

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

Thursday 16 May 2024, 10:00hrs

Double Tree Hilton Hotel, Lydiard Fields, Great Western Way, Swindon SN5
8UZ

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)
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 Remuneration and People, Suzannah Power (SP)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
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 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 Chief of Staff, Richard Collinge (RCo)
ICB Acting Chief People Officer, Sarah Green (SG)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
ICB Board Secretary

Invited Attendees:

Director of Urgent Care and Flow – for item 10
Director of Primary Care - for item 12
Assistant Director of Primary Care – Swindon Locality – for item 12

Apologies:

NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)
Non-Executive Director for Quality, Alison Moon (AM)
NHSE South West Director of Commissioning, Rachel Pearce (RP)
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 Alison Smith who joins us as the Deputy NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector.
- 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 28 March 2024

- 3.1 The minutes of the meeting held on 28 March 2024 were approved as an accurate record of the meeting, subject to the amendment to record that the Chief Executive of the RUH was in attendance.

4. Action Tracker and Matters Arising

- 4.1 There were no actions recorded upon the tracker, and no matters arising not covered by the agenda.

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.
- 5.2 One question had been received in advance of the meeting concerning how BSW was responding to NHS England's proposals for 'Same Day Access Hubs' for primary care (based on the Fuller report), and the ICB seeking further evaluation of this primary care model in terms of quality of care, equity of access to a GP, continuity of care and patient safety before adopting this NHS England proposal. The Chair advised that though there had been no evaluation of the models undertaken, it was recognised that for some areas of BSW the model was not always appropriate due to geography. Further to this, the Primary Care Partner Member advised that these models were not mandated, these were recommended as options to the ICB. Primary care would adapt these to best meet the needs of their local population.
- 5.3 A further update on the Primary Care Access Recovery Plan would be received later on the agenda.
- 5.4 The question and the full response 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:

- **Nominations and Appointments Process for ICB Board Members Roles**
A joint nominations process for the Partner Member NHS Trusts and Foundation Trusts, and for the Partner Member Swindon Local Authority of the BSW ICB Board had been held, per the stipulations of the BSW ICB Constitution. Eligible nominators were invited to make nominations for these two roles, with the process concluding on 8 May 2024. One nomination was received for the NHS Trusts and NHS Foundation Trusts Partner Member role, bringing the perspective of the acute hospital sector (Cara Charles-Barks, CEO Royal United Hospital, Bath). One nomination was received for the Local Authority Partner Member role, bringing the perspective of local government, social care and public health for the Swindon area (Sam Mowbray, Interim Chief Executive, Swindon Borough Council).

Per the ICB Constitution, the ICB Chief Executive convened a Panel on 9 May 2024 to assess the suitability of the nominees against the requirements of the role. The panel consisted of the BSW ICB Chief Executive, BSW ICB Chair, and BSW ICB Non-Executive Director for Remuneration and People. The Panel confirmed that the nominees met the respective requirements and eligibility criteria for the roles, and agreed to appoint the two nominees to the respective roles. Appointments were subsequently approved by the ICB Chair, subject to the successful outcomes of the necessary checks, including those required as part of the Fit and Proper Persons Test.

For today's meeting, because of the conditions of the appointment checks, Cara Charles-Barks and Sam Mowbray continue to attend as participants. Once successful check outcomes are received, appointments will become effective, and appointment terms and conditions will apply.

- **NHS Confederation Meetings**
The Chair regularly attends NHS Confed meetings, which considers a range of subjects surrounding development of systems and arising issues. The Chair also currently chairs the NHS Confederation Health Inequalities Reference Group, and will be a guest speaker at the NHS Confed meeting in June to discuss how integrated care systems (ICSs) are tackling health inequalities.
- **Hewit Review Panel**
The Chair also attends meetings of the Hewit Review Panel, which oversees the programme of work as a result of the recent Hewit Review. A report was expected at the end of May to advise on progress against the implementation of the recommendations.

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:
 - A meeting was held with the NHS England national and regional teams on 14 May 2024 to review the BSW Operational and Financial Plan as part of the last submission stage. Overall, it was a constructive, challenging, though supportive discussion, with the national and regional teams to work alongside BSW, particularly in support of the

roll out of the Electronic Patient Records programme, and to share learning from other systems. The challenging plan and elements of high risk were acknowledged, though recognised BSW as a system was committed to delivery, to challenge and push itself to ensure safe and appropriate delivery, and productivity and efficiency improvements. It was recognised that the system has a historic underlying deficit, which it was to collectively address. It was fundamental to address the variation in access and outcomes, and learn from each other.

Workforce controls were to be embedded to ensure the system was the right shape and size, with a focus on reducing the use of bank and agency staffing, and non-clinical workforce. Opportunities for teams to come together were being considered. 2024-25 would be a significant year for BSW, with work undertaken over the last 18 months to prepare, particularly with the acute sector collaboration and the case for collaboration an important part of the change needed.

The system deficit was recorded as £35.7m, with the national team clear that BSW was to stretch further to reduce this to at least £30m, recognising there were already risks in the Plan. There was a significant amount of recurrent and non-recurrent savings to be made for the Plan, to translate to recurrent where possible.

The national team were asked to support and back the BSW Operational and Financial Plan, to acknowledge that the system was working to capacity to maintain and enhance productivity. The implications on primary care and its estates due to revenue implications was also shared during the meeting with NHS England colleagues.

- The Integrated Community Based Care (ICBC) programme was now in the final recommissioning stages for community-based services, building that integrated pathway with multiple partners, to deliver the strategy and ambition.
- There was currently a focus on those fragile services and reviewing how these could be operated differently or changed. Disinvestment options would be considered, working with a risk appetite and in line with the Integrated Care Partnership (ICP) Strategy.
- Challenged areas of performance remained across the system, particularly urgent and emergency care (UEC), diagnostics, talking therapies, and cancer pathways – which would remain a focus throughout the year.

7.3 The Chief Nurse spoke in relation to 2.19 of the report and the deterioration of children and young persons (CYP) service performance and access, advising the Board that the target for those children and adolescents with an eating disorder were to be seen by a professional and treated within four weeks, 24 hours for urgent cases. This was a live issue for BSW (and nationally), recognising the limited access to tier four beds and services. The Integrated Care Alliances were undertaking a deep dive into the Children and Adolescent Mental Health Services (CAMHS), to address this as a point of prevention and to reduce those crisis points. Assurance was given that every child had an escalation process. The underperformance and consequential impact on the acutes and social care services was acknowledged, with additional support being looked into for CYP to ensure access to services during crisis points. The CAMHS data lag was acknowledged, though noted that discussions were held with Oxford Health on a case by case basis. Further analysis of the data was required to understand the risks and mitigations required. An update would be taken to the July Quality and Outcomes Committee (QOC) meeting.

7.4 The subsequent Board discussion noted:

- Regular updates on the Health Inequalities Implementation Plan would be presented to the BSW Population Health Board and the QOC. An update was also scheduled for the July Board meeting.
- The four new national productivity tools were referenced, with it explained that the 'driver waterfalls' tool provided that longitudinal view of the impact over time. A pilot tool to aid management choices and effect change, and to review decision-making over the years, and the impact on productivity. The Board would need to consider how it wishes to utilise and implement these tools of improvement against the five areas of system focus of; costs including workforce and required reductions, elective recovery, UEC and care co-ordination/virtual wards, non pay, and out patients. A material improvement was already being seen, BSW was required to revert back to 2019/20 levels.

8. BSW NHS ICS Operating and Financial Plan 2024-25

- 8.1 The Chief Delivery Officer informed the Board that the BSW NHS ICS Operating and Financial Plan for 2024-25 had been submitted on 2 May 2024, following approval from the ICB Board and Finance and Investment Committee (FIC) on 1 May 2024. This had since been subject to national and regional scrutiny at the meeting held on 14 May 2024. Detailed feedback was now being worked through. Amendments were required to the diagnostic position and the financial elements. The Plan was to be resubmitted in June, and would be brought to the July Board meeting for ratification.
- 8.2 The Chief Finance Officer advised that a deficit of £30m had been agreed with the national team, with a £5.7m improvement to make on the position. Funding had now been agreed from NHS England against the UK Generally Accepted Accounting Practice (UK GAAP) adjustment of £3.2m, the remainder of the gap would need to be closed by the system.
- 8.3 It was acknowledged that it was a challenging Plan, with efficiencies of £142m to make across the system (£96m achieved in 2023-24), 50% of which was non-recurrent. The system was to work to transfer this to recurrent to aid the forwarding position. A gap of £24m of unidentified savings was noted. The system had identified 60 initiatives to potentially support the closing of the gap (£11m), the next phase would be to consider and review those loss-making services.
- 8.4 The Board discussion noted:
- The transformation required by the system to support the achievement of the financial and performance requirements of the Plan were significant. Though the performance metrics data was not concurrent when presented to the Board due to use of published data, the Executives were sighted on real-time data to ensure oversight of services and effect of change. The revised operational governance was reflected through the co-ordination of the BSW Recovery Board and BSW Investment Panel. Delivery arrangements and programmes were in place to monitor plans and actions, focussing on those key critical areas. A BSW Planning and Delivery Group has been established to specifically have oversight of the operational plan, docking into the relevant Committees, and escalating to the Board, as required.
 - The financial regime for 2024-25 included a high level of non-recurrent funding to create a transitional fund to deliver key metrics across the NHS provider organisations.

Conditions of this funding was to ensure delivery of the revised workforce trajectories, meeting individual plans, and support to the system to close the financial gap.

- Equality and Quality Impact Assessments would be completed against any of the initiatives taken forward to support the system position. There were five areas that were not to be impacted; close core bed capacity, meeting the Mental Health Investment Standard, long waiters, maintaining ambulance capacity, and patient choice.
- Improvement in the Plan needed to be evident by the June resubmission.
- Health inequalities funding was confirmed and committed for this financial year, and would not be impacted by the financial position or achievement of the plan. The agreed £2m for prevention had been ring-fenced and included in the plan, asserting the Board's and system's commitment to addressing health inequalities and prevention.
- Workforce remained an ongoing live discussion, noting the need to consolidate and reduce, whilst also growing the workforce in the right areas to address the future needs and demand curve. Of the 764 positions to reduce by, 460 of these were bank/agency/temporary staffing. The removal of temporary staffing above those core staff levels would bring sustainable change and an affordable level of staffing. Vacancy Control Panels would continue to operate within each NHS provider and the ICB to determine if it was safe to hold a vacancy. The ICB was already considerably reducing its staff numbers as part of the organisation change process of Project Evolve.

8.5 On conclusion of the discussion, the Chief Executive acknowledged the challenges in meeting the Plan, though gave assurance to the Board that the ICB and partners would continue to collectively work to close the gaps and focus on those high-risk areas to move to a financially sustainable position, tackle the increasing demand, and enabling transformation programmes to deliver. BSW was working to move out of the annual planning cycle. The three-year plan was built around the ICP Strategy and BSW Care Model.

8.6 The Board noted the latest submission of the BSW Operating and Financial Plan for 2024-25.

9. NHS BSW Capital Plan 2024-25

9.1 The Non-Executive Director (NED) of Finance / Chair of the FIC, introduced this item, assuring the Board that the detail that sat behind this summary Capital Plan had been scrutinised by the FIC. There were two types of capital, local discretionary capital predominantly committed to replacements and basic maintenance, and national capital monies that could be bid for. The NHS Capital Strategy was awaited, with the hope that this could bring local delegation to aid transformation against priorities and local strategy.

9.2 The Chief Finance Officer advised that capital funding issues had been raised during the meeting with the national and regional colleagues, noting that the operational capital of £38m was not sufficient for the backlog of estate maintenance, that cash backing was needed, and revenue and capital support was required for primary care.

9.3 There was no separate capital allocation for primary care. The ICB was working with primary care networks (PCNs) against the Primary Care Toolkit to undertake a deep dive and assessment of the estates, to gather that granular detail for the Executive to categorise and prioritise. Consideration was also to be given to maximise the use of leases

to enable a different way to approach capital. Clarity on the prioritisation of primary care estates would be developed and shared in due course, noting this also impacted on local authority partners with areas such as planning. Wiltshire Council in particular offered to be a supportive capital partner with a tighter definition of capital, which resulted in being able to access capital for specific programmes. It was acknowledged however that capital was not necessarily the issue with regards primary care, but the ongoing revenue support required thereafter and the need for recurrent funding. With the primary care budget fully committed, there was no revenue available to support such projects. Discussions were needed of how to create a funding pot for those crucial primary care developments.

9.4 The ICB Board formally approved NHS BSW ICS 2024-25 Capital Plan.

10. BSW Urgent and Emergency Care Winter Learning

10.1 The Chief Nurse and Director of Urgent Care and Flow briefed the Board of the evaluation principles, outcomes, risks and issues identified within the winter period 2023-24 across the BSW system to take forward into 2024-25, and of the feedback provided at the Winter Learning Event held on 23 April 2024, attended by all system partners.

10.2 The subsequent Board discussion noted:

- The Care Co-ordination Hub was an integral part of the system, though it was noted ambulance handover delays were still an issue. BSW was working to implement that wrap around community-based support to enable more patients to stay at home. The variation in calls before conveyancing resulted in a blend of work in urgent care. The system flow was still presenting some blockages and challenges, one improvement to this was for the acutes to consider aligning their known discharge times, demand times with workforce resources. BSW had the lower conveyancing rate across the South West, indicating the ability to process and improve. The volatility and performance variance would always been seen, the recovery from these demand periods was fundamental.
- This report was focussed on those system developments and changes made to enable the system to better cope with winter. How the BSW winter experience was being reflected back via this report was therefore different to the data points and reflections collected during the period, and the sense of escalation, overstretch and unsustainable levels of voluntary effort that had been required, as witnessed and managed by the Board and Executive. The system and workforce experience of winter, qualitative material, validation of data, and any arising quality and safety choices and performance issues would be examined and taken to the QOC to consider the longer term sustainability. The learning event had enabled staff an opportunity to reflect, noting the fragile and challenged areas of the system. The SHREWD system tool provided that whole system, real time status view to support intervention.
- The Board recognised the system had planned and prepared well, with creative and innovative resolutions, and exemplary system leadership in place preparing the foundations to build on.
- Local authority colleagues felt discharges were being impacted by the lack of seven day working in some parts of the acutes, and other associated factors such as transport for patients, and therapy services. Utilisation of data between organisations was to be further improved to bring improvement opportunities.

- The recognition of primary care capacity and their challenges faced in support of winter plans was welcomed, looking at the correlation between walk-ins and capacity, raising awareness of primary care being more broader than the GP and practice.

11. BSW Equality Delivery System 2023-24 Submission

- 11.1 The Acting Chief People Officer presented the findings of the 2023-24 NHS England Equality Delivery System (EDS) submission. The EDS forms part of the NHS statutory duty under the Public Sector Equality Duty (PSED), focussing on three core domains and the actions for 2024-25, assessed by clinical and inclusion leads. Domain one conclusions had been through the respective organisations governance processes also.
- 11.2 The level of ambition BSW had against this agenda was acknowledged, recognising the importance of this being embedded throughout system partner organisations. Equality, diversity and inclusion had been a focus for the February Board Development session, and would be revisited as required. It was felt the Board's commitment to this area was perhaps not sufficiently reflected in the report. For the coming year, the QOC and People Committee would be included in the process to review and scrutinise the data and outcomes.
- 11.3 The Board:
- Approved the submitted EDS evaluation, with a total ICB score of 20.5 (Developing activity score) for publication as part of the PSED requirements.
 - Approved the completed actions from 2022-23 report, and newly identified action plan for 2024-25.
 - Noted that Domain one was based on two services, and not three due to unforeseen context preventing the third service to be reviewed.
 - Noted the 2024-25 forward plans to identify Domain one services in quarter one with QOC, with enhanced matrix working and shared ownership.
 - Noted plans to further embed EDS and existing evidence for strategic programmes of work for placing high regard in improving equality as core to commissioning and improvement of services. (endorsed by recent desk top review from Equality and Human Rights Commission on ICB compliance with PSED in March 2024)
 - Noted work to continue to incorporate EDS (Domain two and three) as part of the overall people programmes for maximising impact and reducing duplication.
 - Noted that a BSW ICB People Programme Delivery Group would be established for enhanced oversight of the ICB People and Culture priorities, one of which would be EDS, reporting into the Executive Management and People Committee.

12. Primary Care Access Recovery Plan – System Level Access Improvement Plan Progress Update Report

- 12.1 The Director of Primary Care and ICB Assistant Director of Primary Care were in attendance to update the Board on the progress made against the Primary Care Access Recovery Plan. The system plan focussed on recovery to primary care access, bringing in the elements of community pharmacy, primary and secondary care, direct referrals and digital transformation. There was a considerable amount of work underway in support of this plan, alongside that of the additional delegated functions, and the associated risks, challenges and opportunities.

12.2 The Board discussion noted:

- The utilisation of the national NHS app was queried and whether it was being utilised by particular demographic groups. The team could track downloads (age specific would be looked into), access, use for repeat prescriptions and appointments. The focus was also on digital exclusion and demographics, in support of health inequalities, and to ensure the population was still able to access the services it required.
ACTION: NHS app usage detail to be shared with Board members.
- Noting the challenge in 'variation exists within access' – the team would continue to review the BSW and practice level data, and the appointment type and mode of access data. Access Recovery Plans were also in place at PCN level, with variation in access recognised, with continued discussions and monitoring at practice level.
- The impact of Additional Roles Reimbursement Scheme (ARRS) roles on core practice staff referenced in the update concerned the staff time, support, and supervision required to bring in these new roles, which was not always factored in, along with actual estate capacity to place these roles.
- The next steps were aligned to the national direction and with the operational priority guidance for ICBs to deliver against. Risk assessments against achievement of these would be undertaken. Elements were already progressing, monitored via the Primary Care Executive Group (PCEG) and the Executive, escalating to the Board if required, as well as reporting into NHS England.
- It was recognised that there was currently a governance gap for primary care, as identified via the ICB Governance Review. The recommendations were being developed for consideration by the ICB Board.
- There had been an 100% sign up by community pharmacists to Pharmacy First. Funding was available for PCN leads. Operational Groups for pharmacy, dental and primary care would be brought together to oversee this programme of work.
- A whole system message was needed to support the achievement of the strategy, the culture shift required by primary care and the population, and to empower primary care to effect change. Consideration should be given to the Board's approach to the behavioural aspect, and ensure sufficient investment to enact the required cultural shift. The improvement plan needed to enact change at a fundamental level.
- An additional community workstream was required to support the prevention and flow, to bring together the community integrated teams.

12.3 The Board noted the contents of the update report, the key ambitions to be supported by wider system partners, and was cognisant of the need to support what was an expanding, and system critical, primary care transformation programme.

13. BSW ICB Data Security and Protection Toolkit

13.1 The Chief Delivery officer updated the Board on the ICB's progress with completing the Data Security and Protection Toolkit (DSPT) mandatory and non-mandatory insertions. This was a significant piece of work for the organisation, to be submitted by 30 June 2024. An independent audit had been undertaken, with the draft report providing an overall rating of 'significant assurance with minor improvement opportunities', which reaffirms that the ICB's systems for data security are generally well designed. At this time there were four draft recommendations have been made, none of which present a major risk.

- 13.2 The Board has overall responsibility to ensure that the ICB has appropriate data security arrangements in place, and the ICB's performance against the DSPT. However, due to the submission timeline, the Board was being asked to delegate the sign off of the toolkit to the Senior Information Risk Owner and the Executive.
- 13.3 The Board noted that the ICB was on track to achieve successful completion of the DSPT and a 'standards met' rating. The Board agreed to formally delegate approval of the final DSPT submission to the BSW ICB Executive Group. Any issues would be highlighted to the Board if necessary at the July meeting.

14. BSW ICB Corporate Risk Management

- 14.1 The NED for Audit / Audit and Risk Committee Chair advised that risk management for the ICB was work in progress, monitored by the Committee. The latest report provided a positive position of how the infrastructure in the organisation was developing, with the Risk Management Group activity engaging in the review and scrutinising of live risks.
- 14.2 The Chief Delivery Officer advised that the Executive had reviewed and discussed the corporate risk register at its meeting on 15 May 2024, recognising that there were a number of risks seeing no movement in their scores. It was further noted that the workforce risks had been updated since the register was shared. Any movement in scores and risks would be referenced in a supporting summary report going forwards.
- 14.3 The ICB's Board Assurance Framework (BAF) was used to align the operating plan and strategic intent, and to track strategic objective delivery and associated risks. Real implementation of the BAF was still required, with suggestion made to test this with the health inequalities item ahead of the July Board.
- 14.4 The Board noted the BSW ICB corporate risk register.

15. BSW Performance and Quality Report

- 15.1 The Board received and noted the BSW Performance and Quality Report, providing oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance. The full detail had been reviewed and scrutinised by the QOC, with benchmarking data added where available.
- 15.2 The Chief Delivery Officer drew members attention to the quarter three positions against the NHS England Oversight Framework Segmentation process, with the ICB, RUH and SFT remaining in segment three, where benchmarking most poorly, requiring significant attention for cancer, diagnostics, talking therapies, and UEC. This correlated with those discussions in the national meeting, and identified priorities.
- 15.3 The Chief Nurse Officer referenced the independent review of Greater Manchester Mental Health NHS Foundation Trust, and the learning to be noted by the ICB and wider system. This had been reviewed in detail by the QOC.

15.4 BSW was well linked in with other systems and via region to learn from its peers, though there was more to do, with national support offered to be more proactive in this space.

16. BSW ICB and NHS ICS Revenue Position

16.1 The Chief Finance Officer provided an overview of the BSW NHS ICS revenue position, with the close of position for 2023-24 noted as a £17.9m system deficit. This was subject to the ongoing audit. The £7.9m difference was due to technical adjustments for the RUH and SFT, and would not be repayable. The £9.9m would be offset by the CCG surplus brought forward, and would not be repayable. The position had been agreed with NHS England post submission of the draft accounts.

16.2 In answering questions, it was advised that the workforce reduction trajectories for 2024-25 had been factored into next year's plan and were included in the baseline.

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

17. BSW ICB Board - Declarations of Interests

17.1 The Board noted the current registers of Board members' and regular Board attendees' interests. The Chair asked for any new inclusions or amendments to be raised with the ICB Governance Team.

18. Report from ICB Board Committees

18a BSW ICB Audit and Risk Committee Annual Report

18.1 The Board noted the summary report from the ICB Board Committees, and the appended BSW ICB Audit and Risk Committee Annual Report.

18.2 The NED for Public and Community Engagement advised that an exploratory and open discussion had been held at the Public and Community Engagement Committee meeting held on 23 April 2024, to consider the reshaping of the Committee, and the engagement activity elements that needed to feed in. The Chief of Staff would be discussing the redesign and remit of the Committee with the Executive, alongside the ICB's community engagement approach, to bring to the next Committee meeting.

19. Any other business and closing comments

19.1 There being no other business, the Chair closed the meeting at 12:38hrs

Next ICB Board meeting in public: Thursday 18 July 2024