

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

Thursday 23 January 2025, 10:00hrs

Council Chamber, The Civic Trowbridge, St Stephen's Place, Trowbridge, Wiltshire, BA14 8AH

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC) *(from 10:08hrs)*
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)
Non-Executive Director for Public and Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Local Authority Partner Member – Swindon, Sam Mowbray (SM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
ICB Chief Medical Officer, Dr Amanda Webb (AW)

Regular Attendees:

ICB Director of Place – BaNES, Laura Ambler (LA)
ICB Chief Delivery Officer, Rachael Backler (RB)
ICB Chief of Staff, Richard Collinge (RCO)
ICB Chief People Officer, Sarah Green (SG)
ICB Interim Director of Place – Wiltshire, Caroline Holmes (CH)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
Deputy Chief Executive, Avon and Wiltshire Mental Health Partnership NHS Trust, Alison Smith (AS)
ICB Associate Director of Governance, Compliance & Risk
ICB Corporate Secretary

Invited Attendees:

ICB Interim Director for Mental Health – item 8

Apologies:

Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
Non-Executive Director for Quality, Alison Moon (AM)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

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.
- 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 21 November 2024

- 3.1 The minutes of the meeting held on 21 November 2024 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

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

5. Questions from the Public

- 5.1 A number of questions had been raised in advance of the meeting regarding the Patford House Partnership Medical Centre estate, a surgery request for the Harnham, Salisbury area, and the rollout of the artificial intelligence powered digital front door for mental health talking therapies and the continued equity of access to services.
- 5.2 The questions and the full responses would 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:
- Dominic Hardisty had resigned from the mental health Partner Member role in December, leaving a vacancy upon the ICB Board. The joint nominations process with NHS Trusts and Foundations Trusts concluded on 17 January, with the ICB Nominations and Appointment Panel meeting on 22 January 2025 to consider the nomination and the suitability of the candidate for the role against the criteria and role spec. The Chair approved the appointment of Alison Smith, the Deputy CEO of AWP to the role, subject to the necessary checks now being undertaken.
 - Recruitment for the Non-Executive Director (NED) Quality and Finance roles was underway. The ICB Chair and CEO held a webinar with prospective candidates on 8 January 2025. Interviews have been scheduled for the middle of February.
 - Attendance at a number of external events – the Regional 10-year Plan event in December 2024, the Health and Social Care Committee 11 December 2024, and a visit from the Minister of State, Steve Kinnock, who was interested in the nationally recognised, innovative Integrated Community Based Care programme.

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 provided a contemporary update:
- The ICB Oversight Assessment National Report for 2023-24 had now been published.
 - The release of the reviewed NHS Oversight Framework was awaited, with the new regime to commence from April 2025. The implementation of the Framework would provide clarity of the roles of NHS England, the ICB and providers – encouraging

collaborative working and reduction of duplication. The Framework would be shared when available. ICB and provider assessments were being currently being carried out, coming together to form a system assessment. Early drafts were expected to be shared in February. This would then form the Oversight Framework for which BSW was to work to from April. Autonomy over service and decision-making would continue for BSW if good performance against measures was demonstrated. NHS England recognised that the metrics would need to evolve to move to an outcomes-based assessment, but this would be over time.

- Planning guidance was expected to be released on 28 January 2025, in the meantime NHS England have shared supplementary planning guidance, including evidence-based productivity data to inform opportunity assessments (this was to be further discussed in the private session). The full planning guidance would be a topic of discussion for the February Board development session, and then brought to the March meeting.
- Operational challenges continued across BSW, particularly for urgent and emergency care (UEC) whilst in the midst of winter. The effects of viruses such as flu, COVID and norovirus were impacting operational capacity and workforce. BSW was working well at a system and locality level to address the associated risks, though the priority remained for safe care and timely access to services. A dynamic risk approach had been applied across BSW, and schemes such as holding in ambulances with appropriate care, additional cohort areas, and corridor care were being set up. Robust care and support were in place, with colleagues striving to decompress services to return to a business as usual working environment.
- Though BSW historically performed well to support the uptake of vaccinations, this year was recording a reduction, mirroring that seen across the country. There was an evident hesitancy to consider vaccinations by the population and workforce.
- At month eight, the system was reporting a £13.3m adverse position, though considerable work was underway to deliver the financial plan.
- The ambition of the system as part of the refresh of the BSW Implementation Plan (Joint Forward Plan) was to move to balanced activity metrics with an outcomes focus.
- The ICB's Board Assurance Framework (BAF) was undergoing a significant review to ensure it became a value-adding and active tool to aid decision-making. The BAF would be a discussion topic at the February Board development session, considering also the risk appetite of the Board, reflecting on the context and environment and the ambition of the ICB.

- 7.3 The ICB Chief Medical Officer provided an update to the Board on the £2m investment previously approved in support of inequalities and prevention as part of the left shift agenda, guided by the case for change. The Prevention Steering Group and BSW Integrated Care Partnership (ICP) agreed to align efforts on one key target of hypertension. The hypertension business case approved in the summer, focused on the reduction of cardiovascular risk by increasing case finding and optimisation of blood pressure management. This was a comprehensive programme involving wider system partners to ensure the maximum impact. The first key areas of focus had been:
- Educate the population of cardiovascular and blood pressure risk and early diagnosis.
 - Inequalities within the population - a key part was working with the VCSE to support and engage with those CORE20Plus5 population groups. Small grants had been provided to partners to provide that outreach support, targeted education, and blood pressure checks.
 - A number of events had been held, with the work to continue – supported by community pharmacists, voluntary sector partners and University of Bath pharmacist students.

Community pharmacists were being optimised to offer those in community blood pressure checks.

- Local dental practices were also involved in a national pilot to offer those checks.
- Increase in outreach NHS health checks through the outreach programme, delivered with Public Health and Local Authority colleagues.
- Community development – an opportunity for the population to tell us what would help around cardiovascular. Small funding pots would be made available to develop these ideas further.
- Focus would then move to supporting these services to manage the expected increase in demand – through lifestyle interventions, health coaching in partnership with Local Authority partners and GPs, and supporting general practice through a locally commissioned service with an enabling team. Applications were being submitted to request national support through the NHS CLEAR Programme.

7.4 The Chair opened up the discussion with Board members:

- There had been a notable lack of national public health messaging ahead of winter to advise on known viruses. It was felt that this was a significant learning to take from this challenging winter period, with elements of pressures that could have been easier to manage. The Board would reflect this message back to the national Public Health team.
- It was acknowledged that the eligibility age groups set out for flu and COVID vaccinations were to be looked at regionally, noting that it was the younger age groups that had shown an increase admission to hospital.

BSW still remained the highest with regards vaccination uptake, though overall this was lower than last year. A request was made for more granular data to be made available to the Board and via the ICB Quality and Outcomes Committee (QOC) to ensure members could scrutinise and take assurance. Though there were concerns over the future funding for COVID prevention, outreach remained an important part of the South West model.

- The Winter Plan continued to be tested, leading to a reactive response to winter pressures. Some elements and extraneous factors (such as the viruses and demand increase) were impacting on progress and the ability to move to prevention and demand management. A lessons learnt debrief would be undertaken with UEC and emergency preparedness, resilience and response (EPRR) colleagues and shared with QOC.
- Potential harm to patients during these system escalation periods was regularly measured and monitored as part of the daily calls and system oversight. There were no indications that BSW was an outlier with regards the level of harm seen.

The Board wished to be sighted on more detailed quality metrics to assess the system at a top level of how it was managing.

The timeliness of risks being taken to mitigate the potential harm was to be picked up through the learning, noting that required escalation from primary care to enable that better management of demand. Risks to patients in A&E were acknowledged, noting that as a result of the ambulance service critical position some patients took themselves to hospital and they were acutely ill. It was noted that when in patients were off loaded from the ambulance or sitting in ED timely recognition of patient deterioration can be compromised.

The recent report by the Royal College for Emergency Medicines regarding UEC was acknowledged, with BSW considering the recommendations around demand and capacity, alongside that mitigation of corridor care where possible, the impact on the workforce, and taking the learning into next year. The true picture of the situation faced

by the system needed to be shared regionally and nationally, and the collaborative action and mitigations being put into place across BSW.

The system partners planning session acknowledged that the planning guidance does not routinely request quality and patient harm information, though BSW presented a high level oversight to partners to reiterate that finance and decision-making discussions needed to consider the patient centred-approach and safeguarding the most vulnerable.

- The system was subject to escalation, with daily gold calls and regional calls held. BSW was to commence discussions regarding the use of the dynamic risk assessment for all parts of the pathway, including that community level.
- Public Health responsibility – the ICB was to take on some elements of public health commissioning. The first Public Health Oversight meeting was to be held, to be clear of ICB responsibilities and the expected timeline regarding these future developments. The scope would be shared with partners in due course.

- 7.5 The Board wished to recognise and celebrate the extraordinary efforts of the system and workforce during this heightened period of pressure. Innovative programmes such as the Care Co-ordination Hub were having a positive impact on mitigating pressures, supporting patients at home and considering alternative services. This was to be built upon to progress further transformation.

8. BSW All Age Mental Health Strategy

- 8.1 The ICB Interim Director of Mental Health joined the meeting for this item, presenting the BSW All Age Mental Health Strategy, as co-produced with system partners and key stakeholders, involving also those with lived experience. A short video was shown of Lydia (a person with lived experience), to share her experience of the local offer and strategy.
- 8.2 The Interim Director of Mental Health talked through a number of supporting slides to share the co-production and engagement process followed, the strategic commitments, and the finalisation and transition to the five-year delivery implementation plan, with the System Implementation Delivery Group already mobilised. Bi-annual updates would be provided to the ICB Board and other forums.
- 8.3 The Chair opened up the meeting for discussion and comment:
- The delivery plan would need to be tighter against the financial allocation, to deliver priorities in line with the required timeline.
 - The strategy presented a significant ambition over the next five years, particularly noting the current position, resources and capacity.
The strategy's intent was to be ambitious and transformational, to push and stretch the system and partners to be brave and break from the historical norm of mental health services. The Board was to hold the ICB and system to account against delivery, seeking assurance alongside a realistic and honest review of what good was to look like against BSW's position.
 - BSW was still processing its own internal narrative against the philosophical approach and ideology to mental health, being shared by America and broader global forces. The ICB would continue to address issues of equity, diversity and inclusion as its statutory duty.
 - The strategy required a strengthened reference to its visions and aims in support of reducing equity and need.

- Though this was a supported strategy and approach, it was felt that this ambition needed to extend to children and young people. Publication of the delivery plan needed to be brought forward from August 2025 to move to implementation at pace. It was advised that the delivery element was already being formed. Priorities for this strategy and delivery were still in discussion and would be a focus point for the Board development session in February to further drive focus and commitments, in parallel to the overall BSW Implementation Plan eight priorities, considering also the risk appetite, left shift, early intervention and prevention.

8.4 Thanks to all those who contributed and were involved in the production of the Strategy were noted, with the underpinning philosophy and required journey recognised. Adoption of the strategy would ensure BSW mental health services remained fit for purpose.

8.5 The Board approved the BSW All Age Mental Health Strategy.

9. BSW ICB Quality and Outcomes Committee

9.1 In the absence of the NED Quality, the NED Public and Community Engagement introduced the Committee report provided by the ICB Chief Nurse against the business covered at the meeting held 7 January 2025:

- Risk being managed within UEC and the ambulance handover delays at emergency departments
- Vaccination delivery and uptake
- Positive Continuing Healthcare (CHC) workforce capacity position – meeting the 80% performance demand, though noted a 100% increase in demand was being seen against the need to undertake the CHC checklist. This demonstrated that system partners were identifying eligible patients. Capacity to now meet the demand was to be resolved to maintain the performance levels.

9.2 The draft minutes were shared for information. The next meeting of the ICB QOC is scheduled for 4 March 2025.

9a BSW Performance and Quality Report

9.3 The Board noted the BSW Performance and Quality Report. The ICB Chief Delivery Officer highlighted the following items:

- Non-Criteria to Reside (NCTR) – the Improve Together Sprint focus at SFT and for Wiltshire was into its second month. System partners were collaborating effectively, improving that operational level relationship, and agreeing required changes to processes. Correlating performance improvements were expected to be seen via the Sprint. Significant process changes were being implemented during February across all three hospitals, with oversight of the Sprint being undertaken via the Wiltshire Steering Group.
- Referral to Treatment (RTT) and Cancer – SFT and GWH were now out of regional tiering, benchmarking well on the metrics. Challenges remained at the RUH against cancer and diagnostics. Challenges continued around 65 week waits for elective care, requiring significant improvement, though forecast to be cleared by March,
- Children and young people's access to mental health services –work continued on the data upload issues with key providers, with improvements in figures now starting to be recorded and the rate improving although still with some issues to be worked through.

- The feedback from QOC was to ensure clearer remedial action plans were in place for all key supporting metrics, with expected timelines of recovery actions clarified. A further report would be taken to QOC in March.

10. BSW ICB Finance and Infrastructure Committee

- 10.1 It was noted that the Non-Executive Director (NED) for Public and Community Engagement continued to act as the interim Chair of the ICB Finance and Infrastructure Committee (FIC) whilst the NED Finance role remained vacant.
- 10.2 The approved minutes from 4 December 2024, and draft minutes from 8 January 2025 were shared for information.
- 10.3 The NED Public and Community Engagement spoke of the more recent meeting held on 8 January 2025, where the Committee recognised the challenging finance and infrastructure position of the system and the priority activities underway to move to an improved position by the year end. Manoeuvring space and time were reducing at pace, despite the efforts of system partners.
- 10.4 The next meeting of the ICB FIC was scheduled for 5 February 2025.

10a. BSW ICB and NHS ICS Revenue Position

- 10.5 The ICB Chief Finance Officer updated the Board on the financial position of the NHS organisations within the Integrated Care System (ICS) at month eight, highlighting the following:
- The system was reporting a £13.3m adverse position year to date. Drivers of this were largely UEC pressures and NCTR, leading to additional beds in the acutes and supporting workforce. These remained above plan.
 - Non-pay pressures were also being seen, though were mainly offset by additional elective planned care performance and Elective Recovery Fund (ERF) overperformance.
 - Productivity was 2% above national performance levels.
 - Partners continued to look for mitigating actions to drive the position down to meet the year end target, to improve the run rate for the remainder three months of the year, as well as recovery.
 - The ICB had been informed that the ERF was now to be capped on over performance levels. For BSW this would be £84.4m. The latest month nine figures indicated BSW was slightly below this, with some headroom remaining. The Independent Sector continued to over perform.
 - BSW had not yet formally re-forecast its budgets, NHS England guidance was awaited. It was expected that BSW would achieve the under £10m movement against plan by year end.
- 10.6 The Chair opened it up for discussion, with it noted:
- It was acknowledged that unintended consequences of the ERF cap may be seen through perverse incentives and potentially disenfranchised behaviour. BSW was working to avoid that, noting also that the clawback still applied. BSW would see a significant reduction in the ERF allocation for next year, though an increase in activity, productivity and efficiency was expected. This would be further discussed at the February Board development session.

BSW would need to think differently about the elective programme in the next financial year, aligning with the Federal Data Platform (FDP), improved utilisation of the resources available, and revising its Elective Care Strategy to move forward to the ambition of a single BSW elective care service via the Acute Hospital Group.

When utilising the Independent Sector, it was to be ensured that it was treating those on the waiting list that the system needed them to treat.

- BSW was involved in the first phase rollout of the FDP, providing improved visibility of data and a single elective waiting list for BSW.

It was suggested that analogue to digital, ERF, and FDP should be future discussion topics for Board development to aid Board member understanding and awareness.

- Productivity data was relevant to all areas of the system, being shared widely to aid understanding of all drivers. The different nature of the planning round this year would support this, bringing in that benchmarking data for acutes, community, mental health, CHC and prescribing. It was suggested that a future Board development session could also include productivity. BSW needed to aim for the upper quartile by understanding the opportunities.

- 10.7 The Board noted the report and the financial position of the NHS organisations within the ICS.

11. BSW ICB Commissioning Committee

- 11.1 The NED for Public and Community Engagement, and Chair of the Commissioning Committee advised members that the first meeting of this new Committee held on 10 December 2024 was used to normalise and interpret the terms of reference for this core, operational Committee, providing that oversight and assurance to the Board. Membership was devised to bring that diverse perspective to commissioning. Engagement and public involvement would be a key function of the Committee, recognising the ICB's duties and responsibilities to involve the public in the development of services. Close links would be formed with all aspects of the governance framework and other Board committees. This would be aligned with the ICB's role also as a strategic commissioner, the supporting national framework was awaited.
- 11.2 The draft minutes were shared for information. The first business meeting of the Committee would be held on 11 February 2025.

12. BSW ICB Remuneration and People Committee

- 12.1 The NED for People and Remuneration, and Chair of the Remuneration and People Committee advised the Board of the Committee business covered at its meeting on 14 January 2025:
- Pay awards – the ICB's payroll systems and processes surrounding approval of pay awards were discussed to provide members with assurance that there were robust with vigorous checks in place.
 - NHS England's longer-term intentions for system pay parity – it was recognised this was to be determined nationally, not locally.
 - An update on Project Evolve – ongoing work was being supported through the Colleague Engagement Group, and skills and gaps were now being reviewed and considered. A closure paper would be brought to the March committee meeting, including the outcome report for the Medicines Optimisation Team consultation.

- The tender for an organisational development partner was now live.
- Assurance was given to the committee that work was underway to adopt and embed the national Sexual Safety Policy, and Worker Protection Act. A further update would be brought to the March committee meeting.
- A six month update against the ICB Equalities, Diversity and Inclusion (EDI) Annual Employer Report would be brought to the March committee meeting, to include an update on the high impact actions. It was noted that EDI was to be a future Board development session topic.
- Leadership and Competency Framework and Board Appraisals would also form a discussion topic for a future Board development session.

12.2 Further to this, the ICB Chief People Officer advised that discussions had commenced in the context of the organisational change programme, and preparing the workforce for continual change during these difficult and challenging times ahead.

12.3 The next meeting of the ICB Remuneration and People Committee is scheduled for 18 March 2025.

13. BSW ICB Audit Committee

13.1 The NED for Audit, and Chair of the ICB Audit Committee advised members of the business covered by the Committee at its last meeting held 5 December 2024:

- Though the external audit process was not yet underway, the ICB or auditors did not flag any areas of concern in the preparation of the audit plan.
- The Committee started to consider how it would take assurance from the new community services provider (HCRG), recognising this brought a different kind of delivery provider and a different relationship.
The Interim Place Director for Wiltshire and Audit Chair would discuss thoughts and concerns and ensure plans were in place to provide that level of assurance sought by the Committee.
- A positive NHS ICB and ICS Annual Cyber Security Report was received, presenting a good overall system position.
- The ICB Corporate Risk Register was reviewed, considering also the transition and mobilisation risks associated with the change in community services provider.
- The Committee received a documented record of the ICB Governance Review undertaken during 2024.
- Two review reports were received from the internal auditors:
 - Personal Health Budgets (joint review with Counter Fraud) – the Committee further requested that QOC have oversight of the progress to de-risk areas.
 - Data Quality and the ICB's collection, processing and reporting of 4-hour Emergency Department performance data – a positive report, though with a request for QOC to conduct a read-across of the data provided by system partners to consider its quality and consistency.

13.2 Further to this, the ICB Chief Finance Officer advised that an update against the HFMA Checklist had also been provided to the Committee, providing assurance of the grip and control in place against financial sustainability, and the ongoing actions.

13.3 The next meeting of the ICB Audit Committee is scheduled for 6 March 2025.

14. Any other business and closing comments

- 14.1 The Chair closed the meeting, noting thanks and appreciation to the staff working across BSW during this challenging winter, providing the best care possible for patients and the population.
- 14.2 There being no other business, the Chair closed the meeting at 12.29hrs.

Next ICB Board meeting in public: Thursday 20 March 2025