

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 17 September 2024, 10:00-13:00
Council Chamber, Wokingham Civic Offices, Shute End, RG40 1WH

Name	Role	Attendance
Members		
Sim Scavazza	Acting Chair; Non-Executive Director	Present
Aidan Rave	Acting Deputy Chair; Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present from 10:15
Saqhib Ali	Non-Executive Director	Present
Tim Nolan	Non-Executive Director	Present from 10:10
Nick Broughton	Chief Executive Officer	Present
Matthew Metcalfe	Chief Finance Officer	Present
Rachael de Caux	Chief Medical Officer	Present
Rachael Corser	Chief Nursing Officer	Present
Steve McManus	Partner member – NHS Trusts/Foundation Trusts	Present
Rachael Shimmin	Partner member – Local Authorities	Apologies
George Gavriel	Partner member – Primary Medical Services	Present
Minoo Irani	Member for Mental Health	Present
Attendees		
Sarah Adair	Director of Communications & Engagement (Acting)	Present
Helen Clarke	Deputy Place Director: West Berkshire	Present for items 1-10
Caroline Corrigan	Chief People Officer (Interim)	Present
Clare Doble	Deputy Director of Governance	Present
Alastair Groom	Director of Financial Improvement	Present (online)
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Ros Kenrick	Business Manager to the Chair and Chief Executive	Present – Minuting
Gloria Matthews	Member of the Public	Present for items 1-6
Victoria Otley Groom	Chief Digital & Information Officer	Present
Matthew Tait	Chief Delivery Officer	Present
Miranda Walcott	Designated Clinical Officer for Special Educational Needs and Disabilities (0-25)	Present for items 1-6

There was a peak online attendance of 62 members of the public, plus 1 attending physically.

Board Business	
1.	<p>Welcome and Introductions</p> <p>The Chair (Sim Scavazza, Acting Chair) opened the meeting and welcomed attendees. It was clarified this was a Board meeting in public, not a public meeting. The Board meetings rotated around the ICB's geography, with the Chair noting thanks to Wokingham Borough Council for hosting this month's Board meeting.</p> <p>Members were reminded of housekeeping rules, such as to ensure their microphones were unmuted when speaking, so those joining online could follow proceedings.</p> <p>The Chair welcomed: Gloria Matthews and Miranda Walcott who were joining for Item 6, Resident's Story.</p>
2.	<p>Apologies for Absence</p> <p>Apologies were noted from Rachael Shimmin, Partner member – Local Authorities.</p>
3.	<p>Minutes from Last Meeting on 16 July 2024 and Matters Arising</p> <p>The Board approved the minutes as an accurate record.</p>
4.	<p>Declarations of Interest</p> <p>Current register included within the papers. Where there are any specific interests against the agenda items, where known, this has been reflected on the front sheet of papers with an outline of how these will be managed. The nature of our Board means there are inherent interests because of the organisations members lead or are part of.</p> <p>In particular: Item 07 Chief Executive and Directors Report; Item 08, CEO and Directors' Report. Item 09 Acute Provider Collaborative (APC) Update; Item 10 Berkshire West Place Update; Item 11 Performance & Quality Report; Item 12 Finance Report Month 04.</p>

	<p>Other than item 13 the reports are for assurance/ discussion, not decision. The level of conflict is manageable and as the perspective of all members is important all may participate in discussion.</p> <p>Item 13 is seeking approval of proposed, and highlighted changes for ease to our constitution and also support of an application to NHS England for variation of the constitution.</p>	
5.	<p>Questions from the public</p> <p>The Board received 2 questions before the deadline, one of which related to an agenda item and would be answered by Nick Broughton during his Chief Executive Report. Attendees were reminded that this was a meeting in public, not a public meeting, and that where questions related to the agenda items they would be addressed during the relevant item. Written answers to all questions would be published within 20 working days of the Board.</p>	
6.	<p>Resident's story – Parent's Experience of SEND Services in Wokingham</p> <p>Rachael Corser (Chief Nursing Officer) introduced Item 06, the Resident's Story. She informed the Board that the ICB was working with local authorities to develop improvements in the services provided. SEND was discussed at every Board meeting and great importance was placed on supporting children, their parents and carers.</p> <p>The Board was joined by Gloria Matthews, the mother of a young man who, having reached the age of 20, was now experiencing difficulties accessing adult SEND services. Gloria was accompanied by Miranda Walcott, Designated Clinical Officer for Special Educational Needs and Disabilities for those aged 0-25 years.</p> <p>Gloria explained her gratitude for all the services available to her son whilst a child, but asked the Board to note that the services had reduced dramatically once he reached the age of 20. He still had the same needs. It was difficult to know who to contact now that there was no access to the children's services. Gloria was finding it more difficult to take her son to the GP or hospital appointments. He still required 24-hour care and Gloria had only been offered carers to assist her since she fell ill.</p> <p>Her son was in further education but had recently been informed that funding was not in place and that he would have to find somewhere else in which to continue his education. Gloria advised the Board that she did not really know what to do now that he was an adult. She had not asked for help because she did not know how to do that. Board members expressed their concern about the situation and that Gloria was not alone in experiencing these difficulties.</p> <p>Rachael Corser thanked Gloria for attending the Board meeting to tell of her experience and the difficulties navigating services as an adult. She noted that work was underway to ensure adequate services for the 18-25-year-old population. The Chair also thanked Gloria, applauding her dedication to supporting her son.</p> <p>The Board noted the difficulties encountered by SEND service users, their families and carers once a child reached adulthood, and reflected on the challenges faced. The Board also acknowledged the work that was underway to ensure adequate services for those children transitioning to adulthood.</p>	
Board Reports		
7.	<p>Chair's Report</p> <p>Sim Scavazza (Acting Chair) presented the Chair's report. She highlighted the following items from the report:</p> <ul style="list-style-type: none"> • The very good news that six projects across BOB had been chosen as finalists in the Health Service Journal awards. • The hiatus following the general election in progress in developing the Integrated Care Partnership Board (ICP). Nominations for a new Chair and deputy were now underway. Following the retirement of Catherine Mountford, Director of Governance, Rob Bowen, Deputy Director of Strategy and Partnerships will be leading this work for the ICB. The Chair thanked Catherine and Jason Brock, the outgoing Chair of the ICP, for all they had done to develop the ICP to date. • Thanks to the system partners for their messages of support during the recent riots, in particular thanking the Chairs of the ICB's staff networks for their support to the ICB staff. 	

	The Board noted the update.	
8.	<p>Chief Executive and Directors' Report</p> <p>Nick Broughton, Chief Executive Officer, presented Item 8, the Chief Executive and Directors' report, which gives an update for the Board on key topics and items for escalation, and covers various topics and initiatives related to the BOB ICB and its system partners. The following items were highlighted:</p> <ul style="list-style-type: none"> • The publication of the report by Lord Darzi into the state of the NHS. He had stated that the NHS was in a critical condition and that there had been a shortfall in capital spending. • The government's 10-year plan: The ICB needed to help to inform the content. It was considered that a top-down review of ICBs was not required. • Finance: The ICB had met with NHS England for its Quarter 1 review. A revised financial recovery plan had been submitted. Because of the challenges identified, the ICB and the BOB system had been placed into the Investigation and Intervention regime. This was a new initiative to support those systems with the highest financial challenges. It was a two-phase programme of work. Investigation lasted for four weeks with support from an external consultancy who would look at the key areas for improvement. There would then be a twelve-week intervention phase. • The Change Programme: This had continued from April 2024 until the close on 4 August 2024. There had been 27 pieces of feedback from stakeholders. Final ratification of the Outcome of Consultation document would be made at an extra-ordinary meeting of the Board on 25 September 2024. Interest had been shown, especially from the Health Services Journal, following the meeting of the Oxfordshire Joint Health and Overview Scrutiny Committee. • The Chief Executive noted the questions to Board received from the Oxfordshire and Buckinghamshire Healthwatch groups. <ul style="list-style-type: none"> <i>"Will a summary of the system partner feedback from the consultation be made available to the public?"</i> <i>"We understand the extraordinary meeting on the 25 September will be a closed meeting and not in the public domain. If this is the case, how will the decisions made in that meeting be communicated to the public, particularly with regard to a) how system partner feedback was used to inform the outcome of the consultation, and b) the anticipated impact of the new operating model on the public?"</i> <p>He replied that the ICB had committed to provide detailed feedback with high-level themes. The ICB would write individually concerning the proposed ways of with organisations going forward. The Integrated Care Partnership would assist in this.</p> <ul style="list-style-type: none"> • The appointment of Clare Doble, Deputy Director of Governance, as Acting Senior Information Risk Owner (SIRO). • The announcement that Rachael de Caux, Chief Medical Officer, would be stepping away from the ICB at the end of November 2024. He thanked her for all her hard work, particularly for acting as Deputy Chief Executive Officer under some difficult circumstances. • The announcement that Caroline Corrigan, Acting Chief People Officer would be leaving at the end of December. • Recruitment to both vacant roles of Chief Medical Officer and Chief People Officer would be undertaken with a view to holding interviews at the end of October. Board members would be asked to take part in the interview process. • The two high risks on the Board Assurance Framework of Finance and access to Services. • Interviews had taken place for the Chair of the Health Innovation Network Oxfordshire and Thames Valley. He was pleased to announce that Peter Ellingworth had been appointed and had already held a meeting with him. The network was keen to work with the ICB and would be invited to a future Board workshop. • The confirmation of his permanent appointment as Chief Executive Officer. He thanked colleagues at Oxford Health for their support during the secondment period, particularly to David Walker, the Oxford Health Chair. • The lead safeguarding partner for the ICB would be the Chief Executive, with support from Rachael Corser, Chief Nursing Officer. The delegated safeguarding officer would be Katherine Elsmore, Director of Safeguarding, BOB ICB. <p>The Chief Executive had attended two events since the election held by the Secretary of State, who had taken questions from senior NHS leaders. He planned to work closely with the NHS, with a one-team</p>	

	<p>approach. He was committed to the health mission but emphasised that there would be no more money for the NHS. ICBs were key to delivery.</p> <p>The board noted the update.</p>	
9.	<p>Acute Provider Collaborative (APC) Update</p> <p>Steve McManus, Partner Member – NHS Trusts/Foundation Trusts advised that Buckinghamshire Healthcare Trust, Oxford University Hospitals Foundation Trust and the Royal Berkshire Foundation Trust had developed a formal Acute Provider Collaborative (APC). The APC had appointed David Highton to be Chair of the APC Board, with Steve McManus as the Lead Director. Non-Executive Directors from the trusts had also been appointed to the APC Board which now had some delegated responsibilities under a memorandum of understanding.</p> <p>He outlined four work programmes: clinical service redesign, elective, integration of corporate services, and financial sustainability. These were funded by the three organisations. Some areas had already made good progress on working together as a team across the three trusts. The APC was also working with the Mental Health Collaborative (MHC) in areas such as the consolidation of corporate services. They were also looking at procurement across both collaboratives. Some areas could be developed with the non-NHS Place organisations.</p> <p>Looking ahead, the APC would work with the ICB and primary care on sustainability and consolidation of services. Financial sustainability would be key for 2025-26.</p> <p>The APC showed a good balance of Place and System, having appropriate governance in place, but noting that each organisation had its own Place relationships. There were delicate sovereignty issues to address, particularly around the pooling of risk. An operational development plan would assist in taking the APC approach forward.</p> <p>The Board noted the success made to date and that the APC was a key vehicle for transformation.</p>	
10.	<p>Berkshire West – Place Update</p> <p>Matthew Tait, Chief Delivery Officer, introduced the item by asking the Board to note the staffing challenges for Berkshire West whilst the Place Director was on maternity leave and there was no Urgent Care lead. Other senior staff were leaning in to support the team, with the Chief and Deputy Medical Officers currently supporting at executive level.</p> <p>Helen Clarke, Deputy Place Director, Berkshire West, presented Item 10, the Berkshire West Place Update, covering the progress, challenges, opportunities, and priorities of working in partnership across health and social care in Berkshire West. The following was presented and discussed:</p> <ul style="list-style-type: none"> • The footprint of Berkshire West was complicated, with three local authorities, meaning three partnership boards, Healthwatch and Voluntary Care Sector Enterprise (VCSE) groups to support. • The Unified Executive was focusing on four areas: same day access, SEND and therapies review, mental health support teams in schools and the community wellness outreach programme. • The complexity of service provision in Special Educational Needs and Disability (SEND), mental health teams in seven schools, covering 61 percent of children. • Data from enhanced health checks and health inequalities was emerging and demonstrating that the ICB was reaching out to the right groups. Board members commented that community wellness outreach linking with mental health teams in schools was a very good initiative and asked whether it extended to Oxfordshire and Buckinghamshire. The Chief Delivery Officer replied that mental health in schools was a national initiative which was nuanced for Place. Places could also work proactively on health inequalities, focusing on their particular needs. • Care pathways, with integrated teams was the future focus. It was underpinned by the Better Care Fund. <p>Board members asked about progress on a Primary Care Alliance.</p> <p>Action: Matthew Tait, Chief Delivery Officer, to confirm the national timeframes for the formation of Primary Care Alliances.</p>	

	<p>George Gavriel, Partner Member – Primary Medical Services, flagged that Berkshire West was a pilot area for same day access. Rachael de Caux, Chief Medical Officer, informed the Board that an update paper on the Primary Care Strategy would be submitted to the Board meeting on 19 November 2024. A systemwide event would be held at which learning would be shared. Each Place was concentrating on different elements of the strategy.</p> <p>The Board noted the Berkshire West update.</p>	
COMFORT BREAK		
11.	<p>Performance & Quality Report</p> <p>Matthew Tait (CDO), Rachael Corser (CNO) and Rachael de Caux (CMO) presented Item 11, the Performance & Quality Report. The report is a comprehensive review of operational performance, quality, challenges faced by the system, and the strategies in place to address these. Some of the highlights discussed included:</p> <ul style="list-style-type: none"> • Urgent and Emergency Care numbers continued to be above plan, although there had been a slight drop in September. Preparations were underway for winter, with additional initiatives. • Ambulance performance still struggled, with South Central Ambulance Service (SCAS) having difficulties with Category 2 caused by major problems in Portsmouth. • Elective Care: Removing all 62 week waits in Oxfordshire was proving a challenge. Mutual aid, some from out of area, was helping the situation. With the focus on the long waiters, overall waiting lists were not reducing. • Cancer figures were below targets. The system was challenged on the 62 day target, but good recovery plans had been developed. Some Thames Valley Cancer Alliance funding had been allocated to support this. • There was a review of oversight for patients who might be treated in extra areas. There would be a discussion in relation to the Patient Safety Incident Response Framework (PSIRF) at the Board development session in October 2024. • Maternity and neo-natal services: The maternity incentive scheme was in its sixth year. Support was being given to Oxford University Hospitals Trust around the dossier that had been published by the Keep the Horton General Group. • There had been a slight decline in same day access in primary care, which had since increased. A primary care patient experience report would be submitted to the Population Health and Patient Experience Committee. • GP collective action: All practices remained open, and the impact of the action was being monitored. The ICB's incident management team was sharing intelligence, including data from Frimley. Not all practices were using ScriptSwitch which meant that they were not prescribing the most cost-effective medicines. This would affect the predicted savings. The GP collective action would have an impact on elective care pathways. It was anticipated that the collective action would increase in the autumn. There was no planned end date to the collective action and no funding was expected from NHS England to compensate for the costs of the action. The ICB had been asked to collate the financial impact on the savings schemes. • Dental access had improved except in some areas of North Oxfordshire. • Pharmacy First was proving to be a success. <p>The Board noted the contents of the report.</p>	
12.	<p>Finance Report M4 (July)</p> <p>Matthew Metcalfe, Chief Finance Officer, presented the Finance Report, which provided an overview of the financial position of the ICB and the wider system for the end of financial month four (M4). The following was presented and discussed:</p> <ul style="list-style-type: none"> • The overall system reported a deficit of £61.5 million, with the margin worsening in the month 5 figures. The deficit was £6 million at ICB level. There remained a significant gap to reach breakeven by the end of the financial year, but the system had reiterated its commitment to do so. • Areas of risk included: <ul style="list-style-type: none"> ○ Prescribing – noted at item 11 and was being monitored. ○ Contracts – good progress had been made on signing this year's contracts, but there remained risks with the SCAS and RBHT contracts. ○ Cost Improvement Programme – this was proving challenging for the ICB. 	

	<ul style="list-style-type: none"> • There had recently been meetings with the OUH, RBFT and NHS England regional team to discuss the year end forecast. NHS England required more assurance that these organisations would reach plan. All were working hard to do so. Workforce plans were the key focus – reducing agency and bank spend. • Steve McManus, Partner Member – NHS Trusts and Foundation Trusts, flagged a new risk that the three acute trusts had a significant material cash risk. One was already receiving support, with the others looking to request support. They were using cash reserves to make salary payments. It was possible that they would be reducing or cutting capital programmes. The Chief Finance Officer stated that there were options open to the ICB to help, whilst noting that the agreed deficit funding of £60 million had not yet been received from the Treasury. This situation would be reflected on the Board Assurance Framework. <p>The Board noted the report and considered the ICB’s ability to meet its control total, considering year-to-date performance, prospective risks and plans to address overspends; the Board also considered the system’s ability to meet its control total, particularly year-to-date performance and prospective risks.</p>	
ICB Development/ Oversight		
13.	<p>ICB Constitution</p> <p>Clare Doble, Deputy Director of Governance, presented the amendments to the BOB ICB Constitution, as required by NHS England, and asked the Board for approval of the changes and to support the application to NHS England. Colleagues from the NHS England regional team had reviewed the proposed changes in anticipation of presentation to the Board, and the Audit and Risk Committee, at its meeting on 27 August, had recommended the document for approval with no additional comments.</p> <p>The Board approved the changes to the ICB Constitution and supported the submission to NHS England.</p>	
14.	<p>Board Assurance Committee Updates</p> <p>The Chair introduced Item 15, the Board Assurance Committee Updates. The following were presented by the relevant Committee Chair(s) and discussed:</p> <ul style="list-style-type: none"> • Audit and Risk: The Audit and Risk Committee recommended for approval to the Board the amendments to the ICB Constitution, as previously presented. There would be better planning to avoid the use of single tender waivers. There was to be a meeting arranged for the system Audit Committee Chairs over the next few months. • Population Health & Patient Experience: The committee had noted pressures and the slowing down of services. There had been some underspends, but as a whole, this year had been difficult. There would be difficult decisions to come over the next few years. • System Productivity: The acute trusts’ cash position was flagged, and the committee remained aware of the challenge to achieve the financial plan. The System Recovery and Transformation Board (STRB) was a significant body. A short report from STRB should be a standing item at Board meetings. <p>The Board noted the contents of the Committee Escalation and Assurance Reports.</p>	
Any Other Business		
15.	<p>The Chair noted the risks to the system and gave thanks to all ICB staff and partners for their resilience.</p> <p>The Chair thanked Rachael de Caux for stepping up in between Chief Executive Officers. She had led the Medical Directorate since May 2022, whilst also working clinically. She would be greatly missed, but the ICB would look forward to working with her in her new role as Chief Executive Officer of Thames Hospice.</p>	
END		Date of Next Meeting: 19 November 2024