

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

Thursday 20 March 2025, 10:00hrs

Council Chamber, Wiltshire Council, County Hall, Bythesea Road,
Trowbridge, Wiltshire, BA14 8JN

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)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Public and Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May (GM)
Non-Executive Director for Quality, Alison Moon (AM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP) *(from 10:50hrs)*
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Alison Smith (AS)
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
Deputy - NHS Trusts & Foundation Trusts Partner Member – acute sector, Simon Wade (SW)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)

Regular Attendees:

Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC) *(absent 10:50-12:09hrs)*
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)
NHSE South West Managing Director (System Commissioning Development), Rachel Pearce (RP)
HealthWatch, (CEO of The Care Forum), Kevin Peltonen-Messenger
ICB Corporate Secretary

Invited Attendees:

ICB Associate Director of Communications and Engagement – item 8
ICB Director of Business Support – item 11

Apologies:

Local Authority Partner Member – Swindon, Sam Mowbray (SM)
NHS Trusts & Foundation Trusts Partner Member – acute sector, Cara Charles-Barks (CCB)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
ICB Director of Place – Swindon, Gordon Muvuti (GMu)
ICB Associate Director of Governance, Compliance & Risk

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 23 January 2025

3.1 The minutes of the meeting held on 23 January 2025 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 No questions had been raised in advance of the meeting.

6. BSW ICB Chair's Report

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

- Appointment of Non-Executive Directors (NEDs) – To confirm the appointment of Ade Williams to the NED Quality role, and Paul Fox to the NED Finance role, both to commence with the ICB from April.
The interim arrangements of the NED Public and Community Engagement chairing the Finance and Infrastructure Committee would conclude in April.
- Last Meeting Acknowledgements – This was the last Board meeting for Alison Moon, who leaves the Interim NED Quality role following the conclusion of the NED recruitment and appointment process. The Chair wished to record thanks on behalf of the Board for Alison's support and contribution to BSW and the ICB over the last 18 months.
Shirley-Ann Carvill, who has attended the Board to bring that Community Services perspective in her role as the CEO of Wiltshire Health and Care, would also no longer attend BSW ICB Board meetings due to the recent community services contract award, and the commencement of the service with HCRG from 1 April 2025. The Chair again wished to note thanks to Shirley-Ann for that vital input and support.

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:

- It was acknowledged that the report had been prepared in advance of the recent national announcements. The anticipated significant changes across the NHS were still being worked through at a national, regional and ICB level to understand the action required and implications. NHS England was to be abolished over the next two years, with a change in legislation required. A transition team to support that action had now

been established. The current South West Regional Director, Elizabeth O'Mahony, was to move into the team as the national Chief Finance Officer. ICBs were to reduce their running and programme costs by 50% by quarter four of 2025-26.

Information had been shared rapidly with ICB colleagues and partners.

Learning from the recent Evolve organisational change programme would be embedded into the forthcoming process.

Providers were to also make significant productivity and efficiency improvements, with their corporate services to reduce by 50% from the pre-pandemic growth.

National voluntary redundancy and mutually agreed resignation schemes would be launched in the first quarter of 2025-26.

- A national resolution had now been reached against the General Medical Services (GP) contract, also enabling that step out of collective action. For BSW, the Locally Commissioned Services (LCS) review had been challenging also. Although a satisfactory resolution had now been reached for the next 12 months, it remained a fragile situation to work through in partnership with GPs.
- The Integrated Community Based Care (ICBC) service was to launch from 1 April 2025 with HCRG. The ICB had sought confidence and assurance throughout the mobilisation phase to ensure safe transition of services and safe operations from day one. This outcomes based contract had been jointly commissioned with the three local authorities, in line with the BSW Integrated Care Strategy. The ICB would continue to work with HCRG, ensuring delivery of the contractual elements and transformation planning.
- The Operational Planning cycle for 2025-26 had been intensive, with the final BSW Operational Plan to be submitted to NHS England by 27 March 2025. It was imperative that BSW was able to balance the financial elements with the delivery of targets. The Plan was ambitious, with significant risk acknowledged, requiring a high-risk appetite of the NHS and partners to move towards change.

7.3 The Chair opened the discussion up, with it noted:

- The starkness of the health inequalities data shown in the Health Inequalities Statement was acknowledged, recognising that targeted support for those areas of deprivation across BSW was needed.

The focus on this remained a priority for NHS England and the regional teams.

Though BSW was not yet able to fill all support and data gaps, the commitment was there to ensure plans were in place, ensuring inequalities remained a visible focus, embedded in all aspects of the Operational Plan to address. The BSW Population Health Board maintained oversight of the whole system effort, noting it was a shared responsibility. Health inequalities was a passion and commitment set by the ICB Board.

- The recent national announcements were undoubtedly a distraction, presenting uncertainty to the workforce, though the level of commitment to BSW patients and population continued.

The ICB Executive was making tactical decisions against the emerging risk to manage the working environment. An immediate recruitment freeze was in place, known resource gap could no longer be filled.

At a macro level, ICBs were to understand and influence the national decision-making with regards the future core and statutory functions of ICBs and potential delegation opportunities. The relationship between the ICB and emerging BSW Hospital Group would be important going forwards.

Assurance was given to the Board that the ICB Executive and staff were committed to maintaining the level of work and performance as required, and against the national ask.

8. NHS 10 Year Plan Engagement

8.1 The ICB Associate Director of Communications and Engagement talked through a number of slides regarding the recent engagement work carried out by the ICB Communications and Engagement Team in support of the development of the NHS 10 Year Plan. Views of BSW communities had been sought against the three shifts of; making better use of technology, moving more care from hospitals to communities, and preventing sickness, not just treating it. Good relationships with the BSW community had been built through this process, and would continue to grow through ongoing engagement.

8.2 The following comments and discussion were noted:

- Region recognised this as a good and positive piece of engagement work, noting the consistent emerging themes. Engagement across the country was providing a substantial amount of information to feed into the 10 Year Plan. Prevention would continue to be a developing priority for the NHS.
- The national, regional and local changes expected over the next 12 month should not deter from the importance of continued engagement. It was also important to share and document what the ICB was doing differently as a result of listening, requiring a level of maturity in the organisation to take forward that commitment.
- Feedback gathered to date was being reflected via the BSW Implementation Plan (Joint Forward Plan) where possible, moving also into the detailed considerations too. Those developing the BSW Diagnostic Strategy would also consider and review the feedback, providing a clear indication of the questions to ask.
- Though the engagement was relatively low numbers of the population, it provided a depth of coverage, key stories and experiences of how to move more towards prevention, and allowed NHS colleagues to think differently about services and the approach.
- HealthWatch had also gathered feedback from recent engagement, noting one of the main themes being that of digital access and improving the NHS App. Translation via the NHS App needed to be developed, acknowledging the different communities and cultures now being served across BSW.

The ICB needed to move away from a transactional approach to engagement with the BSW population undertaken as and when needed, and instead continue to build that trusted relationship through ongoing engagement.

9. BSW Operational Planning 2025-26

9.1 The ICB Chief Delivery Officer (CDO) provided an update to Board members on the 2025/26 BSW operational planning process against the nationally set priorities and measures. One system plan was being developed, bringing one set of shared assumptions. BSW was showing compliance with a number of metrics, though there was further work to do in some areas, including referral to treatment and A&E four hour performance. The final Plan would be presented to the extraordinary Board private meeting scheduled for 25 March 2025 for sign off, alongside the Board assurance statements, ahead of submission to NHS England for their assurance processes.

- 9.2 The ICB Chief Finance Officer (CFO) advised that work was progressing to identify a route to a breakeven plan, with it anticipated that deficit funding of c.£23m would be allocated to the system. It was acknowledged that this deficit funding would be removed if the system still failed to submit a breakeven plan. The plan contained ambitious targets, with efficiencies and productivity requiring a significant focus.
- 9.3 The Board discussion noted:
- Noting the need to significantly improve non-criteria to reside (NCTR) figures and efficiencies, a number of strategic changes had been made in recognition that some areas and schemes were not having the required impact on the collective ambition. The benefits expected from the BSW Hospital Group and the ICBC contract would also need to start playing in. The different approach to planning this year had encouraged that different way of working amongst partners and collective ownership. The detailed Implementation Plan set out what was required by all partners to ensure delivery and achievement of reducing NCTR and discharges.
 - The Implementation Plan and the detailed narrative described further how national priorities would be addressed locally, recognising it was not only to focus on access, but patient and service user experience. The BSW Quality Assurance Framework had recently been approved, helping to support quality consistency and standards, ensuring access remained safe. Of those complaints received, more were concerning communications regarding NHS treatment and the waiting process, rather than that of having to wait.
 - The new Learning Disability and Autism unit being built would bring a different model of care, supporting individuals with short intensive therapy. AWP colleagues would be presenting community transformation plans to the May Board meeting, which would also help to support the reduction of NCTR, though the risk being pace, ensuring this was done in a sustainable way.
 - There was a 6% productivity target set within the plan. All organisations were currently to meet 4%, with the BSW Hospital Group and ICB to stretch that further by 0.7%. Benchmarking would be utilised to drive efficiencies. There had been an over-reliance on non-recurrent monies to date, changes and reform were needed to live within the system envelope.
 - Open discussions continued regarding the vision for the system workforce, to look at the triangulation, opportunities, a collective model, and requirement for providers to reduce their corporate services workforce. The correlation of workforce and open beds was to be understood, and remained a live discussion. A system vacancy control panel remained in place. In light of the recent national announcements, a voluntary redundancy scheme was expected to be operational in quarter one of 2025-26. Public money was to be used judiciously, with capacity and capability in the right places. The system Chief People Officers were establishing a task and finish group to support the system through the process and to consider the wider system impacts.
 - It was confirmed that health inequalities grant monies were in plan, and were not at risk. A significant portion of NHS monies was spent on health inequalities alongside this ringfenced element, with this to be articulated clearer. Secondary prevention also needed to become a focus.
 - The detail of the 50% ICB reduction of programme and running costs was awaited.
- 9.4 On conclusion of the discussion, the Board noted the paper, including the updates on the progress with the Plan, the timelines, the risks and the development required, ahead of the full submission on 27 March 2025.

10. Refresh of BSW Implementation Plan and Outcomes Framework

- 10.1 ICBs are required to produce and publish a Joint Forward Plan. In BSW this is known as the Implementation Plan, reflecting its role in implementing the direction of travel set out in the Integrated Care Strategy. The CDO presented the annual refresh of the Implementation Plan, with incorporated previous feedback received from the Board. An easy read version was being produced also.
- 10.2 The Plan had been developed with input from stakeholders and delivery groups, setting out their delivery ambitions for the next two years. The companion document contained greater detail.
- 10.3 Though direct public engagement had not been undertaken to inform this Plan, a number of forums had been involved in its review and development, including the Health and Wellbeing Boards. Feedback from the Chairs of each Health and Wellbeing Board was awaited to include in the document. Workshops on safer priorities had been held, including system and voluntary sector partners, bringing that existing engagement and feedback from their service areas.
- 10.4 Thanks were recorded to all those involved in producing the Plan. Regular updates against the Plan would be presented to the BSW Integrated Care Partnership and ICB Board. It was anticipated that a refresh of the Plan would be required once the NHS 10 Year Plan was published, alongside a refresh of the BSW Medium Term Financial Plan.
- 10.5 The ICB Board approved the BSW Implementation Plan (Joint Forward Plan), noting that the formal confirmations of opinions from Health and Wellbeing Boards were still to be incorporated, and final proofing checks carried out. The Board also noted the Companion Document (appendix 1) and the Legislative Requirements (appendix 2).

11. Delegation of Specialised Commissioning from 1 April 2025

- 11.1 The ICB Director of Business Support talked through the supporting paper, requesting final approval from the Board on the delegation of specialised commissioning responsibilities from 1 April 2025. A number of services were being retained nationally by NHS England, though detail following the recent national announcements was awaited. South West ICB's would continue to be supported by the Central Commissioning Hub, with a risk share agreement in place. The financial allocation at ICB level for mental health and learning disability elements had now been confirmed, noting that the figures in the paper did include all allocations. The ICB was required to make changes to its governance arrangements to reflect the delegations, namely to its Scheme of Reservation and Delegations and the Standing Financial Instructions. The ICBs Senior Responsible Officer was to change from the CDO to the Interim Place Director for Wiltshire, who would continue to represent BSW ICB on the South West Joint Commissioning Committee (JCC) as the decision-making forum.
- 11.2 The sufficient capture of the risk profile in terms of capacity and following the recent announcements were queried. With little detail yet shared nationally, it was difficult to document. This would be re-considered once direction was clearer. This delegation and responsibility would remain with an ICB, though resource in the ICB, NHS England and the Hub, and Somerset ICB as the Principal Commissioner would continue to be a risk. The Hub was essential to the success of this, and though the ICB could be explicit in its response and expectation, future Hub capacity and resource could not be guaranteed. Capacity and

appetite of strategic opportunities continued to be discussed at the JCC and within the Hub. The model and approach was consistent with the national direction of travel.

- 11.3 On conclusion of the discussion and shared assurance, the Board:
- Noted the previous agreement at the November Board meeting to the Principal Commissioner model supporting these arrangements, and that this has now been confirmed as Somerset ICB.
 - Noted the supporting arrangements and documentation for delegation arrangements set out in 4.4 of the paper.
 - Noted the ICB Executive Management Team would sign the required delegation and collaborative documents (as previously agreed).
 - Agreed to the change in Senior Responsible Officer for the delegated role set out in 7.3 of the paper.
 - Approved the delegation of specialised commissioning responsibilities from 1 April 2025.

12. BSW ICB Quality and Outcomes Committee

- 12.1 The NED Quality, and Chair of the Quality and Outcomes Committee (QOC) advised the Board of the Committee business covered at its meeting on 4 March 2025:
- The Committee continued to take a risk based approach – emerging risks now referenced associated mitigations.
 - Seasonal challenges were being seen across BSW – with particular impact on performance and ward closures due to the Noro Virus.
 - Data against the BSW maternity services was noted, indicating a good system position
 - BSW remained an outlier on never events – a deep dive would be brought to a future QOC meeting regarding learning and improvements.
 - Quality of pharmacy, general ophthalmic, and dental (POD) data being received from the Central Commissioning Hub was not providing the level of assurance required by the Committee, this was to be further developed.
 - An update was noted from the BSW Population Health Board and its deep dive into Community Based Care.
 - Adult Community Waiting List Transfer – the committee sought assurance that patients were being supported with regards service choices, particularly those with autism, and that there was sufficient capacity in place to deal with the queries.
- 12.2 The draft minutes were shared for information. The next meeting of the ICB QOC is scheduled for 6 May 2025.

12a BSW Quality and Patient Safety Report

- 12.3 The Board noted the BSW Quality and Patient Safety Report. The ICB Chief Nurse advised that there were clear criteria to meet a never event, though declarations were showing that level of transparency and learning across system partners. The Patient Safety Framework was supporting that change of culture and learning from such incidents.

13. BSW ICB Finance and Infrastructure Committee

- 13.1 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) until the recently appointed NED Finance came into role.

13.2 The draft minutes from 5 March 2025 were shared for information.

13.3 The NED Public and Community Engagement spoke of the continued difficulties and challenges seen in the month 10 position, though the Committee was comfortable that BSW would breakeven with the considerable efforts being made, and with the appointment of a Recovery Director to support that action. The draft BSW Capital Plan had been presented, though Committee members noted the challenges the absence of capital brought to the system. The increased scrutiny by the BSW Investment Panel was recognised. The variation seen across the three acute trusts was noted, work was underway to bring best practice and shared solutions.

13.4 The next meeting of the ICB FIC was scheduled for 2 April 2025.

13a. BSW ICB and NHS ICS Revenue Position

13.5 The ICB CFO updated the Board on the financial position of the NHS organisations within the Integrated Care System (ICS) at month 10, highlighting the following:

- £16.3m adverse position year to date – with an 8-10% growth in urgent and emergency care (UEC) and non-elective demand driving this.
- NCTR challenges continued to drive the bed base and workforce figures.
- Non-pay pressures were being offset by over performance against the Elective Recovery Fund (ERF).
- A further allocation of £15m had been received in month 11 to de-risk the system and move to a breakeven position, though risks against the delivery of the plan remained, with mitigations being work through. In total, £45m of support funding had been received from NHS England.

Transitional funding had also been agreed earlier in the year, utilising the surplus of the ICB to improve provider positions, setting criteria against workforce trajectories and hitting original financial plans. The CFO acknowledged the current context, the continuing challenges for the providers, and the increase in activity due to impacting system issues, and proposed that the criteria set against the transitional funding was not enacted, though funds still provided. Further details against this would be raised at the next FIC.

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

14. BSW ICB Commissioning Committee

14.1 The NED for Public and Community Engagement, and Chair of the Commissioning Committee noted the draft minutes that were shared for information from the meeting held on 11 February 2025. The Committee Chair referenced the recent governance review and the establishment of this Committee in line with those recommendations, being more load bearing aligned to the ICBs Scheme of Reservation and Delegation. The committee membership was currently executive heavy, with a possible rotation suggested. The recently appointed NED Finance would now fill that membership gap, though additional NED representation may be considered to bring that robust and independent scrutiny. It was also acknowledged that the Local Authority Partner Member for BaNES was noted as a member of the committee, though a clash of commitments meant reduced attendance. The Committee Chair was keen to ensure that Local Authority colleagues were represented. These areas would be explored further with the ICB Chair and NEDs.

14.2 The next meeting of the Committee was scheduled for 22 April 2025.

14a BSW Performance Report

14.3 The ICB CDO advised that the strategic commissioning framework was due to be published at the end of March 2025. The BSW Operational Plan had been aligned to the shared draft framework.

14.4 As continuation of the winter plan process, an internal debrief session would be held and a wider survey of evaluation undertaken. The outcome report from this would be shared via QOC and the Commissioning Committee. Additional primary care capacity was also being evaluated, and UEC schemes being reviewed to consider if any areas could be stopped or delivered differently. A regional debrief was also to take place during April and May.

15. BSW ICB Audit Committee

15.1 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 6 March 2025:

- The revised Risk Management Framework was reviewed by Committee, with it recommended to Board for adoption.
The relationship between the ICB BAF with system organisations was also being explored to enable that connection between assessment of risk.
- External Auditors audit plan was received, alongside updates against previous audit recommendations.
- The draft Head of Internal Audit Opinion was noted, with the draft opinion issued as '*significant assurance with minor improvement opportunities*'.
- The internal audit review of ICBC Transition Plan - Governance and Risk Management was also received, providing an overall assessment of '*significant assurance with minor improvement opportunities*'.
- Reports on cyber security and security management were also received.

15.2 The next meeting of the ICB Audit Committee is scheduled for 15 April 2025, to review the first draft of the ICB Annual Report and Accounts.

15a. BSW ICB Risk Management Framework

15.3 The ICB CDO introduced the updated risk management approach for the ICB, which included the risk management framework and the BAF. As per the ICBs Scheme of Reservation and Delegation, approval of the risk management framework is reserved to the Board. The populated BAF would be taken through the Audit Committee and brought to Board in May.

15.4 The Board had been involved in developing the risk appetite at its February Development Session, which had informed the BAF further. Though not wholly reflecting reality, these had been relaxed further following those discussions. How often the risk appetite was reviewed also needed to be considered. These were dependent on the level of risk the ICB and Board was willing to accept, not necessarily what level of risk was already in play. Though decision-making was to reference the BAF, it should not dictate. Paper authors needed to consider and reference the risk appetite associated with their paper subject, with risk perhaps considered on a bespoke basis, acknowledging the current pace of change.

15.5 The Board approved the updated ICB Risk Management Framework, which included the updated risk appetite statement.

16. Any other business and closing comments

16.1 There being no other business, the Chair closed the meeting at 12.52hrs.

Next ICB Board meeting in public: Thursday 22 May 2025