



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

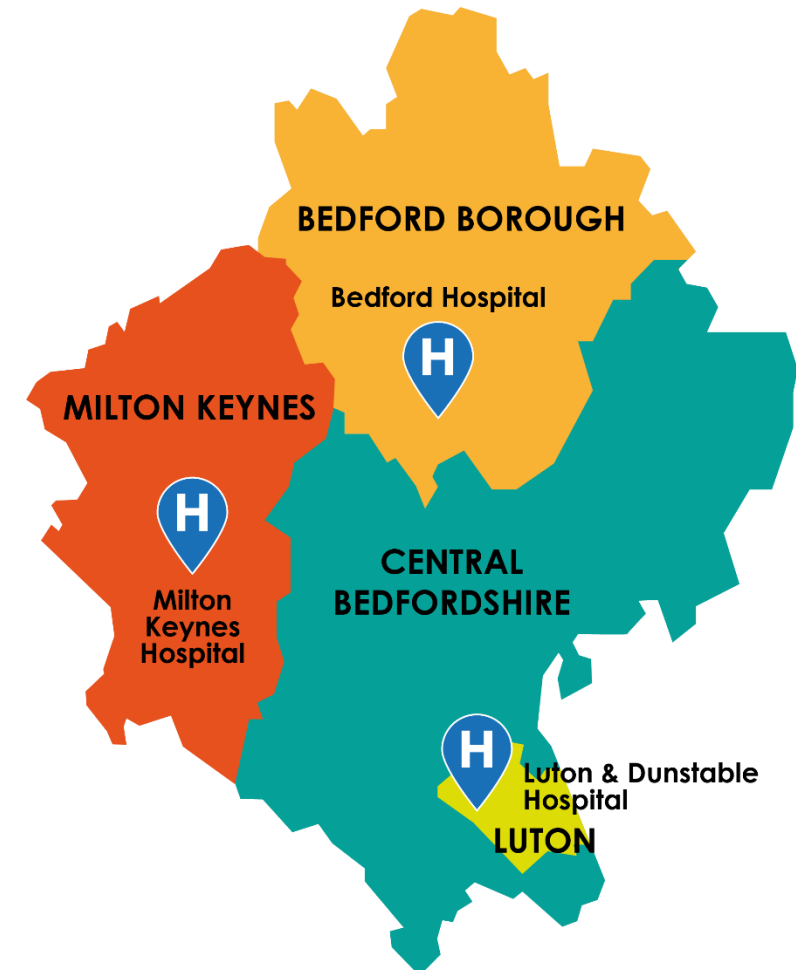


# Bedfordshire, Luton and Milton Keynes Integrated Care Board: Organogram

Overview and organogram (at 31 December 2022)

# What is BLMK ICB?

- Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) is responsible for deciding how the NHS budget for the area – which covers a population of 1 million people – is spent.
- It is responsible for planning how NHS services are delivered in the area in order to:
  - improve the health of the population
  - deliver higher quality care, and
  - achieve better value for money.
- This includes deciding how resources are allocated.



# Main areas of work for the ICB

The ICB is responsible for:

- Developing a plan for the delivery of NHS services
- Allocating resources
- Establishing joint working arrangements
- Establishing system governance
- Arranging health service provision
- Using data and digital to improve services
- Supporting and developing the health and care workforce
- Emergency preparedness, resilience and response
- Delegated functions from NHS England
- Data and digital improvements and innovation
- Achieving social and economic development and sustainability goals
- Maximising value for money



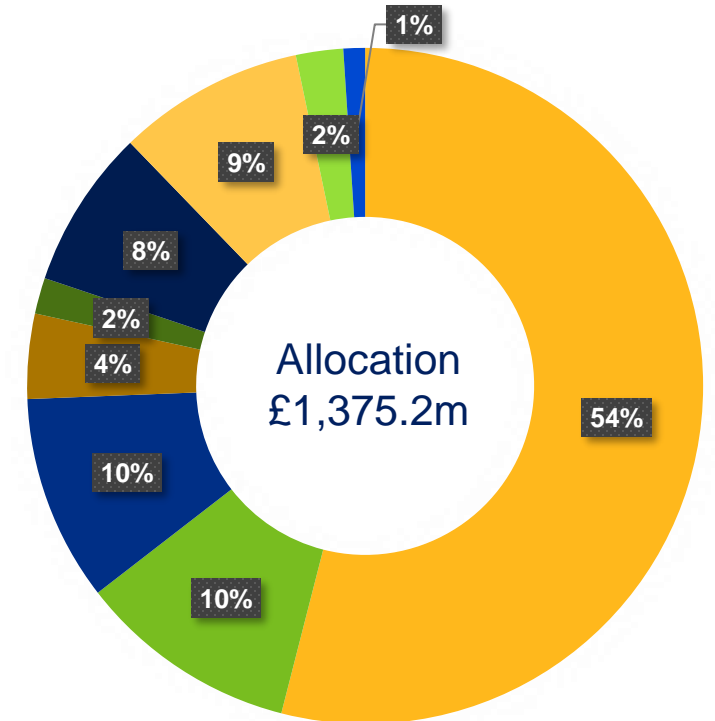
# How the ICB is funded

- The ICB receives funding for commissioning (buying) NHS services from NHS England.
- The funding allocation is based on a formula that supports the aim of improving health outcomes and reducing inequalities.
- The amount of funding allocated takes account of the number of people registered with each GP as well as the size of the local population.



# How the ICB uses the funding

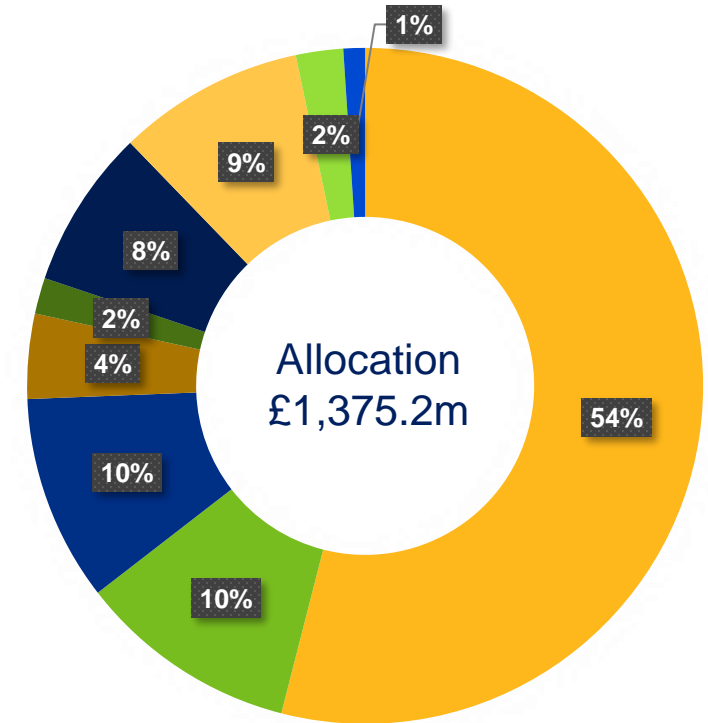
- Part of the ICB’s funding is **pooled with each local authority**. The ICB is required to work collaboratively with local authorities to make the most efficient and effective use of health and social care funding.
- A set amount for **primary medical care** is also within the funding allocation. The ICB is required to support primary care networks with this allocation.
- The ICB also receives a separate allowance for its **day-to-day management and administration costs**, known as the running cost allowance, which is based on the local population. This allowance must cover all ICB management costs, including those directly associated with commissioning as well as the costs of the chief executive and other board members.
- Running costs currently make up just 1% of our overall allocation.



- Acute
- Community Health
- Primary Care
- Primary Care Delegated
- Running Costs
- Mental Health
- Continuing Healthcare
- Prescribing
- Other Services

# Our running cost allocation

- At 31 December 2022, a total of **203.4 whole time equivalent (WTE) people** were substantively employed and funded from our running cost allocation. The total spent on pay of the running cost allocation was £14,598,149. **We have not exceeded our allocation.**
- No executive pay sits outside of the nationally approved pay ranges.
- Figures are inclusive of on-costs and do not include vacant posts.

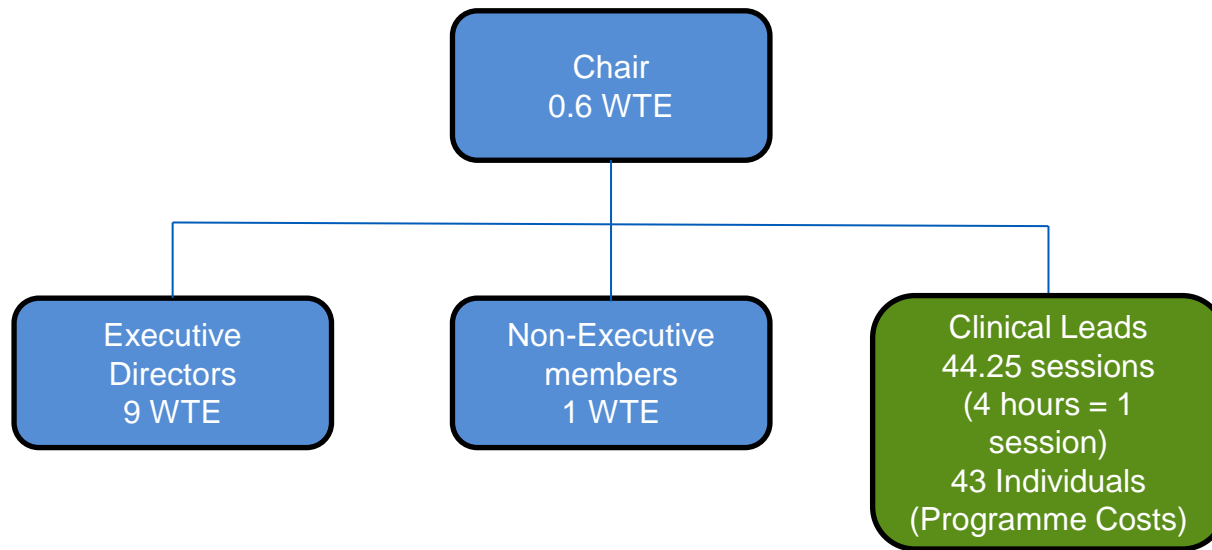


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# Making a difference locally

- Our aim is simple. We want to help people who live in Bedfordshire, Luton and Milton Keynes to live longer lives in good health. Since the organisation was established in July 2022, we have started to align and reshape our organisational structure to make sure we're focused on supporting residents to improve their health.
- We are:
  - Delivering a social prescribing programme to help people live fuller, healthier lives.
  - Working with partners to improve the local environment, promote good health and achieve the ambition to have a net zero NHS Carbon Footprint by 2035.
  - Partnering with the voluntary, community and social enterprise sector to get closer to communities and deliver health and care services locally.
  - Using connections with local people to reach vulnerable people who don't engage with health services, so that we can prevent poor health in the future.
  - Adopting innovations in digital technology including WHZAN monitoring, yellow bracelets and raiser chairs to help vulnerable people be cared for at home and to support their ongoing independence.
  - Working with local authorities to create aspiration in our communities and partner with anchor institutions to grow our local economy, tackle social issues and help people create good health.

# Board and Clinical Leads



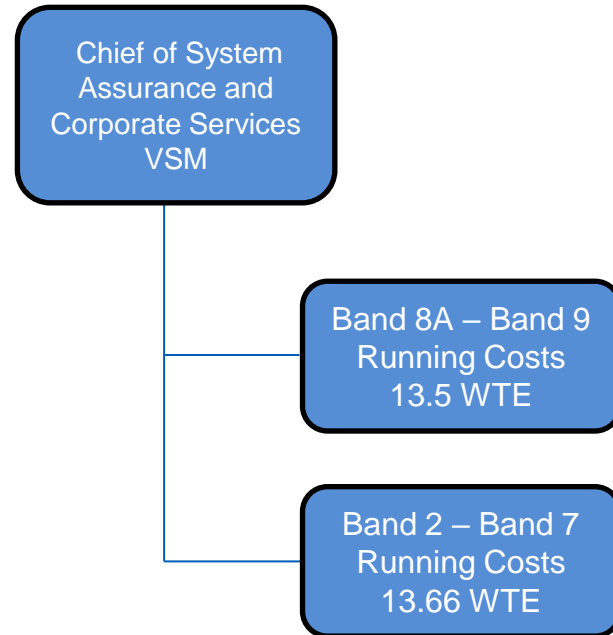
*Clinical oversight is provided by Clinical Leads, who are remunerated through contracts held with the ICB.*

The Board of the ICB includes a chair, the chief executive and other executive directors, and partner members from NHS providers, primary medical services and local authorities. NHS and Local Authority Partner Members are employed by other organisations and are not remunerated for their role on the Board of the ICB. This chart displays only those whom we employ and remunerate. [Our full Board membership is available on our website.](#)

NHS England is responsible for holding all ICBs to account for delivery.

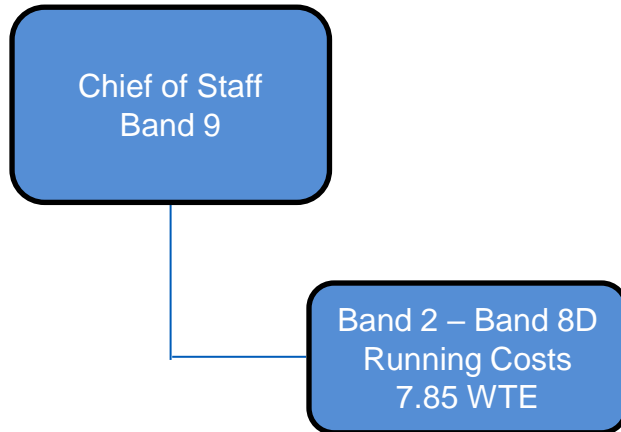


# System Assurance and Corporate Services Directorate



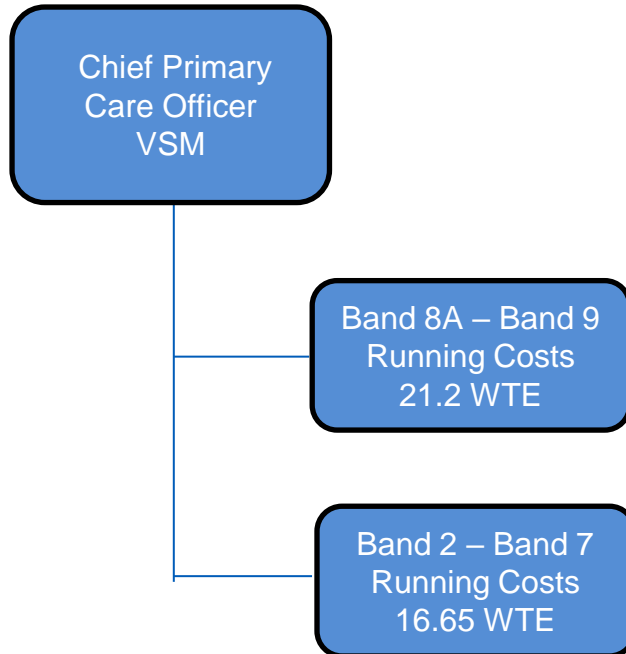
The System Assurance and Corporate Services Directorate delivers several statutory responsibilities, from performance to consultation and corporate governance. The team supports the ICB and the wider integrated care system to deliver and develop greener and more sustainable health and care services for local people. It works in partnership with the Voluntary, Community and Social Enterprise sector to support people in their local communities by understanding needs and developing improved services in conjunction with local people.

# Corporate Office Directorate



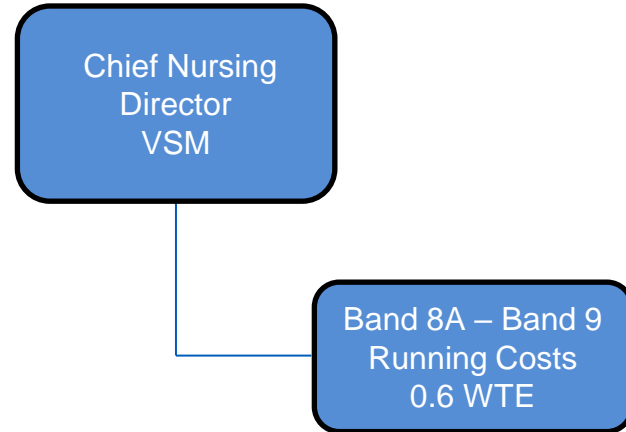
The Corporate Office Directorate provides high-level support to the Chair and Chief Executive in delivering the vision of the ICS, including interpretation and localisation of national policy and priorities alongside the management of corporate offices. The team also provides emergency planning, resilience and response services, to meet the ICB's statutory responsibility to plan, prepare for and respond to emergencies and major incidents.

# Primary Care Directorate



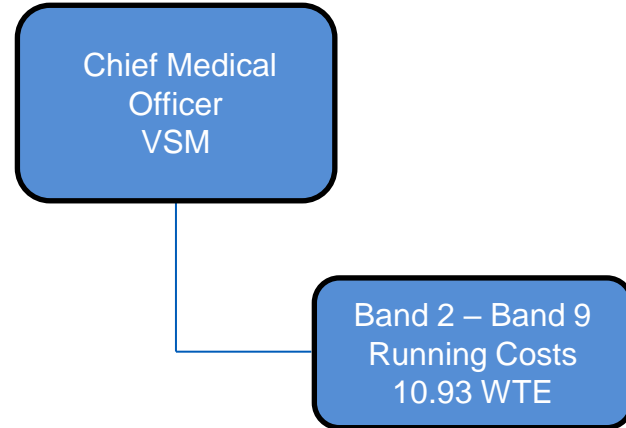
The Primary Care Directorate commissions high-quality primary care services including 24/7 urgent care services and medicines management for registered and unregistered populations. It facilitates the development and expansion of primary care access and local resilience of services. Currently the team is accountable for all primary medical contracts and, from April, will also include community pharmacy, dental and ophthalmology services. The team also has responsibility for the ICS COVID and flu vaccination programmes.

# Quality, Safeguarding and Vulnerabilities Directorate



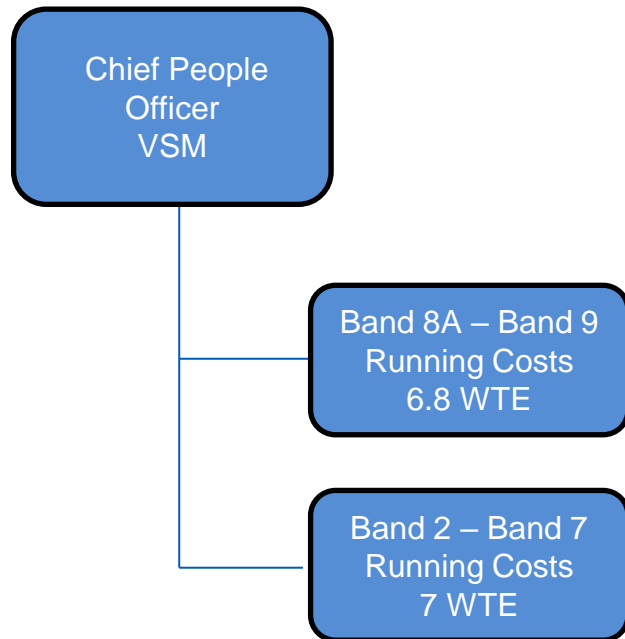
The Quality, Safeguarding and Vulnerabilities Directorate leads the quality assurance, quality improvement and inequalities lenses across the ICB. We are moving our focus to place-based, resident-led programmes to enable improvements in population health and to reduce inequalities.

# Medical Directorate



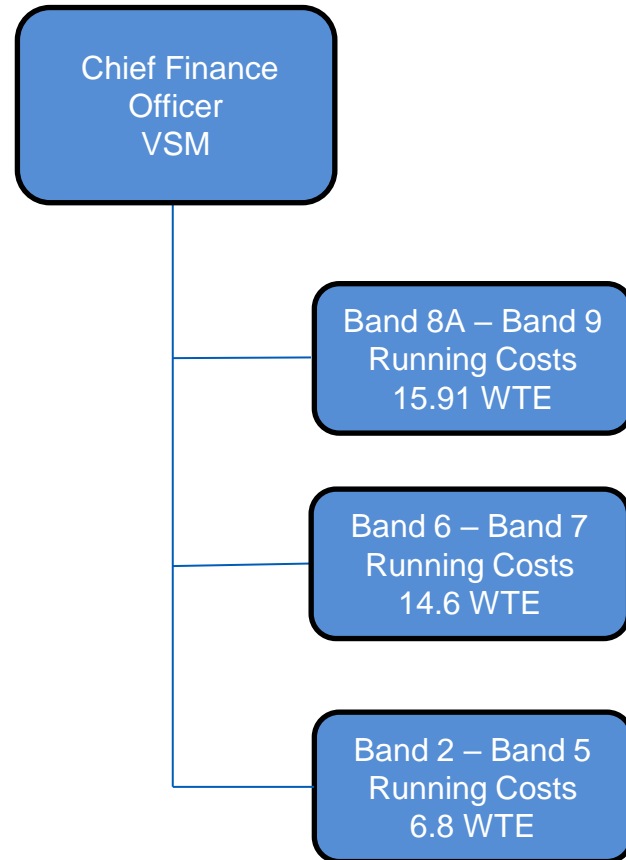
The Medical Directorate is all about improving care for patients through professional leadership development (including pharmacists, Allied Health Professionals and others), enabling the use of digital technology across health and care, as well as facilitating changes to patient pathways that lead to better outcomes.

# People Directorate



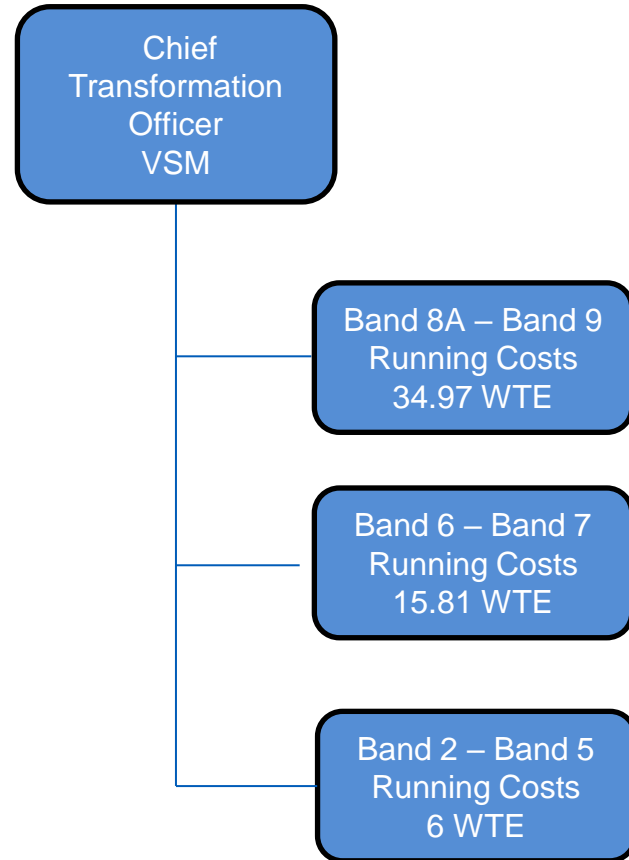
The People Directorate runs the internal people and development service for the Integrated Care Board and runs the system people team, working externally with all our health, care and voluntary sector colleagues to recruit and retain, support and develop our workforce.

# Finance Directorate



The Finance Directorate provides both statutory accounting and advisory finance functions across the ICB. This ensures the necessary governance and oversight of value for money in respect of taxpayer funding. The team works increasingly across the whole health and care system, with partners including social care, to ensure that funding is targeted to improve the overall health of our population and reduce health inequalities.

# Transformation Directorate



The Transformation Directorate holds contracts with hospitals, community services, mental health and voluntary sector providers such as hospices, ensuring that services meet local need, provide value for taxpayers' money and deliver evidence-based care. It also provides assessments and reviews for children and adults requiring complex mental health, learning disabilities and autism care.

The directorate delivers more integrated care and improved performance and productivity, through joint working between health and care providers.



# Summary of staff in post

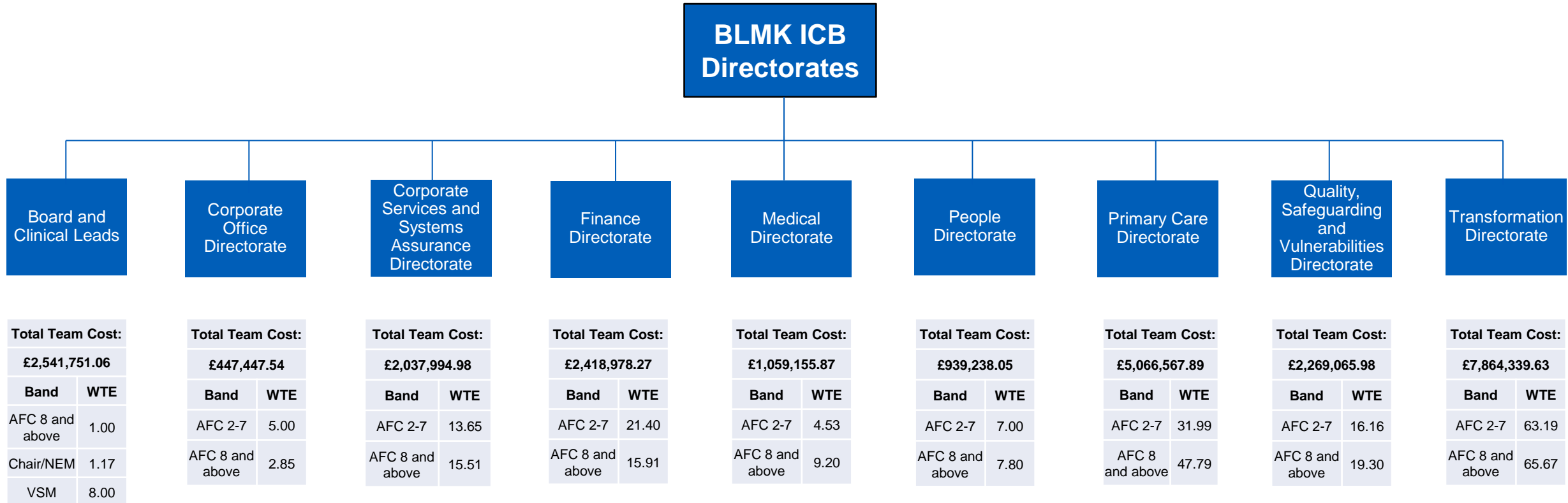
VSM/Consultant Pay Scale	Position Title	WTE
VSM	Chief Executive Officer	1.00
VSM	Chief Finance Officer	1.00
VSM	Chief Transformation Officer	1.00
VSM	Chief Medical Officer	1.00
VSM	Chief Nursing Director	1.00
VSM	Chief of System Assurance & Corporate Services	1.00
VSM	Chief Primary Care Officer	1.00
VSM	Chief People Officer	1.00
Review Body Band 9	Chief of Staff	1.00
<b>Total</b>		<b>9.00</b>

# Summary of staff in post

Agenda for Change Banding	Running Costs	
	WTE	Total Cost, including on-costs £
Review Body Bands 2 & 3	6.0	159,878
Review Body Band 4	5.9	184,240
Review Body Band 5	14.8	540,098
Review Body Band 6	27.3	1,274,478
Review Body Band 7	36.1	1,984,191
Review Body Band 8 - Range A	32.7	2,063,860
Review Body Band 8 - Range B	27.1	2,057,331
Review Body Band 8 - Range C	24.1	2,192,000
Review Body Band 8 - Range D	9.8	1,125,264
Review Body Band 9	7.0	911,401
VSM/Local WQ	11.6	1,966,470
NEM/Chair	1.2	138,939
<b>Grand Total</b>	<b>203.4</b>	<b>14,598,149</b>

# Summary of staff in post

including programme and running costs



VSM = Very Senior Manager  
NEM = Non Executive Member