

To: Sue Harriman (CEO)  
cc. Stephanie Elsy (Chair)

Elizabeth O'Mahony  
Regional Director, South West  
South West House  
Blackbrook Park Avenue  
Taunton  
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31<sup>st</sup> July 2024

Dear Sue,

**Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care Board  
Annual Assessment for 2023/24**

Thank you for attending the ICB Annual Assessment meeting with regional colleagues on the 5<sup>th</sup> July 2024.

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "*The Act*"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System (ICS). In making my assessment for the 2023/24 financial year I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

It is worth noting that this formal assessment process, as required by the Act, does not require NHS England to provide you with a specific segmentation rating for levels of support and intervention as that is dealt with separately under the NHS Oversight Framework.

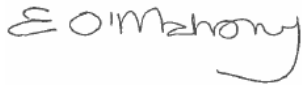
This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your ICS across the 2023/24 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your ICS as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment, I have summarised those areas in which I believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. I have also included any areas in which I feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have also taken into account how you have delivered against your local strategic ambitions, as detailed in your Joint Forward Plan (JFP), which you have reviewed and rebaselined. A key element of the success of each ICS will be the ability to balance national and local priorities together and I have aimed to highlight where I feel you have achieved this.

I thank you and your team for all your work over this financial year in what remain challenging times for the health and care sector, and I look forward to continuing to work with you in the year ahead.

Yours sincerely,

A handwritten signature in black ink that reads "E O'Mahony". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

**Elizabeth O'Mahony**  
Regional Director, NHS England – South West

## **SECTION 1: SYSTEM LEADERSHIP AND MANAGEMENT**

BSW ICB has continued to lead the system during a period of unprecedented industrial action, whilst also managing the challenges of delivering a 30% cost reduction. There is a clear commitment to the triple aim and it is evident that the ICB has processes in place to oversee performance, with performance and quality reports going to the ICB Executive Performance and Risk Meetings, the ICB Executive Management Meeting and the Quality and Outcomes Committee. Other key meetings where performance and recovery plans are discussed at both provider and system level, include the Urgent Care and Flow Board Programme, the Elective Care Programme, the Thrive Programme Board, the Strategic Workforce Group and the Finance and Investment Committee.

Partnership working has been demonstrated with other ICBs and is evidenced in the Annual Report and described in the Primary and Community Care Plan, which sets out BSW's six transformation priorities, alongside the Integrated Care Strategy, which has been developed from listening to people across BSW.

The Joint Forward Plan (JFP) has been informed by stakeholders, including the Health and Wellbeing Boards (HWB) to ensure alignment with the Joint Local Health and Wellbeing Strategies and is considered to have met the 17 legislative requirements. The stakeholder group deliberately focussed the whole system JFP on Place and Integrated Care Alliances, and the ICB is considering how refreshes will accurately reflect the reality of place-level deliverables being tied into whole system governance and outcomes.

It is positive to see that priorities from the Bath and North East Somerset HWB and Swindon and Wiltshire HWB strategies have informed the content and direction of the BSW Integrated Care Strategy. All three HWBs' assessments of how effectively the ICB has worked with its NHS and wider system partners to implement the local Joint Health and Wellbeing Strategy during 2023/2024 demonstrated positive views regarding working relationships between the ICB and HWBs, alignment with local strategies and good practice supported by the three Directors of Public Health (DPH) having leadership roles.

Transformation features in the annual report, with initiatives including the delivery of virtual wards, the delivery of new mental health extended well-being beds in Wiltshire, the opening of a new crisis house in Bath and North East Somerset, mobilisation of a new Early Mental Health and Emotional Wellbeing Support Service for children and young people in Swindon and Quality Improvement work for pressure ulcers within care homes.

Another initiative included the formation of a system-wide clinical effectiveness group to enhance patient and service user outcomes. This supports implementing best practice, which includes National Institute for Health and Care Excellence guidance and quality standards and implementing care pathways.

It is also noteworthy that BSW-wide care co-ordination in collaboration with system partners has won an award for integration at the 2024 Health Service Journal Annual Awards.

BSW ICB continues to have good governance in place. Although the Board has had three vacancies, this was during the period when the ICB completed a Governance Review to consider its Board and Committee structures and membership. Subsequently, the ICB Chair and CEO have led a process that has resulted in two of the vacant roles being appointed to, subject to satisfactory completion of the Fit and Proper Persons Test. Appropriately, the remaining vacancy (Community Provider Partner Member) will be considered on completion of the BSW Integrated Community Based Care programme and contract award.

## **SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE**

Throughout 2023/24 the ICB and system partners have continued to work together to deliver the operating plan trajectories and national targets. Achievements and areas of remaining challenge are clearly understood and detailed in the annual report.

The 2023/24 Quarter 4 segmentation process determined that two trusts in the system remain in segment 3, with the other remaining in segment 2.

The ICB remains in segment 3 with system improvements required in Diagnostics, Mental Health (Children and Young People (CYP) Access, and Eating Disorders, Talking Therapies, and Dementia), Community (Virtual Wards, and Urgent Community Response), and Finance.

I would ask that you continue to focus on the areas of challenge within the trusts and the ICB in readiness for the 2024/25 oversight and assessment processes.

In 2024/25, I hope to see improvements continue and that planned delivery against the 2024/25 operating plan is achieved.

The assessment has shown that the ICB continues to pursue continuous quality of its services in connection with prevention and diagnosis/ treatment of illness. The ICB Quality and Outcome Committee and BSW System Quality Group bring together partners enabling oversight of risks, concerns, improvements and learning on a system-wide footprint.

The ICB has focused on using data to establish top emerging themes from incident data and producing recommendations and improvement actions, including implementation of the patient safety incident response framework, with a designated community of practice established where system partners work together to improve patient safety.

BSW ICB has established a system mortality group to understand mortality across provider organisations, identifying opportunities for shared learning and improvement in care quality. The developments and actions which relate to the domains of quality within the ICB's documents are reflective of what is known about the system.

It is positive to see that the ICB has a Senior Responsible Officer in place leading on patient choice in the system, with evidence of work in progress in elective care and referral services. Public engagement is evident with the ICB holding virtual patient and public engagement forums that meet on a regular basis and are chaired by the ICB's Lay Member for Patient and Public Involvement. These have strong and diverse membership, with attendance by interested members of the public, carers, people working in nearby voluntary organisations and representatives from local Healthwatch groups.

In addition to the forums, the BSW Care Model has strong engagement, with 1,441 people engaged with at 65 events, 918 people completing surveys and 40 people being directly spoken with about their experiences of health inequalities. Representation from a wide group of people was evidenced, including refugees and asylum seekers, people with learning disabilities and autism, members of the LGBTQ+ community, people with chronic long-term conditions, an unpaid carer and people recovering from alcohol and substance misuse.

## **SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE**

BSW's Inequalities Strategy sets the vision and approach to health inequalities within BSW and it is also evident through the annual report that the ICB has continued the commitment to reduce inequalities experienced both in people's ability to access health services and in the outcomes achieved for them through services.

A key focus has been on delivering the Core20PLUS5 and Core20PLUS5, CYP ambitions. Alongside the 20 per cent most deprived population, the BSW PLUS (inclusion) populations are defined at place level for Bath and North East Somerset, Swindon, and Wiltshire separately. The PLUS populations for BSW are:

- Bath and North East Somerset ethnic minority communities, homeless and people living with severe mental illness.
- Swindon ethnic minority communities.
- Wiltshire manual workers, traveller communities and those in rural areas.

It is positive to see there is strategic oversight and accountability through the Population Health Board, which has been in place since September 2022 and has delegated authority from the ICB Board to use health inequalities funding (£2m a year for five years). There is clear engagement with the DPHs, with Wiltshire's DPH co-chairing the Population Health Board, and Bath and North East Somerset's (BaNES) DPH chairing the recently established Prevention Strategy Group. This has membership from the three local authorities, NHS providers, Voluntary and Community Sector Enterprise, ICB Programme Leads, Health Inequality Leads for the three localities and BSW Health Inequalities and Prevention team.

I note that a full implementation plan and breakdown of costs, as well as expected outcomes, has been presented to the ICB Board. Achievements to date include:

- Completion of a training needs assessment.
- Inequalities workshops delivered through the population health management forum to system colleagues (including the Acute Hospital Alliance).
- An online inequalities hub as part of the BSW Academy.
- A resource library to support Primary Care Networks (PCNs) and others to access training and wider support.

During 2023/24, the ICB used part of the £2m health inequalities funding to strengthen internal resource by creating a Health Inequalities and Prevention Team comprised of three posts, with post holders now in place. It is encouraging to see that the majority of funds have been allocated to each locality, with proper governance and scrutiny process in place and funding agreed for 35 projects (12 in BaNES, nine in Swindon and 14 in Wiltshire), 13 of which received funding in 2023/24, the remainder due to receive funding in quarter one of 2024/25.

In September 2023, a Population Health Management Intelligence Forum took place, with intelligence and learning from the event being used to support the implementation of key ICS Delivery Programmes, which include:

- BSW Case for Change.
- A training programme for analysts across NHS organisations in Health Inequalities Analytics, with the DPH for Wiltshire taking the leadership role for Population Health Analytics, working closely with the ICB.
- Various standard dashboards, including the Population Insights Tool.

The ICB's commitment to reducing inequalities is clear throughout the annual report, and you have described this as being of fundamental importance to the ICB strategy, whilst also recognising opportunity to do more to make sure information on health inequalities is able to drive the ICB's programme of work. The ICB commissioned its internal auditors to review health inequalities data and examine the ICB's progress against the NHS England Statement on Health Inequalities that was issued on the 27<sup>th</sup> November 2023. The ICB is now working on implementing the recommendations.

## **SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY**

In respect of finance, the ICB did not meet its planned breakeven position, by £9.9m. The Month 12 Integrated Finance Return submission shows how this is offset by an underspend of £25k by the providers to create a system position of £9.875m deficit against plan.

Month 12 reporting shows that capital expenditure was in excess of the resource limit. The overspend relates to an International Finance Reporting Standard (IFRS) 16 lease (Great Western Hospital) identified as a prior period adjustment, but ultimately recognised as in-year expenditure. The national team had separately agreed to provide cover for this lease, so the variance excluding the IFRS 16 lease is an underspend of £6.17m. The running costs duty has been achieved with a £1.5m underspend, cash allocation was fully utilised and Salisbury NHS Foundation Trust agreed cash support in Quarter 4.

The ICB total efficiency under-delivered by £51k, alongside a system under-delivery of £2.359m. Total recurrent efficiency for the ICB was under-delivered by £11.7m, with a system under-delivery of £25.5m.

Your commitment to research, technology and innovation is clear and supported by the programmes of work that have been progressed in the BSW system. Of particular note:

- The BSW Research Hub being made accessible to all health and care researchers within BSW and the creation of a System Research Group led by the ICB with representation from research leads from providers across the system.
- Your partnership work has continued with NHS England, resulting in a lead healthcare scientist being recruited and a Healthcare Scientist Forum being established, with the System Healthcare Scientist playing a key convening role.
- The successful award and completion of the NHS England-funded research and engagement network project to increase diversity in research participation, taking forward community engagement events for raising awareness of research participation, bespoke design of cultural competence training for research active staff and enhanced awareness and tools for enabling inclusive research practice.

In respect of technology, the ICB has completed the move to the cloud with all key ICB and GP Primary Care systems, in line with the NHS Cloud Strategy. The ICB has also worked with NHS England and provided funding to support GP practices to upgrade their phone systems to modern cloud-based systems, to improve patient experience.

Over the past 12 months the ICB has worked closely with primary care and other system partners to increase public awareness of the NHS App. As of February 2024, the ICB had the second highest rate for new NHS App registration in England. This will set the foundations for future years to deliver quality digital services to patients.

## **SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT**

BSW ICB has provided several examples of the 'adding social values' work that it is undertaking to support broader social economic development across BSW. I have noted good partnership working between the ICB and other organisations, including the HWBs.

The ICB Green Plan is a central component of the system's commitment and contribution to tackling climate change and meeting net zero targets.

Environmental sustainability achievements show that the ICB has benefitted from hosting and mentoring a Chief Sustainability Officer Clinical Fellow who has supported delivery of a range of sustainability projects across BSW, including:



- Utilised a low carbon care tool for centralised maternity services triage, as part of an NHS England-funded pilot exploring the decarbonisation of care.
- Explored how sustainability can form part of the development of an Activity Driven Estates Planning Tool (ADEPT) to support the identification of estates requirements as part of service planning and redesign.
- Led educational workshops on climate change and maternity services to clinicians across BSW. Work is currently underway to progress this through 2024.
- Provided three educational sustainability workshops for PCNs with incentives to increase sign-up to the green impact for health toolkit.
- Upscaled the outpatient hypertension pathway for women during pregnancy across three hospitals with funding obtained through the Chief Nursing Office for sustainability projects to reduce travel.

Additional BSW activities noted include:

- The completion of the first net zero building in BSW ICS, Devizes Health Centre.
- Securing funding through the SALIX grants, which has enabled many of the providers of acute and mental health services to decarbonise buildings and reduce energy usage across BSW.
- Working with NHS England on multiple pilots to improve environmental sustainability at a regional level.

There is strong evidence of the ICB functioning as an Anchor Institution. An example is the BSW Academy and People Directorate, supporting the ICS in becoming an anchor system through a number of targeted interventions, including:

- A virtual work experience with information on a range of health and care for schools across BSW, with an enhanced emphasis in 2023/24 on outreach work for schools in known areas of deprivation.
- NHS Cadets cohorts coordinated across system partners; aimed at young people from underrepresented groups exploring opportunities in the NHS, with a new initiative seeing the recruitment of health and care ambassadors as a system network that will provide one point of contact for schools, colleges, and communities.

In partnership with NHS England, BSW has appointed a Care Leaver Project Lead to take forward a system-wide approach for supporting care leavers to gain work experience and employment opportunities across health and care by:

- Widening participation training levels by 30%.
- A new higher development award pathway that offers an alternative route for gaining a level 1, 2 or 3 qualification that may otherwise be unavailable.
- Mobilisation of a dedicated skills group, inclusive of domiciliary care providers, to create new skills development programmes.

BSW has been awarded the Department for Work and Pension's Work Well leadership capacity funding; an initiative that aims to integrate health and work and develop a strategy for taking forward a consistent approach across system partners, to the ultimate benefit of improving employment outcomes for people with health conditions and/or disabilities. In addition to which, following the award of NHS England Research Network funding in 2022/23, the ICB made a successful follow up bid in 2023/24 to support community engagement mapping, research champion training and awareness-raising for increasing diversity in research participation.

## CONCLUSIONS

This has been a challenging year in many respects and, in making my assessment of the ICB's performance, I have sought to fairly balance my evaluation of how successfully you have delivered against the complex operating landscape, in which the ICB is working. I am pleased to confirm that BSW ICB is considered to have been working in compliance with its statutory duties and its contribution to the four purposes of an ICS.

This is also the first full year in which the ICB has been operating, as well as the first year of your Joint Forward Plan, so I am keen to see continued progress towards a maturing system of integrated care, structured around placing health and care decisions as close as possible to those people impacted by them.

A particular area for ICB leadership is finance, where the system has agreed a financial plan for 2024/25 which is a planned deficit of £30m. The system is developing a financial recovery plan to support the delivery of their 2024/25 financial plan, which will need to include a timeline including key milestones for the actions being taken and will need to quantify how these actions are expected to impact the financial position. The ICB will need to lead the system in assuring itself and NHS England that there is sufficient capacity and capability to deliver the 2024/25 plan.

The expectation is that the system returns to balance in 2025/26 without the need for non-recurrent support. A financial recovery plan needs to be developed to include (a) a 'cost out' efficiency of 3% in 2025/26, (b) how the system will reduce its average length of stay back to the 2019/20 levels and quantify the financial impact in the financial recovery plan, and (c) how the system continues to achieve upper decile prescribing performance and upper quartile Continuing Health Care performance.

Another key area identified for ICB leadership is the performance and improvement work relating to Great Western Hospitals NHSFT, Royal United Hospitals Bath NHSFT, and Salisbury NHSFT, which are all currently in NHS Tier 2 for UEC, Cancer & Diagnostics. I am mindful that during 2024/25 we will transition to a new annual assessment process, which is likely to introduce a different methodology and approach for undertaking ICB annual assessments. My team and I will continue to work alongside you, so together we become familiar with the new process and potential implications going forward, alongside continuing to support you in making improvements throughout your system.

In the interim, please share my assessment with your ICB leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.