

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

Thursday 18 July 2024, 10:00hrs

Chandos Room, Somerdale Pavilion - Keynsham (Near Bath), BS31 2FW

## **Members present:**

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)  
ICB Chief Executive, Sue Harriman (SH)  
Primary Care Partner Member, Dr Francis Campbell (FC)  
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB)  
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)  
Deputy - Local Authority Partner Member – Swindon, Kirston Nelson (KN)  
Non-Executive Director for Remuneration and People, Suzannah Power (SP)  
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, 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)  
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)  
ICB Director of Place – Swindon, Gordon Muvuti (GMu)  
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)  
Associate Director of Governance, Compliance & Risk  
ICB Corporate Secretary

## **Invited Attendees:**

ICB Head of Health Inequalities and Prevention – for item 8  
Director of Public Health, BaNES, Rebecca Reynolds – for item 8

## **Apologies:**

ICB Acting Chief People Officer, Sarah Green (SG)  
NHS Trusts & Foundation Trusts Partner Member –mental health sector, Dominic Hardisty (DH)  
Director of Public Health, Swindon – Steve Maddern (for item 8)  
Non-Executive Director for Quality, Alison Moon (AM)  
Local Authority Partner Member – Swindon, Sam Mowbray (SM)  
Non-Executive Director for Finance, Paul Miller (PM)  
Deputy - NHS Trusts & Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)

## **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 Kirston Nelson, who joins the meeting as the Deputy Local Authority Partner Member for Swindon.
- 1.2 It was also acknowledged that this was the last ICB Board meeting for Terence Herbert and Fiona Slevin-Brown, as they leave their current roles and move on to new positions. On behalf of the Board, the ICB Chair wished to record thanks for their support, engagement and work across Wiltshire and BSW.
- 1.3 The above apologies were noted. The meeting was declared quorate.

## **2. Declarations of Interest**

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

## **3. Minutes from the ICB Board Meeting held in Public on 16 May 2024**

- 3.1 The minutes of the meeting held on 16 May 2024 were approved as an accurate record of the meeting.

## **4. Action Tracker and Matters Arising**

- 4.1 The one action recorded upon the tracker was marked as closed, with an update for Board members to note. There were no matters arising not covered by the agenda.

## **5. Questions from the Public**

- 5.1 No questions had been received ahead of this meeting.
- 5.2 The Chair advised the Board, attendees and observers of the changes being considered to ensure real engagement with the public, and to meet the ICBs statutory duties:
  - Location of ICB Board Meetings – currently, ICB Board meetings are rotated across the BSW Patch to ensure they are accessible for those who wish to attend and observe. We have reviewed this approach and concluded that greater accessibility would be enabled by using one suitable venue which is accessible to all and introducing the ability to live stream meetings with appropriate technology installed.
  - The Q&A element of Board meetings held in public are to be adapted to ensure the raising of questions was not restrictive on time ahead of the meeting. The ICB Chair was also considering if questions were taken real time during the meeting.
  - The idea of regular surgeries held with the ICB Chair and CEO were being developed, to perhaps be held around the patch or virtually. This would give another opportunity for the public to raise questions, perhaps against given themes per session.
- 5.3 The Chair welcomed any comments and feedback against these Board engagement proposals. It was suggested that further utilisation of social media and supporting communications be used to raise awareness of forthcoming meetings and that questions were welcomed.

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

- 6.1 The Chair provided a verbal report on the following items:
- Recruitment underway for the Non-Executive Director (NED) for Quality role – the advert was live via NHS jobs. The closing date for applications is 29 July 2024. Members were encouraged to share details amongst their networks. Alison Moon had agreed to remain in the interim position until an appointment had been made.
  - Nominations and Appointments Process for ICB Board Partner Members roles - The formal appointments have now been confirmed - of Cara Charles-Barks to the Partner Member NHS Trusts (acute sector) role, and Sam Mowbray to Partner Member Local Authorities (Swindon) role, with effect from 1 July 2024.
  - Re-appointment of ICB Chair – The term of office for all ICB Chair's ended on 30 June 2024, with appointments lodged with the Department of Health and Social Care (DoHSC). Chairs can continue if they wish to do so in the interim. The DoHSC has confirmed that re-appointments of ICB Chairs will not routinely be considered for approval by the Secretary of State during the pre-election period. DHSC's position is that they are content for chairs to remain in office until the Secretary of State approval is secured, provided they are not in breach of the terms set out in the constitution on term, tenure and eligibility for appointment, on the basis that the original appointment will have been subject to due diligence checks and Secretary of States approval.
  - Appraisals had been undertaken for the ICB NEDs, following the Chair's appraisal with the NHS England Regional Director. The Chair thanked members for feedback given during the process.

## **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. The ICB CEO wished to reiterate those thanks to TH and FSB, and to wish them well in their new roles. Cllr Clewer advised that following a successful recruitment process, Lucy Townsend had been appointed to the Wiltshire Council CEO role.
- 7.2 The Chief Executive highlighted the following to members:
- ICB CEOs regularly met with national and regional NHS England (NHSE) colleagues, with the recent meeting discussing delivery of plans and quality and safety implications, acknowledging the financial challenges.
  - The ICB had reached out to the new MPs to engage and brief on the system's work – a number had accepted the invitation to meet shortly.
  - The month two position showed the system was not meeting its financial plan. Recovery action was already being taken to improve the financial performance and meet our workforce plan. Month three was already showing a considerable improvement, though with the challenge to now maintain that, whilst delivering transformation and bringing recurrent savings.
  - With reference to 2.22 in the report, an increase in the number of children and young people (CYP) placements was being seen, with associated high costs and complex support packages in place. Funding from the ICB and each Local Authority to support these was complex, with different approaches and processes in place. The ICB and the three Local Authorities have committed to work together to review and understand how the money is spent, ensuring this was right and fair for each partner. The ICB Chief Nurse and Local Authorities Directors of Children's Services were working on this, with the outcomes to be presented to the September Board meeting.
  - The ICB and system recognised the need to improve its attention to inequalities, population health outcomes, and prevention. The BSW Population Health Board (PHB)

was evolving and monitoring those schemes that had received investment over the last year to record the difference being made. The ICB Executive this week supported a business case to improve identification of and support for patients with hypertension, a prevention priority collectively agreed by the system, a decision driven by data and evidence. This scheme would bring a significant impact on the reduction of strokes and heart attacks, improving the population's wellbeing. This proposed investment was to be considered by the BSW Investment Panel as part of the triple lock arrangements. The ICB Chief Medical Officer (CMO) felt this was a huge step forward for BSW. This would be a proof of concept to demonstrate robust return on investment and outcomes for the population. The investment equated to £2 per population of investment directly into prevention, alongside those other schemes already supported as part of the wider work. The BSW Prevention Strategy Group was developing a Prevention Strategy against the money commitment included within the plan. This was not necessarily requiring new money, but that shift and different way of system working. The second priority of mental health prevention and wellbeing was the next focus, also around the health evaluation to evidence and demonstrate the financial return and wider system implications, in a sustainable and increasing way. Prevention was also a key focus for the BSW Integrated Care Partnership (ICP).

- The Place elements of the report noted the significant amount of regulatory activity, recognising the substantial time and resource required to support these. This demonstrated that BSW was working well in partnership to strive and improve outcomes and services.

7.3 The Board recognised the importance of learning from evidence based best practice, supporting grassroot projects were possible and where the evidence supported investment. Seed funding was being included in cases where appropriate, noting that bringing together the NHS and care (and all partner organisations) pound would make a more significant impact. Health economics data and analysis was also shared across the region. The hypertension prevention case in particular included a community development fund of £30k to empower local communities to actively participate in and drive their own health improvement initiatives, generating ideas, and co-creating theses with the Voluntary, Community and Social Enterprise (VCSE) Alliance.

7.4 In response to the performance impact query raised, Executives advised that the ICB and system monitored if there were groups adversely impacted by poor performance areas, and waiting times etc. A submission was made to NHS England recently regarding the elective performance, particularly CYP, and the cohorts of Special Educational Needs and Disability (SEND) where their weight will have a greater impact. This would be shared also with the ICB Quality and Outcomes Committee (QOC) in September.

The ability was there to cut data, though this was labour intensive and not well utilised by operational teams. The NHSE's published statement on health inequalities information placed the onus on Trusts and ICBs to publish comprehensive health inequalities data. The ICB's internal auditors had been deployed to review the readiness to adhere to that guidance, providing a road map to move this forward. Recent developments concerning the Federated Data Platform would allow the ICB to acquire more comprehensive information, this was an ambition in development. It was also the ambition of the elective programme to shift how the elective waiting lists were managed, considering learning disabilities and inequalities, but also those nuances in deprivation and interdependencies. The ambition was to move to a single waiting list view for BSW. The PHB was also utilising data and indicators to flag issues, driving deep dives. This fed into QOC. The PHB was harnessing

expertise to assist Delivery Groups to make the performance, service and outcome changes required.

## **8. Update on Health Inequalities Programme**

- 8.1 The ICB's Head of Health Inequalities and Prevention and the BaNES Director of Public Health joined the meeting for this item, supporting the CMO to update the Board on delivery against the health inequality funding, as delegated to the PHB 12 months ago. The ICB and Board has a legal duty to reduce inequalities between people with respect to their ability to access health services, and to reduce inequalities between patient with respect to the outcomes achieved for them through the provision of health services. A number of slides were presented, supporting the paper as included in the pack.
- 8.2 The BaNES Director of Public Health shared a local project example as result of health inequalities funding, a project to support Pennard Court in Twerton near Bath, a 35 unit supporting housing residence, one of the highest levels of deprivation areas. An outreach service was set up to provide health checks, vaccinations and screening for those residents. The Health Inequalities and Population Health Management Facilitator was a role funded through health inequalities money, working in collaboration with Primary Care Network, the local surgery, and social prescribing. Evaluation of the scheme was currently underway, it was hoped this could continue, taking services out to local people.
- 8.3 The Chair opened up the discussion:
- Health inequality leads were being recruited for each locality to ensure there was link in to the Integrated Care Alliances (ICAs) and Health and Wellbeing Boards, noting that input into the local place based discussions was fundamental, feeding into the Strategies and Joint Needs Self Assessment (JSNA) etc and also sharing the outcomes from the schemes supported. This cross working would inform the BSW Inequalities Strategy Group and the PHB.  
The health inequality roles were in place until March 2025 under fixed term contracts. The commitment to those roles would be looked at by the ICB Executive Team outside the meeting.
  - The selection of the Plus Groups had been informed by the data gathered through the JNSAs, corporate strategies, and engagement with stakeholders and the voluntary sector.
  - The required strategic shift would be considered systematically by the PHB, informed by the deep dives and engaging with the commissioning process of the main strategic areas to focus on, creating a balance of what we know to do verses what we need to do. The health inequalities grants were supporting that whole change requirement, through a phased approach of education and awareness to ensure it became everyone's business, with influence at all levels. The Delivery Groups were to have that ownership, with the Board and ICP to assist with change drivers to make the impact, with a collective population and financial impact.
  - This focus would need to be reiterated though the 2025-26 operational and financial planning round. Benefits of those schemes already invested in should start to materialise, though acknowledging that some would bring benefits over a longer term.
  - It was emphasised that the evaluation of the schemes was important, and using evidence-based interventions – as every choice made involves a trade-off.
  - The commencement of the Integrated Community Based Care programme, and establishment of the health centres would also further support this focus.

- The national and regional drivers are usually reactive, not always in the best interests of the local population. The role of the Board was to consider its appetite and if it was comfortable to move away from that reactive space.
- Tackling inequalities required that wider remit than health – including housing, employment and education – working with Local Authorities to bring that forward.
- A VCSE Alliance representative was to be included upon the Prevention Strategy Group and Inequalities Strategy Group.

8.4 On conclusion of the discussion, the Chair acknowledged that this was fundamental work for the system, transforming how services were delivered to meet the needs of the population. The Board would continue to hold the PHB to account for the investments and the impact and value of those investments.

## **9. BSW NHS ICS Operating and Financial Plan 2024-25**

- 9.1 The ICB Chief Delivery Officer (CDO) introduced the final BSW NHS Integrated Care System (ICS) Operating and Financial Plan 2024/25, acknowledging that Board members had been previously sighted on this, with sign off for submission given on 1 May 2024. The close down letter had now been received from NHSE, allowing the Plan to be shared in public for final ratification. Adjustments were made to the Plan as requested by NHSE, mainly to improve the diagnostic six week position, the financial plan, and to incorporate feedback from NHSE. The letter set out those continued concerns of NHSE; the financial challenges, urgent and emergency care (UEC) performance, virtual ward capacity, diagnostics and Talking Therapies.
- 9.2 The ICB Chief Finance Officer (CFO) advised that a deficit of £30m had been recorded, a movement of £5.7m to the prior submission. NHSE had agreed funding for all systems in deficit, providing BSW with £30m to ensure breakeven in year. If BSW hit the £30m deficit plan, it would be able to keep the funding. If the plan was not met, this would have to be repaid presenting significant challenges for the next financial year.
- 9.3 The financial plan contained an ambitious efficiency target of 7% (£140m across ICS). The elective plan target of 109% was to be stretched to 118% for BSW, needing the system to go above and beyond to mitigate the challenges and gaps in the existing plan. The non-criteria to reside target was 9%, this was currently running higher with actions in place to reduce. A transitional funding arrangement was in place with the acutes as they transition to a lower cost base.
- 9.4 The Board noted the final BSW NHS ICS Operating and Financial Plan 2024-25

## **12. BSW ICB and NHS ICS Revenue Position (*item moved*)**

- 12.1 The CFO updated the Board on the financial position of the NHS organisations within the ICS at month two, which was recording as £6.7m off plan. The month three position was showing improvement at £6m off plan, though noting there was £1m against industrial action that nationally was not included as part of the financial planning assumptions, reducing this further to £5m.
- 12.2 The virtual ward trajectory was currently above target at 81%, and a reduction in the whole time equivalent of workforce was being seen. Good progress was being made on transformation plans, providing that longer term strategic direction. Key financial and activity

challenges and drivers included additional UEC demand driving bed occupancy and costs, non-criteria to reside, and recovery of elective.

- 12.3 Four main actions were agreed at the BSW Recovery Board, with progress to be presented to the next meeting on 23 July 2024;
- To bring together the UEC schemes and collaborative actions – to assess the impact and analyse the increase in demand at the front door. Demand was currently 10% against 4% in the plan.
  - To continue the good progress being made on the plans to recover the elective position.
  - Undertake further work to triangulate the workforce position – to review why staffing costs were not falling against the headcount reduction.
  - To accelerate the work to identify the remaining system challenge – for providers and the ICB to collectively meet the £15m reduction in the deficit.
- 12.4 The position at month two had prompted a letter from NHSE, requesting further focus on:
- By organisation – a full run rate analysis based on month three, with recovery actions required at organisational and system level. This was in train, with oversight via the BSW Planning and Delivery Executive Group, and the BSW Recovery Board.
  - Closing the existing efficiency gap
  - Reviewing those investments made in support of safer staffing and during the first half of 2023-24 (before the BSW Investment Panel and triple lock arrangements were in place) – in progress.
- 12.5 Executives were confident that the position could be further improved with collaborative, focussed work against the required actions. Work was continuing at pace, with targets being stretched where possible. Timely oversight was fundamental, acknowledging the number of variables and the significant savings required.
- 12.6 The Board noted the report and the financial position of the NHS organisations within the ICS, which was £6.7m behind plan at month two.

## **11. BSW Performance and Quality Report (*item moved*)**

- 11.1 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.
- 11.2 The CDO drew members attention to the following:
- There had been no change in the System Oversight Framework (SOF) segmentations for any BSW organisation at quarter one. The revised oversight framework was not yet published following the consultation phase, there would be new processes and reporting to establish.
  - Areas of concern remain as organisations are in tier two for cancer and diagnostics, and UEC.
  - Additional urgent care demand was impacting on performance and the elective position. BSW was working through the 65 week wait backlog, to be addressed by September 2024.
  - Diagnostic performance for those waiting over six weeks was a concern, with remedial actions plans in place, though with capacity gaps remaining for obstetric ultrasound and endoscopy.

- Significant mental health and learning disability improvement plans were in place, though were challenging to meet. A review and refocus of plans was underway.

#### 11.3 The ICB Chief Nurse wished to note:

- There was a focus throughout UEC to respond to the recent letter following the Dispatches programme from within the Royal Shrewsbury Hospital, with BSW maximising intervention and services to reduce admissions to A&E, and to ensuring patients leave hospital in a timely and safe way.
- Reference was made to the All Party Parliamentary National Report on Maternity Services, with the themes of the large scale maternity investigations remaining the same. It also noted there had been a pause on the continuity of care and safe staffing guidance, the actions following this were awaited.
- Maternity and Neonatal Independent Senior Advocate roles (national pilot site) had now launched and were listening and supporting parents with regards their experiences.
- BSW ICS Infection Prevention and Management Collaborative has successfully reduced E-coli blood stream infections and MSSA infections as part of its prioritising and focussed approach. Focus was now on community onset infections, work was underway with primary care to sign up to the new data set, as out of season impact on infections and viruses was being seen.

#### 11.4 The Board discussion noted:

- This is great collaborative effort underway in all three acutes working together, bringing opportunities and collective alignment of planning priorities.
- The resetting of the Delivery Groups would also further support improvement, giving mandates to deliver via the BSW Implementation Plan. Sponsor expressions of interests for each of these Groups were currently being sought.
- A spoke and hub approach was being utilised via the Hospital Co-ordination Hub, to connect, manage and check on capacity of virtual ward and At Home services. Partners were still to focus on what action could be taken to maximise virtual wards to keep patients out of the acutes where appropriate.

### 10. **BSW Implementation Plan 2024-25 Refresh (*item moved*)**

- 10.1 The CDO updated the Board on the final Joint Forward Plan (known in BSW as the Implementation Plan), for the BSW NHS system for 2024/25. The Board had been sighted on an initial version at its meeting in March 2024, though due to the election period it had not been permitted to publish. This had now been finalised with no material changes, and opinions from each Health and Wellbeing Board now included. This was an annual process, with a clearer mandate for Delivery Groups to be involved going forwards.
- 10.2 The Board noted the BSW Implementation Plan 2024/25.

### 13. **Ambulance Partnership Board Terms of Reference**

- 13.1 The Chair reminded members that in September 2023, the Board agreed new lead commissioner arrangements with Dorset ICB, as part of the South West ICBs co-commissioning of ambulance services with the South Western Ambulance Services Foundation Trust. As lead commissioner, Dorset ICB act on behalf of the South West ICBs to commission and manage the contract. The ICB CEO has signed the delegation agreement on behalf of BSW ICB.



- 13.2 The Ambulance Partnership Board (APB) is a decision-making joint committee of the seven South West ICBs, and it is the vehicle through which the delegated ambulance commissioning function will be exercised. Since the APB is designed as joint committee of the seven South West ICBs, the Board is required to formally approve the APB Terms of Reference. Approval will bring these into effect and establish the APB as a committee of the BSW ICB Board.
- 13.3 The CEO is a member of the APB, with the governance and elements checked and feedback given to Dorset. It was noted that although the quoracy required five of the seven members to be in attendance, this was being met with members seeing the Board as high priority, recognising the significant risk of ambulance provision to all parties. If deputy arrangements were utilised, it was ensured this was with senior colleagues. The membership was queried, with no non-NHS representation included on the Board to challenge or reflect on outcomes, noting that ambulance services go wider.  
[ACTION: ICB CEO and NHSE South West Managing Director \(System Commissioning Development\) to raise Ambulance Partnership Board membership and representation at the meeting to be held on 24 July 2024.](#)
- 13.4 The ICB Board approved the Ambulance Partnership Board Terms of Reference.
- 14. Report from ICB Board Committees**
- 14.1 The Board noted the summary report from the ICB Board Committees.
- 14.2 The NED for Public and Community Engagement and ICB Chief of Staff advised the Board that further discussion concerning engagement and public involvement would be held during the Board Development Session to follow these business meetings. A thorough review and assessment of the ICB's activity and processes had been undertaken, and whilst the ICB was meeting its statutory requirements, there was more to do to meet its strategic ambitions and ensure real engagement.
- 14.3 The CDO advised that details concerning the proposed delegation of Specialist Services Commissioning from April 2025 would be shared for consideration at the September meeting. Joint working arrangements had now been in place for one year, whilst work towards further delegation was undertaken.
- 15. Any other business and closing comments**
- 15.1 There being no other business, the Chair closed the meeting at 12:34hrs

**Next ICB Board meeting in public: Thursday 19 September 2024**