

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public

Tuesday 21 May 2024, 10.00am – 1pm

Paralympic Room, The Gateway Offices, Gatehouse Road, Aylesbury, HP19 8FF

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
Saqhib Ali	Non-Executive Director	Apologies
Tim Nolan	Non-Executive Director	Present
Nick Broughton	Chief Executive Officer (Interim)	Present
Matthew Metcalfe	Chief Finance Officer	Present
Dr Rachael de Caux	Chief Medical Officer	Present
Rachael Corser	Chief Nursing Officer	Present
Steve MacManus	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
Attendees		
Sarah Adair	Director of Communications & Engagement (Acting)	Apologies
Philippa Baker	Place Director – Buckinghamshire	Present for Item 9
Alastair Groom	Director of Financial Improvement	Present
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Catherine Mountford	Director of Governance	Present
Victoria Otley-Groom	Chief Digital & Information Officer	Present
Amaan Qureshi	Business Manager to the Chair	Present – Minuting
Louise Smith	Deputy Director of Primary Care	Present for Item 11
Matthew Tait	Chief Delivery Officer	Present

There was a peak online attendance of 28 members of the public.

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 is a Board meeting in public, not a public meeting. The meeting is rotated around the ICB's geography, with the Chair noting thanks to Buckinghamshire Council for hosting this month's board in Aylesbury.</p> <p>Members were reminded of housekeeping rules, such as to ensure their mics are unmuted when speaking, so those joining online can follow proceedings.</p>
2.	<p>Apologies for Absence</p> <p>Apologies noted from: Saqhib Ali (Non-Executive Director) and Sarah Adair (Acting Director of Communications & Engagement).</p>
3.	<p>Minutes from Last Meeting on 19 March 2024 and Matters Arising</p> <p>The minutes were approved as an accurate record.</p> <p>Two actions were noted in the accompanying Matters Arising document. One is being progressed, whilst one action has been delayed given the ICB's focus on planning and turnaround.</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/are part of.</p> <p>In particular: Item 07 Chief Executive and Directors Report; Item 09 Buckinghamshire – Place Update; Item 10 2024/25 System Planning; Item 11 Primary Care Strategy; Item 12 Performance & Quality Report (M11 – February); Item 13 Finance Report Month (M12 – March).</p> <p>Other than Items 10 and 11, these reports are for assurance or discussion, not decision. As the perspective of all members is important, everyone may participate in discussions.</p>

	In Item 10 we are seeking approval of the areas for strategic focus and of the 2024/25 Operational Plan. In Item 11 we are seeking approval of the Primary Care Strategy to proceed to implementation. These are high level strategic decisions and the potential conflict of interest of any of our members is minimal so all may contribute to discussion and decision.
5.	<p>Questions from the public</p> <p>We received four questions before the deadline, which relate to items 10 (one question) and 11 (three questions) and will be addressed during those items. Written answers to all questions will be published within 20 working days of the Board.</p>
6.	<p>Resident story – NHS App</p> <p>Rachael Corser (Chief Nursing Officer) presented Item 6, the Resident’s Story (‘NHS App’). A video was played highlighting the experiences of residents from South Buckinghamshire with the NHS app. The app has uses such as tracking medical history, monitoring medication, and arranging GP appointments. Some residents highlighted issues with the app, leading them to revert to previous methods – and there were questions about how the NHS app interfaces with separate practice-specific GP apps. Digital cafes have been set up to help residents use the app.</p> <p>The discussion focused on how the resident experience can be improved. This included suggestions for promoting the app further in doctors’ surgeries through effective communications, or on-site support during GP visits to help patients understand and use the app.</p> <p>The Board noted the voices of service users, reflected on the challenges faced, and discussed what can be done to improve patient engagement and access to the available apps, with particular reference to groups at risk.</p>
Board Reports	
7.	<p>Chair’s Report</p> <p>Sim Scavazza (Acting Chair) presented the Chair’s report, which focused on the role of the Chair in fostering systems’ engagement and workstreams. The report was taken as read, however the following highlights were pulled out:</p> <ul style="list-style-type: none"> • The ICB is navigating a financial turnaround situation, necessitating a degree of agility as we pursue deep scrutiny across operations. It is important to strike the right balance between addressing immediate turnaround actions and fulfilling statutory obligations and longer-term delivery. • During these challenging times, the importance of transparency, understanding, and maintaining morale within the ICB and system was emphasised. • Martin Earwicker, Chair of Berkshire Healthcare NHS Foundation Trust (BHFT), is set to chair the System Transformation and Recovery Board. • The University of Reading hosted a meeting of the newly formed Berkshire Prosperity Board, which was attended by the Chair. This gathering brought together CEOs and Chairs, including representatives from business, education, and the broader public sector. The meeting focused on initiatives which can help contribute to making Berkshire one of the best places to work, live, and receive treatment. The focused size of the group and seniority of attendees enabled a productive discussion, with everyone leaving with a sense of what can be achieved when working together. • The Chair joined the Care Awards hosted by Royal Berkshire NHS Foundation Trust (RBFT). This annual celebration recognises the hard work of colleagues. The event was a celebration of the staff, with awards given out to acknowledge their hard work and dedication. It served as a good reminder of the importance of keeping morale high during challenging times. <p>The board noted the update.</p>
8.	<p>Chief Executive and Directors’ Report</p> <p>Nick Broughton (Interim Chief Executive Officer (CEO)) 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 was presented and discussed:</p> <ul style="list-style-type: none"> • The final government report on the infected blood inquiry was published on 20 May 2024, revealing worrying findings around past NHS failures. This has had a profound impact within the wider NHS, leading to public apologies from both the Chief Executive of NHS England and the Prime Minister on behalf of the state. The ICB is focused on how it can best support those affected, continuing to identify

	<p>and treat people with bloodborne illnesses, supporting any staff affected, and learning from findings to prevent future failures.</p> <ul style="list-style-type: none"> • The ICB's change programme and staff consultation is ongoing. Based on feedback received so far, the consultation period has been extended through June. The CEO acknowledged the challenges associated with the change programme, given its impact on the ICB's people. He emphasised the importance of understanding, acknowledging, and adapting the process to these challenges, during a period of tough financial and operational change. • The planning process for the current financial year is ongoing. The ICB has received a control total from NHS England indicating the target system deficit position and is working to achieve this. • BOB ICB staff in Oxford have relocated to the Unipart Centre in Cowley. This move represented a significant logistical undertaking, meaning staff now work alongside colleagues from Oxford University Hospitals (OUH). The move has generally been well-received though issues remain which are being addressed. • The BMA's General Practice Committee has voted to ballot members over a dispute with NHS England regarding the 2024/25 contract, amid a proposed funding uplift of 1.9%. The outcome of this ballot could lead to immediate action with significant impact on primary care capacity within the system. This remains a live situation, but the Board were informed of the risks – for example, needing to reduce the capacity of appointments down to one third. The ICB will be working hard to minimise impact as best possible. <p>The board noted the update.</p>	
9.	<p>Buckinghamshire – Place Update</p> <p>Philippa Baker (Place Director, Buckinghamshire) presented Item 9, the Buckinghamshire Place update, covering the progress, challenges, opportunities, and priorities of working in partnership across health and social care in Buckinghamshire. The following was presented and discussed:</p> <ul style="list-style-type: none"> • Buckinghamshire Place has made significant progress, with a focus on demonstrating impact through year-end data. Strong leadership is emerging in primary care in Buckinghamshire, which is gaining national attention. Despite challenging circumstances, performance has been maintained, and recruitment and transformation efforts are ongoing. • In several areas, progress has been made in reducing waiting lists, with a focus on early help and intervention. Significant progress has been made in reducing demand in urgent care. A sustainable discharge system has been developed over the past year, positively impacting patient flow and improving patient experience. • The priority for the next year will be integrated neighbourhood working. A range of programmes are underway to pilot different integrated neighbourhood approaches. • The place partnership is focusing on fewer, more impactful issues. This approach is seen as more effective than spreading efforts thinly across a wide range of targets and initiatives. • Work is being done with Buckinghamshire Healthcare Trust (BHT) on their clinical strategy, developing it into a broader place strategy and vision that all partners will coalesce around. • The GP Provider Alliance, set up with support from the ICB to develop GP leadership in place, has been cited as an exemplar by Claire Fuller (NHSE Medical Director of Primary Care). This model is garnering national attention and is seen as a potential model for other regions. A podcast was mentioned in the discussion, where the work in Buckinghamshire was featured. This podcast has been well received nationally, further highlighting the innovative work undertaken in Buckinghamshire. • A whole system approach is being taken to address the most deprived communities through a programme called Opportunity Bucks. The aim is to focus on specific issues that can only be resolved by working together and thinking differently. <p>ACTION:</p> <ul style="list-style-type: none"> • George Gavriel to share a link to the Primary Care podcast referencing Buckinghamshire. <p>The board noted the content of the report, in particular the progress made in key areas of operational performance in 2023/24, and the highlighted priority areas for 2024/25.</p>	
10.	<p>2024/25 System Planning</p> <p>Matthew Tait (Chief Delivery Officer (CDO)), Matthew Metcalfe (Chief Finance Officer (CFO)) and Hannah Iqbal (Chief Strategy and Partnerships Officer) presented Item 10, 2024/25 System Planning. The discussion revolved around the strategic areas of focus for the year, the financial turnaround situation, and the operational and financial plan for the system. The following was presented and discussed:</p>	

- The ambitions outlined in the Joint Forward Plan (JFP) continue to provide the broad strategic framing for systems working and delivery. Given significant engagement behind the 5-year JFP published in June 2023, it will not be significantly refreshed for 2024/25. Instead, an annual review was conducted, to update plans based on updated assumptions and priorities – including those set out in the 2024/25 priorities and operational planning guidance. This review has led to a focus on the three key priorities, which balance the operational delivery of core NHS commitments, the need for immediate and longer-term changes to ensure system sustainability, and the transformation of the system and services for the longer term.
- For 2024/25 a system deficit plan of c £92 million has been submitted. NHS England (NHSE) has set a target of £60 million system deficit as a control total. The ICB is working on delivering an improved position for both the ICB and the overall system, to reach the control total.
- The system has been focused on recovering waiting times post-COVID, with a key national target to get down to no 65-week waiters. The system is committed to delivering on cancer targets nationally this year.
 - It was noted that where the system has not met national targets in certain areas, it does not mean we have not made progress – though the ICB will continue to work hard to ensure we are brought on target.
- In mental health, work is underway to reduce out-of-area placements, increasing access to talking therapies, and ensuring that those within their community who have serious and significant mental health illness have annual health checks.
- Improving outcomes for women and children in maternity and neonatal services is an important focus, along with the development of Women’s Health hubs across the system.
- In answer to a question submitted it was confirmed that attention is being given to the quality and safety of services, and the decisions that are being made as a system in this context. A robust governance framework is in place focusing on this, reporting up to the Population Health and Patient Experience Committee.
- Challenges such as the need for financial sustainability and recovery, the impact of industrial action, and the need to balance progress against national targets was acknowledged. The ICB is committed to being honest and realistic about these challenges, and to keeping residents informed about what the plans mean. It would be important to highlight what could not be delivered and the difficulties encountered in delivering improvement in some challenged areas.
- Long-term research is being conducted, an objective and systematic review of services, their impact and their infrastructure. This may lead to some difficult decisions and potential service changes downstream.
- There is an ongoing commitment to ensure standards within services for residents with learning disabilities and autism. Focus is also being given to physical health checks for residents with serious mental illnesses, through primary care partnerships.
- The Board welcomed the report noting that it gave a comprehensive overview of what the NHS was doing and the complexity of the activities.

The Board:

- **Noted the approach taken to system turnaround programme with programmes relating to the short, medium and long term.**
- **Approved the strategic areas of focus this year.**
- **Approved the operational plan for the Buckinghamshire, Oxfordshire, Berkshire (BOB) Integrated Care System (ICS) and noted the positions of partner organisations.**
- **Noted the 2024/25 financial plan was not included in this paper and would be presented to the July meeting (ACTION: Matthew Metcalfe, CFO)**

COMFORT BREAK

11. Primary Care Strategy

Rachael de Caux (Chief Medical Officer (CMO)) presented Item 10, the Primary Care Strategy. Rachael was accompanied by Louise Smith (Deputy Director of Primary Care). The strategy is a comprehensive plan for the development of primary care services, recognising the unsustainability of the current model and setting a direction for future improvements. The following was presented and discussed:

- The work that has gone into the strategy was recognised, amidst challenging circumstances. The strategy has been under development since August 2023, aiming to ensure a clear understanding of the current state in primary care and a rigorous analysis of any proposed models.

- Significant changes have been made to the strategy since its first release in January, reflecting key themes from extensive feedback from the public and stakeholders.
- The strategy focuses on the four pillars of primary care – a focus which has led to richer conversations regarding pharmacy, optometry, and dentistry than would have been possible otherwise.
- It includes hard metrics for tracking progress and emphasises partnership working, ongoing communication, and the need for resilient and sustainable primary care.
- A core focus of the strategy is integration, particularly around access, integrated neighbourhood teams, and helping communities stay well.
- Current models of care are unsustainable due to financial constraints, workforce challenges, and the changing ageing demographic of the population with multiple long-term conditions. There is a risk of services being overwhelmed within 5 to 7 years without proactive community management.
- There is a focus around the sustainability of practices, acknowledging the challenges they face and offering solutions to help them thrive.
- The strategy's implementation will be overseen by the community and primary care transformation group, ensuring a holistic view of the whole system. Monitoring will be in place to identify any unintended consequences of service provision changes.
- The strategy recognises the changing world. People's shifting expectations were noted, acknowledging that the health sector is not immune to these changes and that we must adapt accordingly.
- The development of the strategy is seen as an important moment for the ICB, with the Board noting thanks to everyone who contributed to its development.
- It was understood that this is an iterative strategy, setting a direction of travel, whilst taking a local approach backed with system support. If approved, the next steps involve moving to primary care to ask them to help deliver the ambitious but necessary plan.
- The board was encouraged that there would be ongoing dialogue and involvement of the public as the strategy was implemented. It was key that communication about how services were changing and how they were accessed were developed with our residents.
- The board will revisit the strategy in six months to receive an update on implementation. This will also align with the primary care access and recovery plan updates.

During the meeting, two questions from the public were addressed. These questions revolved around the impact of patient contributions on the decision-making process, the purpose of ICB meetings, and the evidence provided by primary care providers. The CMO assured the Board that all feedback has been heard and reflected as appropriate in the final draft of the strategy. She also emphasised that the strategy is not a one-size-fits-all approach, it does not mandate any one model and that it will be implemented with a local approach and system support. The ICB committed to keeping the public informed about the changes in the model of care. A full response to the questions will be published online within 20 working days of the meeting.

The Board:

- **Recognised the significant work undertaken by the ICB, partners and the public to develop the Primary Care Strategy.**
- **Noted the thorough engagement undertaken on the draft strategy and how that has been reflected in the final strategy with the 'Primary Care Strategy Development – Public Engagement Report' and 'Responding to the Feedback from Engagement Report'.**
- **Approved the final primary care strategy to progress to implementation.**

12. **Performance & Quality Report**

Matthew Tait (CDO), Rachael Corser (CNO) and Rachael de Caux (CMO) presented Item 12, 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. The CDO highlighted this was looking back on performance in 2023/24. Some of the highlights discussed included:

- Despite a clear national ambition and real focus to hit our 76% 4-hour wait target in March 2024, the system achieved 74.9%. However, this represented a 3.5% improvement on the previous March 2023, despite an 11.7% increase in attendances.
- The revised national ambition was to get to zero 78 week waits by the end of March for planned care. The system got to 101 cases of waits over this target at the end of March, but there was an improvement in the last quarter of the year.

- The system has made progress in reducing the waiting time for cancer treatment. The target was to ensure that patients wait no more than 62 days from the date of an urgent suspected cancer referral to the start of their treatment. The system has made significant strides, with the majority of patients starting their treatment within this timeframe.
- The performance against the 28-day assessment target for Continuing Healthcare (CHC) is deteriorating due to the volume of referrals. Work is ongoing to improve this.
- There is continued challenge around performance within some of the targets relating to children and young people, which is being looked at.
- Over the past 18 months, there has been a notable reduction in the birth rate across the system. Despite the lower birth rate, the complexity of cases has increased, presenting ongoing challenges for providers. This is a key area of focus for future work.
- In terms of primary care, 9% more appointment capacity was delivered compared with a year ago, managing to keep pace with demand.
- For appointments in dentistry, there are plans to extend the flexible commissioning arrangement to improve access, particularly for the most vulnerable.
- Pharmacy First continues to be successful and has saved over 2,000 hours of general practice appointment time since its inception.
- In optometry, a routine referral platform (direct from optometry to secondary care) has gone live with the urgent referral component within the last two weeks.
- It was acknowledged that the staff in all our Trusts are working incredibly hard in difficult circumstances.

The Board noted the update, discussing the challenges and mitigating actions.

13. **Finance Report (M12)**

Matthew Metcalfe (Chief Finance Officer) presented the Finance Report, which provided an overview of the financial position of the ICB and the wider system at the end of Month 12, 2023/24. The following was presented and discussed:

- The system is in turnaround due to the deterioration in financial performance in 2023/24 and the challenging round of discussions around 2024/25 planning. The overall system deficit reported at the end of month 12 was £53.4 million. This was after the receipt of just over £20 million of deficit funding. The figures are consistent with the forecast made at month 10.
- The ICB component of that was £38.1 million. This is comparable to the roughly £40 million that was highlighted for the month 10 forecasts.
- There is an increased level of risk associated with financial governance control and the commitment to break even. The risk rating has been elevated to reflect this.
- There is a possibility of the system being placed in the “National Oversight Framework level 4 (NOF4)” category. In this scenario, members of the national team would work very closely with the system and would be subject to enhanced levels of scrutiny.
- A credible plan which highlights the ability to hit the £60 million control deficit total will be a significant factor in adjudging the need for change in NOF category, in follow-up meetings with the national team in June.
- The final performance for 2023/24 is now taken into 2024/25, as discussed in Item 10. This means that the year-end has left the system in a difficult position going forward with associated risks which will be scrutinised through the Audit & Risk Committee and with support from our auditors. The Board remain committed to navigating the challenges with transparency.

The Board noted the update and considered the deficit position, and the level of financial risk that pertains to the system’s financial sustainability.

ICB Development/ Oversight

14. **Risk – Board Assurance Framework/ Corporate Risk Register Review**

Catherine Mountford (Director of Governance) presented Item 14, the Board Assurance Framework. The report provides an overview of the risks faced by the system. The following was presented and discussed:

- The report is in line with discussions held by the board today, illustrating the top red-rated risks as the delivery of financial targets and financial sustainability, as well as access to services.
- There are some newer red-rated risks that have been highlighted, but they are subject to further review to test out their rating in the wider context of the system.

	<ul style="list-style-type: none"> • The board is continuing to adapt and remain dynamic with the way that it is navigating risk, particularly in the light of turnaround. This approach will enable the board to highlight if there were any increased risks in areas of quality and safety. If more red-rated risks cause concern around quality, safety, and access for residents, the board would be upfront about those. • The report is regularly taken to the Audit And Risk Committee – each individual committee also looks at its areas of risk, ensuring scrutiny and ownership of risk areas. <p>The Board noted the report, the Board Assurance Framework, the Corporate Risk Register and related, red-rated risks.</p>	
15.	<p>Board Assurance Committee Updates, including Annual Reports</p> <p>The Chair introduced Item 15, the Board Assurance Committee Updates, which included annual reports. The following was presented by the relevant committee chairs and discussed:</p> <ul style="list-style-type: none"> • Audit and Risk: The committee had an extensive discussion on the issue of commissioning and contract management. External auditors advised around the submission of a Section 30 referral to the Secretary of State, which is a formal notification when the system moves outside of its agreed financial envelope. • Place and System Development: The committee discussed the financial challenges across the system and the pressure that leaders of public-facing organisations are feeling. The maturity of relationships at place level or at community level is critical in such challenging times. • Population Health & Patient Experience: The committee discussed the challenged services in neurodiversity for children and young people. They also discussed the quality, safety and impact in the context of turnaround. The committee has been looking at the primary care strategy with members of the GP community, Healthwatches and other partners since last July. • System Productivity: The committee discussed the month 12 system finance reports, the operational plan and forward look for the future. They also discussed the System Recovery Transformation Board and the digital priorities. The committee is going to focus more on turnaround during the next 6 to 12 months. • People Committee: The committee discussed the results of the staff survey which showed that there was little improvement from the year before. They reviewed a comprehensive organisational development people programme. The committee approved the gender pay gap report for publication, but it demonstrated a median pay gap higher than the national average. <p>The Board note the content of the Committee Escalation and Assurance Reports and Annual reports.</p>	
Reports for Information / Assurance		
16.	<p>Forward Plan</p> <p>Catherine Mountford (Director of Governance) presented Item 16, the Board Forward Plan for the remainder of 2024/25. Board members were encouraged to reflect on the plan and provide any feedback in the context of today’s discussions.</p> <p>The board was reminded that the plan is accurate at the time of publishing but is a live document and will be iterated in line with ongoing changes and challenges. For example, an update on the digital and data strategy was deferred, because more time was needed for planning and recovery. This has now been moved forward to July.</p> <p>The structure of the plan is designed to balance the focus across strategy, people and culture, and delivery. This might need to be refined and updated in light of the governance review implementation and the need for an agile focus on turnaround and transformation. While the dynamic nature of the report is noted, the statutory items will continue to be included.</p> <p>The board noted the plan and would keep future items for inclusion under review.</p>	
Any Other Business		
17.	<p>The Chair noted the Board’s thanks to colleagues for their continued work and support under challenging circumstances. The Board hopes the public and residents would see transparency in their decisions and work – re-iterating the Board’s commitment to making BOB the best place for residents and pledged to continue striving towards this goal despite the difficulties.</p> <p>There being no further business, the meeting was closed at 12:54.</p>	
END		Date of Next Meeting: 16 July 2024