Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board

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

Thursday 28 March 2024, 10:00hrs
Sir Daniel Gooch Theatre, 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)
Deputy - ICB Chief Finance Officer, Matthew Hawkins (MH)
Local Authority Partner Member – Wiltshire, Terence Herbert (TH)
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 Quality, Alison Moon (AM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Deputy - ICB Chief Medical Officer, Dr Andy Virr (AV)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:
ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Chief Delivery Officer, Rachael Backler (RB)
Chief Executive, RUH – Cara Charles-Barks (CCB)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
ICB Acting Chief People Officer, Sarah Green (SG)
Healthwatch BaNES and Swindon, Amritpal Kaur (AK)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
NHSE South West Director of Commissioning, Rachel Pearce (RP)
ICB Board Secretary

Invited Attendees:
Associate Director of Mental Health Transformation - for item 9
Wiltshire Director of Public Health, Kate Blackburn (KB) - for item 10
Director of Primary Care - for item 10
Programme Lead - Community Pharmacy, Optometry and Dentistry - for item 10

Apologies:
ICB Chief of Staff, Richard Collinge (RCo)
NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)
Deputy - NHS Trusts &NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
ICB Chief Finance Officer, Gary Heneage (GH)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
ICB Deputy Director of Corporate Affairs

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 Deputy Chief Finance Officer, Matthew Hawkins, and Deputy Chief Medical Officer, Dr Andy Virr.

1.2 The above apologies were noted. The meeting was declared quorate.

2. Declarations of Interest

2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

3. Minutes from the ICB Board Meeting held in Public on 18 January 2024

3.1 The minutes of the meeting held on 18 January 2024 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

4.1 Two actions were noted on the tracker, both marked as CLOSED, with updates added for the Board to note.

5. Questions from the Public

5.1 The Chair welcomed questions for the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, currently questions need to be sent in seven business days in advance of the meeting. The Chair planned to review this process in light of feedback, to ensure an accessible and humanised process. The Board Development Session in April would consider ideas and improvements.

5.2 Two questions had been submitted in advance of the meeting from the Chippenham Community Hub, concerning the ICB's communication strategy with the VCSE, and querying the progress made in recruiting and training people with lived experience to co-deliver the Oliver McGowan mandatory training. The Chair read out headlines from the ICB's responses.

5.3 The Chair wished to acknowledge the importance of all VCSE partners in the delivery and transformation of health and care services across BSW, this was supported through the inclusion of a VCSE partner member upon the Board, of which BSW ICB was one of five across the country to do so.

5.4 Further to the question response, the VCSE Partner Member wished to applaud the Voluntary Sector Alliances that had been established from the outset for the BaNES, Swindon and Wiltshire localities, noting there was further work to do to raise the profile of each. These bring together the voluntary sector, Wiltshire's rural community council, the Councils for the Voluntary Sector, and HealthWatch for the area. The Chippenham Community Hub would be encouraged to engage with the Wiltshire Voluntary Sector Alliance.

5.5 The ICB Chief People Officer spoke of the Oliver McGowan training, a successful ICB project developed from the national programme, which supported learning for people with Learning Disabilities and Autism. 3,000 people had been trained to date, with a number of trainers bringing that lived experience to the core group and advocacy groups. BSW was one of only few Integrated Care Systems (ICS) to have those lived experience people with learning disabilities to now have paid employment as those trainers.

5.6 The questions and the full responses will be published on the BSW ICB website: https://bsw.icb.nhs.uk/documents-and-reports/

6. BSW ICB Chair's Report

6.1 The Chair provided a verbal report on the following items:

- NHS Leadership Competency Framework for Board Members

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed'. This NHS Leadership Competency Framework, published by NHSE on 28 February 2024, responds to that recommendation and forms part of the NHS England Fit and Proper Person Test Framework for Board members (FPPT).

The Leadership Competency Framework is for Chairs, Chief Executives and all Board members in NHS systems and providers; and serves as a guide for aspiring leaders of the future.

The six competency domains as defined in the framework should be considered for all Board members, taking account of any specific role related responsibilities and nuances; and should be applied to / in recruitment, appraisal, and ongoing development of Board members. A Board Member Appraisal Framework will be published by autumn 2024.

- Framework for Conducting Annual Appraisals of NHS Chairs

On 28 February 2024, NHS England published this framework to establish a more standardised approach to the annual appraisal of Chairs, including ICB, NHS trust and foundation trust Chairs. The framework is aligned with the NHS Leadership Competency Framework.

The framework sets out expectations as to the way in which appraisals of NHS chairs are conducted. In particular, the framework describes a standard annual appraisal process, and the role of the Senior Independent Director (SID) or Deputy Chair as facilitators of the Chair's appraisal. The framework is not intended to be prescriptive. However, local application should be consistent with the framework's broad principles and seek to meet the expectations of the framework.

It was noted that the NHS Regional Director was currently conducting the appraisal of the BSW ICB Chair. The ICB's SID (Non-Executive Director (NED) for Audit) was also to seek feedback from colleagues and stakeholders in support of this process. The ICB Chair would soon also be conducting the ICB CEO's appraisal and seeking feedback. The CEO advised that there would be a slight delay to conducting the ICB Executive Team appraisals this year (quarter two) alongside the behavioural framework to first enabling that testing of how it works for the ICB, though with objective setting currently

underway. NED appraisals would too be undertaken in line with guidance; however guidance was silent on partner member appraisals. NHS Regional and ICB Chair discussions were in support of a relaxed approach to this, with objectives to be set for all members.

- Those Eligible to Nominate Trust Partner Member(s) of the BSW ICB Board

The BSW ICB Board currently has a vacancy in the category 'partner member – NHS trusts and foundation trusts.' The RUH CEO attends ICB Board meetings as a participant, however the formal joint nominations process has not been undertaken that is required by law to formally appoint this particular partner member.

The government set out secondary legislation (regulations) determining which trusts may participate in the process for nominating the partner member for appointment to the ICB board. Trusts are eligible to jointly nominate the trust partner member(s) of the ICB Board if:

a. they provide services for the purposes of the health service within the ICB's area, and
b. the relevant ICB consider them to be essential to the development and delivery of the five-year joint forward plan (forward plan condition, as described in regulations).

For the avoidance of doubt, point a. above does not require the services provided by a trust to be physically located within the area of an ICB. It is sufficient that the services they provide are accessed by patients for whom the relevant ICB is responsible, and those services are being provided for the purposes of the health service within the area of the ICB.

Where a trust providing services for the purposes of the health service within the ICB's area does not meet the forward plan condition (point b. above), it becomes a nominating organisation for the ICB from which the trust receives the largest proportion of its ICB income for the provision of local NHS services.

In the process of its establishment, the ICB identified those trusts that meet both points a. and b. above as set out in the ICBs Constitution, and are therefore eligible to nominate the trust partner member(s). The ICB must keep this list of eligible trusts up-to-date and review it regularly to ensure all trusts eligible to nominate the trust partner member(s) are identified as such and have an opportunity to exercise their nomination rights.

It was recognised that Oxford Health NHS Foundation Trust provides health services to the BSW population. It was recommended that the ICB tests if Oxford Health is eligible to nominate the trust partner member(s), either by meeting points a. and b. above, or by testing from which ICB Oxford Health receives the largest proportion of its ICB income for the provision of local NHS services. This latter test would require Oxford Health to calculate the percentage of their historical ICB income for the provision of local NHS services in respect of each relevant ICB (BSW ICB, and Buckinghamshire, Oxfordshire and Berkshire West ICB [BOB]). This should be based on the best information available from the most recent full financial year, i.e. 2023/24.

When the trusts eligible to nominate the trust partner member(s) are confirmed, the formal joint nominations process will be run to appoint to the current vacancy of the Partner Member - NHS Trusts and Foundation Trusts (acute hospital sector). The nominations process for the Local Authority Partner Member Swindon would also be run alongside this, to fill the current vacant position. The process to fill the vacant Community Provider Partner Member position would be conducted on the completion of the BSW

Integrated Community Based Care programme and contract award. The CEO of Wiltshire Health and Care would continue to attend the ICB Board as a participant in the meantime.

- Non-Executive Director Quality Interviews

The recruitment process was underway. Alison Moon would continue in the role as Interim NED Quality until September 2024.

- BSW Integrated Care Partnership (ICP) Meeting – 12 March 2024

The March ICP meeting received a report and presentation on the early intervention and prevention piece underway across the system. Members and the public were encouraged to attend these meetings held in public.

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:

- Significant pieces of statutory guidance for NHS bodies had been released regarding the new Ministerial Intervention Powers, preparation of Integrated Care Strategies, arrangements for delegation and joint exercise of statutory functions, and ICB constitutions and governance. The ICB must have regard to all statutory guidance, and the ICB's partner organisations may wish to keep informed of such guidance and its implications for collaborative working.
- With the Easter bank holiday period approaching, urgent and emergency care (UEC) service partners were working to ensure access to care remained. Challenges remained for BSW UEC pathways, particularly in meeting the four-hour target of 76%, though improvements were being made through partnership working and development of pathways.
- The new Primary Care Contract had now been released – bringing both opportunities and challenges. The 2% uplift for primary care in the fifth year of a five year deal would be a financial challenge for the ICB. Conversely, the new one year contract for 2024-25 attempted to bring more flexibility in key decisions, and workforce utilisation and the use of the Additional Roles Reimbursement Scheme. NHS England wished to ensure a 'high trust low bureaucracy year' for primary care, to allow for focus on access and patient care. The next ICB Board development session was to include a primary care roundtable, an opportunity for open dialogue.
- The BSW system had agreed a £9.9m deficit position for 2023-24, with partners working to safely and effectively end the financial year. Planning for 2024-25 was underway, with planning guidance released on 27 March 2024. The BSW Operational Plan was to be submitted by 2 May 2024. Next year would be exceptionally challenging financially for BSW.
- Enhanced oversight was in place for SFT, AWP and RUH whilst they remained in segment three of the NHS Performance Oversight Framework.
- Congratulations were noted for RUH for being given an 'outstanding' rating for its maternity services. RUH is one of only 3% of maternity services in England to be given an outstanding rating by the CQC. The variation in maternity services and outcomes across BSW were acknowledged, with the learning from RUH to be shared as a system.

- Significant organisational change for the ICB was underway through Project Evolve, with the direct impact on its people recognised. Though NHS staff survey responses were improving, there remained work to do as Evolve concluded.

7.3 The subsequent Board discussion noted:

- The triple lock process for BSW consisted of the organisation, wider NHS system, and NHS England sign off for any new revenue investment over £50k. This was not to replace existing layers within organisations, though provided that final veto. This was a requirement of the national financial protocol process. BSW had voluntarily adopted this process when it moved off its original financial target. The BSW Investment Panel was in place to oversee the process. The Panel's remit had been recently reviewed and revised, to ensure robust controls and oversight remained. The ICB Chief Medical Officer chairs the panel. A prioritisation framework was being finalised for adoption by BSW partners. Partners were supportive of the process, bringing a greater system visibility on potential investments, and encouraging that move to a system based solution, rather than just place (where appropriate). The awareness of this national process and control on BSW's investments was brought to the attention of the Board and members of the public, as this could impact on local decision-making.
- An emergent risk remained around industrial action for BSW whilst consultants were being balloted on a revised pay offer, and while the British Medical Association was also balloting junior doctors for a renewed mandate for industrial action and the outcome of the referendum.
- Noting the emerging guidance on the new Ministerial Intervention Powers, it was currently unclear of the impact of 'Local authorities no longer being able to make new referrals to the Secretary of State under the 2013 regulations.' This would be followed up outside of the meeting and reported back in due course.

8. Draft BSW Implementation Plan (Joint Forward Plan)

8.1 The Chief Delivery Officer talked through a supporting slide deck, highlighting the requirements of the Plan, the process being followed, and key things of note for the refresh. The draft BSW Implementation Plan had been shared as part of the paper pack, to be submitted to NHS England by 31 March 2024. Work would continue ahead of the final submission. A BSW System Planning event was also being organised for 9 April 2024 to input into the Plan. NHS England's deadline for final submission had changed following the delay in the release of the planning guidance; ICB's were now expected to publish plans by 30 June 2024.

8.2 As part of the refresh and engagement process, all three Health and Wellbeing Boards had been consulted, with stronger links formed with the joint local health and wellbeing strategies. Draft opinions had been received and will be reflected within the draft Plan. The Plan would be used to track the priorities and commitment of the system, including that of financial recovery (involving workforce reduction) and prevention.

8.3 Two case studies regarding Integrated Neighbourhood Teams and Reducing Harm to Unborn and Under 1 Year Olds were shared to illustrate the achievements and transformational changes seen against the previous Implementation Plan and strategic objectives. These case studies and achievements, and the coming together of the Plan

were due to hard work of system individuals, and were symbolic of the increasing collaborative working across teams.

8.4 The Board discussion noted:

- As part of this refresh process, colleagues were reflecting on the difference the Plan, its actions and outcomes were making – noting the quality and quantitative impact, acknowledging that the intellectual 'so what' needed to be captured. Work was underway with the Business Intelligence team to develop logic models for each programme of work, to first pilot with the UEC team, and then roll out further.
- The evaluation against the Plan was important to show achievements against the intended impact, as well as where challenges remained. Partnership working was critical to success and to improving areas. The NHS financial situation could impact on the level of achievement, though confidence remained against delivery, particularly on the move to longer term transformation and increased productivity. The Plan was to be realistic and pragmatic, and clear on priorities.
- The work towards workforce reduction required as part of the financial savings was also being worked into the BSW Operational Plan, reducing the pay bill, and increasing productivity and transformation. A triangulation of workforce, funding, and services was needed – and should not be looked at in isolation due to interdependencies.
- The involvement in the production of the Plan provided that opportunity for teams to get that mandate for action, subject to financial controls. The Plan was used to inform staff appraisals, and work plans and objectives.
- The timeline for approaching the annual revision of the Implementation Plan would be reviewed going forwards to allow a longer run time, as this was currently being undertaken alongside that of the Operational Plan.

8.5 The Board received and approved the draft BSW Implementation Plan, and the revised timeline.

9. BSW Draft Mental Health Strategy 2024-29

9.1 The Place Director for Swindon and the Associate Director of Mental Health Transformation wished to socialise the emerging Mental Health Strategy with Board members, to provide an overview of the key priorities and ambitions, and to seek members engagement and feedback on the development so far. BSW had fallen behind against the national and regional mental health priorities, and wished to set out its ambitious and transformational, yet realistic plan, to ensure delivery and improvement in its offer. The Strategy had been built up from the initial locality discussions, aligned with the BSW Case for Change and supporting data. Further work was still required on the financial elements to consider how to invest against priorities, return on investments, and utilising the existing mental health resources differently, balanced against the known service gaps, BSW Care Model, and move to prevention. A life course approach was required, avoiding duplication with services already offered via other parts of the system. Circa £220m was currently invested into commissioning of specialised mental health services across all age ranges.

9.2 The following areas were brought to the attention of the Board:

- The Strategy was being co-produced, working with he Applied Research Collaborative at the University of Bristol, engaging with relevant stakeholders, users and carers. Previous engagement work undertaken had also been reviewed, recognising the richness of all data and feedback, and acknowledging engagement fatigue.
- The current risk-based model needed to change - listening to those who know what their support requirements are, putting this into place before crisis point and avoiding admissions, helping them to maintain good mental health, and to continue to meet their life goals and ambitions. Earlier access support approaches would include voluntary sector support, digital, and signposting and information sharing. Though not to work in isolation from the main support requirements.
- It was acknowledged that mental health staffing was currently a challenge – one aim was to focus on this, making the BSW system a great place to work and inspiring people to join the workforce. There would be a greater emphasis on trauma-informed care and training for the workforce.
- The Delivery Plan would align to the ambition of the Strategy, set out in phases to ensure performance against the national metrics. Partnership working would be fostered to develop and refine delivery models.
- Though referenced that the final Strategy would be brought to the May Board meeting, this would now be extended to the July meeting to ensure full co-production and engagement was fed into the final version.

9.3 The Board discussion noted:

- Mental health touched all elements of the system, a system wide approach was required to deal with the challenges posed. However, consideration was also to be given to the amount of place difference that would be appropriate – with principles set against this at this early stage.
- A further understanding of the transformational elements, early interventions and proposed outcomes was required. This would be in the detail to be shared with members once the Strategy and Delivery Plan were finalised. The good practice being noted by NHS England as seen across the region would be shared to learn and accelerate change.
- In empowering patients to manage their condition, bringing that true personalisation of care, access to support in a timely manner, and via an approach that met their needs would be fundamental to the success of the Strategy, removing the barriers. 16-25 years was a critical life time, where this could really make a significant difference.
- The Strategy needed to reflect and acknowledge an element of realism, a focus on priorities was needed with the limited resources available, recognising that not all expectations and co-production feedback could be met.
- Noting the current workforce challenges and current vacancies seen across the mental health providers, further work was required on recruitment and retention, training, and improved utilisation of the voluntary sector support available.
- The emphasis on prevention could only be a focus if existing system monies were shifted to provide that additional resource. In support of this, the circa £26m spent on out of area specialist placements were to be stopped with partners as part of phase one, reducing this outlying cost, giving the ability to use this locally. The last three years had seen a significant investment into the Community Services Mental Health Framework transformation into secondary care, though monies had not been best utilised, with staff not recruited to deliver against it. This would be a fundamental change to spend the monies differently in support of this new approach. The ICB was

also to ringfence funds against the Mental Health Investment Standard, which would continue into 2024-25, increasing investment and providing some new money to use effectively and efficiently.
- Additional co-production time would be welcomed, to enable Councillors to fully review and feedback.
- A shared diagnostic of what current system support was not doing right was required, to inform the design and ensure the new approach met the needs of patients and their families.
- The Learning Disability and Autism portfolio sat separately to this, with its own programme of work ongoing, and a Programme Board and Strategy in place.

9.4 Members had welcomed the opportunity to engage and input into the development of the BSW Mental Health Strategy, and were encouraged to feedback anything further directly to the Place Director for Swindon and the Associate Director of Mental Health Transformation. It was anticipated that the final Strategy would be presented to the July Board meeting.

10. BSW Dental Recovery and Transformation Plan

10.1 The Wiltshire Director of Public Health, Director of Primary Care, and Programme Lead - Community Pharmacy, Optometry and Dentistry joined the meeting for this item to update the Board on the plans to recover and transform primary dental services across BSW, in line with the BSW Case for Change. It had been a year since BSW ICB had taken on delegated responsibility from NHS England, becoming a priority for the system and ICB.

10.2 Statistics from the Case for Change had shown that those 0 to 19 years olds being admitted to hospital for tooth extraction was double that of the national rate in Swindon, in Wiltshire it was one and a half, and a slightly better picture for BaNES. Dental issues could also detrimentally impact on speech and language development if left untreated. For adults, poor dental health could impact on eating well and fluid intake. These brought both considerable support costs to BSW, acute dentistry services, as well as personal costs to the population. The whole continuum pathway needed to be considered for BSW, with system partners collaborating to achieve recovery and transformation.

10.3 Working with Public Health, and other local partners such as HealthWatch via the Dental Operational Group – supporting action would be embedded in local plans. The performance trajectory was to improve, and dental units of activity increased. Recovery formed a wider priority amongst the South West ICBs, jointly setting metrics. Activity levels and fees would be addressed via the Dental Recovery Plan, aligned with the National Recovery Plan recently released and the priorities of oral health, access and workforce. £2.9m of investment was planned into dental services across BSW against these key areas (details could be shared upon request). Some plans were already underway against the stabilisation and urgent care pathways work, and working with the local authorities on the oral health plans.

10.4 Significant work was underway at a local and regional level to improve access to dental services, with feedback received from HealthWatch and the BSW Patient Participation Groups, linking with the regional Collaborative Commissioning Hub. Access to dental services was the highest rated negative feedback, and should remain a strong focus for

the ICB and the Board. Dental Vans were to be piloted, used to reach those hard to reach groups in need of support, currently being developed with national and regional colleagues.

10.5 The Board discussion noted:

- Links were being formed with schools, early years, care homes, domiciliary care, refugee projects, and shelters to improve awareness and support for oral health. This would expand as per the national Plan and the Enhanced Health in Care Homes Framework.
- Recovery targets were to reach activity levels of pre-COVID, though it was acknowledged that access and services were not sufficient before the pandemic. To move to a functional service was more than that of recovery. A whole system approach was required to make that significant change. A strategic approach to dentistry was required, and would be worked up once this newly delegated service was stable and the circumstances understood. There were immediate actions to put into place whilst working in line with the national constraints, before working on the BSW ambition.
- The risks associated against recovery were documented, including that of contract hand backs due to costs, and recruitment and retention of NHS dentists. (Capacity of NHS dentists was a notable South West issue, now raised onto the national agenda). The risks were monitored via the Primary Care Executive Group which reported into the ICB Executive. Regional Dental Operational, Transformational and Recovery Groups had also been established. The recent ICB Governance Review had recognised the need to consider the assurance of these services, and would form part of the Board development session discussion in April.
- The fluoridation of water was also noted as a significant impact for the BSW area. Local Authority partners support was required to influence change with the water provider for the area, Wessex Water. The ICB Chair was happy to support this notion and to also make contact with the water provider.
- From the £56.4m of dental funding; £34.2m was for primary care dental contracts, £2.9m investments, and the remaining £19.3m in support of the secondary care services. Supporting action to stop activity going into the hospitals would reverse the trend and enable savings to be reinvested into other areas and prevention.

10.6 The Board approved the BSW Dental Recovery and Transformation Plan.

11. BSW Performance Report

11.1 The Board received and noted the BSW Performance Report, providing oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance.

11.2 The Chief Delivery Officer informed the Board that challenges were noted across the national standards, with a significant focus on the A&E four-hour standard, and achieving zero 78 week waits by year end. Challenges were also being seen across the mental health and cancer measures – with fluctuations and variations. The ICB Quality and Outcomes Committee were to undertake a deep dive as part of its May meeting. Plans for 2024-25 actions were being worked on to improve performance.

11.3 The Chief Nurse Officer advised that an increase in reporting of never events was evident. Work was underway with the community in practice and the BSW System Quality Group to feedback where these had taken place, particularly around surgical interventions to address. To also note, the BSW Infection, Prevention and Control Collaborative was now in place, and would be focussing on improvements around antibiotic prescribing and community support and action.

12. BSW ICB and NHS ICS Revenue Position

12.1 The NED for Finance reported on the detailed review carried out via the ICB Finance and Investment Committee on the ICB and system financial position, and the assurance sought, highlighting the following:

- The aim was to mitigate the impact of the £9.9m system deficit, this shortfall did not reflect a success for the system, and would have to be repaid to NHS England next year. This position still had significant risks associated to resolve.
- The approach to the 2023-24 financial strategy was bold, with collective agreement. The £60m risk share had been utilised with providers to enable individual management of risks. The ICB did not therefore hold a contingency reserve. The Board would need to reflect on learnings from this approach in the 2024-25 plan.
- Risks would remain within services, though BSW should not reach a culture of accepting overspend. Industrial action would bring further cost pressures – headroom needed to be created to manage pressure events such as this.
- Improvement in planning and delivery were necessary, with realistic efficiency plans. To date £94m of the required £95m saving had been recorded, though noting £24m of this was non-recurrent. £45m would need to be found going into next year, adding to the next year's deficit. High level lessons needed to be acknowledged and enacted upon in readiness for next year.

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

- Uncertainty of further industrial action remained – an element of funding had been received, but not at the level required against underlying spend.
- Month 10 to month 12 would require management of implications, risks and opportunities. Elective recovery was expected to over deliver against Elective Recovery Fundings, and further efforts were to be made by NHS system partners to improve their balance sheets.

12.3 The Local Authority Partner Member for Wiltshire wished to highlight the significant risk to local authorities should the review of Continuing Healthcare backlogs and timings be undertaken as a remedial action, potential moving the associated costs to local government. Savings and action should be considered in line with the detrimental impact that could be caused to system partners. The ICB Chief Nurse was aware of this action and was linking in with local authority colleagues.

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

13. Report from ICB Board Committees

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

13.2 The NED for Public and Community Engagement acknowledged that the ICB Public and Community Engagement Committee (P&CEC) had not yet met this year, though acknowledged that supporting engagement work continued via various programmes. It was recognised that Project Evolve and the financial situation was impacting all elements of the system and ICB. The next meeting of the P&CEC on 23 April 2024 would be used to focus on a review of the P&CEC, to ensure it remained fit for purpose, and aligned with the ICB's legislative engagement duty and responsibilities.

13.3 The NED for Quality advised that the ICB Quality and Outcomes Committee would receive and review the Cancer and Continuing Healthcare deep dives at its May meeting. It was recorded that the March meeting had approved the BSW Population Health Board terms of reference.

14. Any other business and closing comments

14.1 There being no other business, the Chair closed the meeting at 12:56hrs

Next ICB Board meeting in public: Thursday 16 May 2024