

## Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public  
Tuesday 19 November 2024, 13:30 – 16:30  
Paralympic Room, The Gateway, Aylesbury, HP19 8FF

Name	Role	Attendance
<b>Members</b>		
Priya Singh	Chair	Present
Sim Scavazza	Deputy Chair: Non-Executive Director	Present
Aidan Rave	Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present
Saqhib Ali	Non-Executive Director	Present
Tim Nolan	Non-Executive Director	Apologies
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	Present
George Gavriel	Partner member – Primary Medical Services	Present
Minoo Irani	Member for Mental Health	Present
<b>Attendees</b>		
Sarah Adair	Director of Communications & Engagement (Acting)	Present
Raghuv Bhasin	Chief Operating Officer, Buckinghamshire Healthcare Trust	Present
Clare Doble	Deputy Director of Governance	Present
Alastair Groom	Director of Financial Improvement	Present
Abid Irfan	Deputy Chief Medical Officer	Present
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Ros Kenrick	Business Manager to the Chair and Chief Executive	Present – Minuting
Victoria Otley Groom	Chief Digital & Information Officer	Present
Matthew Tait	Chief Delivery Officer	Present

There was a peak online attendance of 60 members of the public, with 6 attending in person.

### Board Business

1.	<p><b>Welcome and Introductions</b></p> <p>The Chair (Priya Singh, Chair) opened the meeting and welcomed attendees. It was clarified this was a Board meeting in public, not a public meeting, and that public attendees were invited to observe the meeting, but not to take part.</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 Abid Irfan, Deputy Chief Medical Officer, who had joined for item 8, Primary Care Strategy update and Raghuv Bhasin who had joined to present item 10, the Buckinghamshire Place update.</p>	
2.	<p><b>Apologies for Absence</b></p> <p>Apologies were noted from Tim Nolan, Non-Executive Director.</p>	
3.	<p><b>Minutes from Last Meeting on 17 September 2024 and Matters Arising</b></p> <p><b>The Board approved the minutes as an accurate record.</b></p> <p>The Chair informed those present that a private/extraordinary meeting of the Board had taken place on 25 September 2024. From the extraordinary meeting, the Board approved the operating model and the new change programme structures.</p> <p>To ensure transparency the two approvals are being captured for recording in our public board meeting as agreed. The rationale for taking the decisions on the new Operating Model and Change Programme Outputs in private was that the discussion related to BOB ICB staff who were awaiting feedback from a formal Board decision, and it would have been inappropriate to hold such a meeting in public.</p>	

	In the interests of openness, the Chair provided a summary of the discussion in private and the deliberation of the Board, staff and partners in getting us to this point.	
4.	<p><b>Declarations of Interest</b></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 7 Chief Executive and Directors Report; Item 9 Primary Care Strategy Update; Item 10 Joint Forward Plan update; Item 11 Buckinghamshire Place update; Item 12 Performance and Quality Report; Item 13 Finance Report (month 6).</p> <p>Other than item 7 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 7 is seeking approval the S75 agreements and is supported by the assurance report from our System Productivity Committee (at Item 13).</p>	
5.	<p><b>Questions from the public</b></p> <p>The Board received 12 questions before the deadline, six of which related to an agenda item and would be answered during the meeting. 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 meeting.</p>	
6.	<p><b>Resident's story</b></p> <p>Rachael Corser (Chief Nursing Officer) introduced Item 06, the Resident's Story.</p> <p>This month's story was a video concerning the Carers Passport. There had been an increase in the numbers of carers, and this would be a core element in the NHS 10 year plan. The initiative would be of great value to hospitals and was being scaled up to include mental health and learning disability carers. The voluntary sector was also engaged in this and supported it.</p> <p><b>The Board noted the video about the Carers Passport and thanked all those who took part.</b></p>	
<b>Board Reports</b>		
7.	<p><b>Chief Executive and Directors' Report</b></p> <p>Nick Broughton, Chief Executive Officer, presented Item 7, 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"> <li>• The Board had ratified the revised BOB ICB Operating Model at an extra-ordinary meeting on 25 September 2024. The Chief Executive Officer thanked the ICB's partners for their challenges, all of which had been considered. Last week, all ICB and Trust CEOs and Chairs received a letter from NHS England which emphasised that ICBs needed to refocus on strategic commissioning. There would be a new strategic commissioning framework. The Operating Model was iterative, and the Board would receive an update on its effectiveness in one year's time.</li> <li>• The ICB Change Programme was progressing. Staff who were at risk were now able to apply for similar equivalent roles which would help to minimise redundancies. A transition stage would now take over. The Transition Working Group would be led by the Chief Delivery Officer and the Chief Nursing Officer. To date this group had met once and will continue to meet on a weekly basis.</li> <li>• Finance: The investigation stage of the Investigation and Intervention Regime has been completed, with a detailed report which contained key recommendations to implement in phase 2. Financial stability and access to services were the highest risks. In response to a question about impact, it was noted that there had been clinical slowdown in some areas and that quality impact assessments were being undertaken.</li> <li>• The Chief Medical Officer, Dr Rachael de Caux would be leaving to take up the position of CEO for the Thames Valley Hospice. The Chief Executive Officer offered congratulations on behalf of the Board. He advised that, following interviews for the Chief Medical Officer (CMO) role, an offer had been made and accepted and would be announced soon. In the interim, Dr Abid Irfan would step up into the CMO role.</li> <li>• The interim Chief People Officer, Caroline Corrigan, would also be leaving at the end of the year. Interviews for this role would be held on 26 November 2024.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Hannah Iqbal had been appointed to the new role of Chief Strategy, Digital and Transformation Officer, this role holds executive responsibility for strategy, digital and transformation, governance and communications and engagement.</li> <li>• Victoria Otley Groom had been confirmed as the Chief Digital and Information Officer within the new directorate and would be stepped down from Board attendance.</li> <li>• Matthew Tait, Chief Delivery Officer, advised that the section 75 agreements for Reading and West Berkshire were being presented for ratification. The agreements represented the shared pool of funds with the local authority partners. The agreements had been recommended for approval by the System Productivity Committee at its meeting on 5 November 2024. This was confirmed by Saqhib Ali, Non-Executive Director and Deputy Chair of the System Productivity Committee, in the absence of Tim Nolan as Chair. These arrangements have also been approved by NHS England.</li> </ul> <p><b>The Board approved the new section 75 agreements for Reading and West Berkshire.</b></p> <ul style="list-style-type: none"> <li>• Specialised Commissioning would be delegated to ICBs in April 2025. The Chief Delivery Officer flagged that there would be staff transfers as a result of the delegation. The timelines had been flagged as a high risk by the Population Health and Patient Experience Committee (PHPEC). There would also be significant risks over workforce. The ICB's Specialised Commissioning lead, Sue Whiting, was holding fortnightly meetings with function leads and there was a strong internal process to mitigate the risks. It was anticipated that a joint committee across the South-East region would be developed to manage the delegation. At this stage this was a technical exercise and there was no risk to patients. There should be improvement to patient experience in the longer term.</li> <li>• Sim Scavazza, Deputy Chair, requested that all present and those listening to the Board meeting should be encouraged to take part in the NHS 10 year plan consultation in order that everyone's views and needs were taken into account in the final plan.</li> <li>• Winter plans were more robust this year, whilst recognising that there was already growing demand on services.</li> <li>• There was an opportunity with the re-set of the ICB as a strategic commissioning organisation to engage more with the Allied Health Sciences Network (AHSN) and others to harness and engage the life sciences industry. The ICB was also developing closer ties with the Primary Healthcare department of Oxford University. The BOB Integrated Care Partnership would be an important vehicle in engagement with industry.</li> </ul> <p><b>The Board noted the update.</b></p>
8.	<p><b>Primary Care Strategy Update</b></p> <p>It was noted by Rachael de Caux, Chief Medical Officer that some of the questions received from the public around primary care were technical and would require detailed responses, so would receive written responses via the ICB's website within 20 working days. There had been a question about a personal experience, which it was agreed would not be appropriate for the Board to answer in public. Responses to the questions can be found <a href="#">here</a></p> <p>Rachael de Caux, Chief Medical Officer (CMO), advised that Abid Irfan, Deputy Chief Medical Officer, would step up into the CMO role from 01 December 2024.</p> <p>The Deputy CMO reported that the Primary Care Strategy aligned with the three strands of the NHS 10 year plan. Each of the ICB's Places was focusing on a particular area: Berkshire West on patient access, and Buckinghamshire and Oxfordshire on integrated neighbourhood teams. Access was being improved with a new model for patients to see the right clinician. There was a pilot scheme looking at emergency department overflow, encouraging integrated working. The Connected Care platform was being used to provide a single currency and a common language. It was enabling the triaging of patients and was also being used at the Royal Berkshire Foundation Trust (RBFT) in both emergency and elective care.</p> <p>In Buckinghamshire the focus was on integrated neighbourhood teams for early years, trying to understand the barriers. Oxfordshire was concentrating on frailty. Patients were being proactively managed. For instance, £50,000 of funding had been given nationally to dentist to assist with identification of cardiovascular disease. It was targeted on those in deprived areas.</p> <p>There was extensive engagement with partners, stakeholder and patient groups on all elements of the strategy. Patient Participation Groups, use of the NHS App, and Pharmacy First would all be encouraged.</p>

	<p>The ICB was working with the General Practice Leadership Group to unlock any obstacles to ensure that patients were being looked after in the correct part of the system. The GP collective action continued to affect services and impacting on staff morale. The CMO flagged the anticipated community pharmacy collective action. The recent changes to National Insurance and the minimum wage could impact the primary care workforce.</p> <p>The Board noted concern from the public about patient segmentation and its visibility in medical records. Would the segmentation record be shared with local authorities? This was the plan, although it was only partially available at present to the Directors of Public Health.</p> <p><b>Action: The Partner Member for Local Authorities and the Chief Digital and Information Officer to discuss the sharing of patient segmentation data.</b></p> <p>The implementation of the primary care strategy relied on whole system input.</p> <p><b>The Board noted the update on the Primary Care Strategy.</b></p>	
9.	<p><b>Joint Forward Plan Update</b></p> <p>Strategic planning would integrate planning for all services. There would be annual, medium and long-term plans with an annual reflective review.</p> <ul style="list-style-type: none"> <li>• System leads were involved in weekly meetings.</li> <li>• More insight into health inequalities was required.</li> <li>• The NHS 10 year plan engagement had been promoted and would sit alongside public engagement on the joint forward plan already undertaken locally. There would be planning workshops with the public and ICB staff. It was suggested that the place-based partnerships could assist in public engagement locally.</li> <li>• There would be a workforce event in Reading on 25 February 2025, led by the regional team, which would be attended by ICB staff.</li> <li>• Partner NHS Trusts Chief Executives were engaged with the plans at a high level and would provide feedback into the System Recovery and Transformation Board.</li> </ul> <p>The Chair advised that the Board noted the update and that the ICB should look at the priorities and agree a high-level approach to strategic planning.</p> <p><b>The Board noted the update on the Joint Forward Plan, supporting the direction of travel.</b></p>	
10.	<p><b>Buckinghamshire Place Update</b></p> <p>Raghuv Bhasin, Chief Operating Officer, Buckinghamshire Healthcare Trust, attended to present the Place update. He applauded the no blame collective working ethos within Buckinghamshire.</p> <ul style="list-style-type: none"> <li>• The Buckinghamshire strategy included members from the Voluntary, Community and Social Enterprise (VCSE) sector and was aligned to the NHS 10 year plan and the primary care strategy.</li> <li>• There was a keenness to move at pace on the Place plans.</li> <li>• Productivity had improved dramatically since February 2024, driven by an increase in elective activity and clinical leadership taking ownership of the issues.</li> <li>• A cross-system surgical hub was working across the collective estate to shorten waiting times for patients.</li> <li>• Special educational needs and disability (SEND) services remained a challenge, but progress was being made. Special mention had been made by the Care Quality Commission (CQC) about the partnership working in Buckinghamshire. However, there was much to do to fully understand partnership working and the pressures on partners in this arena.</li> <li>• The frailty integrated team would be widened to include GPs and local authorities.</li> <li>• Community specialist nursing teams enabled there to be one set of conversations about patients' problems.</li> </ul> <p>The Chair thanked Raghuv Bhasin for the update, noting that patients, the public and staff expected a partnership approach to services.</p> <p><b>The Board noted the Buckinghamshire Place update.</b></p>	
<b>COMFORT BREAK</b>		

11.	<p><b>Performance &amp; Quality Report</b></p> <p>Matthew Tait, Chief Delivery Officer (CDO), Rachael Corser, Chief Nursing Officer (CNO) and Rachael de Caux, Chief Medical Officer (CMO) presented Item 11, the Performance &amp; Quality Report.</p> <p>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"> <li>• Performance against the 4-hour wait target had been above plan earlier in the year and was now challenging, although higher than last year, interventions had been put in place to support. Monitoring was ongoing.</li> <li>• Oxford University Hospitals NHS Foundation Trust (OUH) was not achieving the 65-week wait target for planned care. The ICB was working with the Trust to reduce the 100 patients on the list down to zero. There was no single identified driver for the issues.</li> <li>• Progress was being made on the expansion of mutual aid across the system, with the assistance of the independent sector.</li> <li>• Issues remained in mental health data following the cyber-attack on Oxford Health NHS Foundation Trust. The metrics in the mental health data seemed out of date.</li> </ul> <p><b>Action: The Chief Delivery Officer agreed to check the mental health scorecard metrics.</b></p> <ul style="list-style-type: none"> <li>• Learning disability and autism waiting lists were very challenging.</li> <li>• There was greater collaboration across the system on the improvement around never events. The Chief Nursing Officer would bring an update to Board in the new year.</li> <li>• There was an NHS England review of emergency departments going into winter. They had been assured by the BOB acute providers.</li> <li>• This was world antimicrobial awareness week – aiming to educate, advocate and act now to respond to the growing demand.</li> <li>• The BOB system was working to fully implement the maternity incentive scheme. There had been a dip in the Friends and Family responses, and a request from the Board to understand the themes. The Chief Nursing Officer advised that there would be a deep dive on maternity at PHPEC following which an update would be brought to Board.</li> <li>• There had been improved access to GP services in M5.</li> <li>• Improved access to dental services was ahead of plan.</li> <li>• There was a greater than 98 percent uptake amongst BOB pharmacists of the Pharmacy First scheme.</li> </ul> <p>The ICB acknowledged the potential impact of national insurance and minimum wage increases on small businesses, including hospices and the voluntary sector. The ICB could not change core national contracts, but a national solution was being sought. The ICB would help struggling practices where requested. The ICB acknowledged this to be a significant risk to services.</p> <p><b>The Board noted the content of the Performance and Quality report.</b></p>
12.	<p><b>Finance Report M6 (September)</b></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 six (M6). The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Deficit funding had been received in M6 to cover the £60m, but it was noted that this figure would need to be repaid in 2025/26. It was likely that the allocation for 2025/26 would be challenging.</li> <li>• There had been a small improvement in M6, with the outlook for year end to deliver on plan.</li> <li>• The RBFT contract dispute would be reflected in the M7 figures.</li> <li>• Increased resource had been put to support the cost improvement plans, with Board-level meetings being held between the ICB and OUH and the ICB and RBFT to work towards delivery of the plan.</li> <li>• There was better understanding of the issues facing the system, and there was a focus on solving workforce issues. However, there were day-to-day challenges because there were 200 vacancies.</li> <li>• There had been an improvement in the continuing care figures.</li> <li>• High-cost drugs and devices, s117 and mental health placements remained challenging.</li> </ul>

	<p>The Board took assurance that all system partners understood the challenges and were working to address them but noted that achievement depended on the delivery of many plans.</p> <p><b>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.</b></p>	
<b>ICB Development/ Oversight</b>		
13.	<p><b>Board Assurance Committee Updates</b></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"> <li>• System Productivity: This had been covered at item 7.</li> <li>• Audit and Risk: The external auditors' pre-year-end assessment was expected in the New Year. There would be a meeting of the relevant system Non-Executive Directors in the coming weeks.</li> <li>• People: the Health and Safety policy and underpinning assurances were being progressed. Executive Management Committee had received a detailed report on all people policies. The Agile Working policy was important, and all directorates were holding workshops to discuss the implications. It was hoped that this could be ratified in early 2025.</li> <li>• Place and System Development: This committee had noted the importance to delivery of the mental health provider collaborative of the Voluntary Community and Social Enterprise (VCSE) sector. VCSE representatives should continue to attend committees to help connect system, Place and the ICB's work.</li> </ul> <p><b>Action: The Chief Delivery Officer to work with the VCSE representatives to identify a suitable date for the Board to receive a VCSE update or decide whether to include VCSE updates in the Place updates.</b></p> <ul style="list-style-type: none"> <li>• Population Health &amp; Patient Experience: PHPEC had raised six alerts, mainly around the impacts on services of collective action and cost improvement programmes. The committee was struggling with the breadth of the agenda and needed more time at Board to flag the issues identified. The governance review would help.</li> </ul> <p><b>The Board noted the contents of the Committee Escalation and Assurance Reports.</b></p>	
<b>Any Other Business</b>		
14.	<p>The Chair thanked those Board members who were leaving. She noted that Minoo Irani, Board Member for Mental Health, would reach the end of his tenure in December and remarked that he had been a strong advocate for mental health and thanked him for his continued support and input.</p>	
<b>END</b>		<b>Date of Next Meeting: 14 January 2025</b>