

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

Tuesday 30 August 2022, 9:30hrs

*Virtual meeting via Zoom*

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## **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, 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 – Wiltshire, Terence Herbert (TH) *(from 10:20hrs)*  
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)  
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)  
Chief Nurse Officer, 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)  
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 Acting Director of Corporate Affairs, Anett Loescher (AL)  
ICB Assistant Director of Communications and Engagement, Jenna Richards (JR)  
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, Sharon Woolley (SW)

## **Invited Attendees:**

ICB Director of Primary Care, Jo Cullen (JC) – for item 11  
Director of Patient and Family Services, Dorothy House Hospice, Maggie Crowe (MC) – for item 7  
Dorothy House Hospice, Rebeka Jones (RJ) – for item 7  
Dorothy House Hospice, Sue Spanswick (SS) – for item 7

ICB Assistant Director of Estates, Simon Yeo (SY) – for item 13

**Apologies:**

Local Authority Partner Member – Swindon, Susie Kemp (SK)

ICB Director of Equalities, Innovation and Digital Enterprise, Jane Moore (JM)

ICB Director of Place – Swindon, Gordon Muvuti (GM)

ICB Chief Medical Officer, Dr Amanda Webb (AW)

**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 invited all Board members and ICB Executives to introduce themselves.

1.2 The above apologies were noted.

1.3 The meeting was declared quorate.

**2. Declarations of Interest**

2.1 There were none.

**3. Minutes from the ICB Board Meeting held in Public on 1 July 2022**

3.1 The minutes of the meeting held on 1 July 2022 were **approved** as an accurate record of the meeting.

**4. Action Tracker**

4.1 There were no actions recorded upon the tracker, and the Chair advised there were no actions to carry forward from the CCG Governing Body public 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. For future meetings in public, the mechanism for asking questions during the meeting itself was being considered to develop that open opportunity for questions, with balancing the needs of the ICB business meeting.

5.2 Two questions were received in advance of the meeting. The Chair read out the questions and ICB responses. These would be published in full on the ICB website following the meeting.

**6. Community Story from the Wiltshire Locality**

6.1 VCSE Partner Member, Pam Webb, presented a Wiltshire based community story, focussing on the important role of unpaid carers and the value brought to the BSW economy and the Integrated Care System (ICS).

6.2 The subsequent discussion points were noted following the presentation:

- The triangle of care method could be utilised with patients, carers and providers, as a methodology to self-assess the services and support offered to carers, and impact of the caring role.
- The new BSW Care Model supported the move to prevention, and the need to raise awareness amongst carers of the support available to sustain their position. The BSW Carers Board would progress this area of work to bring the benefit to the wider system.
- There was a need of support to encourage care within the family and friend environment, alongside reflection and recognition that carers also wished to preserve their relationship with loved ones.
- The ICB and the Board needed to understand community lives and choices, to ensure support and services offered met the population need, including those required for the later stages in life.
- The gaps in the current provision were acknowledged, with further pressures in this area anticipated going forwards. There was an opportunity now to have that open and honest conversation amongst system partners, to take forward the Care Model, whilst considering what level of paid care is provided, alongside reasonable levels of unpaid care by those who are willing to be carers. Strategic intent needed to be considered with the deployment of the Care Model, recognising that the volume of demand was creating unnecessary pressures. This would form an important part of the Integrated Care Strategy.

## **7. Workforce Story**

7.1 The Chief People Officer introduced Maggie Crowe, Rebeka Jones and Sue Spanswick from Dorothy House Hospice, who joined the meeting to provide a workforce story from those colleagues working across BSW. Dorothy House colleagues had built good relationships across BSW, although the different ways of working of each locality was a challenge. Joint working was in place with the BaNES Care Homes, and with the RUH to offer joint specialist clinics and advanced care planning, supporting carers and patients.

7.2 In opening up the discussion, the following was noted:

- Work was required to test and raise awareness of the BSW End of Life Strategy, and the joining up of the workforce, bringing parties together to offer care to those who wish to remain at home, ensuring the model of care was embraced and the offer was meeting demand for services within the community.
- The end of life pathway needed to be designed with lead providers and hospices to ensure integration.
- The ability to be flexible and to have the time to spend with each patient gave that autonomy in the workplace, supporting a motivated workforce.
- Availability of equipment for patients discharged from hospital was a noted barrier to the support offered. A link needed to be formed amongst those different organisations co-ordinating the equipment service.

7.3 Dorothy House colleagues were congratulated for maintaining their CQC outstanding rating. The Chair thanked colleagues for joining the meeting.

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

- 8.1 The Chair provided a verbal report to the Board on recent work undertaken:
- ICB internal – establishment of the new organisation and associated governance work, recruitment of the Primary Care Partner Member, and conducting one-to-one meetings with members.
  - Local ICS role – continuing the development of the ICS with colleagues. Cllr Richard Clewer of Wiltshire Council had been appointed as the Chair of the Integrated Care Partnership (ICP). The ICP was responsible for developing the integrated care strategy. Regular meetings were held with partner Chairs, and also with the three Council leaders. The Chair and Chief Executive had visited a number of NHS partner member Board meetings to raise the profile and understanding of the ICB. The Chair offered to attend local authority meetings also if this would be beneficial.
  - Regional responsibilities – links formed with the South West NHSE regional team, and regular attendance at meetings of the Regional Directors and ICB Chairs.
  - National aspect – the ICB is an active member of NHS Confederation. The Chair regularly attends the national ICS Chairs group, and had agreed to Chair the national forum of inequalities. The Chair had recently contributed to the provider collaboratives work, and frequently presented at national events to promote the work of BSW, and to learn from others.

## 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:
- The report acknowledged that the system and ICB were taking the opportunity through the new Government legislation to work differently with partners, recognising the Board was on a development journey, to better understand the roles, and the information and data required to enable the Board and members to discharge their duties.
  - The following statement was noted from the Chief Executive concerning the recent high court decision in relation to the Consult and Connect procurement – The Court ruling against BSW, Bristol, North Somerset and South Gloucestershire (BNSSG) and Gloucester CCG's made for sobering reading, and there was disappointment that the court found that procurement law had been broken. There would be no appeal against the court decision and the ICB was committed to understand what had gone wrong and how to learn from this process. Procurement had already commenced for these important services to ensure maintained service continuity for the citizens of BSW, taking robust steps to ensure the reprocurement was sound and in line with procurement law, working with the NHS South, Central and West Central Support Unit (CSU) to ensure effective and timely conclusion.
  - As the system continued to recover from the pandemic; challenges, risks and pressures remained across all elements of the pathway of care. Attention was on the elective care waiting lists and intervention, diagnostic and operation services. Good progress had already been made to recover elective services.
  - Partners were coming together to ensure these risks were managed, and services were prepared for what was expected to be an exceptionally challenging

winter. The Board would have the appropriate line of sight on performance and risk.

- Longer term the transformation of services was also a key task, recognising the challenges of winter and the continued demands on the workforce.
- The Board would continue to be appraised of the work at place level as the governance of the Integrated Care Alliances (ICA's) developed.

9.2 The Board discussion noted the following:

- As part of winter planning, consideration would need to be given to the challenges surrounding the cost of living increases, and the impact this is to have on our population and our workforce. Learning from the pandemic was being utilised. The Chief People Officer was working with South West peers to consider local and national initiatives to support the workforce. The cost of living was in affect a crisis for partners and the system to respond to, individually and collectively, with efforts focussed on improving outcomes going forwards. The Board would remain sighted on winter and crisis plans, and the system approach.
- The work undertaken over the last few months to bring together the new ICB organisation was recognised, and the progress to date. The Board would continue to focus on the required improvements for the system, however celebration of achievements and recognising success would also aid that learning and partnership building.
- The ICB and BSW Academy workforce plans needed to make a tangible difference to the system. A number of short term initiatives were being put into place; looking at reservist models and international recruitment. There was a need to value, grow, empower and retain the workforce. The strategy would clearly define the need to create that workforce pipeline to enable the wider system plans to progress.
- The Board development sessions would provide that opportunity for strategic thinking against these systematic issues, to collectively tackle the problems, discuss the options and different approaches, and transform areas as required for an improved future.

## **10. BSW ICB and System Financial Position**

10.1 The Chief Finance Officer presented a high-level overview of the key financial issues and challenges faced by the system over 2022/23. The BSW system was notably underfunded and was a significant distance from target. Funding was expected to become closer to requirements over the next couple of years, bringing development opportunities. The slides referenced the 2022-23 allocation for BSW ICB, a total of £1,651m.

10.2 A BSW finance summit had been held in June 2022, at which partners agreed to submit a balanced plan for 2022-23, which included material risks and reliance on non-recurrent monies. A focus was now on development of recurrent schemes to improve efficiencies, productivity and transformation. A five year plan was to be developed to address the underlying deficit across the system, moving BSW into a sustainable position.

### **10a. BSW Integrated Care Strategy**

- 10.3 The Executive Director of Strategy and Transformation advised the Board of the approach to be taken to develop the BSW Integrated Care Strategy, and the role of the ICP in its production.
- 10.4 The report noted the work underway that would feed into the Strategy, utilising existing connections, such as those with the Public Health Directors to align to the Joint Strategic Needs Assessments and evidence-based priorities.
- 10.5 The Strategy will recognise the priorities and synergies at local neighbourhood, place and system levels, and look to be ambitious with regard to integrated arrangements for health and social care.
- 10.6 The Board discussed and noted:
- Improvement work was ongoing to demonstrate integration and effectiveness of system working, this was not reliant on the production of the Strategy.
  - The timeline for the production of the Strategy was a challenge, particularly whilst planning was underway for Winter and the flu and COVID vaccination programmes.
  - Local authorities were also currently working on their strategies, these would be referenced in the Integrated Care Strategy. It would remain a dynamic document to iterate and evolve, binding partners to a common purpose, and committing to a forward look.
  - This high level strategy would not include the detailed operational plans, but was to focus on the key priority areas, giving an overview of population need and the choices to be made. The purpose and benefits of integrations were to be clear.
  - It was recognised this was a journey to help bring alignment across BSW organisations and there would be learning as this developed.
  - Production of the Integrated Care Strategy was a statutory requirement of the ICP, with the interim Strategy to be published by the end of December. This Strategy needed to be right for BSW, to ensure improved outcomes for the population, demonstrating the value to residents, partners and NHS England. Time pressures and requirements would be managed accordingly.
- 10.7 The Board **noted** the requirement for the ICP to develop an Integrated Care Strategy for BSW, and **noted** the proposed approach for its development.

## **11 Primary Care**

### **11a. Delegation of Accountability for Commissioning of all Primary Care Services**

- 11.1 Both primary care items had been discussed by the BSW ICB Primary Care Commissioning Committee at their meeting on 17 August 2022.
- 11.2 The Health and Care Act 2022 makes provision for the delegation of accountability for the commissioning of all primary care services from NHS England to ICBs. This includes dental, general ophthalmic services, and pharmaceutical services. These services were to be transferred to the ICB from April 2023. Considerable preparations were now underway with NHS England regional colleagues to ensure the ICB was able to take on these delegations, acknowledging the significant

operational and reputation risks involved. Communications would be a significant factor until April.

- 11.3 These delegations bring real opportunities, particularly at neighbourhood and place level, to truly deliver integrated and joined up care. There may be long term benefits to keeping some elements of service co-ordination at regional level due to economies of scale, however the decision making, considerations for the future, and the different ways of working were to be driven at the local level.
- 11.4 One key element will be the establishment of the South West Collaborative Commissioning Hub, to support continued delivery of the Long Term Plan commitments through transition arrangements, and retaining skills and expertise to provide stability to systems during transition. The Hub would exist for a two year transition period, whilst systems and delegation processes were established.
- 11.5 The Pre-Delegation Assessment Framework (PDAF) is to be submitted to NHS England regional team in September. This will be further reviewed by the Committee ahead of submission to gain assurance of readiness. BSW was working closely with the other South West systems to share learning and understanding of the four domain standards. The risks and mitigations against these domains are documented, incorporating learning from previous delegation arrangements.  
[ACTION: PDAF and recorded risks and mitigations to be shared with the Board for assurance and reference.](#)
- 11.6 Partners and stakeholders were able to engage with the process and preparations through sharing feedback and concerns directly with the primary care team, or through the Primary Care Commissioning Committee, ICB Delegated Steering Group and Primary Care Operational Groups. The clinical leadership element was still being developed with support from the Chief Medical Officer and Chief Nurse Officer.
- 11.7 The Board **noted** the work undertaken to date in the preparation for delegation of the primary care services to BSW ICB from April 2023, and that a submission of the Pre-Delegation Assessment Framework would be made to NHS England in September.

#### **11b. Enhanced Access**

- 11.8 As part of the Primary Care Network Directed Enhanced Service (PCN DES), NHS England published the new model of 'Enhanced Access for General Practice'. The new service brings together the existing extended hours and the improved access services. Enhanced Access services are to be operational by 1 October 2022, supported by plans developed by each Primary Care Network (PCN).
- 11.9 The Board discussion noted:
- PCN's were each developing their own enhanced access model and plan to best suit the requirements, demand and need of their local population. Patient engagement had been undertaken to consider appointment offers and to inform routine and urgent appointment arrangements.

- The 26 detailed plans, quality impact assessments and data sharing protocols had been reviewed and scrutinised by the Enhanced Access Panel, considering the risks such as interoperability and workforce. A peer review of plans amongst PCNs had been undertaken, focussing on outcomes and patient experience.
- Enhanced access did not necessarily present additional hours or require further capacity; however it ensured extended hours and improved access arrangements were in place by way of delivery at PCN level and some sub-contracting arrangements.
- There was no additional cost associated with enhanced access, current funds were being utilised to combine the two existing elements.
- Enhanced access was to commence from 1 October, with monitoring and review processes to be implemented. The Quality Assurance Committee would maintain oversight of the system impact.

11.10 As the Brunel Clinical Director for PCN 1, Primary Care Partner Member, Francis Campbell declared an interest in this item, however offered further assurance to the Board that each PCN had engaged patients to tailor the plan to suit population and practice needs. Partner GPs would also be monitoring the success of these arrangements to ensure their patients received a good service, it was in the interests of the practice for these plans to work well.

11.11 This Board were **assured** that a robust process had been undertaken, and that the submitted PCN Enhanced Access Plans met the requirements of the PCN DES. The Board therefore **supported and approved** the Plans to enable the ICB to assure NHS England.

## **12 BSW Performance, Quality, Finance and Workforce Report**

12.1 The Board **received and noted** the BSW Performance, Quality and Finance Report as included in the meeting pack. The report was being further developed to have more than an NHS focus, and to include more performance at a glance metrics to enable that understanding of performance and data.

12.2 The Board discussion noted:

- Reference had been made to mental health services for the Swindon area, and the 60% vacancy rate at Oxford Health. ICB colleagues were meeting with Oxford Health colleagues to discuss mitigations, this will remain under close review with regards the impact for children and young people.
- The workforce summit would now be held on 12 October 2022, bringing system partners together to consider those innovative methods and processes to recruit and retain staff, and the use of technology to increase productivity. The summit would inform the production of the BSW Workforce Strategy.
- Cancer performance remained a concern, particularly the skin cancer long waits at GWH. The Chief Nurse Officer assured the Board that all patients concerned had been sent a letter of the process to be followed, and the Trust had followed its duty of candour and was managing the situation. The ICB Quality Team was now involved in provider meetings to seek assurance on actions to address the waiting list. Review and scrutiny was being carried out jointly between



commissioners and providers. The ICB was monitoring the situation monthly, the corporate risk register would be updated to reflect this.

- The timeliness of data for the report was an area to be looked at, recognising that data first need to be reviewed and validated before being presented to the Board.
- Inclusion of health and care data would enable that system view of the challenges faced, particularly the workforce, non-criteria to reside and domiciliary challenges. Data feeds were to be established.
- The BSW Patient Discharge Pathways data demonstrated the difference in system and locality positions, highlighting the implications of resources and different approaches. The BSW Urgent Care and Flow Board was working to address the fundamental issue of the variation in care across each place. This was not only driven by demographic differences.

### **13 BSW Green Plan**

- 13.1 To support the national NHS ambition of achieving net zero by 2040 for direct emissions, each ICS is required to have a Green Plan. BSW ICS partners have together developed and agreed an ambitious and co-created system-wide vision and set of commitments to begin the journey towards delivering net zero health and care services in BSW.
- 13.2 The ICB Assistant Director of Estates was in attendance as the lead for the BSW Green Plan, and briefed the Board on the overarching three year plan, ICS targets and the eight supporting key themes. The detailed delivery plan was being developed through an iterative process, going beyond the requirement of involving Trusts only by engaging NHS and local authority sustainability leads.
- 13.3 Though this was a BSW system owned plan which met the scope of NHS requirements, approval would not specifically commit Board members and their organisations. It was noted that the Local Authority Partner Member for BaNES was unable to approve the Plan at this stage whilst it had not gone through BaNES Council governance sign off routes.
- 13.4 The remaining members of the Board **endorsed** the BSW Green Plan and the direction of travel.

### **14 BSW ICB Committee Reports**

- 14.1 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.
- 14.2 The Board **noted** the reports as made available in the meeting pack.

### **15. Any other business and closing comments**

- 15.1 There being no other business, the Chair closed the meeting at 12:45hrs

**Next ICB Board meeting in public: Tuesday 1 November 2022**