

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

Thursday 13 July 2023, 10:00hrs

Banqueting Room, Bath Guildhall, High Street, Bath BA1 5AW

---

## Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)  
ICB Chief Executive, Sue Harriman (SH)  
Primary Care Partner Member, Dr Francis Campbell (FC)  
Local Authority Partner Member – BaNES, Will Godfrey (WG)  
ICB Chief Finance Officer, Gary Heneage (GH)  
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 Public & Community Engagement, Julian Kirby (JK)  
ICB Chief Nurse, Gill May (GM)  
Non-Executive Director for Quality, Professor Rory Shaw (RS)  
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member – mental health sector – Alison Smith  
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)  
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)  
ICB Chief of Staff, Richard Collinge (RCo)  
ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)  
ICB Director of Place – Swindon, Gordon Muvuti (GM)  
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)  
ICB Chief People Officer, Jasvinder Sohal (JS)  
Deputy Director of Corporate Affairs (minutes)

## Invited Attendees:

ICB Interim Deputy Director – Planning & Programmes, for item 8

## Apologies:

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)  
Non-Executive Director for Finance, Paul Miller (PM)  
Non-Executive Director for Remuneration and People, Suzannah Power (SP)  
ICB Chief Medical Officer, Dr Amanda Webb (AW)  
ICB Director of Strategy and Transformation, Richard Smale (RSm)

## **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.
- 1.2 The above apologies were noted. 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.

## **3. Minutes from the ICB Board Meeting held in Public on 18 May 2023**

- 3.1 The minutes of the meeting held on 18 May 2023 were **approved** as an accurate record of the meeting.

## **4. Action Tracker and Matters Arising**

- 4.1 The Board noted the action tracker.

## **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 A question had been submitted regarding the BSW ICS's plans for the provision of community health and care services in Bath and NE Somerset for the period following 31 March 2024, when HCRG Care Group's contract ends; and whether there would be any public consultation on the options being considered for service provision. The Chair responded by explaining that the BSW ICB had established the Integrated Community Based Care Programme (ICBC) to lead the process of securing specific community services from 2025 onwards, working on behalf of the Councils and BSW ICB. Plans for engaging with the public on this subject are in development. Updates on the ICBC will be given.
- 5.3 The full question and response will be published on the BSW ICB website.

## **6. BSW ICB Chair's Report**

- 6.1 The Chair's verbal update report highlighted that this was the last BSW ICB Board meeting for Susie Kemp, Swindon Borough Council CEO and the Board's Local Authority Partner Member (Swindon). The Chair thanked Susie Kemp for her contributions to, and her work with, the BSW ICB and its predecessor CCG, and wished her well for the future.

## 7. BSW ICB Chief Executive's Report

- 7.1 The Board received and noted the Chief Executive's report as included in the meeting pack. While taking the report as read, the Chief Executive highlighted the following to members:
- i. It was the NHS' 75 anniversary. The CEO reflected that the anniversary was an opportunity to celebrate, to thank partners for their work, and to look to the future. For a considerable period now, the NHS had been operating in an extremely challenging context which included industrial action by junior doctors (likely to be followed by industrial action of consultants). System working with partners meant that the NHS and its partners were preparing well for such periods of industrial action to ensure services remained available to the population. At the same time, the impact of industrial action on staff morale was significant and must not be underestimated. When considering NHS performance, the impact of industrial action on NHS services and finance must be borne in mind.
  - ii. The NHS Longterm Workforce Plan was nationally released on 30 June 2023. So far, there had been early information re the plan's intent / ambition, and broad indications of funding envelopes, however there was as yet no detail regarding ICBs' role in delivering the plan.
  - iii. The Population Health Board signed off the revised BSW Health Inequalities Strategy in June. The strategy had been presented to the Board at a previous meeting, and had been updated in light of the Board's observations, incl. consideration of the Core20PLUS5.
  - iv. In the context of the pay offer to NHS staff, guidance published by the Department of Health and Social Care confirmed that the non-consolidated payments would only apply to staff directly employed by NHS employers on 31 March 2023. The impact of this decision on the workforce e.g. bank staff and health and care workers outside the NHS was recognised as significant, and BSW was lobbying for national support to amend this decision.
  - v. At the time of writing the CEO report, BSW was relaunching established community engagement groups with the ambition to ensure that community engagement was inclusive
- 7.2 The CEO concluded by thanking Susie Kemp for her support to the BSW ICB Board, and to her as CEO when she joined the BSW system. The CEO informed the Board that Kevin McNamara, CEO of the Great Western Hospital (GWH), would be leaving GWH to join Gloucestershire Hospitals NHS Foundation Trust as Chief Executive. The CEO congratulated Mr McNamara on his achievements at GWH and in the BSW system and wished him well in his new position.
- 7.3 Board members offered reflections on the CEO's report.
- i. The Partner Member (acutes) wished to bring alive to the attending members of the public and to non-NHS members of the Board the impact of the expected industrial action of junior doctors and consultants. There would be significant impact on planned elective care, and appointments across the three BSW acute trusts. After eight months of industrial action, the impact on staff, patients, services, NHS finances, and providers' revenue and capability to achieve targets must not be underestimated. All sides were urged to work towards a resolution.

- ii. The Partner Member (VCSE) enquired what resource and investment the ICB intended to commit to community engagement which was referenced across the ICB's major strategies and plans. The Chair re-iterated the ICB's commitment to co-production. The Chair further reflected that the NHS fully recognised other organisations' and the local authorities expertise with regards to community engagement and wished the NHS to learn from it. The ICB would work closely with local authorities, building on and utilising existing and tried-and-tested community engagement mechanisms.

**Action J Kirby:** The Community Engagement Committee should consider ICB plans for community engagement in detail and seek assurance that such plans are adequately resourced.

**Action S Elsy:** To schedule community engagement as a Board development item.

## 8 BSW Implementation Plan

- 8.1 The ICB Director of Planning and Performance and the Deputy Director planning and Programmes presented the BSW Implementation Plan 2023/24 to the Board. The Implementation Plan set out how BSW partners would work together to deliver the BSW Strategy 2023-28.
- 8.2 The Plan was a statutory requirement (cf. the Joint Forward Plan provisions in the Health and Care Act 2022). The Plan would be annually refreshed, and the plan before the Board therefore focussed on deliverables for 2023/24 as well as setting out a picture of what will be different in five years' time at the end of the period covered by the BSW Strategy. As is statutorily required, the ICB had fully engaged the three Health and Wellbeing Boards (HWB) in BSW, who had also provided their respective opinion on the plan. Work on the Plan had been strongly supported by the ICB's public health partners. Attention was drawn to the Plan's dedicated chapter re children and young people (CYP). While CYP were embedded throughout the entire Plan, the dedicated chapter intended to demonstrate more clearly what the ICB and its partners were aiming to achieve.
- 8.3 The Board noted that the ICB and the system, and therefore the Implementation Plan, were at an early stage. The Board recognised that the Plan was therefore a continuously evolving piece of work, and there would be opportunities to further sharpen and focus the plan and its delivery. The Board further noted that the Plan was a noticeable departure from the NHS' historic annual planning cycle, and that adopting a longer-term perspective to planning and delivery posed challenges.
- 8.4 The CEO thanked those who had been working on the Plan at pace, and thanked system partners for their contributions. It was now vital that the Plan become embedded and be considered in the system's daily business, so that the right decisions were made at the right time to drive the Plan's implementation.
- 8.5 The Board **approved** the BSW Implementation Plan.

## 9 Health Inequalities Funding and Population Health Board (*item moved*)

- 9.1 At its meeting in May 2023, the Board was asked to approve delegation of funds to the BSW Population Health Board in relation to Health Inequalities. The Board asked for sight

of the updated BSW Inequalities Strategy, and for further information on the role of the Population Health Board, the use of the funding and how the Board would receive assurance on impact. This item provided the requested information to the Board.

- 9.2 In summary, the BSW Inequalities Strategy had been revised in light of the Board's comments and reflections, incl. inclusion / increase of focus on the Core20PLUS5 approach for CYP, the Equality Delivery System, updated JSNAs, and more detailed workplan to set out delivery objectives for 2023/24. The revised strategy was fully aligned with ICS Integrated Care Strategy and supports two of its three strategic objectives. As a sub-strategy of the BSW Integrated Care Strategy (approved by the Board in March 2023), the BSW Inequalities Strategy would now be taken to the ICB Quality and Outcomes Committee for approval; this was in line with the ICB's Scheme of Reservations and Delegations.
- 9.3 The Board's discussion highlighted the following:
- i. 12 or 24 months KPIs / numeric outcomes would be desirable, as would a clear narrative re how consideration of health inequalities informs decisions and approach, clarity re intended benefits and actual outcomes of spend of health inequalities funding, and measurement of the impact of short interventions and longer term left shift;
  - ii. the ICB reiterated that the health inequalities workplan described outcomes-focussed objectives; process KPIs were required to describe the baseline, and to measure continuously if / how the health inequalities work had an impact; the ICB Health Inequalities lead confirmed the commitment and intent to be held accountable by the Board, to utilise resources efficiently to drive effective delivery, and to review and course correct if KPIs indicated the need to do so; processes were in place to monitor and report KPIs, and to evidence the benefits, effectiveness and impacts of the prevention-focussed approach;
  - iii. there was evidence that the health inequalities work was already yielding benefits, e.g. positive impact on acutes' work with high intensity users; Swindon's health inequalities specialist was assessing the outcomes, impact and benefit of grants received to do inequalities work.

**Action (ICB Executives):** Ensure that papers / documentation show whether the Board had previously commented on a matter, and how the Board's feedback had been taken into account.

- 9.4 The Board:
- noted the revised BSW Inequalities Strategy as recommended by the Population Health Board, and that it would receive final approval by the ICB's Quality and Outcomes Committee
  - noted the work of the Population Health Board and the progress made on the development of a Health Inequalities and Prevention programme.
  - noted the proposed use of the funds and how the Board would be assured on impact
  - delegated to the Population Health Board the authority to make decisions on the prioritisation of the Health Inequalities Funding that will be used to support the delivery of the Health Inequalities Programme for the next five years.

## 10 NHS Workforce Plan

- 10.1 The ICB Chief People Officer (CPO) briefed the Board on NHS Longterm Workforce Plan which was nationally released on 30 June 2023.
- 10.2 The Board reflected that the plan was long expected and was welcome. The Board's discussions focussed on the plan's implications for education / training of future health and care workers, for the public sector's access to workforce, and for pay disparities between the public and the private sectors perpetuating:
- i. there were concerns that quality and patient safety may be put at risk if 20% of training time was taken away from medical role training, and it was felt that regulators would need to play a key role in setting and upholding standards of training and education in medical roles
  - ii. widening participation re training and careers was welcome; it signified a shift in thinking re access to and progression in and across health and care careers, and needed to recognise that a more holistic workforce model must enable health and care workers to work across traditional sector, specialism and pathway boundaries; workforce strategies / plans needed to consider this creatively, and ensure that there was parity of esteem and recognition of health and care workers – this included informing the public appropriately about careers and competencies; noted that the BSW Academy was leading work in this regard;
  - iii. noted that the plan's intentions had considerable implications for the health and care estate which was not geared up to e.g. accommodate trainee GPs; noted that place of training often translated into place of residence for health and care workers, and this needed to be factored into training, education and workforce strategies and plans; noted that BSW universities and colleges recognised the need to work closer with the ICP to adapt their offer to the BSW labour market re health and care;
  - iv. health and care skills strategies would need to align across the public sector, otherwise the sector would become increasingly fragmented and compete with itself for a finite workforce;
  - v. the ICS structures offered a significant opportunity to implement the workforce plan to the best possible benefit of the BSW population and the wider system, and to deliver the NHS' contribution to wider socio-economic development; there was an expectation that much of the funding associated with the long term plan;
  - vi. the CPO reported that a mapping exercise was being undertaken against the long term plan to understand what was already in place and could be built on; it was recognised that the ICS workforce strategy needs to be co-developed and co-created; it was further noted that more detail and guidance was expected regarding implementation of the long term plan and organisations' and systems' expected responsibilities in this context

## 11 Delegation of Specialised Commissioning to ICBs

- 11.1 NHSE set out its intentions to delegate specialised services to Integrated Care Systems in the Roadmap for Integrating Specialised Services within Integrated Care Systems in May 2022. There was a request that ICB Boards be kept aware of this national direction of travel and potential risks. As the first step, NHSE and multi-ICB collaborations established statutory joint committees that oversee and take commissioning decisions for 59 specialised services. This was approved by the BSW ICB Board at its meeting on 16

March 2023. At its meeting in March, the Board had approved joint committee approach re spec comm per national direction of travel to move to fully delegated approach.

- 11.2 NHSE were now proposing that further delegation of commissioning of the identified 59 services suitable for greater integration by ICSs take place from 1 April 2024. This means that responsibility and liability for these services would transfer fully to ICBs, although accountability would remain with NHSE per its statutory responsibilities and functions.
- 11.3 The Board cautiously welcomed the opportunities arising from BSW becoming responsible for delegated specialised commissioning, which would place BSW in a position of ownership of these services. The Board noted the assessment of implications and risk to BSW ICB and ICS, incl. as yet unquantifiable demand on ICB capacity, financial risks re overspend against allocated budget which would sit with the ICB and the BSW system, and the implications of the geographic footprint for cross-border services and flow. At this point in time it was not clear what the risk share arrangements will look like between ICB and NHSE. In view of the assessed impact and risks, the ICB was exploring with the national level whether this was the right time for BSW to receive specialised commissioning delegation. The Board further noted the requirement and arrangements to complete the Pre-Delegation Assessment Framework before submission in September 2023, and that the final decision to accept delegation would take place after December 2023

## 12 BSW Operational Performance and Quality Report

- 12.1 The Board received the report for oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance. The report had previously been considered by the ICB Quality and Outcomes Committee. The Board's attention was drawn to the persistent challenges re diagnostics and direct impact on elective care, and to Clostridium Difficile (CDI) rates exceeding thresholds – this was being closely monitored and focused quality improvement programmes were in place aimed at reducing infection rates.
- 12.2 The Board noted the report. Discussion surfaced that while the report provided explanations for performance metrics, some Board members felt that there was not sufficient information in the report for them to feel assured that all was being done that could be done to improve performance. Greater explanation and visibility of mitigations to bring performance back on track would be helpful. The ICB Director of Nursing noted the comment, pointing out that previous feedback from Board members had led to a reduction of such explanatory narrative to reduce the length of the performance report. Some Board members questioned whether this was sufficient to assure the Board that the right resource was on point to address performance issues. Others reflected that there is a duplication of assurance at committee and Board level. The intention is for committees to take the lead on risk-focused conversations and to assess when a matter needed to be escalated to the Board. A wider discussion followed re the role of the ICB Board, responsibilities of its members, and how Board members could be certain that they discharged their duties incl. accountability to the public. The Chair concluded that this topic should be the subject of a Board development session.

**Action (Chair):** To schedule a Board development session with focus on ICB Board function and Board members roles and responsibilities, and reporting to Board that offers assurance.

### 13 BSW ICB and NHS ICS Revenue Position

- 13.1 The ICB CFO presented the BSW ICB and NHS ICS Revenue Position for month 2, referring to the detailed report provided to Board members. The CFO explained that elective activity data were estimates because there was a significant amount of uncoded activity; available data suggested that BSW had delivered 109% activity and achieved NHSE targets.
- 13.2 The CFO provided a verbal update for month 3 as the position became available the day before the Board meeting:
- i. position to date was £5m adverse variance, with £2.2m driven by industrial action; NHSE had confirmed that this was deemed an acceptable variance as it was never in plans, NHSE also conceded that the cost associated with industrial action would continue and likely increase; the remaining £2.8m adverse variance compared to £2.3m in month 2; while this was not where the ICB and the system wished to be, this showed improvement in the underlying run rate; the improvement was due to identification of previously unidentified efficiency, GWH delivering its in-month target, and Sulis achieving break-even; mitigations continued to further improve
  - ii. per national policy, for the elective recovery fund all elective care targets would be reduced by 2%, i.e. the previous target of 109% was now 107%, and the respective proportion of elective recovery funding would now not be clawed back – of £37m allocated to BSW, £31m are secured, with the remaining £6m at risk dependent on delivery of targets; the BSW Elective Care Board was tasked to drive and monitor delivery;
  - iii. the CFO reiterated that with traction on efficiencies from all partner organisation, there was an expectation to close the gap by year end; a discussion was scheduled with NHSE in September to discuss the 3-year trajectory / plan for recovery, and the CFO would engage with partners around this.
- 13.3 The Board **noted** the report. The Partner Member (acutes) reflected that the report showed clearly the significant impact of industrial action on finances, and this was important to acknowledge alongside the impact of industrial action on patients, services and workforce.

### 14 BSW ICB Board Assurance Framework (BAF)

- 14.1 The Board had previously considered the BAF in June. As an NHS body, the ICB needed to have a BAF in place for purposes of NHSE assurance. The BAF would support the Board in continuously assessing the risks to the achievement of the ICB's strategic objectives, and to agree and assess mitigations. The BAF would therefore inform future Board agendas by enabling focus on risks to the ICB's and the ICS's strategic objectives. The Board was reminded that the BAF was under development and would evolve.
- 14.2 The Board **approved** the BAF.

### 15 Report from ICB Board Committees



15.1 The Board received a summary report of business considered and decisions taken by the ICB Board committees.

**15a ICB Quality and Outcomes Committee Terms of Reference**

15.2 The Committee had over the past months extensively considered and reviewed its Terms of Reference. The Committee's Chair recommended the ToRs to the Board, and the Board approved the ICB Quality and Outcomes Committee ToRs.

**16 BSW ICB Board Forward Planner to March 2024**

16.1 The Board had previously requested that members be given the opportunity to co-create Board agendas. For this purpose, the Board regularly receives the forward planner. The Board **noted** the forward planner, with no comments made.

**17 Any other business and closing comments**

17.1 There being no other business, the Chair closed the meeting at 12:50hrs

**Next ICB Board meeting in public:** Thursday 21 September 2023