

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

Thursday 22 May 2025, 10:00hrs

Council Chamber, Swindon Borough Council, Civic Offices, Euclid Street,
Swindon SN1 2JH

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 Finance, Paul Fox (PF)
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)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Alison Smith (AS)
Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)
Non-Executive Director for Quality, Ade Williams (AW)

Regular Attendees:

ICB Chief Delivery Officer, Rachael Backler (RB)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
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)
ICB Associate Director of Governance, Compliance & Risk
ICB Corporate Secretary

Invited Attendees:

AWP Head of Transformation – BSW Division, Sam Mongon – *item 8*
AWP Chief Operating Officer, Matthew Page – *item 8*

Apologies:

Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
ICB Director of Place – BaNES, Laura Ambler (LA)

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. A

special welcome to their first Board meeting held in person was extended to Paul Fox (Non-Executive Director (NED) Finance) and Ade Williams (Non-Executive Director Quality).

- 1.2 The above apologies were noted. The meeting was declared quorate.
- 1.3 Holding the BSW ICB Board business meetings in public allows the Board to carry out discussions and decision-making processes in full view of any person who wishes to join the meeting. Extending that offer to people unable to make it in-person has been a priority of the ICB for some time. From this meeting, our meetings held in public will be recorded and made available to watch back at any time. The viewing link can be found on the ICB website, which can be accessed at www.bsw.icb.nhs.uk
- 1.4 The Chair wished to record thanks to Swindon Borough Council for the kind use of their venue and facilities.

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 20 March 2025

- 3.1 The minutes of the meeting held on 20 March 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 informed the Board that three Partner Member Board roles were coming to the end of their term on 30 June 2025 –
 - Partner Member – Local Authority (BaNES) – Will Godfrey
 - Partner Member – Primary Care – Dr Francis Campbell
 - Partner Member – VCSE sector – Pam WebbThe nominations processes for the three roles had commenced, with confirmation of the appointments anticipated by 30 June 2025.

7. BSW ICB Chief Executive's Report

- 7.1 The Board received and noted the Chief Executive's (CEO) report as included in the meeting pack.
- 7.2 The ICB CEO provided a contemporary update:
 - 2.1 noted the need for the ICB to continue its business as usual, whilst acknowledging forthcoming organisational change. BSW ICB had taken the immediate step to freeze any

recruitment underway following the national announcement. The Board would continue to seek assurance against the associated risks and to have oversight of the supporting governance arrangements.

- 2.2 – HCRG are now playing a significant system role through its delivery and transformation of services under the Integrated Community Based Care (ICBC) programme, with transformation plans in place. The essential transformation was to commence within the first two years of the contract, working in partnership with stakeholders and service users.
- 2.4 – The broadly compliant BSW Operational Plan was submitted to NHS England, though acknowledging the considerable challenges, risk and ambition surrounding its delivery. Radical change and improvement of services was required to support the delivery of the financial position.
- 2.8 - Urgent and Emergency Care (UEC) remains consistently challenged. Comprehensive action was being put into place to give traction, and to ensure the best population outcomes, timely access, and efficiently and effectively run services. Areas of focus included demand management, robust internal flow processes within providers, and effective and timely discharge.
- 2.31 – The ICB was ensuring appropriate support and guidance was in place to support its workforce through this time of change and uncertainty which was impacting all members of the organisation. Business continuity was a focus, whilst living within the agreed values of the ICB.

7.3 The Chair wished to note and acknowledge this difficult time and uncertainty for all ICB staff. Colleagues nonetheless continued to show dedication, working together through the challenges.

8. Avon and Wiltshire Mental Health Partnership (AWP) NHS Trusts – Community Transformation

8.1 AWP's Chief Operating Officer and Head of Transformation for the BSW Division were in attendance for this item, to update the Board on AWP's plans and work to date in support of the transformation of BSW's community services, aligning with the national community mental health framework, and BSW's Mental Health Strategy. The slides as included in the meeting pack were talked through, before the Chair opened the meeting up for discussion and questions:

- Noting the requirement to further evolve, change services, keep care closer to home, and the desire to work more with partners –good local relationships were fundamental to build on, with support of the ICB, the ICB Board and partners. System and service transformation will require joint solutions. The Integrated Care Alliance (ICA) structure was being utilised, forming links with the neighbourhood health and community mental health placement development discussions. There was commitment of the wider system, partnerships and delivery groups that mental health will continue to be part of all discussions.
- Though it was acknowledged that mental health services were underfunded nationally, AWP was working to lower the thresholds into accessing services and support. The pathway would be designed with partners and clinical colleagues to avoid the need for patients to undergo repeat assessments. This would then help to free up capacity to move to those direct support areas. This then allows for those with a higher need to be identified quicker and moved to other pathways.

GP's were to understand the less rigid threshold level and learn by success of the new model. This would be supported by the integrated front door for referrals, a single place for GPs and system colleagues to use, working jointly with VCSE colleagues also to identify the best pathway and place in system.

All serious mental illness (SMI) clients were to be better supported with a comprehensive offer. An action plan was in place to set the responsibility with AWP, to follow the agreed protocol to continue to support and engage those in need. It was AWP's duty to not discharge clients due to dis-engagement. This process had been re-evaluated as a national requirement. Data was held on those not attending appointments and those not engaging, with follow up monitoring in place.

- Nationally, there was the expectation of the four week wait of referral to assessment, though AWP were aiming to move to a four week wait to treatment, bringing that improved timely access for patients and a more than acceptable level of improvement. This change was driven by the shift in the way of working, reducing the repeated assessment process, supported by other intervention services earlier in the journey. It was acknowledged that rapid and continued improvement was needed to get that baseline in place.
- The existing investment was to be utilised more efficiently to work with the current resources, there was no new money. Working more in partnership would support this, along with reducing activity that did offer an intervention focus. That first touch point was critical.
- Further work was needed to reduce those natural barriers of some cohorts of patients seeking the support they required.
- With the continued pressures on the system, the change and improvements being made were not always acknowledged, and it was recognised that some will not be evident in the short term. The Board was encouraged to be positive about this narrative, preventing the default blame culture. All system partners were responsible.
- A shared terminology needed to be agreed – personalisation / right conversations / plans / strength based – supporting that single direction of travel.
- The financial model within the strategy was based upon the premise that changes and transformation would unlock monies spent outside of the BSW system, implementing these changes locally to shift both health and social care money back to BSW, and then a shift to a prevention focus.
- Further attention was needed to parity of esteem and ensuring patients were clinically ready for discharge.
- Supporting group work was needed to signpost clients and colleagues early on to ensure intervention and encouragement of self-care was the first thought, working also to reduce the level of demand for services and wait time. The pathway was also being improved to ensure better home treatment to maximise the availability of treatment. This approach would be built on with each locality, to also understand the barriers to access. Data of access and under represented minority groups was also an area of focus.
- The ICB was providing ongoing supporting and funding to meet the nationally mandated Mental Health Investment Standard.

8.2 The Chair thanked AWP colleagues for their transformation update and their input into the wider Board discussion.

9. NHS Reform and Transformation Announcement: BSW ICB Response

- 9.1 The paper pack included a briefing to the Board on the actions that BSW ICB has undertaken to date in response to the Prime Minister's NHS reform announcement on 13 March 2025, and subsequent publication of the *'Working Together in 2025/2026 to lay the foundations for reform'*, and the sharing of the draft 'Blueprint for a model ICB' with ICBs across England.
- 9.2 The ICB CEO advised that this was rapidly moving piece of work. The ICBs role was to move to become a strategic commissioner, remaining central to the emerging NHS Ten Year Plan. A rules-based approach was being taken to give clarity, accountability, responsibility - to earn that autonomy. The use of regulatory powers would be seen, though in a more agile way. Recognition was given that improvements in productivity and efficiency in the NHS needed to improve significantly, with clarity of priorities and expectations now given. Those lessons learnt through the Evolve change programme were being embedded to support ICB staff and to understand the implications that define the organisations future. A reduction of 49% to running costs was to be achieved by BSW by the end of quarter three of 2025-26, reduced slightly by the immediate decision the ICB made to hold vacancies, though still a significant reduction required. Plans were to be generated at pace against what could be delivered within the reduced financial envelope. Providers were also to reduce their corporate growth by 50% by quarter three. Any savings made by the ICB by the end of this financial year could be used to de-risk the plan in year.
- 9.3 The Model ICB Blueprint had been generated at pace, providing that guide rather than definitive information. This did not clarify the timeline for change, required legislative change, statutory roles and duties, though did provide a clear direction of travel with those functions to grow, transfer and stop. An options appraisal had been developed along with a high-level route to achieving the financial savings, alongside delivering an effective strategic commissioning infrastructure. Working at scale both as part of the cluster, with neighbouring ICBs, and regional colleagues would offer opportunities. The most suitable cluster fit was proposed – bringing together BSW ICB, Dorset ICB and Somerset ICB. Chairs, CEO's and transition leads were already working together.
- 9.4 A significant reduction in the workforce was anticipated, with a voluntary redundancy programme to be initiated, followed by a wider redundancy programme to enable the level of change required. Compliance of employment law regarding the consultation process was a concern against the proposed timelines. An open and transparent approach to engagement and communications with ICB staff continued, aligning with Somerset and Dorset. BSW ICB was to hold a staff away day on 5 June 2025, a day designed with the Colleague Engagement Group to offer connection, wellbeing and practical support.
- 9.5 The BSW chapter was to be submitted on 27 May 2025 to support the regional level plan, setting out the approach to live within the financial envelope, the activities and functions, the added value of the cluster, with the ambition of improving outcomes for the populations. BSW had remained together as one system. The emerging local authority boundary changes would have implications for NHS systems going forward. Therefore, cluster arrangements were likely to continue for longer, with a merger not possible before April 2027.
- 9.6 Though there was acknowledgment that the cluster seemed the most appropriate, there was concern at a local level of the presumption that at scale will be effective. The combined authority and devolution agenda would be an important issue to consider when aligning activity and arrangements. The CEO advised that early and aligned conversations had already commenced with Somerset and Dorset regarding the importance of place. The correct infrastructure and resources were needed to ensure place succeeded, in partnership

with each local authority and those local groups and organisations, to do what was best for the population with localised delivery remaining. The commitment was there to bring in the VCSE aspect to the wider decisions. The Ten Year Plan had a focus on neighbourhood health, an area that was not best understood from an at scale position.

- 9.7 The Chair and the Board acknowledged the complex task ahead, and the significant work at pace needed to support the transition.
- 9.8 On conclusion of the discussion, the Board noted; the actions taken by BSW ICB to date in response to the requirements outlined in 'Working Together in 2025/2026 to lay the foundations for reform' and the draft 'Blueprint for a model ICB' document; the draft proposal for BSW ICB to form a cluster with Dorset and Somerset ICBs, and the proposed next steps to meet NHS England's 30 May 2025 submission deadline for a plan.

10. BSW ICB Quality and Outcomes Committee

- 10.1 This was the first meeting of the Quality and Outcomes Committee (QOC) chaired by the recently appointed NED Quality. The draft minutes were shared for information, and provided that account of the discussions and business covered. The next meeting of the ICB QOC is scheduled for 1 July 2025.

10a BSW Quality and Patient Safety Exception Report

- 10.2 The Board noted the BSW Quality and Patient Safety Exception Report. The ICB Chief Nurse wished to highlight the outstanding improvements being made, in particular within infection, prevention and control. BSW was the second top performing nationally for pseudomonas bloodstream infections, meeting key targets due to the hard work of the teams and partnership.

11. BSW ICB Finance and Infrastructure Committee

- 11.1 This was the first meeting of the Finance and Infrastructure Committee chaired by the recently appointed NED Finance. In response to the required NHS reform, the Committee felt that BSW should produce a three year medium term financial plan, though it acknowledged this was challenging within the current context.
- 11.2 The minutes from the meetings held on 2 April 2025 and 7 May 2025 were shared for information.
- 11.3 The next meeting of the ICB Finance and Infrastructure Committee was scheduled for 13 June 2025.

11a. BSW ICB and NHS ICS Revenue Position

11ai. 2024-25 Month 12

- 11.4 The ICB Chief Finance Officer (CFO) updated the Board on the financial outturn of the NHS organisations within the Integrated Care System (ICS) at month 12, noting that the system had reported a breakeven position. This was supported by the application of £30m deficit funding and £15m of support funding received in the period. The accounts were currently being audited to inform the ICB's Annual Report and Accounts.

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

11b BSW Operational Plan 2025-26 (*item moved*)

11.6 The paper provided the Board with an overview of the final operational planning submission for the BSW NHS system for the financial year 2025/26. The ICB Chief Delivery Officer (CDO) advised that though a compliant plan, it remained ambitious with challenging targets, an accumulation of significant work on the operational, financial and workforce metrics of the ICB and system partners. The plan was now in the public domain. The final closure letter was awaited from NHS England. The Board was to hold the ICB and system partners to account over the course of the year against the plan and detailed implementation plan. The future of the ICB was acknowledged as a significant risk to its delivery.

11.7 The ICB CFO advised that the plan met the balanced financial requirements. The plan was deemed extremely challenging, with £23m deficit support funding allocated on the condition that the system maintained the break-even position. Efficiency targets were to generate in excess of £125m in 2025-26.

11.8 The Board noted the progress and the final BSW operational plan document.

11aii 2025-26 Month 1

11.9 The ICB CFO reported that at month 1 the system was reporting £4.4m adverse to plan. BSW had also been informed that it would lose the £2m month 1 deficit support funding due to this move away from a balanced position. This created a further deterioration position to correct in month 2. If the system continued to be off plan, deficit support funding would not be received. It was critical for the system to drive the recovery actions, as this would pose further significant challenge and impact on the Hospital Group cash position. Deficit support funding would only be recouped once back in line with plan. Once on plan and in receipt of funds, these were then not lost.

11.10 The drivers for the deficit position were highlighted:

- Ongoing UEC pressures and the use of additional beds that were in turn driving the increase in workforce costs.
- Slippage against efficiency schemes - the system has taken an agreed view to evenly phasing the plan. The delayed sign off of the plans had led to a delay in implementing some of the changes.
- The system was yet to close off the gap of the required efficiency schemes with a significant amount of savings not yet identified in the BSW Hospitals Group
- Performance against elective recovery.

11.11 The Board discussion noted:

- The BSW deficit represented 2% of the total budget. It was felt helpful to represent this for members of the public to have a better understanding and for transparency.
- NHS England had signed off a balanced plan, however as of month 1 BSW was not on plan. This needed to be reflected by the change in delivery pace and governance in place. Though a small percentage of the allocation, the trend and run rate remained a concern of regional colleagues. The current run rate needed to be sufficiently reduced

to bring the system back on track at pace for the end of quarter 1. Regional colleagues had offered access to support to work through this together.

- The intervention and investigation level 4 (I&I4) interventions and actions were being implemented to see traction and to address the deficit (noting BSW is not in that level of intervention currently). The team were working through the 12-month run rate and overlaying actions.
- The voluntary sector offered to support the sharing of messages to the population to ease UEC pressures and redirect patients to the most appropriate services. A survey was currently being conducted amongst the BSW population to provide that rich information to enable the system to react and work with the wider system partners, responding to service users. The support offer of the VCSE was welcomed.
- The plans ensured that effective and efficient working, with service redesign factored in, though recognising this would take significant work. BSW had been slow to operationalise some change elements of the plan, but these were now being actioned at pace to realise the impact required.
- The plans would not be revised in light of the current context, it remained the priority for the system to work actively and honestly to balance the position.

12. BSW ICB Commissioning Committee

12.1 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 22 April 2025. The Committee Chair wished to bring to the attention of the Board:

- The Wiltshire Director of Public Health was now a key member of the Committee, bringing that different perspective to discussions and decision-making.
- The VCSE contribution to the collective effort had been acknowledged, though it was recognised that the relationship needed to be nurtured and built upon.
- Progress was being made to understand the historical and substantial differences seen through the Better Care Fund across each locality, with work to align these where possible.

12.2 The next meeting of the Committee was scheduled for 17 June 2025.

12a BSW Performance Report

12.3 The ICB CDO advised that there had been no change to the allocated segment ratings under the National Oversight Framework. Improvements in performance against the cancer, long waiters elective, annual learning disability health checks, and hospital@home initiative were noted. Significant challenge remained on the UEC pathway, with changes being embedded within the diagnostic pathway. The national performance framework was awaited, currently in consultation phase. The team were working to improve the timeliness of reporting against the plan.

12.4 Though these were the NHS England directed metrics to measure by, it was acknowledged that there were other areas still important to the Board and ICB to monitor and improve upon.

12.5 The ICB Chief Medical Officer updated the Board on the funded hypertension programme underway in support of the left shift:

- Reporting is now starting to show the early signs of improvement for the population. National data released also indicated improvements, particularly in the number diagnosed and those treated to target.
- Since August 2024, 6,000 people had been added to the hypertension register, with 3,500 treated to target. The next 12 months expected further improvement.
- Cardiovascular Disease (CD) remained a top priority of the system, and liver control. Although there was no money to invest, this continued to be a focus for ICB colleagues and system partners.
- BSW was the only system across the national figures to show system wide improvement of patients with CD receiving correct and appropriate treatment. BSW was second highest across the South West as most improved system. The national team had reached out to understand the approach to advise ministers.

12.6 The Board noted the report for and took assurance on the latest system performance.

12b. BSW ICB Corporate Documents:

12bi Scheme of Reservations and Delegations

12bii Standing Financial Instructions

12.7 The Board recalled that with effect from 1 April 2025, under section 65Z5 of the NHS Act NHSE delegated to ICBs the functions of commissioning certain Specialised Services. The ICB's Scheme of Reservations and Delegations (SoRD) had received minor amendments to reflect this. While there were no recommendations for change or updates, the Board was also asked to confirm the continued validity of the ICB's Standing Financial Instructions (SFIs). The approval of documents related to the ICB's Constitution, such as the SoRD and the SFIs, and amendments of these documents, was a matter reserved to the ICB Board.

12.8 The Board approved the update to the BSW ICB SoRD to reflect the delegation of specialised commissioning functions from BSW ICB to the Principal Commissioner, and the exercise of these functions through a Joint Committee, and approved the BSW ICB SFIs in their current form.

13. BSW ICB Audit Committee

13.1 In the absence of the NED for Audit, the ICB CFO advised members of the business covered by the Committee at its last meeting held 1 May 2025:

- The MHIS audit had concluded, with no issues to report to the Committee.
- Three audit reports were received and noted; core financial controls (grip and control checklist) given a rating of significant assurance with minor amendments; risk management given a rating of significant assurance with minor amendments, and IEG4 placement system roll out, given a rating of partial assurance. The ICB Chief Nurse advised that the new system would ensure robust governance and oversight of placements, with the ability to align cost of placements with individual care plans. The system had immediately released clinical time to enable that time with patients eligible for continuing healthcare, to undertake the assessments and reviews.
- The Head of Internal Audit Opinion was one of significant assurance.
- The 2025-26 internal audit plan had been agreed, though acknowledging the need for flexibility in the current context.
- The six monthly cyber report was received and noted.

13.2 The next meeting of the ICB Audit Committee is scheduled for 13 June 2025.

13a. BSW ICB Audit Committee Annual Report

13.3 The Board noted the Audit Committee annual report.

13b. BSW ICB Board Assurance Framework

13.4 The ICB CDO presented the revised Board Assurance Framework (BAF), which had incorporated those discussion points and amendments suggested during Board Development sessions and by the Audit Committee. It had received a significant overhaul, structured around the strategic objectives set out within the BSW Integrated Care Strategy. The BAF be reviewed frequently to reflect those risks surrounding the change in NHS landscape. The ICB and Board was to utilise the BAF to inform its decision-making.

13.5 Per the BSW ICB's SoRD, it was the Board's prerogative to approve the BAF. The Board approved the ICB Board Assurance Framework.

13c. BSW ICB Data Security and Protection Toolkit

13ci. Approval of the ICB Information Governance Framework

13.6 The CDO presented the supporting paper, updating the Board on the ICB's progress with completing the Data Security and Protection Toolkit (DSPT). A thorough internal process was underway to gather the evidence required in support of the Toolkit submission, which this year also included criteria linked to cyber security. The early indications from the independent audit review signalled a positive review outcome. Due to the ongoing work to finalise the Toolkit, the sign off of the final submission takes us outside of the scheduled Board business meetings, therefore delegation of sign off to the Executive Group was sought.

13.7 The Board agreed delegation of the approval of the final DSPT submission to the BSW ICB Executive Group.

13.8 As part of the work to complete this year's DSPT, reviews have been undertaken of the ICB's information governance (IG) and data security policies. The IG Framework is the umbrella policy for all the ICB's information governance and data security policies. It has been updated to fully align with and reflect the DSPT. Approval of the IG Framework is a matter reserved to the Board.

13.9 The Board approved the updated ICB Information Governance Framework.

14. Any other business and closing comments

14.1 There being no other business, the Chair closed the meeting at 12.20hrs.

Next ICB Board meeting in public: Thursday 17 July 2025