NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Minutes

BOB ICB Board – Meeting in Public
Tuesday, 17th January 2023 at 10:00am
Hybrid – Gateway Offices, Aylesbury, HP19 8FF / Microsoft Teams

Members			
Name	**Role and Organisation**		**Attendance**
Javed Khan OBE	Chair	JK	Present
Sim Scavazza	Non-Executive Director	SS	Apologies
Margaret Batty	Non-Executive Director	MB	Apologies
Saqhib Ali	Non-Executive Director	SA	Present – Absent for Items 11-13
Aidan Rave	Non-Executive Director	AR	Present
Tim Nolan	Non-Executive Director	TN	Present
Haider Husain	Non-Executive Director (Associate)	HH	Apologies
Steve McManus	Chief Executive Officer (Interim)	SM	Present
Jim Hayburn	Chief Financial Officer (Interim)	JH	Present
Dr Rachael DeCaux	Chief Medical Officer	RDC	Present
Rachael Corser	Chief Nursing Officer	RC	Present
Neil McDonald	Partner member – NHS Trusts	NM	Present
Stephen Chandler	Partner member – Local Authorities	SC	Present
Dr Shaheen Jinah	Partner member – Primary Care	SJ	Apologies
Dr Nick Broughton	Member for Mental Health	NB	Present
In Attendance			
Rob Beasley	Director of Communications & Engagement (Interim)	RB	Present
Robert Bowen	Deputy Director of Strategy	RBo	Present
Ross Fullerton	Chief Information Officer	RF	Present
Catherine Mountford	Director of Governance	CM	Present
Matthew Tait	Interim Chief Delivery Officer	MT	Present
Amaan Qureshi	Business Manager, Chair's Office	AQ	Present – Minuting

7 members of the public also attended, for the whole meeting.

Board Business		
1.	**Welcome and Introductions** The Chair (JK) welcomed attendees and members of the public, advising the meeting was also being broadcast publicly, and confirming it was a meeting held in public and not a public meeting.	
2.	**Apologies for Absence** The Board noted apologies from MB, SJ and SS. SA would be temporarily leaving at 11am.	
3.	**Minutes from Last Meeting on 15/11/22 and Matters Arising** The minutes of the meeting held on 15 November 2022 were accepted as an accurate record. The board noted that all Matters Arising were either closed or on the agenda for today's meeting. The following verbal updates were given: • **Action 18 from 15/11/22** – CM to meet with SS to consider how the proposal for a Shadow Board would be implemented and this would then be shared with the board. • **Action 20, Item 9 from 15/11/22** – Deep-dive on Kirkup with recommendations taken to the Population Health & Patient Experience committee earlier in the month, and update included in Committee Chair's report (Item 15)	
4.	**Declarations of Interest (In relation to decision papers)** The board noted interests had been declared for Items 8, 9, 11, 12 and 13 and that these items are not for decision, so the individuals may participate in discussion. CM advised the conflicts Register will be published at every meeting, as a prompt for members to advise on anything missing. RDC, NM, TN and NB highlighted they had updates on their possible conflicts, which would be forwarded to CM for including in the register.	
5.	**Questions from the public** One question was received from a member of the public in advance. As this did not relate directly to Agenda items, it will receive a published response within 20 days.	
6.	**Living our values**	

	An opportunity for a Board member to introduce themselves and speak about their values and how they connect with their role on this board. AR spoke about his upbringing in a former mining village. He spoke of his family and the community spirit which instilled a drive for authenticity, courageousness, accountability, resilience, and ambition for what we do and create. He emphasised we have a great opportunity as public servants to do something positive for our communities.	
Board Reports		
7.	**Chief Executive and Directors' Report** SM presented the report and drew attention to key items including: • Recognising the pressures providers and partners have faced, and continue to face, over recent weeks – SM noted thanks and recognition for hard-working colleagues. • Industrial action by the RCN and GMB had affected providers across BOB in December. Trust and ICB colleagues worked closely to prepare to mitigate impact on patient services. • The Q2 ICB oversight meeting with NHSE provided assurance of progress, with agreement there is more to do. • SM highlighted good partnership working, including working across the wider system with our partners including local authorities, NHS Trusts and the VCSE. • The consultation to formally consolidate the former three-CCG People structures had commenced and would run until mid-February. • CEO recruitment has also been launched, with interviews planned for March. Appointment to the remaining Executive posts will follow. SA asked whether we had any indications of impact from opening the Reading Urgent Care Centre. MT advised there has been reasonable demand, but it has not reached capacity (100 patients per day) and it is currently too early to assess overall impact. Work ongoing to improve referral processes. SA noted he would have thought primary care pressures meant a fast uptake of new urgent care capacity: RDC highlighted BOB patch has relatively good access to same and next day appointments at a systems-level – and is also above the national average for those seen within 2 weeks. In response to a question, SM explained the ICB's share of the national discharge funding is allocated in line with weighted population figures. The ICB was working with partners in Place to ensure this was used to best effect to maximise discharge capacity. SC added that a partnership approach will help us determine the best use of this money and help ensure we avoid unintended consequences – noting the funding is helpful in allowing for longer-term planning. The £200m in additional funding announced recently in contrast is time-limited, which inhibits longer-term planning – and is ring-fenced to beds specifically, which means it cannot help in addressing broader issues affecting discharge, and reduces the scope for identifying unintended consequences across partners. NB updated that there are three provider collaboratives covering specialist Mental Health (MH) Services – led by Oxford Health. The two MH provider trusts within BOB are working increasingly closely and looking at other areas where they can develop a provider collaborative approach. The Board noted the update, and the Chair recorded the Boards thanks for all the hard work that has been going on from everyone within the ICB, all the partners within LAs and the VCSE, frontline hospital providers and GPs, and all other health workers – in very difficult times.	
8.	**Performance and Quality Dashboard Month 7 (October)** MT highlighted that as the paper uses validated data there may be a significant time lag, but it provides a flavour of performance. Report aims to bring to life more comparative indicators too – where BOB often performs well. MT highlighted the following points: • Urgent and emergency care – remains a pressured environment, with challenges to our standard delivery reflected in our key metrics, such our A&E 4-hour standard. Investment was made pre-Christmas to increase capacity for supporting discharge and in the acute respiratory hubs. Flu & COVID-19 numbers peaked in build-up to Christmas – leading to more escalations over Winter. This subsequently de-escalated, but pressures remain. • RC highlighted key factors for increased pressures, including: Strep-A triggering increased demand for urgent and emergency care in the acute settings, impacting bed capacity; surge in Flu patients requiring critical care; plus, COVID-19 patients reaching Summer 2021 levels. RC noted BOB ICB facilitated an extra 1,400 clinical appointments between mid-December 2022	

	and early January 2023. We also doubled NHS 111 capacity – and put some specific initiatives in place to relieve pressures, such as paediatric capacity at the Horton in Oxford. • Elective waits: we remain on track to reduce long waits – those waiting over 104 weeks have now been mostly dealt with. Good progress reducing 78-week waits, with a target to have treated all by the end of March. Numbers have increased over last few weeks as expected; but we remain on target. • Diagnostic activity numbers are reasonable when compared to others across the South East – but there have been some specific delivery issues around the 62-day wait standard; There were issues around staffing in Pathology pathways, however we are started to get this back on track. In response to a question about variation on performance on 12 hour waits, SM advised that different organisations can be pressured in different ways, but over 12 hour waits often suggest issues with overall capacity and flow. TN noted that a lot of data has been presented, however it would be helpful to consider which critical 4 or 5 areas, against the planning guidance, are worth focusing on in these meetings. It was also noted for the ICB to consider how we can better reflect our Workforce within this reporting – as this is a core/key asset for us. AR queried if there is a realistic opportunity for us to move the dial on discharge at a local level, as marginal gains can sometimes have a huge effect on the broader system over time. MT confirmed that better integration of different services along the pathway and their assessment processes would provide opportunity for improvement. **ACTION:** • **The Board noted the report and requested MT to review report content** – i.e., which are the critical 4 or 5 issues, against the planning guidance, and include workforce challenge information.	**MT**
9.	**Finance Report** JH presented Paper 9 and noted the significant improvement in financial position – with the forecast outturn deficit position reduced from £90m to under £50m. This improvement was only possible because of the commitment of NHS Providers. BOB has been set a stretch-target of reducing the deficit to £44m, and work is underway with providers to scope delivery of this. JH highlighted there are still significant challenges within the system overall, particularly pay spend is significantly higher than anticipated at the beginning of the year. Capital spend – Underspend to date relative to plan, but are projecting a small overspend going forwards. ICB is working with providers to bring this back in line. TN stated the System Productivity Committee (SPC) will undertake a deep-dive into BOB's Continuing Healthcare (CHC) spending as well as pay. SC noted that CHC assessment is governed by national criteria and our challenge is to ensure this is applied consistently and appropriately, rather than seeing it as expenditure we shouldn't be incurring. The decisions are what lead to the financial implications – and if it is not an implication for the NHS after the decision, then it may still have financial implication on the individual themselves, or the LA. JH provided an overview of eight system-wide efficiency programmes. Five schemes are specifically cash-releasing (with the others more focused on productivity) and we are putting in place a project management structure around these five schemes, and resourcing them to deliver. SM advised seeing this work unfold over the next few months, monitored through the SPC, is going to be really important and the programme framework will be included in the March Board report. Prescribing cost pressures – RDC stated that this is not down to changes in primary care prescribing but because of shortages and price increases. TN stated that despite a focus on bringing the deficit down, this should not be done at the expense of residents and patients. SPC is aiming to understand the reasons why there is an overspend – and looking at it collectively from a systems perspective, rather than any intent to simply move the challenge between partners. Chair noted his thanks to the CFO and ICB team, and providers' finance teams. We have gone from a deficit of £90m down to £48m, and likely to be brought down further to £44m. This is a phenomenal achievement in the context of all the broader demand-driven pressures we are also facing. BOB as a system has the lowest financial starting point in the country – if we were brought	

	up to target allocation, this would translate to an extra c. £70m in core funding for BOB and the ICB continues to make representations at a national level on behalf of residents. The Board noted the financial position of the ICB and approved the forecast outturn for the ICB assumes there will be no contribution from the system wide saving schemes this financial year. **ACTION:** • **Finance Report in March should include financial efficiencies programme framework.**	**JH**
10.	**Risk – Board Assurance Framework (BAF) / Corporate Risk Register** CM presented Paper 10 and highlighted the straightforward way to develop the Framework and Register, is to have an agreed strategy and strategic objectives, and then identifying risks to delivery. As we are still developing the Integrated Care Strategy and Joint Forward Plan we have used the four overarching ICS goals to frame our strategic risks. As we develop our own strategic objectives, we aim to dynamically adjust the structure to match. Through reviewing other ICB and predecessor CCGs BAFs 8 key risks to delivery have been identified which will be iterated and updated as we progress. The following points were made in discussion: • The wording of the people/organisational development risk should not underplay its significance • Is there a risk with the development of the BOB ICB Board itself – with 5 executive posts being recruited to? It may be worth noting risks around Board development, in the context of the key role it in turn plays in developing the system. • The ICB/ICS should fully engage with the research and innovation community and there is a risk we do not harness this power. • There should be clarity of the role of the Board committees' role in oversight of specific risks. • It was noted that the lead sub-committees for each risk are highlighted in the table in the annex. • There was a need to consider the explicit link between resource and Health Inequalities – as there is a significant risk to our ability to tackle Health Inequalities, with our current financial position variance. • There is a need to ensure Equality, Diversity and Inclusion related risk and implications are more explicit. • The language used to describe risks and their implications should be reviewed to ensure it is clearer and more specific. **DECISION** • **Subject to taking the Board feedback into account the strategic risks were approved.**	**CM**
Comfort Break		
Working together/Developing the System		
11.	**Draft Integrated Care Strategy & ICB Response** RBo recapped the Draft Integrated Care Strategy published on 13 December 2022, is currently receiving response and feedback from the public and partner organisations. This is being co-ordinated by the ICB, on behalf of the Integrated Care Partnership (ICP) who will meet 27 January 2023. Amended through February, before sign-off at the 1 March 2023 ICP. A report summarising results of the engagement will also be shared with ICP. Para 9 in the paper summarises discussions from the ICB Board workshop on 20 December 2022. The Board confirmed this captured the discussions well and highlighted the need for more explicit reference to health inequalities and diversity. The following points were made: • How do we ensure the strategy and its priorities are properly resourced, so they are implemented effectively. RBo noted this is an ICP priority, for which all partners have joint-responsibility and this would be built into realistic delivery planning. • Costing is a challenge inherent to many strategies, but the strategy and its direction/speed of travel should take into consideration resources available. • Rather than referencing inequalities in a more general sense, we should be more specific (rooted in Place realities) and data-led.	

	• Innovation/new ways of working should come through more explicitly than it currently does. The Chair summarised that delivering the Strategy will depend on how effectively we can pool resources and drive implementation together in partnership. **ACTION:** • **It was agreed the summary of the Board's feedback should be updated to:** ○ **Strengthen the language around health inequalities and diversity.** ○ **Better emphasise *integrated* health and care.** ○ **Amend Para 9, Bullet 2 adding the underlined: "…statutory services <u>alone</u>…"** ○ **Include reference to Innovation & new ways of working – as enablers for delivery.**	**CM**
12.	**Five Year Forward Plan** RBo updated that the Joint Forward Plan (JFP) is to be issued by 31 March 2023. It's a joint plan between the ICB and Trusts and there will be system-wide engagement as it is developed, before the final version is published on 30 June 2023. It will be grounded in the priorities of the Strategy, to maintain the golden thread – and formulated with a combination of bottom-up and top-down efforts, including asking providers to feedback on service-level ambitions, and engagement with health and wellbeing boards. We are interpreting the three principles underpinning the JFP development (from NHS England guidance) as follows: (1) How is the JFP going to articulate the NHS delivery plan for the integrated care strategy, structure, ambition?; (2) Subsidiarity – aiming for the Place story to be clear over the next 5 years, recognising this is still in development; (3) This is a plan, not a strategy, so it needs to set out sufficient detail around what we're doing, when – being realistic around deliverability. NB noted that subsidiarity should not be at the expense of integration, collective resourcing, reducing unwarranted variation, and benefitting from economies of scale. Some things will be done collectively (e.g., procurement) and others locally – we should avoid trying to be too dogmatic about this, but fundamentally centring our approach around what might work best for residents. SC noted the JFP is between the commissioner and the provider in the NHS, not the NHS and LAs, and suggests the guidance should therefore not be read in a manner which limits LA inclusion, but rather from a broader systems point of view. The Board noted it is important to avoid ambitions in one area, resulting in risk in another. There is a challenge of wedding our ambitions with the limited time for delivery. The 5-year plan will have an annual refresh, in the context of a shifting external environment, so it will be dynamic and capture engagement and feedback as we proceed. **The Board noted the requirements of the Joint Forward Plan guidance and agreed the proposed approach to developing the content of the Joint Forward Plan.**	
13.	**Operational Planning 2023/24** MT presented Paper 13 and highlighted the three key tasks outlined in paragraph 5 could not be delivered by the NHS in isolation and encompassed a large amount of work. The paper outlined the standards set in the guidance and the current position to give an indication of the scale of the challenge. For all delivery metrics the common constraints were workforce, funding and digital transformation. For example, delivering the A&E 4-hour target – will require broad and system-wide solutions such as cracking discharge, reducing hospital bed occupancy and simplifying entry points to services. The 2022/23 £44m deficit will have to be addressed next year. Inflation continues to be factored in, but there remains risk and challenge into next year in terms of our overall allocation. There are levels in investment in MH and primary care, however we must work through these and identify where we can add in extra spending. In 2023/24 there will be different payment mechanisms for elective (activity related) and non-elective work (block). The SPC will review development of the financial plan prior to it being presented to the Board. **The Board noted the requirement of the 2023/24 Operational Planning guidance and agreed the approach to development of the plan.**	

ICB Development		
14.	**Board Assurance Committee Reports** Committee Chairs provided key updates from the Board committees, including: • Addressing some high-level compliance progress gaps against the national framework at the Population Health and Patient Experience Committee. • Update on forthcoming deep-dive into CHC at the System Productivity Committee. • People Committee Terms of Reference (ToR) to come to the March Board for approval; Also updated on the prioritisation of a People plan for the ICB in the first instance, before a wider ICS plan. • A focus on trust-building, cultural integration, prevention – and 'how we can build the voice of Place into everything we do' at Place & System Development Committee. • Good progress noted on Board Assurance Framework at the Audit & Risk Committee, which also reviewed the Risk & Governance framework, and the External Audit Plan which is on target. A new process around Single-tender waivers was also discussed. **DECISIONS** **The Board noted the Committee updates and:** • **Approved the Place & System Committee ToR and Memorandum of Understanding.** • **Approved the revisions to Scheme of Reservation and Delegation.**	
15.	**EPRR Annual Report & Statement of Compliance** MT presented Paper 15 which provided an overview of the assurance process, and more formally the organisational position. All the BOB providers are in a strong position. As a Category 1 responder under the Civil Contingencies Act there is a step change in responsibilities for the ICB from the predecessor CCGs. We are making progress but there is still work to do which will move forward as we increase the resource in this function. **The Board noted the report and ratified the statement of compliance for the ICB as "substantially compliant".**	
16.	**Forward Plan** Noted by Board members, and to be iterated as we proceed.	
Any Other Business		
17.	**Any Other Business** The Chair concluded by noting his thanks to all those who prepared for and presented at the Board, including the members of the public that attended. Responses to public questions will be published on the website. There being no other business, the meeting closed at 1300.	
END		
Date of Next Meeting: 21 March 2023		