: Sarah Stanley **Variable Target**: 30 Jun 2023 **Status**: Not Started **Detail**: Implementation of inequalities work programme to support the most vulnerable people and communities (review quarterly). **Assignee**: Maria Laffan **Variable Target**: 30 Jun 2023 **Status**: Not Started **Detail**: Agree medium-term financial plan with NHS partners. As part of joint forward plan. **Assignee**: Dean Westcott **Variable Target**: 30 Jun 2023 **Status**: Not Started	High (3:4=12)

BAF0010 – Partnership Working

Prefix	Risk Detail	Initial Priority	Controls Detail	Controls Assurance Level Line of Assurance	Controls Assurance Summary	Current Priority	Actions Action Details	Target Priority
BAF0010	**Risk Title**: Partnership working **Risk Description**: Partnership working **Risk Owner**: Maria Wogan **Risk Lead**: Dominic Woodward-Lebihan **Status**: Open	High (3:4=12)	Place link directors managing at Place Decision Planner Engagement Planner Weekly Comms grid Established comms network Briefings for newly elected councillors Partnership social media Live Well Newsletter Pre-briefing good practice to local leaders Chair and CEO quarterly session with local leaders Board seminar programme Working with Communities Strategy Media and Social Media Strategy Stakeholder feedback now a regular agenda item on Exec / open space agenda and at least once a week in the huddle			Medium (3:3=9)	**Detail**: Joint representation at public events **Assignee**: Dominic Woodward-Lebihan **Variable Target**: 29 Dec 2023 **Status**: Not Started **Detail**: Better promotion for joint local initiatives **Assignee**: Dominic Woodward-Lebihan **Variable Target**: 29 Dec 2023 **Status**: Not Started **Detail**: Devise a core script/key lines to take on the main thematic areas of concern outlined re cllr inductions **Assignee**: Dominic Woodward-Lebihan **Variable Target**: 30 Nov 2023 **Status**: Not Started **Detail**: Prepare a briefing for the Deputies (op group) on the changed political landscape and what this means for in terms of OSC/HWB attendance and handling **Assignee**: Dominic Woodward-Lebihan **Variable Target**: 30 Nov 2023 **Status**: Not Started **Detail**: Exec to have an open space session on stakeholder management more generally so there is understanding of individual and collective responsibilities **Assignee**: Michelle Evans-Riches **Variable Target**: 30 Nov 2023 **Status**: Not Started **Detail**: Financial Principles Board Development Discussion **Assignee**: Geoff Stokes **Variable Target**: 20 Oct 2023 **Status**: Not Started	Medium (3:2=6)

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Date: 29 September 2023

ICS Partner: Non-Executive Members – Committee Chairs

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

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

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

Item: 8.3 – Corporate Governance update and updates from Committees

1.0 Executive Summary

1.1 This report provides a list of key corporate governance points to approve or note as indicated below.

- Auditor's Annual Report for the period ending 31 March 2023
- Updates to the fit and proper persons' process
- Changes to the Integrated Care Partnership Board
- Updates to Governance Handbook and Constitution
- Lead roles
- Committee chairs' updates
- Board and committee dates 2024/25

2.0 Recommendations

2.1 The Board is asked to **approve** the amendments to the Governance Handbook and changes to Committee membership.

2.2 The Board is asked to **approve** the amendments to the Constitution and submit them to NHS England for ratification.

2.3 Board members are asked to **note** the following.

- The Auditor's Annual Report
- Updates to the fit and proper persons' process
- The list of lead roles for BLMK ICB
- Board members are asked to note the committee chairs' updates.

3.0 Key Implications

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

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

4.0 Report

4.1 Auditor's Annual Report for the period ending 31 March 2023

The ICB's external auditors, Grant Thornton, have reported their findings under s21(1)(c) of the Local Audit and Accountability Act 2014. The requirement is for them to satisfy themselves that the ICB has made 'proper arrangements for securing economy, efficiency and effectiveness in its use of resources.'

The report identified no significant weaknesses as shown in the table below, which is taken from the report.

Criteria	Risk assessment	2022/23 Auditor judgement on arrangements	
Financial sustainability	No risks of significant weakness identified	A	No significant weaknesses in arrangements identified, but improvement recommendations made to support the Integrated Care Board in improving arrangements for internal controls
Governance	No risks of significant weakness identified	A	No significant weaknesses in arrangements identified, but improvement recommendations made to support the Integrated Care Board in improving arrangements for internal controls
Improving economy, efficiency and effectiveness	No risks of significant weakness identified	A	No significant weaknesses in arrangements identified, but improvement recommendation made to support the Integrated Care Board in improving arrangements for reporting and monitoring of project benefits.

G	No significant weaknesses in arrangements identified or improvement recommendation made.
A	No significant weaknesses in arrangements identified, but improvement recommendations made.
R	Significant weaknesses in arrangements identified and key recommendations made.

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Nine improvement recommendations were made, all of which have been accepted and are being implemented. Board Members can find the full report in the library in BoardEffect.

4.2 Updates to the fit and proper persons' test process

Following publication of the Kark review of the fit and proper persons (FPP) test published in 2019, and in light of recent court cases, NHS England issued updated guidance[1] relating to the FPP test in August 2023. The guidance includes a new template to be used for all references sought for potential board appointees. It also sets out detailed responsibilities assigned to the annual review process for FPP, especially for the Chair. NHS England are also due to issue further guidance on board member appraisals in spring 2024. All current Board member appointments complied in full with the FPP tests required at the time of their appointments.

For the ease of Board members, it is proposed to undertake this exercise at the same time as the annual process of reviewing the interests of Board members, in accordance with the Conflicts of Interest and Standards of Business Conduct policy. Board members will receive a request to complete both documents in October 2023.

4.3 Integrated Care Partnership – known as BLMK Health and Care Partnership

The Integrated Care Partnership (ICP) membership has been revised following local elections. The Councils in BLMK can nominate the Chair of the ICP and it is proposed that Cllr. Martin Towler of Bedford Borough Council and Cllr. Khtija Malik, of Luton Council co-chair the ICP. This arrangement will be proposed at the next meeting of the ICP which is planned to take place on 31 October 2023.

[1] NHS England Fit and Proper Person Test Framework for board members

The ICP will also be meeting formally twice per year as there are quarterly ICP and ICB seminars being arranged on specific strategic areas, the next one of these being 24 November 2023 which will focus on early years.

4.4 Governance Handbook Review

Earlier in the year, a review of the Governance Handbook was carried out to ensure consistency between the various elements of the Handbook and to reflect changes required by NHS England (NHSE), especially in relation to the need for Board leads for various patient groups and issues. Some typographical errors have also been corrected along with changes in line with the BLMK Writing Guide (e.g. appropriate use of capital letters etc.)

In May, members of committees were invited to comment on the draft terms of reference, amended following the review, as part of their annual committee reviews. A further update was sent to committee members in August, as well as an email to all Board members making available the draft Governance Handbook for review, if required.

Due to separate and more in-depth reviews currently underway, substantive recommendations for Bedfordshire Care Alliance Committee and Working with People and Communities Committee or any of the Place boards are not included in the updated Handbook and separate recommendations for changes will be made at future Board meetings. Changes to the Primary Care Commissioning and Assurance Committee are included in a separate item on the agenda and the revised terms of reference will be included in the updated Handbook once they have been agreed.

It should also be noted that the Chief Executive Officers' Group meeting on 21 September 2023 is due to agree enhanced terms of reference for that Group which will mean that the System Assurance and Oversight Group will be disbanded.

On 12 September 2023, non-executive members (NEMs) met with the Chair to agree their membership of committees following the appointment of a new chair of Audit and Risk Assurance Committee. The table at appendix B shows the revised NEM membership.

The amended Governance Handbook is attached as appendix A and indicates the most significant changes being proposed. Highlighting all the changes proposed would make the document difficult to read so only the most significant changes have been shown. A version showing all changes has been made available for Board members in the library of BoardEffect.

4.5 Changes to the Constitution

A review of the Constitution was also carried out alongside the review of the Governance Handbook. Unlike the Governance Handbook, any proposed changes can only take effect after NHS England have ratified them. Appendix C shows the proposed Constitution with significant changes highlighted. A version showing all changes has been made available in the library of BoardEffect.

As well as applying the BLMK Writing Guide, other changes include removing explicit reference to the method of determining remuneration for non-executive members and the explicit reference to the Working with People and Communities Committee. Both these changes are proposed to enable the Board to determine any future amendments without further reference to NHS England.

Another change being proposed relates to the urgent decisions provision (paragraph 4.9.6 of Standing Orders). Currently the paragraph says that the Board has to 'ratify' any urgent decision which would, in effect, make any urgent decision making redundant. As this wording forms part of the model Constitution for ICBs it is not yet known if this change will be accepted by NHS England, but it is recommended that the Board make this request.

If the revised Constitution is approved by the Board, NHS England will be asked to ratify the changes.

4.6 Lead Roles

There are a number of lead roles specified in various legislation or required by NHSE. Many of these are included in the Scheme of Reservation and Delegation (part of the Governance Handbook) but a more user-friendly version Is being produced for the website and for internal use. The list is shown at appendix D and will be published on the ICB's website.

4.7 Committee Chairs Updates

Updates from the following committees of the Board can be found at appendix E. Verbal updates will be provided for the meetings where a written report is not available due to timing of the Board agenda despatch, as indicated in the table below.

Name of Committee	Meeting Held On
Audit and Risk Assurance Committee	14 July 2023
Bedfordshire Care Alliance*	21 September 2023
Finance and Investment Committee	1 September 2023
Primary Care Commissioning and Assurance Committee*	15 September 2023
Quality and Performance Committee	7 July 2023
Quality and Performance Committee (extraordinary)*	15 September 2023
Working with People and Communities*	22 September 2023

*Verbal updates will be provided at the Board meeting.

4.8 Board and committee dates 2024/25

Dates for meetings of the Board of the ICB, its committees and Board seminars in 2024/25 are being finalised and will be communicated to Board members and other stakeholders as soon as possible.

Proposed Board dates are:
14 June 2024 – Extra Ordinary private meeting to approve the Annual Report and Accounts
28 June 2024 – Public Board meeting
27 September 2024 – Public Board meeting and AGM
13 December 2024 - Public Board meeting
21 March 2025 - Public Board meeting

5.0 Next Steps

5.1 The amended Governance Handbook will be uploaded to the website following Board approval.

5.2 Agreed changes to the Constitution will be sent to NHS England for ratification.

List of appendices

Appendix A – Governance Handbook showing significant changes.
Appendix B – Non-executive members on committees
Appendix C – Constitution showing significant changes.
Appendix D – Board and other lead roles.
Appendix E – Reports from committee chairs.

Please note: Due to the size of the documents appendix A and C are provided in a separate appendix pack titled – 'Item 8.3 Appendix A & C'

Background reading - None

Non-Executive Members (NEMs), Board voting members as Chair, Deputy Chair or Member of Committees of the Board September 2023

Name	Audit & Risk Assurance Committee	Quality & Performance Committee	Finance & Investment Committee	Primary Care Commissioning & Assurance Committee	Working with People & Communities	Remuneration Committee	Bedfordshire Care Alliance Committee
Exec Lead	Dean Westcott	Sarah Stanley Maria Wogan	Dean Westcott	Nicky Poulain	Maria Wogan	Martha Roberts	Anne Brierley
Rima Makarem			Member*			Member	
Manjeet Gill	Member		**Chair**	Member		**Deputy Chair**	Member
Shirley Pointer		**Chair**				**Chair**	**Chair**
Vineeta Manchanda	**Chair**	Member	Member			Member	
Alison Borrett	**Deputy Chair**	Member		**Chair**		Member	
Lorraine Mattis				Member	**Chair**		

Bedfordshire, Luton and Milton Keynes Integrated Care Board
Lead Roles

Lead Role	Lead
Children and young people (aged 0-25)	Sarah Stanley, Chief Nursing Director
Children and young people with special education needs and disabilities (SEND)	Sarah Stanley, Chief Nursing Director
Safeguarding (all-age), including looked after children	Sarah Stanley, Chief Nursing Director
Learning disability and autism (all-age)	Sarah Stanley, Chief Nursing Director
Down syndrome (all-age)	Sarah Stanley, Chief Nursing Director
Conflict of Interest Guardian	Vineeta Munchanda, Chair of Audit and Risk Assurance Committee
Senior Information Risk Officer	Dean Westcott, Chief Finance Officer
Accountable Emergency Officer	Georgie Brown, Chief of Staff
Wellbeing Guardian	Shirley Pointer, Non-Executive Member
Freedom to Speak Up Guardian	Alison Borrett, Non-Executive Member
Caldicott Guardian	Sarah Whiteman, Chief Medical Director
Infection Prevention and Control	Sarah Stanley, Chief Nursing Director
Accessible Information Standards	Maria Wogan, Chief of System Assurance and Corporate Services
Place Link Director - Bedford Borough	Sarah Stanley, Chief Nursing Officer
Place Link Director - Central Bedfordfordshire	Anne Brierley, Chief Transformation Officer
Place Link Director - Luton	Nicky Poulain, Chief Primary Care Officer
Place Link Director - Milton Keynes	Maria Wogan, Chief of System Assurance and Corporate Services
Data Protection Officer	Roz Samuel, Head of Safe Practice

Appendix C – Committee Chairs Updates

Audit and Risk Assurance Committee Part 1 ICB Business – 14 July 2023
Update to Board on key points
Internal Auditors BDO presented: Internal Audit Progress Report, Primary Care Commissioning Audit Report (outcome was substantial assurance) Data Security & Protection Toolkit (DSPT) Audit Report and Follow up of Recommendations Report. **Counter Fraud** BDO presented: Progress Update Report and Counter Fraud Authority (CFA) Functional Standards 22/23 report confirming that the ICB has been assessed against the CFA Functional Standards and following improvement to policies for which the rating was previously amber, the rating across all standards is now green. **Information Governance (IG)** – The ICB's Data Protection Officer (DPO) confirmed that submission of the Data Security and Protection Toolkit (DSPT) was approved at the 29 June 23 IG meeting and was submitted on 30 June 23. Unfortunately, the ICB was not successful in meeting all of the standards which make up the DSPT. The two standards not met were: - Percentage of staff completing the data security training module on the Electronic Staff Record (ESR) system in the last 12 months – the ICB did not reach the required 95%, it only reached 89% - Number of Board members who have not completed the data security training in the last 12 months - all Board members are required to undertake the training annually. The DPO explained that ICBs are required by 7 August to submit a Section 251 application to the Confidential Advisory Group (CAG) to use data for risk stratification purposes. The impact of not meeting all of the standards of the DSPT may impact the ICB's application and would result in the need to identify an alternative legal bases – using consent would not be possible due to the volume of patients. The Committee discussed the impact of this, and the Chief of System Assurance and Corporate Services took an action to meet with the DPO to agree an action plan to take to the 17 June 23 Executive Team meeting. **Cyber and IT Security –** The Head of Digital presented a report and was able to provide the committee with assurance that what is being done to address cyber security issues is sufficient and timely enough for us to feel that risk is being appropriately managed. **Annual Review of Committees' Effectiveness –** The Chief of System Assurance and Corporate Services provided a report detailing the feedback from each committee as part of their committee effectiveness review. The Committee supported taking a more rigorous approach to the annual review of committee effectiveness using the suggestions discussed.
Decisions for approval by the Board
None

Audit and Risk Assurance Committee Part 2 System Risk – 14 July 2023
Update to Board on key points
The Deputy Head of Organisational Resilience provided the Committee with the following for the committee to **note**: • Progress against the Board Assurance Framework workplan • Feedback from the external auditors • Next steps in the Board Assurance Framework workplan

- Commencing the development work for a risk appetite discussion with the Board in the Autumn

Risk appetite - The Deputy Head of Organisational Resilience delivered a presentation to the committee which was followed by a robust and in-depth discussion.

Next steps:
The output from the meeting is being reviewed. A draft preliminary risk appetite statement will be developed with support from the ICB executive team and shared with the Committee together with a plan for what needs to be accomplished at the risk appetite Board seminar on 20 October.

Decisions for approval by the Board

None

Quality and Performance Committee – 7 July 2023

Update to Board on key points

Key discussion points

- **Section 117 Mental Health Aftercare** - A business case for market shaping and development of a rehabilitation and recovery offer that sits more locally in the BLMK system to be submitted for sign-off later in July. There is a trial in Luton with a new team whose specific remit will be working with providers to enhance the recovery offer across BLMK, the approach includes focus on inequalities, inequities and linking with transforming care .
- **Mental health input for Children & Young People** - areas of concern highlighted regarding waiting lists for children and young people's mental health counselling input, eating disorder services, the visibility of disabled children and waiting lists for people with autism. The committee received assurances that there are ongoing programmes of work being delivered through the Children & Young People (CYP) and Maternity Directorate and the Mental Health Transformation Board that addresses these specific issues.
- **Board Assurance Framework & Quality Risk Register** – proposed management of outstanding risks was outlined; the committee was assured an appropriate strategy and oversight is in place. The Committee also acknowledged more thought will be needed regarding the complexities, potential implications and impact of long covid on the BLMK system. The committee will maintain oversight of quality risks and agreed risk management will be held in relevant directorates or boards within the system with appropriate quality assurances reported back to the committee.
- **System Oversight Framework** – The framework and principles were introduced and an overview given on how the data and metrics will highlight and allow collective oversight of areas for improvement in the BLMK system, manage/influence change and measure the impact of those changes. The data will also feed into nationally reported metrics, providing assurances both locally and nationally. ICBs will be supported by NHSE national teams in understanding and managing data indications.
- **Continuing Healthcare (CHC)** – CHC is a statutory function for all ICBs. Two areas of concern highlighted - recruitment and retention of staff (national problem) which links to capacity to satisfy the statutory responsibility of undertaking mental capacity assessments (MCA) and community Court of Protection Deprivation of Liberty Safeguards applications (CoPDoLS). Currently, one person in the organisation leads on CoPDoLS; legal support is outsourced at a cost to the ICB. There is a substantial backlog in BLMK with potential for risk of fines. A business case was submitted regarding staffing resources and included a request to consider retaining a legal representative who could be utilised across the ICB for similar complex care cases. Support offered from the workforce team; business case to be revisited.
- **Right Care, Right Person** (Police response to MH incidents) – a new model has been designed to ensure the most appropriately skilled professionals attend mental health

interventions. There is ongoing collaboration in the BLMK system to look at transitioning management arrangements and alternative solutions. The Committee noted current developments and will receive regular progress reports.

- **Performance Report –** it was acknowledged links with Children & Young People need to be strengthened. BLMK is in Tier 3[1] of the NHSE Delivery plan for recovering urgent and emergency care (UEC). There are now two monthly UEC assurance meetings to drive and sustain improvements, one with BLMK system partners which feeds into the other, supportive meeting with NHSE regional colleagues.
- **Review of Committee Effectiveness -** Members were asked for feedback and support with ensuring there is a balance and adequate time to consider, discuss and promote system oversight of quality issues across BLMK.

Decisions for approval by the Board

None

Finance and Investment Committee – 1 September 2023

Update to Board on key points

The ICB Finance and Investment Committee met on 1st September. The key agenda items were as follows.

- The Committee received both the ICB and system finance reports for month 4, noting a YTD deficit and the recovery actions planned to bring the position back to plan.
- The Committee received an update on Financial Improvement Group (FIG) which has been established with the purpose of identifying savings to meet the in-year financial targets and developing plans now for 2024/25.
- The Committee received an update on the Medium-Term Financial Plan Refresh, and noting the challenging outlook, agreed that this would be discussed at the September ICB Board meeting.
- The Committee received an update on the current key procurement and contracting issues.
- The Committee received a report on the ICB's Section 75 agreements. The committee recommended approval of 5 S75 agreements.
- The Committee received an update on the system capital position and progress on key projects.
- The Committee held a part 2 session focused on Complex Care Placements – Strategic Transformation

Decisions for approval by the Board

Approval of 5 section 75 agreements were recommended for approval by the Finance and Investment committee.

[1] Tier three: intensive support – for systems off-target on delivery, support including on-the-ground planning, analytical and delivery capacity, "buddying" with leading systems and executive leadership.