

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 8 July 2025, 13:30-15.50
Unipart House, Garsington Road, Oxford, OX4 2PG

Name	Role	Attendance
Members		
Priya Singh	Chair	Present
Saghib Ali	Non-Executive Director	Present
Heidi Beddall	Deputy Chief Nurse	Present – representing Rachel Corser
Nick Broughton	Chief Executive Officer	Present
Rachael Corser	Chief Nursing Officer	Apologies
George Gavriel	Partner member – Primary Medical Services	Present
Grant Macdonald	Member for Mental Health	Present on Teams
Tim Nolan	Non-Executive Director	Present
Susan Parsonage	Partner Member – Local Authorities	Present
Aidan Rave	Non-Executive Director	Present
Ben Riley	Chief Medical Officer	Present
Sim Scavazza	Deputy Chair, Non-Executive Director	Present
Attendees		
Kelly Sutherland	Senior Corporate Office Manager	Present – Minuting
Sarah Adair	Associate Director for Comms and Engagement	Present
Stephen Barnett	Alliance Director at BOB VCSE Health Alliance	Present on Teams Items 11-13
William Butler	Alliance Chair at BOB VCSE Health Alliance	Present on Teams Items 11-13
Darcy Carter	Strategic Programmes Manager	Present
Niki Cartwright	Director of Performance & Delivery – All Age Mental Health, Community Services, All Age Learning Disability, All Age Neurodivergence, All Age PEoLC and SEND	Present on Teams Item 10
Andy Fitton	Head of Buckinghamshire CAMHS & Eating Disorder Services, Oxford Health	Present on Teams Item 6
Sandra Grant	Chief People Officer	Present
Alastair Groom	Director of Financial Improvement	Present
Lisa Higham	Senior Corporate Office Manager	Present
Hannah Iqbal	Chief Strategy, Transformation and Digital Officer	Present
Dan Leveson	Director for Places and Communities	Present for items 1-10
Matthew Tait	Chief Delivery Officer	Present

Board Business	
1.	<p>Welcome and Introductions</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. The Chair advised that a new format for the meeting was being trialled at the meeting which she hoped would improve the experience for members of the public watching online.</p>
2.	<p>Apologies for Absence</p> <p>Apologies were received from Rachael Corser, Chief Nursing Officer and Susan Parsonage, Partner member – Local Authorities.</p> <p>The Board noted that Heidi Beddall, Deputy Chief Nursing Officer was attending in place of Rachael Corser and that Steve McManus, Partner member – NHS Trusts/Foundation Trusts had come to the end of his term on the Board. The Chair thanked him for his contributions and service.</p>
3.	<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. All reports in public at this meeting are for assurance/ discussion.</p>

	<p>The Chair made a declaration of interest during Item 11 as she also chairs the NCVO. George Gavriel declared an interest for Item 12 as he is a Director for Buckinghamshire GP Provider Alliance and a member of the Bucks Executive Partnership.</p>	
4.	<p>Minutes from Last Meeting on 13 May 2025 and Matters Arising</p> <p>The Board approved the minutes as an accurate record.</p> <p>The action log was presented and had been updated with requests to close actions 13, 14 and 16.</p> <p>The Board approved the changes to the action log.</p>	
5.	<p>Questions from the public</p> <p>We have received four questions which do not relate to today's agenda therefore these will not be addressed at the meeting. For public and Board awareness these questions relate to:</p> <ol style="list-style-type: none"> 1. Performance & Quality Report (as at February), published in May, re, Autism and ADHD – CYP statistics relating to adult referrals and waiting times. 2. Transferring of patients between providers and acute collaborative – does the funding following the patient. 3. How will the ICB avoid duplication of work with Public Health and ensure the relevant teams work closely together 4. What are the details of the provision for ear wax removal in Reading by the NHS and what are the plans to improve this aspect of our health services in a community setting? <p>Written answers to questions will be published within 20 working days of the Board meeting.</p>	
6.	<p>Resident's Story – A child's view of service delivery in CAMHs</p> <p>The Chair welcomed Heidi Beddall, Deputy Chief Nursing Officer and Andy Fitton, Head of Buckinghamshire Child & Adolescent Mental Health (CAMHS) and Eating Disorder Services, Oxford Health to the meeting.</p> <p>Andy Fitton joined on Teams to introduce the story of Jacob, a young man living in a residential care home who had worked closely with Hannah Hook, a clinical psychologist in the Adopted and Care Experience (ACE) team to support his mental health. The Board watched a video of a conversation between Jacob and Hannah which explained his care journey and Heidi Beddall noted how this highlighted the importance of working closely with colleagues in social services and the voluntary and community sector.</p> <p>Andy Fitton was pleased to report that Jacob was about to turn 18 and is planning his next steps towards independence. He was very happy that his story was being shared and the Board were pleased to hear of his progress. In response to a question as to how Jacob might have accessed CAMH's services earlier, Heidi Beddall explained how colleagues were working with local authority partners on Families First, which presented an opportunity to move support upstream for children and young people.</p> <p>It was also noted that Jacob had received support from Animal Antics, a voluntary organisation that offered children an opportunity to work with animals, which really benefitted him.</p> <p>On behalf of the Board, the Chair extended thanks to Jacob and Hannah for putting the video together to share Jacob's inspiring story and was pleased to hear that Jacob was looking forward positively.</p>	
Key Updates		
7.	Chief Executive and Chief Officers' Report	

	<p>Nick Broughton, Chief Executive Officer, presented Item 7, the Chief Executive and Chief Officers' 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 NHS 10-year plan had been published and the focus on neighbourhood teams was welcomed. • Regionally, governance had been strengthened with the establishment of a Regional Transition Group. The Chief Executive Officer attends as executive sponsor for the region's mental health programme. • The Joint Transition Executive with Frimley continued to be working at pace, meeting weekly in order to develop organisational plans to create a new Thames Valley ICB. • The BOB ICB Board had approved a clustering mandate at its seminar held on 10th June. This was also approved by the Frimley ICB Board on 18th June and would enable more joint working moving forward. • The Chief Executive Officer thanked Rachael Corser, Chief Nursing Officer for her service to the BOB ICB and her ongoing commitment to nursing. She would be leaving next month to join Barts Health NHS Trust and Sarah Bellars, Chief Nursing Officer at Frimley ICB would be seconded to BOB ICB, acting as the joint Chief Nursing Officer for both organisations. • The Annual Assessment of ICB performance was received in June and reported that BOB ICB had made progress in a number of key areas in the past 12 months yet still faced significant challenges. Whilst a new oversight framework was being introduced, ICBs would not now be subject to it in recognition of their transition position. • The ICB needed to carefully consider how to access the patient voice, which is key to informing strategic commissioning activity in the absence of Healthwatch going forward. • The Chief Medical Officer reported that 14 GP practices in the BOB area were participating in Project 100, a quality improvement initiative for practices which was being supported by the BOB Primary Care team. • On 23 June 2025 the Secretary of State for Health and Social Care announced a national rapid independent investigation into maternity and neonatal services. An announcement of which 10 Trusts will be in the first tranche for a deep dive review is expected shortly. • The 2025/26 Urgent Care Plan had been published and local teams and place-based partnerships were working up plans aligned with the 3 key priorities set out nationally. • In response to a question on how best to utilise £3.6m Health Inequality funding across BOB, Dan Leveson, Director for Places and Communities explained that working with partners at place level has leveraged additional resources to maximise this relatively modest amount. He gave examples of Community Health and Wellbeing workers who had been funded in Berkshire and this would be replicated in Buckinghamshire too. <p>The Board noted the report and the Board Assurance Framework. The Board asked for their thanks to be passed on to ICB staff for delivering so many varied activities.</p>
8.	<p>Annual Report and Accounts</p> <p>Hannah Iqbal, Chief Officer for Strategy, Digital and Transformation introduced the report, thanking the Finance, Governance and Communications teams for producing an excellent annual report in line with national guidance and meeting the required submission dates in June.</p> <p>Sarah Adair, Associate Director – Communications and Engagement highlighted the following:</p> <ul style="list-style-type: none"> • The ICB had achieved a surplus of £9,000 at year end. • The Internal Audit report was positive. • The report reflected a year of change for the ICB due to the implementation of the new organisation model. <p>The Board noted the Annual Report and Accounts.</p>
2025/26 Delivery	

9.	<p>2025/26 Finance M02 and Performance and Quality Report M01</p> <p>Alastair Groom, Chief Financial Officer introduced the Finance M02 report and highlighted the following:</p> <ul style="list-style-type: none"> • The Financial Plan was currently on track. Certain elements of Cost Improvement Plans (CIPs) were being worked on. • 3 Acute organisations had cash balance challenges and the ICB were working with them to consider mechanisms to assist. • New NHS Accounting System due to be introduced on 1st October 2025. Concerns about risks of implementation have been escalated to NHSE. <p>Matthew Tait, Chief Delivery Officer introduced the Performance and Quality report and highlighted the following:</p> <ul style="list-style-type: none"> • Urgent and Emergency Care was generally on target, although Royal Berkshire had requested additional support from the Regional team. • Challenges across the system on cancer performance. Additional funding has been agreed through the Thames Valley Cancer Alliance and some performance improvement had been seen in Royal Berkshire and Buckinghamshire. • Waiting lists for Autism assessments remained high for children and young people. For adults the waiting list was over 5,000 across BOB with average wait times of 87-106 weeks. <p>Heidi Beddall, Deputy Chief Nurse also reported the following:</p> <ul style="list-style-type: none"> • A CQC inspection of Forensics at Oxford Health had rated the service as Good overall, achieving Good across all 5 domains. • The ICB was working with acute providers through a provider collaborative to reduce the incidents of Never Events. • Maternity data showed that incidence of smoking at time of booking in appointment and at delivery was below 5% target demonstrating the impact of smoking cessation activity. <p>In response to a question on cancer services and a marked 10% improvement in performance in Buckinghamshire in one month, Matthew Tait commented that all Acute trusts were signed up to adopting best practice pathways but some required additional support in implementing them. In Buckinghamshire, an increase in demand for cancer services had led to extra resources being deployed, so the sustainability of the improvement would have to be monitored.</p> <p>The Board noted the Finance and Performance and Quality reports.</p>
10.	<p>Independent Mental Health Homicide Review</p> <p>The Chairman welcomed Niki Cartwright, Director of Performance and Delivery who joined the meeting on Teams for this item. Following the tragic events in Nottingham in June 2023, an Independent Mental Health Homicide Review was published in February 2025. All mental health trusts have taken action in response to the recommendations made, as well as those in the CQC special reports published in 2024 and were advised to bring an update to the ICB Board. Niki Cartwright highlighted that the trust responses were detailed in part 3 of the paper and advised that to date there was no national funding confirmed to support the improvements that had been identified. This report was an important piece of work highlighting the people who suffer most health inequalities in the system. It was vital to keep them and members of the public safe.</p> <p>In response to a question around holding a caseload of 15, mentioned as NHSE guidance in the BHFT section of the report, Grant MacDonald explained that this was a historic suggested caseload number which dated back to the 1990s and there were mixed views as to whether this was a realistic model. Oxford Health were having different models for different clients and taking a team approach rather than capping individual's caseloads. Niki Cartwright offered to check back with BHFT as to their plans around caseload and the timescales they were working to, as if they wanted to make this change it would be dependent on staff resources. ACTION: Niki Cartwright</p> <p>The Board noted the report.</p>
Building for the Future	

11.	VCSE Alliance Update
	<p>The Chair welcomed William Butler, Chair of the BOB VCSE Alliance and Stephen Barnett, Director of the BOB VCSE Alliance to the meeting. Hannah Iqbal, Chief Strategy, Transformation and Digital Officer introduced the item, explaining that that the ICB had been working closely with the VCSE Alliance and VCSE input would be invaluable as the ICB pivots into more of a strategic commissioning role. William Butler and Stephen Barnett highlighted the following:</p> <ul style="list-style-type: none"> • The BOB ICB area had a lively and dynamic VCSE sector. The Alliance aim to advocate for these organisations, share insight and bring partners together which would be particularly important in a period of significant change. • The report outlined the Alliances' key achievements and their four priorities – Neighbourhood Health, ICB Governance & Place Partnerships, Evidence & Community Insights and Strategic Commissioning. • Many VCSE organisations already supported the neighbourhood health agenda and Place Partnerships had been very helpful in further involving the VCSE in more local working. • On 29th July the Alliance was holding a VCSE Health event online and 90 organisations had already signed up to this. • Whilst recognising that staff at the ICB were working in a challenging and changing environment it was crucial for the VCSE to be included in conversations, especially around commissioning, as VCSE organisations are well-trusted and can really improve outcomes for residents. <p>In response to questions and during subsequent discussions, the following main points were noted:</p> <ul style="list-style-type: none"> • It was noted that some charities had been open about struggling financially and William and Stephen were asked if this was a concern locally. Whilst there was anecdotal evidence it was difficult to put a definite number on this – the national insurance uplift had impacted a number of organisations. If local authorities were given a 3-year financial settlement this might provide some charities with a more sustainable funding position. • It was observed that some charities can get caught in a 'commissioning dependency' whereby their unique identity and community connections could be diluted. William Barnett recognised that this could happen with larger service delivery charities, but VCSE organisations need to be creative and whilst some charities have got closer to local authorities, NHS, DWP etc, others have not. Having a mixed finance stream from contracts, public fundraising and grants can help to support VCSE organisation with innovation and retaining an individual identity. • The move to a Thames Valley ICB footprint could be beneficial in the longer term as Berkshire charities tended to cover the whole county and currently had to attend both Frimley and BOB Alliance meetings. <p>The Board noted the VCSE Alliance's achievements, endorsed the four priorities and noted the proposals to support the inclusion of the two proposed items in the Board's 2025–26 forward plan:</p> <p>i. A Board workshop in autumn 2025 with VCSE leadership on the future model ICB and 10-year plan delivery.</p> <p>ii. A presentation from the Community Participatory Action Researchers' alumni network as part of a Board Patient Story item.</p> <p>The timing of the above items would be considered subsequent to the meeting, in light of the Board prioritising business to facilitate the ICB transformation.</p>
12.	Place Update – Buckinghamshire
	<p>The Chair welcomed Dan Leveson, Director for Place and Communities to the meeting and invited him to introduce his report, The following main points were highlighted:</p> <ul style="list-style-type: none"> • Buckinghamshire had organised into 6 Integrated Neighbourhood Teams (INT) including representatives from across the whole system. Over the past 12 months the Place-based Partnership had led system planning using different pots of funding and focussing on Buckinghamshire Council's Opportunity Bucks areas, which are areas of deprivation with higher health inequalities.

	<ul style="list-style-type: none"> Buckinghamshire has signed up to a single Health and Wellbeing Strategy which had helped to support the launch of the Neighbourhood Teams. It was noted that 5 of the 6 have now launch, supported by public health data. Work with VCSE organisations was also key. Community Health Workers were being appointed to support this approach by working closely with households with multiple challenges. George Gavriel, Partner Member for Primary Care Services and member of the Buckinghamshire Executive Partnership, advised that confirming the geography had proved to be challenging but now thanks to the hard work of the Buckinghamshire Executive Partnership Delivery Team, the NITs were launched with joint commissioning funding, co-directors in place and once integration leads were identified for each of the 6 neighbourhoods, he was optimistic that the NITs would make a real difference. <p>In response to questions and during subsequent discussions, the following main points were noted:</p> <ul style="list-style-type: none"> It would be important for outcomes and learning from pilots and early adopters to be shared to allow neighbourhood teams to be delivered at scale. It was noted that the High Wycombe area seemed to be split into 3 distinct areas. It was explained that this was a purposeful decision to group those 3 areas due to demographic alignment rather than simple geography. Board members welcomed the progress of the NITs in Buckinghamshire and it was noted that budget has been devolved from BHT to support this innovative work. Dan Leveson commented that this reflected the progress made on developing trust and a shared culture. He also advocated for keeping governance structures informal and flexible as much as possible. The Chair thanked Dan Leveson and Nicola Newson for her work on preparing the Place report. <p>The Board noted the Place Update for Buckinghamshire.</p>	
13.	<p>Neighbourhood Health Programme Board – Terms of Reference</p> <p>The Chairman invited Ben Riley, Chief Medical Officer to introduce the report – the following main points were noted:</p> <ul style="list-style-type: none"> This programme was designed to bring out the strengths and values of both place based and systems development. 4 shared outcomes had been identified for all neighbourhoods – 1) locally tailored approach to prevention 2) accessible care for those with long term conditions 3) person-centred care close to home for people with complex needs/at end of life and 4) sustainable community resources, capability and infrastructure for effective and resilient neighbourhood health. It was recognised that one size would not fit all and place-led design and delivery would be crucial to success. Dan Leveson commented that it was important that places were the drivers for delivering change, but this document set a clear vision for neighbourhoods. Stephen Barnett from the VCSE Alliance advised that charities that support those with long-term conditions and others that were hyperlocal and worked on social influences of health would also be key contributors. It was important to communicate the four outcomes effectively as they sum up the strategic aim of the programme and align well with the NHS 10-year plan. In response to a question regarding membership of the programme board, it was agreed that this would be circulated after the meeting. Action: Ben Riley Members of the Board noted the need to manage meetings attendance across the system and suggested that it would be helpful to keep the Programme Board membership lean. <p>The Board noted the report.</p>	
ICB Development/ Oversight		
14.	<p>Board Assurance Committee Updates</p> <p>Audit and Risk Committee (ARC) Annual Report and Accounts submitted – Chair of ARC expressed thanks to the Finance team for work to deliver accounts on time.</p> <p>Systems and Productivity Committee (SPC)</p>	

	Risk reporting has improved – Chair of SPC thanked Lynn Casey-Sturt and Finance colleagues for this. Concerns remain about CIPs and cash position of some organisations.	
Any Other Business		
15.	The Chair closed the meeting, thanking all guests who attended in person or online. There being no other business, the meeting closed at 15.50	
END 15.50		Date of Next Meeting: 9 September 2025