

Minutes of the BSW Integrated Care Board - Board Meeting in Public

Tuesday 1 November 2022, 10:00hrs

Sir Daniel Gooch Theatre, STEAM – Museum of the Great Western Railway, Swindon

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Local Authority Partner Member – Wiltshire (Deputy), Kate Blackburn (KB)
Community Provider Partner Member, Douglas Blair (DB)
Primary Care Partner Member, Dr Francis Campbell (FC)
Local Authority Partner Member – Swindon (Deputy), Claire Deards (CD)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Finance, Paul Miller (PM)
Non-Executive Director for Quality, Professor Rory Shaw (RS)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:

ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Director of Planning and Performance, Rachael Backler (RB)
ICB Chief of Staff, Richard Collinge (RC)
ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)
ICB Director of Place – Swindon, Gordon Muvuti (GM)
ICB Director of Strategy and Transformation, Richard Smale (RSm)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Board Secretary
ICB Communications and Engagement Specialist – Media Relations

Invited Attendees:

Director of Public Health, Swindon Borough Council
Director for Urgent Care and Flow – *for item 13*
Observer – Good Governance Institute Consultant

Apologies:

Local Authority Partner Member – BaNES, Will Godfrey (WG)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
Local Authority Partner Member – Swindon, Susie Kemp (SK)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)

1. Welcome and Apologies

- 1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public. The Chair extended the welcome to the Good Governance Institute, who were observing the Board meeting to aid the Board Development Programme.
- 1.2 The above apologies were noted.
- 1.3 The meeting was declared quorate.

2. Declarations of Interest

- 2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.
- 2.2 The Chair reminded Board members to ensure their declarations of interest remained accurate and up to date upon the ICB's register, the register would be regularly published upon the ICB's website.

3. Minutes from the ICB Board Meeting held in Public on 30 August 2022

- 3.1 The VCSE Partner Member queried the BSW Green Plan minute from the August meeting, and asked for clarification on the approval of the Green Plan. The Chair advised that the Board approved the Green Plan for the ICB to now own and drive forward, the approval of the Plan was not committing each individual organisation to the actions identified. It was hoped that system partners would work together to support the principles of the plan.
- 3.2 The minutes of the meeting held on 30 August 2022 were **approved** as an accurate record of the meeting.

4. Action Tracker and Matters Arising

- 4.1 The one action noted upon the tracker was marked as CLOSED. An update regarding the Delegation of Accountability for Commissioning of all Primary Care Services would be brought to the January Board meeting.

5. Questions from the Public

- 5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the

Board, questions need to be sent in seven business days in advance of the meeting.

5.2 No questions were received in advance of this meeting.

6. Community Story from the Swindon Locality

6.1 The VCSE Partner Member of the Board presented the community story, focussing on the Community Mental Health Framework (a key Integrated Care System (ICS) programme), and the role of the VCSE in the 'Access' model and delivery, with a particular focus on the Swindon locality.

6.2 In opening up the Board discussion following the presentation, it was noted:

- There was a need to improve the mutual understanding amongst partners of the VCSE capability – the VCSE sector had the appetite to work together with system partners and to share the risk and challenges.
- A mechanism to measure the outcomes and value brought in by the involvement of the VCSE sector was essential, considering the cost benefit analysis and the money being saved.
- The implementation of the Community Mental Health Framework was being driven by the BSW Thrive Board.
- The presentation referred to *'1.2 people in a secure mental health bed for a year would pay for MIND's entire Sect 75 contract'*. Through the left shift of care already being supported, the VCSE could enable more effective use of funds and reduction of people in longer term bed care. Prevention and early intervention work could help reduce the escalation of crisis cases, further reducing the pressures on the acutes. However, the system and local authority deficits were acknowledged.
- Some measuring of activity and outcomes impact on hospital admissions was undertaken by VCSE partners, there were capacity constraints to undertake a full evaluation. The system needed to improve upon its measuring of decision impact and outcomes to demonstrate the value and support future decisions. A key priority for the ICB and ICS was to manage the information and insight, to enable more informed decision making.

7. The Impact of the Cost of Living Crisis on Our Workforce

7.1 The Chief People Officer reflected upon the impact of the cost of living crisis on the BSW workforce, and talked through the support and action underway through the NHS provider trusts locally, regionally and nationally, and as the BSW ICB.

7.2 The ICB had conducted a cost of living survey amongst its staff to establish what support would be beneficial. Actions and financial implications were now being considered by the ICB Executive Team and the recently established BSW ICB Cost of Living Focus Group. Action and support needed to remain equitable for the whole system.

7.3 The Director of Public Health for Swindon Borough Council talked through the cost of living statistics gathered by the Swindon Citizens Advice Bureau from Swindon

residents. Swindon Borough Council wished to be proactive in its health and wellbeing support to its residents and employees, with public campaigns and support underway, a multi-agency Cost of Living Partnership established, and accessing financial incentives and support workshops and information in place for employees. The Council had a good working relationship with its local VCSE organisations, who helped to drive the support messages to the hard to reach and at risk groups. There was a need to make every contact count, maximising opportunities of support to families.

- 7.4 A request would be issued to system partners to establish local patterns of overtime available across organisations to assist those clinical staff looking for additional income sources, and to aid organisations wishing to fill vacancies.
ACTION: A further update to the Board on the cost of living impact to be scheduled in for May 2023.

8. BSW ICB Chair's Report

- 8.1 The Chair provided a verbal report to the Board on recent engagements:
- Joined the launch of the Swindon Integrated Care Alliance and visited the GWH Care Co-ordination Hub on 12 October 2022
 - Attended the first meeting of the Integrated Care Partnership on 25 October 2022, which brings together NHS and local government partners to develop the Integrated Care Strategy. A first draft of the Strategy was to be developed by Christmas, with the final version to be available by the end of March 2023.
 - Attended the Manchester Health Service Journal Integrated Care Summit on 20 and 21 October 2022, at which details of BSW's current work was shared as best practice.

9. BSW ICB Chief Executive's Report

- 9.1 The Board **received and noted** the Chief Executive's report as included in the meeting pack. The Chief Executive highlighted the following to members:
- Extreme operational challenges were being seen across the NHS and all services across the BSW system due to the increase in demand in a post pandemic environment, whilst tackling the back log. This would be further impacted by winter. The priority for the system was to maintain safe services during this unprecedented time.
 - Although the system has introduced significant capacity as part of the Winter Plan, challenges remained to manage the increasing demand. Work was underway with system partners to minimise harm and work collectively to share and own risk.
 - Formal notice of balloting for industrial action has been received from the Royal College of Nursing and Unison. BSW system partners were now undertaking contingency planning to prepare for potential strikes, which was anticipated after Christmas.
 - The cost of living crisis, COVID, an increase in demand, funding allocations and required savings presented a significant challenge financially for BSW into 2023-24, collectively as a system and as individual organisations. A long term financial sustainability plan was being developed.

- The ICB was currently concluding its work surrounding the development of the Target Operating Model – reflecting on its statutory duties, whilst ensuring an agile and effective system.
- Learning from the recent national ‘Reading Signals’ report into the safety of maternity services was being reviewed by the BSW Local Maternity and Neonatal System. The ICB Board would need to reflect on the report and seek assurance through its commissioned services of improved outcomes and effective line of sight and team working in a challenging environment. A report would come to the ICB Board in January to consider the detail and learning from the national report, and the implications for BSW.
- The Board was to be assured that immediate action had been taken in response to the recent Learning Disability and Autism Services panorama programme. A review of the care and services in place for BSW service users had been undertaken to ensure users were receiving the care they deserved.
- Transformation of services remained a high priority, despite the challenging context and the winter pressures. The Joint Five Year Plan was in development, considering how BSW provides and commissions services and the move to left shift of care. The plan was to be bold and an aspirational vision to give that longer term direction of the radical transformation needed with the collective working of NHS and local government organisations. The detail of the execution of the transformation would sit behind the plan. The Plan would seek to enable real change and to evidence the consequences of the lift shift in care on both care and effective funding allocation.
- The System Quality Group was in place to enable system partners to come together with Healthwatch, CQC and Health Education England partners to share the intelligence and learning, recognising the higher profile of risk and impact across the system. The Group held discussions on live issues, bringing collective assurance.

10. Swindon Locality Update

- 10.1 The Chair advised members that for each Board meeting in public, the agenda would include a report from the locality in which the meeting was being held, to be led by the ICB Directors of Place.
- 10.2 The Director of Place for Swindon, together with the deputy Local Authority Partner Member Swindon and the Director for Public Health in Swindon, provided an update for the Swindon Locality, looking at locality priorities and challenges, and where integration was making change happen for patients and residents. The following points were noted from the presentation:
- Swindon had recently shared the results from its Joint Strategic Needs Assessment (JSNA), looking at the demographics of the area and the impact expected on health and care services. There are significant areas of deprivation across Swindon, with local partners considering a fresh approach to support these.
 - An evaluation of the Swindon Health and Wellbeing Strategy 2017-22 had been undertaken, identifying the vision, recommendations and five key priority areas. The Swindon Integrated Care Alliance (ICA) would take forward these opportunities, bringing partners together to share goals, accountability and

information to improve services for residents. This would build upon the left shift of care agenda, bringing care and services to where people live, improving outcomes and reducing duplication.

- Programmes of work were being established to ensure the vision and ambitions were realised. The ICA would need to monitor the impact of these programmes to measure their success or consider the need for further adjustment.
- The Swindon ICA Care Co-ordination Centre was seen as a key component of the winter resilience plan. This model was to be rolled out across BSW, bringing key partners together to make care more joined up for our communities.
- Key risks and strategic challenges had been identified, but also the transformation opportunities.

11 BSW Performance, Workforce and Quality Report

11.1 The Board **received and noted** the BSW Performance, Quality and Workforce Reports as included in the meeting pack. The Executive Director for Planning and Performance shared several slides containing updated key metrics as of 31 October 2022.

11.2 The Board discussion noted:

- Urgent care performance remained a challenge as winter approached, with significant ambulance handover delays and high numbers of no criteria to reside patients in hospital.
- Areas of challenge for elective care continue, particularly around the 78 week waiters list. Providers would be asked to reforecast their trajectories.
- Substantial follow up out patient procedures were being recorded, there was a need to look at how patients could be cared for through alternative ways.
- The 62 day cancer list was under significant pressure, specifically the plastic service at GWH.
- Industrial action by nurses was anticipated from November into the new year, creating additional workforce difficulties alongside the cost of living, winter and staff absence (due to flu and COVID) pressures already been seen. The JSNA data indicates that the working age population will shrink, developing the workforce for the future was a key priority. A workforce summit for the system was proposed to aid that creative thinking to attract, recruit and retain the workforce for BSW.
- Acknowledging that the report metrics were in development, it was suggested that it would be beneficial to consider a deprivation and ethnicity breakdown to enable that in depth view of impact to aid a collective response. The ICB Board was to better use the metrics through the lens of inequalities, a request also from NHS England. It was anticipated that the January report would include a cut of the waiting lists by inequalities.
- Although the ICB did not yet have its Board Assurance Framework and Corporate Risk Register fully in place, this was in development, with the ICB Executive Team involved in the risk assessment and prioritisation. Risk was due to be discussed by the Board in December.

12 NHS BSW Integrated Care System Finance Report – Month 5

- 12.1 The ICB Chief Finance Officer talked through the high-level overview of the NHS ICS 2022-23 financial position for month 5. The following was brought to the attention of the Board:
- Financial reporting continued to evolve to ensure all partners of the ICS were able to feed into the position.
 - The report recorded that the ICS was £4m behind the planned deficit at month 5, this had increased to £4.5m for month 6. Key drivers of this included the no criteria to reside cases driving the cost base, high acuity levels, workforce pressures and the use of agency staff, inflationary pressures and high costs associated with mental health and continuing healthcare placements.
 - Significant financial challenges were anticipated over winter. Month 6 figures indicated risks of £17m across the ICS that had not yet been fully mitigated.
 - A reforecast across the ICS had been undertaken for month 6, the system would hold its position, although with a material amount of risk. Collectively the system was to mitigate and manage risks together.
 - The ICS would take a substantial underlying deficit into 2023-24. The system was currently reliant on non-recurrent monies that would not be available next year. There was a need to demonstrate a level of grip and control on efficiencies, with financial rigor to be embedded into transformation schemes. The financial benefits of schemes such as the care co-ordination hubs and virtual wards needed realisation to drive into 2023-24.
 - It was acknowledged that local authorities were under significant financial pressures also. Working as a system was fundamental to allocate resources accordingly and to work to address the deficit.
 - Neighbouring ICB's were in a similar position whilst dealing with these significant pressures. Details of the funding allocations should be known within the next couple of weeks. None of the ICBs had yet moved their position, it was hoped BSW could maintain its position.

12.2 The Board **noted** the report and the financial position of the BSW NHS ICS.

13 BSW ICS Urgent and Emergency Care Winter Plan

13.1 The ICB Chief Nurse and ICB Director of Urgent Care and Flow updated the Board on the whole system approach to urgent and emergency care (UEC) winter planning for 2022-23, to understand the demands on the system and highlight the challenges and associated risks. NHS England would monitor the delivery of the winter resilience plan via the UEC Board Assurance Framework.

13.2 The Board discussion noted:

- The gaps to mitigate were recognised, with close oversight of the additional financial support received to provide additional capacity.
- Assurance was given to the Board that plans were being implemented to ensure the BSW public was kept safe. The Board would be sighted on any areas of concern that required a different level of intervention.
- A number of the winter schemes and initiatives were already underway, bringing improvements to system flow. The establishment of the system wide Operations Hub in line with national guidance would ensure oversight of system pressures with effect from the 1 November 2022.

- The public expectations of health services had notably changed since the pandemic. The different health care services available and patient choice were being shared more widely to enable that improved access.
- System escalation and emergency preparedness, resilience and response (EPRR) remained a focus whilst demands and pressures continued.
- A gap of 100 beds remained in the system. The implementation of the admission and discharge framework and action cards was having a positive impact, ensuring discharge to assess was happening quicker. Bringing virtual wards into fuller operation would further support this. The Care Co-ordination Hub would further help divert hospital admissions.
- It was expected that next year the system would move away from a bedded response model, with people to remain at home at their choice where possible, with that wrap around support and care.
- Plans and discussions were underway to gauge the potential impact of the emerging industrial action.
- Those eligible frontline staff (including voluntary sector partners who supported health and care) were encouraged to get their flu and COVID vaccinations.

13.3 The Board **noted** the contents of the plan and the work that had been undertaken to date, along with the planned actions to be completed by the system. The BSW Urgent Care and Flow Board would report to the ICB Quality and Outcomes Committee on progress against delivery of the Winter Plan and performance against the NHS England winter metrics.

14 Meeting the needs of our Population – Children and Young People

14.1 The ICB Chief Nurse talked through a presentation regarding BSW's safeguarding and children looked after services, the ICB's role in safeguarding children and adults, and the investment into these services.

14.2 The vision was to keep more children safe at home with their families, bringing a whole family approach to support parents. The Director of Children's Services from each local authority were working together to share variation, learn and ensure the voices of the children were heard. There was also the need for professionals to be more curious to make that contact, and check and follow up.

14.3 Access to dentists was highlighted through both the Safeguarding and Children Looked After Annual Reports. Dental services would be further reviewed as part of the delegation of functions from NHS England to ICB's work underway in readiness for the ICB to take on pharmaceutical, ophthalmic and dental services.

14.4 The BSW Children and Young People's Programme had now commenced with the introduction of BSW Children and Young People Programme Board, building a strong integrated partnership to deliver against the five co-created priorities focused on improving support and services for children, young people and their families.

14a Safeguarding Annual Report 2021-22

14.5 The Safeguarding Annual Report was to provide assurance to Board members that the ICB was meeting its statutory responsibilities regarding its safeguarding duties and responsibilities for children and adults with care and support needs. The annual report had been received and discussed by the ICB Quality Assurance Committee at its meeting on 18 October 2022.

14.6 The Board **noted** the report and the progress made to date on implementing the latest guidance.

14b Children Looked After and Care Experienced Young People Annual Report 2021- 2022

14.7 The Children Looked After and Care Experienced Young People Annual Report gave assurance to the Board that the Children Looked After Designated Professionals across BSW ICB had a high level of oversight across the BSW health economy, working in collaboration with multi-agency and local authority partners. The annual report had been received and discussed by the ICB Quality Assurance Committee at its meeting on 18 October 2022.

14.8 The Board **noted** the report and the progress made to date on implementing the latest guidance.

15 2021-22 Annual Equality and Inclusion Assurance Summary Report

15.1 The Non-Executive Director for Quality and Chair of the ICB Quality Assurance Committee assured the Board that a good, engaged and focussed team were in place, ensuring the CCG (and now ICB) remained compliant with the Public Sector Equality Duty general procedural duties and specific duties. The 2021-22 Annual Equality and Inclusion Assurance Summary Report had been received and discussed by the Committee at its meeting on 18 October 2022.

15.2 The Board **approved** the report for publication upon the ICB website.

16 NHS England Operating Framework and 2022-23 Memorandum of Understanding

16.1 The Executive Director for Planning and Performance briefed the Board on the recently published NHS England Operating Framework, which clarified the roles of NHS England, the ICB and its providers. The finalised Memorandum of Understanding (MOU) between NHS England South West Region and BSW ICB had also been included in the meeting pack for reference, as signed by the ICB Chief Executive and NHS England Regional Director. Next year the timetable would ensure time to socialise the MOU with partners to gather any feedback, building in a phase of endorsement and collective sign off.

[ACTION: 2022-23 Memorandum of Understanding to be shared with all system partners to raise awareness.](#)

17 Review of ICB Governance and Recommendations

- 17.1 The Executive Director for Planning and Performance spoke of the recent findings of a governance desktop diagnostic carried out by the Good Governance Institute of the structures put into place in readiness for 1 July 2022, and in response to the new ICB responsibilities. The findings of the diagnostic had been reviewed and were ready to action, the report set out the recommended changes to the Board committee structure, bringing clarity on executive and assurance functions, and the performance monitoring and decision-making routes. The proposed changes would see the disbandment of the Commissioning Assurance Committee and the Primary Care Commissioning Committee.
- 17.2 The expectation from NHS England remained that all ICBs would conduct a formal review of their governance arrangements in Quarter 1/Quarter 2 of 2023-24.
- 17.3 In addition, to aid ICB efficient decision-making, the legacy delegated financial limits (DFLs) had been reviewed and updated to reflect the new ICB structure. These had been considered by the Audit and Finance Committees, and came recommended for Board approval.
- 17.4 The Board discussion noted:
- The duties of committees should be further tightened in each terms of reference to give clarity on the ICB responsibilities and its oversight of the system. This would not impact on the proposed structure or committee remit to deviate away from approval by the Board at this meeting.
 - The membership of the Board committees had been revised to include additional Board members and wider system partners.
 - A full mapping of the programme boards and groups across BSW was underway to inform the Executive Group establishment.
 - These proposed changes would commence immediately following Board approval, with the caveat that there was an onus on Board members to attend those already scheduled meetings for the remainder of 2022-23 where possible.
 - The DFL's were there to support decision-making with some flexibility, and not be a barrier, especially when an urgent response is required. The route to follow would depend on the service required, with decision-making clearly documented. The NHS Providers Selection Regime was expected to be released next year to bring that added guidance.
 - The DFLs were a common concept adopted by ICBs, although each set their own delegated limits. BSW had been conservative, with limits to be reviewed as the system evolved and matured. Place level delegations were still to be considered to ensure they fit in with the direction of travel for the ICB.
- 17.5 The Chair advised that the governance structure and delegated financial limits were for the ICB body corporate, and were not for implementation by the wider system or individual organisations.
- 17.6 The Board **approved** the changes to the BSW ICB Board committee structure and meeting frequency in line with the findings of the governance diagnostic, **approved** the revised terms of reference, and **approved** the delegated financial limits.

18 Summary Reports from ICB Board Committees

18.1 The Committee reports as prepared by each Committee Chair provided an update of those Board Committee meetings held since the last meeting of the ICB Board.

18.2 The Board **noted** the reports as made available in the meeting pack.

19 Any other business and closing comments

19.1 There being no other business, the Chair closed the meeting at 12:48hrs

Next ICB Board meeting in public: Thursday 12 January 2023