

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

Thursday 18 January 2024, 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)
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)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May
Non-Executive Director for Finance, Paul Miller (PM)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
Deputy - Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member–acute sector, Jon Westbrook (JW)

Regular Attendees:

ICB Director of Place – BaNES, Laura Ambler (LA)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
ICB Chief of Staff, Richard Collinge (RCO)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
Deputy - Director of Public Health, Swindon Borough Council – Steve Maddern (SM)
ICB Chief People Officer, Jasvinder Sohal (JS)
NHSE South West Director of Commissioning, Rachel Pearce (RP)
ICB Deputy Director of Corporate Affairs
ICB Board Secretary

Invited Attendees:

Observing – BSW Academy Director, Sarah Green (SG)
ICB Director of Resourcing and Retention – for item 8
ICB Assistant Director of Business Intelligence – System Architecture and Transformation - for item 15
Wiltshire Director of Public Health, Kate Blackburn (KB) - for item 15

Apologies:

ICB Chief Delivery Officer, Rachael Backler (RB)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Dominic Hardisty (DH)
Local Authority Partner Member – Wiltshire, Terence Herbert
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
Non-Executive Director for Quality, Alison Moon (AM)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)
ICB Director of Place – Swindon, Gordon Muvuti (GM)

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, and in particular the NHSE South West Director of Commissioning, and those deputies in attendance as noted above.
- 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 November 2023

- 3.1 The minutes of the meeting held on 16 November 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 CLOSED, 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 A number of questions had been submitted, concerning the community health and care services and the reinvestment of efficiencies into the services; Wiltshire Health and Care staffing and pay levels; and Board meeting arrangements, accessibility and public questions process. The Chair read out the ICB's response.
- 5.3 The questions and the responses as provided by the ICB Chair during the meeting will be published on the BSW ICB website: <https://bsw.icb.nhs.uk/document/bsw-icb-board-meeting-in-public-paper-pack-18-january-2024/>

6. BSW ICB Chair's Report

- 6.1 The Chair provided a verbal report on the following items:
 - Stacey Hunter – will be leaving her role as the CEO of SFT on 26 February 2024. Congratulations were noted for her new role as joint CEO of North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust in the North East of England, and a thank you for the work undertaken for SFT and the wider BSW system.
 - Board Vacancies - There are now three vacancies upon the ICB Board:
 - NHS Trusts and NHS Foundation Trusts Partner Member – acute sector – noting that nominated member Stacey Hunter is to leave her position as SFT CEO, and so does no longer meet the criterion to hold the position.

- Community Provider Partner Member
- Local Authority Partner Member – Swindon

The required nominations and appointments processes will be progressed as per the ICB's Constitution following the conclusion of the ICB Governance Review – with the outcomes and recommendations expected for the March Board meeting.

In arrangements similar to those made to cover the vacancies of the community partner member and the local authority partner member (Swindon), it was proposed that the Chair invite the RUH CEO to attend Board meetings as a participant – i.e. not a voting partner member – until the NHS Trust Partner Member is formally appointed. This arrangement will allow the Board to continue to hear and benefit from the acute sector perspective.

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.

7.2 The Chief Executive highlighted the following to members:

- Extreme operating demands continued across the system, particularly over the Christmas and New Year period, and during the recent industrial action held by Junior Doctors. The CEO acknowledged how the system had worked together to give a strong system response, adapting to the risks, to meet these demands and challenges.
System flow was maintained, though pressures remained in place, notably with ambulance holds – these were being actively addressed.
The system remained fragile, though in a stable position.
Further industrial action was anticipated, further impacting on BSW's financial recovery and recovery of services.
- Work continued on the development and implementation of Virtual Wards to expand their capacity – which had seen significant use, and remained a key part of the future offer and enabler of the left shift of support.
- Additional primary care respiratory clinics for children had been established, additional community pharmaceutical capacity put into place, and an increase in domiciliary care capacity made available with support from local authority partners.
- BSW had revised its financial position and agreed a £9.9m deficit position for 2023-24.
- Performance of the ICB and system had shown deterioration via the Performance Oversight Framework – with the ICB and RUH in segmentation 3. It was anticipated that the exit criteria would be met despite the significant challenges in some areas. GWH had moved into enhanced oversight with NHS England with regards to its cancer services. GWH had made a planning submission and was confident it would meet the pre-pandemic cancer targets by March 2024. Backlogs were being addressed, with considerable improvement shown in November and December. Additional provision had been brought in for weekends to bring GWH in on plan, though noting winter pressures, staff and patient sickness and industrial action may have a further impact. NHS England South West region undertake regular benchmarking of systems, noting most were also significantly challenged and recording deterioration in a number of framework areas. This was shared with ICBs to give an understanding of the relative performance of their system to the rest of the country.

- The National Vaccination Strategy was published in December 2023, informing BSW's continued approach to delivering vaccinations. The CEO wished to thank the Chief Nurse for the excellent leadership in this area, noting BSW was the second-best performer in the country on vaccination uptake, establishing community orientated collaborative working.

- 7.3 The Chief Medical Officer provided a verbal update against the Prescription Ordering Direct (POD) service item noted in the report. The ICB Executive had met on 8 January 2024 to discuss the future of POD, following the decision taken last year to review POD and the current format, noting the level of inequity across BSW was unsustainable, particularly against the financial challenges faced. A period of consultation and engagement had been held with staff, care homes and wider stakeholders. The Primary and Community Care Strategy set out the future direction for services, with access to primary care changing, with more use of apps and digital solutions.
- 7.4 The ICB Executive had unanimously approved the six recommendations:
1. To discontinue operations of core POD - Whilst alternative models were put forward, core POD alternatives did not fall in line with the new duties and purpose of the ICB.
 2. To discontinue care home POD - The alternatives were not able to meet the principles and role of the ICB, and it was felt that the care home contracts, and Enhanced Health in Care Homes frameworks should cover these services and responsibilities.
 3. To discontinue the pharmacy roles for POD - As a consequence of recommendations 1 and 2 – these roles would no longer have a purpose.
 4. To transition to the Future Medicines Optimisation in Care Homes (MOCH) model with a single MOCH lead as part of the Medicines Optimisation Team.
This would concern realigning, rather than operational delivery, to more strategic, policy, audit, planning roles – it had therefore been agreed to retain one strategic MOCH role working to deliver strategic oversight across the system. The Operational Team would discontinue.
 5. To discontinue the Dietitian team employed by the ICB, while retaining the single Dietitian lead, via SLA or otherwise, for strategy, policy and planning role.
 6. To discontinue Appliances.
The strategic and audit and planning role is already incorporated into the Medicines Optimisation team. Appliances would therefore be discontinued.
- 7.5 POD colleagues were advised of these decisions on 11 January 2024. Communications to care homes, practices and wider stakeholders had also been shared. A transition plan was now being developed to transition services to the appropriate place within the system, with assurance provided that this would happen in a safe and controlled way. There would be no immediate change to those patients using the POD service whilst the Plan was developed. This change would impact the 25 practices involved (around 7-11% of the BSW population). HealthWatch were commissioned to undertake a survey with patients, ahead of the POD decision – the feedback was mixed, with POD not seen as a popular option. The population was ready for change, and a move to increased use of digital, for those who were able to, freeing up capacity to support those members of the population who were unable to do so. An update would be brought back to Board in due course.
- 7.6 The Board discussion concerning the CEO report noted:

- Strategic clinical service redesign was required to change the system model. The BSW Clinical Strategy was in development, to link in with the direction set by the BSW Integrated Care Strategy, and the individual clinical strategies held by each acute. The Acute Hospital Alliance was starting to build that different way of working and clinical transformation and change, to be evident to partners and the population. The developing Electronic Patient Record programme was a key enabler to this change to pathways.
To provide that overall assurance to the Board, the CEO report needed to have a balance of strategic and operational information.
- How systematic learning was shared following periods of industrial action, and other extreme events, was being actioned with the support of the Regional Director. During these periods, risk assessments/stratification/appetite were able to be changed to enable that immediate decision-making. The agility of decision-making was key, empowering senior colleagues to make those risk-based decisions across the whole pathway.

8. Workforce Effectiveness

- 8.1 The Chief People Officer and Director of Resourcing and Retention talked through several slides covering the BSW Together Workforce Effectiveness Workstream and its focus, BSW's regional agency lead role, Technology Adoption and Implementation, Data Quality and Recovery Dashboard, BSW's recruitment brand, and vacancy controls. The Board noted the briefing and update, acknowledging the significant work being done across the system and at regional level.
- 8.2 The CEO wished to record her thanks to the Director of Resourcing and Retention, who was driving forward the recruitment workstream. This was a significant part of the strategic solution against the agency workforce challenge, and the financial deficit. An agile, efficient, and effective workforce was being created.
- 8.3 The Board discussion noted:
- The requirement to land the BSW People Plan was more evident - to provide the context against these activities and the progress and impact being made. This was under development, with system partners involved in bringing together this framework, with six principles aligned to the NHS Long Term Workforce Plan. The Plan was to go through the required engagement routes before being presented to Board. The BSW People Plan would set out the strategy and delivery plan targets.
 - The regional agency role was not necessarily within BSW's strategy to lead on, though felt it was important to stand up and lead for the benefit of BSW and region.
 - The reference to workforce challenges were echoed across the sectors, noting collaborative working would help resolve and address these.
 - Key performance indicators were set against the workstreams, including e-rostering for each organisation, to ensure wards were staffed as required in advance to drive down that agency spend. The impact of the international mental health nurses will be monitored as a new project. Somerset Yeovil had conducted an assessment which concluded that mental health nurses that were passed for integration at post six months were performing at the same level as UK trained nurses.
 - This housing work was to be delivered as a 'wheel and spoke' model, with a centralised team and specialist advisors. This would be in partnership with the local authorities and

NHS England, with a Housing Advisor looking at the available accommodation and the creation of a priority list against those most in need. The NHS England vision was to have a Housing Hub established in each region, to join up resources and links with private landlords and council accommodation. The scheme was to be a system solution, and not only for NHS, with primary care to also be included.

Wiltshire Council would be keen to support this initiative and the local hospital to meet the housing demand.

- Social Work was also seeing a high use of agency staffing. A memorandum of understanding was in place across the South West local authorities, the learning from this would be shared.
- Although digital passporting was an NHS England initiative, it was for each system to decide on its pace and reach, and if this extended to primary care. It currently only included NHS organisations, though ICBs had raised the need for this to include all system partners.

9. BSW Performance Report

- 9.1 The Board received and noted the BSW Performance Report, providing assurance to the Board against the key operational performance indicators. The ICB Quality and Outcomes Committee (QOC) had also reviewed the report at its January meeting.
- 9.2 The Chief Nurse drew the Boards attention to the following elements:
- Children and young people's access to mental health and learning disabilities services remained a challenge – the Child and Adolescent Mental Health Services provider was developing a plan to address this, linking with other services to support that early intervention of lower levels of mental health and emotional wellbeing.
 - Learning disability and autism (LDA) inpatient numbers also remained a concern. The LDA Programme Board was reviewing this to maintain oversight of all individuals, to ensure regular contact was made, quality of care remained, and discharge plans were in place.
 - Learning disability annual review impacts would be seen in quarters three and four, noting reviews were carried out at a point in time.
- 9.3 The Board discussion noted:
- There was a need to ensure risk and performance issues aligned and were reflected appropriately. The QOC had reviewed that full detail to provide that level of assurance on the mitigations in place against the performance, to assess the risks and scoring, with a triangulation of quality and related harm.
 - It was suggested that the summary report also show the key exit criteria against each area as part of the Oversight Framework, to indicate the progress and expected movement timescales. This further evidenced the need for systemic change and supporting Strategy, to ensure collaborative and integrated response to risk. The Performance Report was still evolving to ensure it provided the level of assurance required to the Board and system partners, extending the scope and data.
 - As part of its delegated functions for primary care commissioning, the ICB received the primary care, dentistry, ophthalmology and pharmacy complaints raised by patients. The QOC and Primary Care Executive Group was involved in reviewing the detail, with greater leverage to address issues of access and choice. The themes and

learning against the complaints received and the organisation's response would be considered and shared with QOC for assurance and oversight.

- It was acknowledged that the system needed to do more regarding impact on 0-19 year olds, and recording this via the dashboard to ensure the Board felt assured and sighted on the issues and performance relating to children, and specifically special educational needs and disability (SEND), the local area, and risks posed to the ICB and local authorities. That level of assurance was needed to confirm the ICB was discharging its responsibilities around SEND.

10. BSW ICB and NHS ICS Revenue Position

10.1 The Chief Finance Officer presented the report on the ICB and NHS Integrated Care System (ICS) revenue position at month eight, highlighting the following to members:

- An adverse variance of £11.1m was being reported, an improvement of £11.5m reported for month seven due to the additional industrial action funding, and the implementation of mitigations as agreed by the Board at its extraordinary meeting in November.
- The forecast outturn position had been agreed with NHS England as a £9.9m deficit. Systems have been advised to not plan for any further industrial action in the second half of the year, though noting there had been significant action recently. If the system was unable to mitigate any future industrial action costs, the forecast would be moved again to reflect these costs.
- The £9.9m would be repayable to NHS England as per the guidance.
- A material risk remained around the delivery of the £9.9m deficit position. The pack referenced the run rates required in order to achieve this.
- The risks were to be managed across the ICS. Areas of focus were as below, and would remain in place for the remainder of 2023-24 and 2024-25:
 - Continuation of workforce controls – vacancy control panels had been established in the ICB and provider partners.
 - The BSW Investment Panel would continue as part of the triple lock arrangements – to consider investments over £50k.
 - Non-pay controls across the system

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

11. Annual Emergency Preparedness Resilience & Response Assurance Report

11.1 The Deputy Director of Corporate Affairs presented the annual Emergency Preparedness Resilience and Response (EPRR) Assurance Report for 2022-23, against the ICBs responsibility and provision as part of the NHS England EPRR Core Standards assurance process.

11.2 BSW reported a strong and positive position. Providers were largely compliant, and the ICB has been assured as 'Substantially Compliant'. E-MED were noted as non-compliant, with South West ICBs now working with them to implement a recovery plan. Assurance was given that this did not impact on E-MEDs ability to respond to incidents, however their governance, plans and work programmes needed to be reviewed.

- 11.3 A request was made for an update to be brought back to the Board in six months to understand if E-MED were on track with recovery plan implementation. It was also suggested that the South Western Ambulance Service Trust also be referenced in the BSW EPRR reporting.
[ACTION: Update on the BSW EPRR position to be provided to Board in six months \(July 2024\), to also include the Ambulance Service.](#)
- 11.4 The Board noted the report and the assurance and feedback provided by NHS England.

12. BSW ICB Corporate Risk Management

- 12.1 The Deputy Director of Corporate Affairs talked through the arrangements in place to strengthen the ICB's risk management work and processes. The Board development session on 14 December 2023 had discussed and considered the ICB Board's risk appetite, and the Board Assurance Framework (BAF). The ICB Audit and Risk Committee were sighted on this report at its December meeting, and were in support of the proposals. The Board was to now approve the co-created risk appetite statement to include in the ICB Risk Management Framework.
- 12.2 The Board discussion noted:
- The ICB would continue to develop its risk management and the narrative of the key strategic risks, noting that more connection between the Corporate Risk Register (operational risks) and BAF (strategic objective risks) was needed.
 - The narrative and risk appetite statement required clarity on what would be accepted or not accepted, particularly in relation to the low and medium risks.
 - It was acknowledged that risk scores change and evolve as circumstances change, this is continually monitored in line with action taken and revised accordingly. These changes would be reflected in future reports to the Board.
- 12.3 The Board:
- a. Approved the risk appetite statement, for inclusion in the BSW ICB Risk Management Framework;
 - b. Noted that the BSW ICB Risk Management Framework had been updated to reflect the amended operational risk management arrangements that have been introduced;
 - c. Approved the latest version of the BAF, as updated following the Board's discussions in December 2023;
 - d. Noted the BSW ICB corporate risk register.

13. BSW ICB Board – Declarations of Interests

- 13.1 The Declaration of Interests registers are regularly presented to the ICB Audit and Risk Committee for information and assurance that the ICB complies with statutory requirements and has in place a policy framework and key controls. As required, the Declarations of Interests Registers are also regularly shared with the ICB Board for assurance, and published on the ICB website. Members were reminded that declarations could be updated and added at any time via the online Declare portal.

13.2 The Chair noted there were some inconsistencies in the reporting and defining of interests that needed attention. It was also noted that the nil return for the Non-Executive Director for Public and Community Engagement was not referenced.

[ACTION: ICB Governance Team to review declaration statements for inconsistencies and inaccuracies and ensure these are corrected with appropriate Board members.](#)

13.3 The Board noted the update, and took assurance that the ICB has processes in place that enable it to comply with statutory requirements regarding transparency around, and management of, interests wherever and in whatever form they may arise.

14. Report from ICB Board Committees

14.1 The Board noted the summary report from the ICB Board Committees.

15. BSW Case for Change and Using Population Health Analysis to Drive Our Decision-Making

15.1 The Assistant Director of Business Intelligence – System Architecture and Transformation, and Wiltshire’s Director of Public Health joined the meeting for this item, presenting the BSW Case for Change, to be used to inform the commissioning decisions to be made as part of the Integrated Community Based Care (ICBC) programme, and also to provide reasons for BSW to re-think how it approaches decision-making across all of the programmes of work in the coming months and years.

15.2 The presentation covered population health analytics, the BSW strategy and case for change, responding to significant variation and key issues, the opportunities, using the data to drive our community engagement to make real, sustainable change, and next steps. The following was highlighted to members:

- Tracking of population health data will enable that prevention and early intervention work, understanding local health inequalities, and supporting the instigation of change – informing planning, service redesign – moving to a proactive system, rather than reactive.
- The case for change would hold partners and commissioners to account – aligning with and measuring the outcomes of the BSW Integrated Care Strategy and the Implementation Plan, ensuring a shift of system focus, to quantify the ‘do nothing’ challenges in BSW, and to bring partners together to use the data to drive change.
- Refreshing the BSW implementation plan, using the case for change to test plans and challenge ourselves whether our proposed actions target the right areas. Logic models would be used for each programme to support this, linking the actions (outputs) we propose to the outcomes we’re aiming for.
- The BSW population is projected to grow by 6% over the next 15 years, meaning there’ll be an extra 60,000 BSW residents by 2038 – bringing increasing financial and workforce challenges, and demand and pressures on health and care services.
- Though currently largely referencing health related data – the wider system and determinants was acknowledged – linking in with work already underway, rather than duplicating. The tools were available to support this, recognising that the data was only as good as inputted and provided. Engagement with communities and patients also supported this knowledge base.

- Partners existing business intelligence teams were to be used to extract the intelligence and knowledge. The population health analytics capacity needed to be strengthened to support this shift in delivery and impact to communities.

15.3 The CEO advised that the case for change and population health analytics was being used in real time to support the ICBC programme, a new and emerging approach to outcomes-focussed commissioning. It was acknowledged that there was existing population health and business intelligence expertise within the system, though capacity was low. There was a need for the system to do data analysis once and to then use it coherently and consistently. This work had the full support and commitment of the three Directors of Public Health.

15.4 The Board discussion noted:

- The system was to now ensure use of this model, case for change, and supporting data available to shift outcomes to the activity and impact expected.
- Primary care was currently missing from this space – discussions were to continue to link in to the overall system to support the intervention and prevention agenda. Skill building in the use of the tools, gathering and using data was needed to encourage that primary care input and engagement, and drive forward a cohesive approach. The lack of capacity was a potential barrier to this, with the Primary Care Access Recovery Plan highlighting the enablers and blockers. Health inequalities funds could be used to support colleagues, and to consider other aspects that could be stopped to enable this fundamental involvement.
- The BSW Primary and Community Care Delivery Plan was an important aspect of the delivery of change and setting the role of primary care. A Primary Care Delivery Group had now been established and would hold its first meeting in February. There was a need to ensure the strategic direction was connecting all partners and not creating silos.
- The translation of data would lead to improved outcomes and impact, and value for money for the system. It required expertise and implementation support to gain that pace and traction for change.
- The social determinants of health and real impacts on the population would provide that whole system picture, informing those system decisions and priorities. Wider reach work was needed to encourage the engagement of those communities that did not engage and utilise services.
- The challenge to the Board was to support the balance of the ask for data verses the right information, challenging and influencing this through the higher levels.

15.5 On reviewing the supporting slides and the fuller BSW Case for Change, the Board noted the work undertaken and the recommendations as set out in the paper.

16. Any other business and closing comments

16.1 There being no other business, the Chair closed the meeting at 13:05hrs

Next ICB Board meeting in public: Thursday 28 March 2024