

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

Thursday 18 May 2023, 10:00hrs

Hawksworth Hall, STEAM – Museum of the Great Western Railway, Fire Fly
Avenue (off Kemble Drive), Swindon, SN2 2EY

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
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)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector – Dominic Hardisty (DH)
ICB Chief Finance Officer, Gary Heneage (GH)
Local Authority Partner Member – Swindon, Susie Kemp (SK) (*absent 11:00-12:00hrs*)
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)
Deputy - Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
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) (*from 10:30hrs*)
ICB Chief People Officer, Jasvinder Sohal (JS)
ICB Board Secretary
ICB Assistant Director of Communications and Engagement - interim

Invited Attendees:

Director of Public Health Swindon – for item 9
Associate Director of Policy and Strategy – for item 8

Apologies:

Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
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)

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 16 March 2023

- 3.1 The minutes of the meeting held on 16 March 2023 were **approved** as an accurate record of the meeting.

4. Action Tracker and Matters Arising

- 4.1 Four actions were noted on the tracker, all marked as CLOSED, with updates 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 No questions were received in advance of the meeting.

6. BSW ICB Chair's Report

- 6.1 The Chair had no updates to share with the Board that were not covered elsewhere on the agenda.

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 ICB had presented a balanced plan for 2023-24 during its meeting with NHS England colleagues on 24 April 2023. The significant risk in the plan, the deliverability challenges, and the efficiency and productivity targets to meet were acknowledged. The plan recognised the new BSW Integrated Strategy and would link to the Joint Forward Plan (BSW Implementation Plan).
 - Noting the reversal of the UK Governments plans to introduce the Liberty Protection Safeguards, the ICB Board would need to consider how it would seek assurance in relation to this change of approach, whilst ensuring safety and quality of services continued whilst working within the regime.

- The results from the national annual NHS Staff Survey were being reviewed, with themes and actions to be shared with Board members in due course. Staff morale within the ICB and providers was a significant element. The Chief People Officers were working together to consider the ability to become a learning system, and the health and wellbeing of its staff.
- The commitment for the ICB and the Board to discharge its duties regarding the Modern Slavery Act was noted, with the statement published upon the ICB website.

7.2 The Board discussion noted:

- Discussions were being held regionally and nationally concerning how ICBs are to account for the industrial action, and the impact upon elective care delivery. A variance in month 12 reporting was anticipated, noting the key drivers also included operational pressures, and inflation. The Board would maintain oversight of this throughout the coming year.
- The feedback noted from the meeting held with NHS England colleagues included some challenge on the level of ambition and deliverability of the plan, working to reduce no criteria to reside alongside the elective plan, and that some injection of capital was required to unlock the transformation required. The full commitment of system partners was needed to ensure an understanding of their joint responsibility in delivery of the plan to effect change. Four main risks had been acknowledged, the impact of the strikes on elective delivery and receipt of elective recovery funding; significant inflation pressures; the non-consolidated pay award and funding this across all NHS providers in the Integrated Care System (ICS); and the ambitious efficiency plans, with focus on recurrent efficiency and transformation. The letter of formal feedback would be received within the next few weeks, setting out the required actions. Regular meetings would be held with NHS England colleagues to track progress.

7.3 The Chair wished to note how proud she had been of the BSW team during the recent regional and national meetings, and their articulation of the plan and supporting actions. The challenge remained now to ensure delivery of the plan.

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

9.1 The ICB Director of Equalities, Innovation and Digital Enterprise, and Director of Public Health Swindon (and BSW ICS Senior Responsible Owner for Health Inequalities) briefed the Board on Health Inequalities Funding, development of the Health Inequalities Strategy, and the Population Health Board (PHB). The proposal was to delegate to the PHB, 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, noting oversight via the Quality and Outcomes Committee, who would receive updates on the outcomes achieved using the funding.

9.2 The Board discussion noted:

- The Health Inequalities Funding now formed part of the ICBs baseline funding meaning it will increase in line with growth with a commitment in the BSW plan to it being ringfenced for the next five years. It was referenced in the BSW Implementation Plan, to aid both the shift to prevention and deliver fairer outcomes. The funding

would sit with the ICB, and would be allocated once the PHB had reviewed and agreed actions and schemes.

- The programme would work both at system and place level, as per the needs of the BSW population.
- The refresh of the Health Inequalities Strategy includes the components of the Core20PLUS5 for adults and children and young people. The Chief Nurse requested this also include the transition from child to adult, and the first 1,000 days of life.
- This Strategy should also take into account the Modern Slavery Act, understanding BSW's communities and where modern slavery is found, ensuring BSW employees across the system remained curious about the lives of such individuals.
- It was recognised that the measures currently referenced include those agreed with the Health and Wellbeing Boards as part of their strategies, as well as measures from the Public Health Outcome Framework, and are in line with the strategic framework and legislative requirements. However, the PHB were asked to consider what practical output variables and smarter outcomes could be identified to help measure the incremental difference and impact on the population, economy and NHS. The use of BSW population health data should allow that drill down to different elements of the population, to help identify access, intervention and final outcomes for the patient. It was agreed that outcome measures would be reviewed and adapted as the programme developed and incorporated within the BSW Implementation Plan.
- The Hewitt Report recommends that ICB spend on prevention should increase over the next five years by a minimum of 1% of the total ICB budget, bringing an opportunity to look at substantive prevention and early intervention schemes across all BSW programmes and across care pathways. The PHB was committed to supporting the ICB on moving the dial towards prevention and early intervention as far as possible as part of the ICS strategy and would work with all the BSW programmes to achieve this, noting the interdependent links and impact on resources. Mental health also remained a key priority, and the health inequalities programme will work with the Thrive Board to embed better data and the change model.
- The five year commitment would enable PHB to commit to projects for a meaningful length of time and hopefully demonstrate how the funding can bring about change. The £2m a year of funding would be used to leverage in other funds to drive change, and to work towards health inequalities becoming business as usual. The programme would be subject to both in year review and an annual evaluation against budget and expected outcomes.
- The programme should look to take a whole life approach and bring together relevant system partners. This acknowledges that driving this at place would bring together the work already underway by the Councils, voluntary sector, and police etc, at a level where change really happens.
- The PHB terms of reference were to be reviewed to consider the inclusion of service users or representative groups.
- An element of the funding would be used to invest in the staff resource, to develop the expertise across the system to enable the health inequalities agenda to move forward against the explicit core ask around the Core20PLUS5 programme. The 10% related to the costs of delivering the system elements of the programme and the administration elements of this would be reviewed and adjusted as required, to ensure the majority of funding was supporting direct outcomes.

ACTION: Clarification on administration programme costs to be brought back to Board.

- 9.3 The majority of Board members were in support of the proposed delegation to the PHB, and were comfortable in giving it the authority to make decisions on the prioritisation of the Health Inequalities Funding in support of the delivery of the Health Inequalities Programme for the next five years. (£2m a year for five years).
- 9.4 It was noted that although the Local Authority Partner Member for BaNES was in support of the principle of delegating the funding to the PHB, he felt unable to approve this proposal at this stage without view of the revised BSW Health Inequalities Strategy and its priorities, to give clarity against the investment and the basis of delegation.
- 9.5 Without the revised Strategy and set priorities, the Chair felt the Board was unable to make a decision at this stage on the delegation proposal. It was agreed that the revised Strategy would be brought to the July ICB Board meeting to bring clarity to the proposed delegation arrangements.
[ACTION: Revised BSW Health Inequalities Strategy and Plan to be brought to the July ICB Board meeting.](#)

8 BSW Integrated Care Strategy

- 8.1 The Chair of the BSW Integrated Care Partnership (ICP) introduced the BSW Integrated Care Strategy and the three objectives; the lens to shape all future work. As granular data is recorded, the Strategy would be further shaped, bringing also that wider input from stakeholders.
- 8.2 The ICB Associate Director of Policy and Strategy presented the BSW Integrated Care Strategy, as agreed by the ICP at the end of March 2023. It outlined the ambitions for BSW for the next five years, evolving as input from the voluntary sector, system partners and the public was recorded. Though a statutory requirement, this was not an NHS document, having been co-developed with system partners, with extensive engagement undertaken at place level. The Strategy on a page had been developed to provide that clear reference to the vision, objectives and enablers. The BSW Implementation Plan was under development to support the delivery of commitments from the Strategy.
- 8.3 The Director for Planning and Performance briefed the Board on the progress of the production of the Implementation Plan, following on from the detailed discussion that took place at the Board Development Session on 20 April 2023. A working draft was being edited in readiness to launch via the Integrated Care Alliances (ICAs) to commence place engagement. The Plan was to be submitted to NHS England by 30 June 2023.
[ACTION: Webinar to be set up to enable ICB Board members to contribute to, and feedback against, the BSW Implementation Plan.](#)
- 8.4 The Board discussion noted:
- System partners, including Local Authorities, were members of the Steering Group developing this critical system Plan. There had been a loose engagement requirement as part of the development of this years Plan, a more robust engagement process would be applied ahead of next year's Plan.
 - ICB Executive discussions had commenced concerning the ICB's structure and resource requirements to align with, and deliver, the Strategy and Plan, though noting

it was not only the role and responsibility of NHS organisations to deliver and resource.

- Pathways and the patient were to be considered throughout, rather than a treatment focus, to ensure all three objectives were met, and the left shift embedded. The review of system spend on prevention would be needed across all system partners (and not only by finance colleagues) to ensure the left shift could be supported and extended. The fundamental shift in NHS culture to achieve objectives 1 and 2 should not be underestimated, as the move from a treatment-based approach is adopted.
- The Plan would set out those programmes that are required at a system and a place level, recognising that some measures require a system level view despite operating at place. This would ensure the system was sighted on all areas, bringing fairer outcomes for the population, though recognising change happened at place level.
- The Strategy was built upon what was already emerging at place, taking into account each Joint Strategic Needs Assessments etc, ensuring delivery was possible at place, and removing contradiction.

8.5 Engagement from the ICB Board on the draft Plan would be sought through the webinar, noting that the Board Development Session to be held on 22 June 2023 may need to include the sign off the BSW Implementation Plan ahead of submission. The team are exploring whether the sign off could be gained at the July board meeting instead.

8.6 The Board endorsed the BSW Integrated Care Strategy.

10 Equality Delivery System Report 2022 and Actions 2022

10.1 The ICB Chief People Officer briefed the Board on the findings of the 2021-22 NHS England Equality Delivery System (EDS) submission, and the process undertaken against the three domains, advising that the ICB was required to publish its EDS submission. Action plans have since been created to support those 'developing' areas as noted within the report.

10.2 The Board noted that the maternity and workforce risks referenced in the cover sheet were specific to one of the acutes and the pausing of home births, an associated risk upon the ICB corporate risk register. This had since seen improvement and was a retrospective reference, with compliance against the Ockenden review workforce requirements now in place.

10.3 The ICB Board approved the submitted EDS evaluation and action plan for publication, and supported the proposal for the management and governance of EDS for 2023/24.

11 ICB Data Security and Protection Toolkit

11.1 The Director of Planning and Performance updated the ICB Board on the progress of completing the Data Security and Protection Toolkit (DSPT). All NHS organisations that process data on behalf of the NHS are required/expected to complete the DSPT on an annual basis.

11.2 The Board agreed to formally delegate approval of the final DSPT submission to the ICB Executive Team.

13 BSW Integrated Care Board and NHS Integrated Care System Revenue Position (item moved)

13.1 The ICB Chief Finance Officer talked through the financial performance report of the ICS, which included the key performance indicators, efficiency scheme position, workforce overview and statutory financial indicators. The following was highlighted to Board members:

- The NHS ICS had delivered a small surplus of £0.2m in 2022-23.
- The ICB was expected to meet its statutory duties and the Mental Health Investment Standard (subject to audit).
- 2022-23 had been supported by a significant amount of non-recurrent monies, as is the 2023-24 plan currently.
- The system delivered less than 50% of recurrent efficiencies, with a focus now on delivery of recurrent savings in 2023-24.
- All three acutes had reached a breakeven position in 2022-23, supported through the enactment of the BSW risk share agreement.
- Agency spend had exceeded the cap; this remained a focus of the ten point recovery plan to address this across the ICS. A 5% target had been set for 2023-25. A workforce workstream was in place to address this, noting the challenge and impact of the industrial action. Engagement at Chief Executive level was being sought to bring a consistent approach and agreement to tackle it collectively. The data would be used to understand the root causes, to work with NHS England and other South West systems.
- The non-consolidated NHS pay award may bring cost pressures if the full award exceeded estimates and was not fully funded.
- Capital spend had been exceeded, however this had been approved by NHS England.
- The recording of the breakeven position for 2022-23 caused no additional costs to be applied, the cash position remained at an appropriate level going into 2023-24.

12 Resubmitted BSW NHS ICS Operating and Financial Plan 2023/24

12.1 The Chief Finance Officer updated the Board on the NHS ICS operating and financial plan for 2023-24. There had been no material changes to the submitted balanced Plan, other than to the operating metrics.

12.2 The main assumptions, risks, and the approach to mitigate these were highlighted:

1. Delivery of the £96m of efficiencies – noting this was likely to be more towards £150m due to a significant amount of non-recurrent funding being used. This was also reliant on delivery of the elective recovery target and receipt of associated funding.
2. Four main risks had been identified – industrial action, inflation, the pay award and efficiency plans.
3. Mitigations were in place via the recently established BSW Financial Recovery Board, appointment of the BSW Recovery Director, and external support secured to drive recovery. A three year financial recovery plan was being developed, expected to be available to share in July. A dashboard was to be implemented to enable monitoring against the Plan and required efficiencies.

12.3 The Board discussion noted:

- The Plan was in response to an NHS England requirement and the set central targets of delivery. It was noted however, that these targets represented only an element of the work undertaken by the ICS, and it was for the BSW system to also decide on what was measured, to enable that shift to deliver the Strategy and three objectives. Formal feedback from the Hewitt Review was awaited (expected June), which would also suggest targets, measures and outcomes to consider going forwards. Though BSW was required to meet these statutory and legislative requirements, flexibility would be built in to meet local needs to share the system intentions for the population.
- The deliverability and achievability of the proposed efficiency savings was a concern. External support was currently undertaking a review of the required savings, and establishing a structure to enable delivery, and identifying further efficiency opportunities and benchmarking. A rolling review against the ten-point recovery plan would be carried out.
- The joint arrangements referenced in the paper reflected the direction to delegate. This was already in place through the Better Care Fund arrangements via Section 75's. The ICS needed to first move to a sustainable position before moving in the direction set by NHS England, to delegate to place where most appropriate.

12.4 The Board approved the ICB operating and financial plan for 2023/24, noting feedback from NHS England was awaited against the final submission, further also noting the risks to delivery.

14 BSW Operational Performance and Quality Report

14.1 The Board received and noted the NHS Operational Performance Dashboard, providing assurance to the Board against the key operational performance indicators. Separate work was underway to look at outcomes reporting.

14.2 The ICB Chief Nurse presented the Quality Report, providing assurance to the Board on the safe and effective delivery of care. A winter wrap up and learning across the system has taken place, focussing on the patient experience and the quality of care given to patients along their full pathway. It was acknowledged that some patients did come to harm during the unprecedented and demanding winter period. The Joint Quality Improvement Group has held its first meeting, working with colleagues from the Bristol, North Somerset and South Gloucestershire ICB, were ensuring the actions from the recent Care Quality Commission (CQC) inspection of AWP remained on track.

14.3 Concerns were shared by Members regarding the performance of services serving the BSW population. The current landscape and financial recovery were acknowledged, however the report identified the need for investment and improvement. The level of risk needed to be better reflected.

14.4 It was noted that efficiency schemes forming part of the recovery plan were subject to an Equality Quality Impact Assessment (EQIA) and monitoring by the BSW Financial Recovery Board. The system needed to ensure schemes remained appropriate, and not only delivering 'different', but 'better' services and outcomes. The significant productivity gap against the pre-pandemic position remained. The Board supported the Executive Team in their ongoing open and honest discussions with the national and regional NHS teams.

15 Declarations of Interests for the BSW ICB Board

- 15.1 As required, the ICB's Declarations of Interests Register is regularly shared with the Board for assurance. The Chair requested that Members send any amendments through to the ICB Governance Team to ensure the register remained accurate. The Board noted that the change in job role for the VCSE Partner Member at Voluntary Action Swindon would be updated accordingly.
- 15.2 The Board reviewed the register and noted the update.

16 Report from ICB Board Committees

- 16.1 The Board noted the summary report, and in particular the appendix to the report, the BSW ICB Audit and Risk Committee Annual Report.

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. Those items as raised in meeting would be added to the planner. The following items were raised for inclusion:
- GP Access and Recovery Plan – November business meeting, with Board discussion and input built into the October Development session.
 - ICB Corporate Risk Register – to be presented to the Board more frequently. This will be a discussion item for the June Board Development Session.
 - Progress reports against delivery of BSW Integrated Care Strategy and the BSW Implementation Plan. A one year review of the Strategy would also be undertaken.
 - To continue deep dive reviews and discussions as part of the Board Development Sessions, and to protect time for strategic and transformation discussions.

18 Any other business and closing comments

- 18.1 There being no other business, the Chair closed the meeting at 12:30hrs

Next ICB Board meeting in public: Thursday 13 July 2023