

BOARD MEETING

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| Title | Board Committees Assurance Reports | | |
| Paper Date: | 30 December 2024 | Meeting Date: | 14 January 2025 |
| Purpose: | Assurance / Approval | Agenda Item: | 18 |
| Author: | Ros Kenrick, Business Manager – on behalf of Committee Chairs. | Exec Lead/ Senior Responsible Officer: | Nick Broughton, Chief Executive |

Executive Summary

Each Committee will provide an Escalation and Assurance Report to the Board with a summary of key points and to inform the Board of the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required. A report will be provided for every meeting, although due to timing of meetings and publication dates for Board papers, there will be occasions where a verbal report will be provided with the written report presented to the subsequent Board meeting.

The focus for these reports is:

- To what extent are we assured we understand the position?
- To what extent are we assured by the ICB/Provider mitigations presented?
- To what extent are we assured by the System response to the issue?

The following reports are attached:

- There will be a verbal update from the Audit and Risk Committee meeting held on 07 January 2025.
- ICB People Committee meeting held on 02 January 2025
- Place and System Development Committee held on 12 December 2024.
- Population Health and Patient Experience Committee held on 03 December 2024.
- There will be a verbal update from the System Productivity Committee meeting held on 07 January 2025.

Action Required

The Board is asked to note the content of the Committee Escalation and Assurance Reports.

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| Conflicts of Interest: | No conflict identified |
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Committee Escalation and Assurance Report – Alert, Advise, Assure

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| Report From: | ICB People Committee |
| Date of Meeting: | 02 January 2025 |
| Committee Chair: | Sim Scavazza |

Key escalation and discussion points from the meeting

Alert:

Change Programme

There is continued focus on the progress of the change programme with particular attention drawn to the high number of vacancies. These vacancies, along with a planned recruitment phasing based on alignment with organisational need, will be reviewed during an executive planning session on 13 January. A Transition Planning and Implementation Working Group is actively in place. Given the complexity of the change programme's impact on staff, a temporary Director of OD will second into the role to provide additional support for this process.

Advise:

Health and Safety Policy

This policy replaces the Health and Safety policy that has been in place since the establishment of the ICB. The policy extends to all sites and buildings. Further work to support socialisation of the health and safety policy and associated procedures and processes, such as expressions of interest for fire wardens and health and safety coordinators across our sites, will be communicated through the internal communication channels.

Assure:

Policies x 3

The committee endorsed the following policies and are supportive of the next steps.

- DBS Check
- Parental Leave
- Reasonable Adjustment Guidance

| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
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| Report From: | Place and System Development Committee |
| Date of Meeting: | 10 December 2024 |
| Committee Chair: | Aidan Rave |
| Key escalation and discussion points from the meeting | |
| Alert: | |
| <p>Alert – Place development, leadership, convenor roles, challenges and opportunities.</p> <p>Recent structural changes have led to some inevitable tensions affecting both individual relationships and, as a consequence, places themselves. The delegation of specialist commissioning is presenting significant risks due to its complexity, tight timelines, and governance challenges. Efforts are underway to address these as the new team settles in. Assurance mechanisms and mitigations include strengthened governance, collaboration with regional colleagues to align operating models and resource planning, and focused leadership.</p> <p>A number of specific risks were discussed at the meeting:</p> <ul style="list-style-type: none"> • The potential for a lack of cohesion between ICB and local places which could hinder decision-making and resource utilisation. • Without sufficient local insight there is a risk of funds being spread too thinly across multiple projects with insufficient focus on impactful, systemic changes. • Without adequate delegation and trust, local authorities may struggle to address health inequalities and achieve prevention initiatives effectively. • Any perceived failures in prioritising place-based partnerships may lead to further strain with stakeholders, risking the ICB’s reputation. <p>Clearly the board will want to monitor the situation as the new structure settles down.</p> | |
| Advise: | |
| <p>The committee considered a number of issues relating to specialist commissioning. There are ongoing complexities and challenges of specialised commissioning delegation, particularly in the Southeast region as we prepare for significant changes set to take effect from 1 April 2025. Leadership concerns and risks have been highlighted, with key insights into the challenges posed by transferring services, resources, and responsibilities between national, regional, and ICB levels. The lack of a cohesive, well-integrated approach and delays in communication from national teams have added to the complexity. Learning from</p> | |

previous experiences, such as the delegation of Pharmacy, Optometry, and Dental (POD) services, is crucial to improving outcomes in this new phase. Additionally, governance issues, including the formation of a joint statutory committee to oversee the delegation, require resolution within tight timelines. These challenges are compounded by the complexities of balancing regional dynamics, aligning operational models, and ensuring effective collaboration among diverse stakeholders.

The committee discussed the importance of clear narrative framing, strategic planning, and maintaining momentum, despite uncertainties. Key risks discussed by the committee included:

- The delegation of specialist commissioning is highly complex, compounded by overlapping regional and local governance models, and the process feels rushed, heightening the risks of misalignment.
- While lessons were documented from the POD transition, their integration into specialist commissioning delegation efforts appears insufficient, creating a risk of repeating past challenges.
- There is insufficient clarity on the operating model, particularly regarding resource allocation for enabling functions. Delegation assumes resource transfer, but gaps remain, leading to financial and operational risks.
- The Southeast region is not a natural geography for specialist commissioning flows, and the dual retained/delegated model adds further complexity.
- Key governance structures, such as the formal collaboration agreement, are still underdeveloped, delaying critical assurance for the board.
- The deadline for formal agreements by March leaves limited time for thorough board review and assurance, risking a rushed decision-making process.

A more detailed briefing is being prepared for board on specialist commissioning.

Assure:

Oxfordshire, along with Wokingham, has joined forces with University College London's Institute of Health Equity (IHE) on a two-year Marmot Place project, which will tackle health inequalities in local communities. Marmot Places are local areas that adopt the evidence-based principles and methodology developed by Sir Michael Marmot and his team to tackle the social determinants of health and reduce health inequalities. Collaborative system working, integrating health, social care, and local authority leadership will deliver meaningful change.

This is significant and welcome news.

| Committee Escalation and Assurance Report – Alert, Advise, Assure | |
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| Report From: | Population Health and Patient Experience Committee |
| Date of Meeting: | 3 December 2024 |
| Committee Chair: | Margaret Batty |
| Key escalation and discussion points from the meeting | |
| Alert: | |
| Mental Health Assertive Outreach Services | |
| <p>The Committee received a report on the actions in place across our two mental health trusts that will address the gaps in policies and practices for the care and treatment of people with severe mental health illness where engagement is a challenge. Identified as a recommendation from the Care Quality Commission review of Nottinghamshire Healthcare NHS Foundation Trust, ICBs were asked to lead on this review. The committee focused on gaining assurance of the actions in place to address gaps in mental health services, for a cohort of 600 individuals, emphasising that the current plan is focused on optimising existing resources. The funding request for additional services remains unresolved, and partial assurance that the actions are meeting the needs of these individuals, as current systems and processes do not yet effectively reach them. It was agreed that the action plan provides governance and monitoring structures but does not resolve the immediate gaps in care. Concerns were also raised about alignment with NHS priorities, contrasting policies, and the importance of ensuring consistency in messaging as the issue progresses to board-level discussions in January. The distinction between achieving assurance through current plans or needing additional investment to provide services remains critical, with the latter likely being the case.</p> | |
| <p>A Clinical Programme Update was provided to the Committee and the following pathways have been identified as requiring alert to the Board.</p> | |
| Stroke | |
| <p>Equity of access to stroke recovery services and six-month reviews in Oxfordshire (Stroke Recovery Services) were piloted for 12 months following the successful bid for SQuIRE Catalyst funding from NHSE SE region. The funding and thus the service has subsequently finished. With no funding plans in place by Oxfordshire providers, Oxfordshire Stroke patients have an inequitable disadvantage in their stroke recovery care. The ISDN is continuing to explore a longer-term solution for this service provision; however, a resolution may take longer than expected.</p> | |

Diabetes

NICE TA 943 Hybrid closed loop systems for type 1 diabetes: Workforce pressure is anticipated. An implementation plan and financial impact assessment was completed and recommended for approval by the cardiovascular disease and respiratory (CVDR) Network Delivery Group on 3 October 2024. There is a robust plan in place to roll-out the technology at a sustainable pace over the five-year implementation period. Trusts have been asked to reprioritise existing workforce and budgets to mitigate the risks and controls have been put in place to ensure we are able to fulfil our responsibilities both in terms of best practice and financial obligations.

Respiratory and Long Covid workforce provision is at risk as a result of various factors including shortage of specialist health care professionals, short term service development funding arrangements, and increase in pulmonary fibrosis workload. Long Covid workforce is in a stronger and healthier position. Pulmonary Rehab workforce remains challenged. Additional funding for pulmonary rehabilitation for 24/25 confirmed to enable services to recruit additional staff.

End of Life Care

Non-NHS funding contribution not identified in contract budgets placing risk on charitable sector seeing flash cash funding. There is discussion with providers to capture monies for services that fall within NHS remit.

Personalised Care

Personal Health Budgets are not offered in line with our statutory requirements in five out of nine areas. Actions continue to ensure that the gaps in compliance against the requirements are being addressed.

Weight Management

A Remote Tier 3 weight management service provider has written to all GPs in England to offer their consultant led programme including access to specialist medications under the Patient's Right to Choose framework. Although this pathway supports consistency of weight management services across BOB and access to previously unavailable NICE approved medications, this is a significant risk to the BOB ICB financial position. The ICB has started the procurement/accreditation process with the provider with a view to developing a local contract to suit our local population and control demand and access.

Cancer

The committee felt that the Board needed to be alerted to the need to secure resources for delivery of the cancer work plans.

The committee received a report, and an update, on the progress towards **Specialised Commissioning** delegation. The Committee are alerting the Board to acknowledge the following:

- System readiness to accept delegation considering the need to transition to the new ICB operating model and ensuring adequate capacity within the team to support the delegation.

Advise:

The committee have no points to Advise the Board of.

Assure:

Primary Care Assurance

The committee received the quarter two Primary Care Assurance Report. Noting the positive achievements across Primary Care and, in particular, the implementation of integrated neighbourhood teams and same-day access initiatives which is starting to demonstrate promising results. These developments provide an opportunity to identify and scale best practice models.

Encouragingly, the response rate for patient feedback across BOB (32%) exceeded the national average (27%), showcasing robust engagement. Positive patient experiences were strongly linked to effective phone access and helpful reception staff, highlighting actionable areas for improvement. Moreover, the ICS results, while variable, are generally comparable to or slightly above national averages, reinforcing a solid baseline of performance.