

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

Thursday 16 March 2023, 10:00hrs

Council Chamber, The Civic Trowbridge, St Stephen's Place,
Trowbridge, Wiltshire BA14 8AH

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Community Provider Partner Member, Douglas Blair (DB)
Primary Care Partner Member, Dr Francis Campbell (FC)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
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 Finance, Paul Miller (PM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
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)
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 Director of Strategy and Transformation, Richard Smale (RSm)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Board Secretary
ICB Communications and Engagement

Invited Attendees:

Director of Primary Care – *for item 11*

Apologies:

NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector –
Dominic Hardisty (DH)

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 12 January 2023

- 3.1 The minutes of the meeting held on 12 January 2023 were **approved** as an accurate record of the meeting.

4. Action Tracker and Matters Arising

- 4.1 One action was noted on the tracker, marked as COMPLETED, with an update added for the Board to note.

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 One question was received in advance of the meeting. The Chair read out the question and ICB response. This would be published in full on the ICB website following the meeting.

6. BSW ICB Chair's Report

- 6.1 The Chair provided a verbal report to the Board, noting the following:
 - Nationally: Attendance at NHS Confederation and NHS England meetings, personal involvement in the Hewitt Review of Integrated Care Systems (ICS's), and Chair of the National Confederation Reference Group for Health Inequalities.
 - Regionally: Attendance of South West NHS England meetings and active groups involving South West counterparts.
 - BSW: Attendance of the BSW Integrated Care Partnership (ICP), and ICB Board sub-committees. Regular meetings were held with NHS Trust Chairs and Local Authority Council Leaders. Visits to Lovemead Practice, Elm Tree Practice and SFT have been held more recently, with attendance also at the opening of the new Devizes Health Centre. A visit to the Wiltshire Centre of

Independent Living was to follow today's meeting, and a visit to the Sulis site was scheduled for 20 April 2023.

ACTION: Board visit to the new Devizes Health Centre to be organised.

- Development of Board – Discussions concerning the governance of the system and ICB continued. The Board agenda structure had been revised to reflect the priorities of the organisation and system, considering the day to day operations, establishment of the ICB and system, and system transformation.
- A governance and partnership review will be undertaken in quarter one/two of 2023-24, this was currently being scoped nationally with guidance awaited.

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. The Chief Executive highlighted the following to members:

- The extremely demanding operational context continued, with BSW colleagues working to ensure timely access to services remained where possible, whilst focussing on recovery of services.
- The NHS Staff Survey Results had now been published, signalling the low morale of staff that required urgent attention. BSW continued to safely manage the industrial action across the patch.
- Development of the Target Operating Model (TOM) for the ICB continued, further aiding the transition from the CCG to the ICB, generating the headroom to invest in the capability needed for the new organisation, whilst satisfying the required efficiency target to reduce the running costs by 30% over the next two years through non-pay and workforce measures. These reductions would need to be made whilst also considering potential delegations from NHS England and region to the ICB. The TOM would change and adapt as required to future proof the organisation.
- Highlights from the Hewitt Review were expected to be released within the next few weeks, with the outcome to further support the TOM and the system way of working, to empower ICS's.
- The System Operating Plan would be further discussed in the private Board session. Thanks were expressed to all partners and colleagues involved in developing the plan, on top of demanding pressures seen across the system. BSW are expecting an exceptionally challenging year, whilst taking forward the defined strategy for the future, and supporting bold decisions to help move to a balanced and sustainable position. A recovery plan for BSW was in development, with a Recovery Programme Board to be established from 1 April 2023.
- The Learning Disability and Autistic (LDA) Capital Spend programme was supporting the South West to establish additional LDA beds. BSW ICB was leading on the North of the region project, joining up community pathways and bringing out of area placements back closer to home. Board members felt engagement with service users would be fundamental in the development of the model. Further updates would be brought to the Board in due course.
- A genuine error and correction was noted against item 2.11 – the risk share arrangement was £51.1m, not £5.1m as stated in the report.
- The Core20PLUS5 framework provided a generic national approach to reducing health inequalities, and would be adapted to manage the investment and to suit

our local BSW needs. The 'Core20' element reflects the 20% most deprived of the population. The PLUS related to the inclusion groups which are groups with known inequalities. In addition to the national Inclusion groups (homeless, learning disabilities etc), BSW has identified system and place level inclusion groups (e.g. boating and travelling communities) that have been agreed with partners and the Directors of Public Health. These inclusion groups are based on the issues highlighted in the Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing Strategies. The '5' element relates to the five priority clinical and prevention areas. These are nationally determined and for adults include, maternity, severe mental illness, cardiovascular disease, respiratory disease, and early cancer diagnosis. For children; asthma, diabetes, epilepsy, oral health and mental health. This work also links in with the emerging BSW Integrated Care Strategy, tailoring towards the needs of the local population to address these significant issues. A fuller paper on BSW investments into health inequalities and expected outcomes would be brought to the May Board meeting. The triangulation of health inequalities at place using population health management and the target areas was fundamental to ensuring actions are driven by place and need, including sharing information and data via the Integrated Care Alliances (ICA's) before coming to Board.

ACTION: Jane Moore to bring BSW health inequalities investments and expected outcomes paper to the May Board meeting.

- The investment into the Electronic Patient Record programme would support the optimisation of flow of data between the acutes and community providers, it was anticipated that in particular this would strengthen the flow of key data for LD and end of life care. The options for integration were to be further explored.
ACTION: A fuller paper on the Electronic Patient Record programme, and options and integrations to be brought back to Board in the second half of 2023 (September).

8 BSW Operational Performance Dashboard

8.1 The Board **received and noted** the Operational Performance Dashboard, providing assurance to the Board against the key operational performance indicators.

8.2 The Board discussion noted:

- The dashboard showed the key operational NHS metrics, however additional reference to the work underway to improve achievement of targets could be helpful.
- Additional information should be provided on upstream programmes of work and related metrics that show prevention. It was suggested that the interface between the experience of patients against health and social care elements was also needed and explanations of any difference per locality in provision and achievement. It was acknowledged that the starting points for each place were different.
- The Director of Planning and Performance made reference to the NHS oversight dashboard which is a more detailed information set which is considered monthly by the ICB Executive. The ICB Quality and Outcomes Committee (QOC) was also responsible for reviewing the full report and

supporting data. Consideration would be given to the future reporting to Board to ensure a balance in the levels of data against assurance.

- Once they were completed, the Board would also be sighted on both the Integrated Care Strategy and ICB Delivery Plan. Achievements of the outcomes and milestones in these would be monitored.
- Primary Care access continued to be monitored, along with scrutiny of the 'did not attend' figures. Work continued to encourage patients to attend appointments, or cancel if no longer required, to ensure timely access and availability.
- Quantitative data regarding mortality and excess deaths was monitored at ICB and system level, to ensure sight on any pathway elements of which BSW may be an outlier. The BSW System Quality Group (SQG) ensured the learning from each step of the pathway was shared and embedded, particularly following the Learning from Deaths Review, embracing data, informing the public and recording outcomes being achieved. The BSW SQG, which involved HealthWatch and the Local Authorities, regularly shared and reviewed the patient experience data, pathways of care and the public expectations.
- Work was beginning on a balanced scorecard and would be shared with Quality and Outcomes Committee, before coming to Board.
- As tracked through the QOC, the planned care diagnostic targets were not currently being met and were a concern. 85% was the target set for 2023-24, which would continue to be a challenge for BSW to achieve. This would remain an important area of focus over the next few weeks, with recovery plans in place. Further updates would be shared through the QOC.

8a. BSW Quality Report

8.3 The ICB Chief Nurse presented the Quality Report, providing assurance to the Board on the safe and effective delivery of care. The following was highlighted to Members:

- The QOC was planning deep dives into pathways over the next year, to ensure continued review and scrutiny, providing assurance to the Board.
- The stroke pathway deep dive in particular had highlighted the interdependent parts of the pathway and the need to integrate services and care where possible.
- There had been a recorded increase in infections within community and home settings, particularly urinary tract infections, the ICB and partners were ensuring the correct level of infection, prevention and control measures were in place, and care planning was underway with those patients being cared for at home. A report would be taken to the May QOC meeting.

9 BSW Integrated Care Board and NHS Integrated Care System Revenue Position

9.1 The ICB Chief Finance Officer talked through the revenue position for the ICS and ICB, considering the risks and mitigations, efficiency scheme position, ICB allocations, workforce, and capital programme and performance. The following was highlighted to Board members:

- BSW NHS ICS had a £9.9m adverse position year to date. The aim is still to bring all organisations to a breakeven position, and mitigations were still to be realised.
- Since preparing the report, national funding of £4.4m had been confirmed to mitigate the ICB prescribing risk, and £4.4m of Additional Roles Reimbursement Scheme (ARRS) funding had been realised.
- BSW had a significant agency and bank workforce spend, with the national expectation as part of the recovery plan to bring this within 3.7%. Workforce and agency spend formed part of the 10 point recovery plan and focus.
- The material over reliance on non-recurrent funding was being addressed through the development of recurrent efficiency schemes and a sustainability plan for 2023-24.
- A financial Recovery Programme Board was to be established from 1 April 2023, to strengthen the governance and oversight of investments and cost pressures. Further details would be shared with Board at the May meeting.
- The financial plan for 2023-24 would be discussed further in the private Board session, and would be presented to the May Board meeting.
- Correction to note with regards Wiltshire Health and Care – the year to date position referenced in the appendix correctly reports a small surplus, the deficit position referred to in the ‘key messages’ section was incorrect.

9.2 The Board **noted** the report and the financial position of the BSW NHS ICS. The Chair wished to record her thanks to all system partners who have ensured a breakeven position for 2022-23.

10. Annual Emergency Preparedness Resilience and Response Assurance Report

10.1 The Board **received and noted** the compliance Annual Emergency Preparedness Resilience and Response Assurance Report of the BSW ICB against its requirements under the NHS England Annual EPRR Core Standards. It was the responsibility of each Board member to ensure the ICB and partner NHS organisations had in place the required plans, processes and governance. The ICB had conducted the assessment, with support from NHS England.

10.2 The Executive Director of Planning and Performance reported that there were some areas of partial compliance to address, with wider actions required across BSW, to best use resources and work collectively. In response to a question from Board members, it was explained that there were plans underway to recover the partial rating for the RUH and the ICB team were supporting RUH to undertake the review with a plan in place to achieve recovery by July 2023. In the main, no urgent gaps had been identified.

10.3 Acknowledging that the Board held overall responsibility to ensure compliance, the Board would be kept apprised of progress and developments via the Chief Executive’s report to Board.

11. Pharmacy, Ophthalmic and Dental Services Delegation

- 11.1 The Place Director for Wiltshire provided assurance to the Board on the oversight and progress of preparations for the transition of delegated commissioning of pharmaceutical, ophthalmic, and local dental services to the ICB from 1 April 2023 (known as the POD delegations).
- 11.2 The supporting documentation was being finalised, and it was proposed that the Chief Executive, Chief Finance Officer, and Executive Lead for Primary Care (Place Director for Wiltshire) sign or approve any associated documentation on behalf of the ICB Board, ensuring safe transfer of delegation on 1 April 2023.
- 11.3 The challenges associated with taking on these delegated services were acknowledged, although real opportunities were also noted, to address variation and inequalities in relation to these services. The assurance of safe delegation review undertaken by internal auditors, KPMG, gave an overall rating of 'significant assurance with minor improvements'.
- 11.4 A report on dental access across BSW's local communities was to be taken to the BaNES, Swindon and Wiltshire Health Overview and Scrutiny Committees over the next few months to give assurance that the access challenges, workforce and contractual issues were to be tackled following the transfer of services. Overall, there was a need to be more responsive locally, integrating services with others, such as primary and community care, community pharmaceutical and medicines optimisation. Developing opportunities and relationships with key partners would bring wider improvement for patients, bringing together that multi-disciplinary team to consider quality improvement and supporting wider primary care resilience, and to take the priorities identified in the JSNA's regarding oral health. The Board would be kept apprised of progress and development.
- 11.5 The Board discussion noted:
- Due to the rotation of families and placements, there were known dental access issues for the military population across BSW. Meetings with the Military Defence Team had already commenced to discuss this unique situation, alongside the ICB's compliance with the military covenant, and the single point of contact pilot.
 - The allocation of £88m would come over to BSW following delegations, with no cost pressures expected in the short to medium term. The challenge regarding improvements and access to dental services was to be addressed. The units of dental activity was likely to increase beyond the recovery figures and allocation, bringing cost pressures to the budget, though a positive impact on the service and health inequalities.
 - The equality and quality impact assessment had been led by the ICB Quality Team and signed off by the ICB Chief Nurse, developed also in conjunction with the South West ICB's and NHS England. The risk registers would be transferred to the ICB.
- 11.6 With regards to access to primary care, a 'Delivery Plan for Recovering Access to Primary Care' paper was expected from the Government by the end of March, to set out how practices and primary care networks can be supported to improve

access. The BSW system response was to be considered, with an update to be provided to the ICB Board in due course.

- 11.7 The Board took considerable assurance from the work completed to date, noting that work was to continue in some areas. This brought a positive move to improve services for the BSW population. The Board approved the delegation, and agreed that the Chief Executive, Chief Finance Officer, and Executive Lead for Primary Care (Place Director for Wiltshire) sign or approve any associated documentation on behalf of the ICB Board, ensuring the safe transfer of delegation on 1 April 2023 including; Delegation Agreement, Memorandum of Understanding, Data Sharing Agreement, Decision Making Framework, and the Refreshed Quality Framework and Integrated Reporting.

12. Specialised Commissioning Joint Committee Arrangements

- 12.1 In line with the general direction of travel, NHS England were seeking to share responsibility for the commissioning of some specialised services with ICB's in 2024, with likely further delegation in future years. It was proposed that joint commissioning arrangements be entered into now to aid the move to these future delegation plans. There would be no additional funding for entering these arrangements for 2023-24, with NHS England retaining accountability and liability. The risks and opportunities would be considered ahead of any full delegation, similar to that undertaken for the POD delegations. This would move services closer to the patient through a population based budget, bringing improved equity of access, value, and quality of care for the patient.
- 12.2 The Board discussion noted:
- 59 specialised services would fall under these initial joint commissioning arrangements.
ACTION: [The list of 59 services to be shared with Board members.](#)
 - NHS England would maintain its responsibility of liaising with the South East joint committee. BSW would maintain its commitment, influence and strong links with Dorset and the local operating group, though noting these arrangements against our outflows brought an imperfect solution, particularly for the South of Wiltshire. Strong networks of care were well established for all three acutes. In due course, consideration would also need to be given to access and travel options for patients for these services across the BSW patch, and those elements that could be conducted locally, such as follow up appointments, with opportunities to improve the inconvenience of travel.
 - These joint arrangements would see no immediate impact for patients or continuity of care. Family and patient engagement and communications would be a priority once full delegation were to come to the ICB.
 - Services needed to remain for the benefit of patients – it was essential that patient involvement and the patient voice fed through into the development of any future delivery.
 - Appropriate funding of services was needed to recognise the variation in patient usage. This would be fully discussed before taking on responsibility of any specialised commissioned services.

12.3 On conclusion of the discussion, the ICB Board noted the arrangements described for jointly commissioning 59 specialised services from April 2023, and approved the establishment of the joint committee arrangements with NHS England, and the ICB's participation in the joint committee.

13. ICB Scheme of Reservations and Delegations

13.1 The Board was presented with an updated Scheme of Reservations and Delegations (SoRD) that proposed delegations of decisions from the Board to committees, sub-committees and Executives in light of the forthcoming delegations of functions and decisions from NHS England to the ICB, ensuring the scrutiny and review was carried out at the appropriate level, with assurance fed through to the Board as required. The proposal also concerned the sign-off responsibilities for regular corporate reports, although noting some items still required Board sign off.

13.2 The difference between the commissioning of a service, and the contracting/buying in of services for the ICB was raised, suggesting that these two elements may require separate sign off thresholds. The thresholds set for the Executive had been compared with other ICB's, with BSW set at a sensible and average level. The production of the SoRD had been aligned with the Standing Financial Instructions (SFIs), as developed and agreed with the ICB Finance and Investment Committee. It was noted that any consultancy services over £50k required sign off via NHS England and therefore followed a separate process. The soon to be established BSW Recovery Programme Board would be setting the process for future investments, ensuring that check and challenge. It was agreed that the financial limits would be monitored through the Finance and Investment Committee.

13.3 The route for the Annual EPRR report was queried, with a suggestion that the ICB Audit and Risk Committee were also sighted on this before coming to Board for sign off. It was noted that assurance was carried out by NHS England, however, the CEO would consider this proposal.

13.4 It was also clarified that the role of the ICB in supporting the appointment of ICP members was limited to the ICB representatives. It was the responsibility of the ICP to appoint its ICP members.

13.5 The Board approved the BSW ICB SoRD, noting that the financial decision limits would be monitored by the ICB Finance and Investment Committee. The Board also agreed the proposed allocation of sign-off responsibilities for regular corporate reports.

14. ICB Standards of Business Conduct Policy

14.1 The ICBs Standard of Business Conduct policy had been updated to reflect that the ICB had recently adopted new enhanced processes for the management of declarations of interest and implemented the online Civica Declare portal. Approval of this policy is reserved for the Board, as per the ICBs Constitution.

14.2 The ICB Board approved the BSW ICB Standards of Business Conduct Policy.

15. ICB Information Governance Framework

- 15.1 The Executive Director of Planning and Performance presented the ICB Information Governance (IG) Framework, which had been updated to reflect the appointments of individuals to key IG roles, and the review of the ICB's IG Steering Group terms of reference to include the approval of IG policies. The Framework was reviewed by the IG Steering Group at its meeting in January 2023, and came recommended to the ICB Board for approval. The Board was to approve the framework as part of the Data Security and Protection Toolkit (DSPT). This framework was currently for the ICB corporate function, however IG working at system level was being explored.
- 15.2 The Board approved the BSW ICB Information Governance Framework.

16. Report from ICB Board Committees

- 16.1 The report provided a summary of ICB Board committee meetings held since the last meeting of the ICB Board, bringing to the attention of the Board those items of escalation, and any decisions made by the Committees.
- 16.2 The ICB Chair requested that these reports be further developed to ensure it was documented that the ICB Board and its committees were fulfilling their duties. The report would be amended to include the business covered at each committee meeting, and to escalate to the Board areas where assurance was less than complete. Minutes of meetings could be made available to Board members upon request.

17. BSW ICB Board Forward Planner to March 2024

- 17.1 The forward planner was shared with the Board to provide the opportunity for all members to see items expected up to the end of March 2024. Additional items should be raised with the Chair and Chief Executive. Those items as raised in meeting would be added to the planner, with 'NHS Staff Survey Results' to also be added for the May meeting.

18 Any other business and closing comments

18a. Last Meeting for Douglas Blair

- 18.1 The ICB Chair wished to note that this would be the last meeting for Douglas Blair before he moved to take up his new role in Gloucester. The Chair wished to record thanks on behalf of the Board and the ICB for his active participation in system working and system wide leadership. The re-appointment to the Community Provider partner member would be undertaken shortly.
- 18.2 There being no other business, the Chair closed the meeting at 11:51hrs

Next ICB Board meeting in public: Thursday 18 May 2023