

## Integrated Care Board (ICB) Buckinghamshire, Oxfordshire and Berkshire West (BOB) Board Meeting

### Minutes

Date: 27 September 2022  
 Time: 10.00 – 13.00  
 Location: Jubilee House, Oxford OX4 2LH

Members			
Name	Role and Organisation		Attendance
Javed Khan OBE	Chair	JKh	Present
Saqhib Ali	Non-Executive Director	SA	Present
Margaret Batty	Non-Executive Director	MB	Present
Haider Husain	Non-Executive Director (Associate)	HH	Present
Aidan Rave	Non-Executive Director	AR	Present
Sim Scavazza	Non-Executive Director	SS	Present
Tim Nolan	Non-Executive Director	TN	Present
Richard Eley	Chief Financial Officer (Interim)	RE	Present
Dr Rachael De Caux	Acting CEO & Chief Medical Officer	RDC	Present
Rachael Corser	Chief Nursing Officer	RC	Present
Steve McManus	Partner member – NHS Trusts	SMc	Present
Stephen Chandler	Partner member – Local Authorities	SC	Present
Dr Shaheen Jinah	Partner member – Primary Care	SJ	Present
Dr Nick Broughton	Member for Mental Health	NB	Present

Presenters in attendance			
Name	Role and Organisation		Attendance
Rob Beasley	Interim Director of Communications and Engagement	RB	Present
Catherine Mountford	Director of Governance	CM	Present
Matthew Tait	Interim Chief Delivery Officer	MT	Present

No	Agenda Item	Actions
1.	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed attendees and the members of the public and advised the meeting was also being broadcast via a public link. He confirmed it was a meeting held in public and not a public meeting.</p> <p>The Chair advised that James Kent, the CEO, had accepted an opportunity to work in a national NHS role and wished James the best in his new role. RDC is now acting CEO and the Chair thanked her for stepping into this role temporarily. The Board expect to confirm an interim CEO appointment in the next few days.</p> <p>The Chair welcomed RC to her first board in her role as Chief Nursing Officer.</p> <p><b>Apologies:</b> none.</p>	
2.	<p><b>Minutes of prior Board meeting and Matters Arising</b></p> <p>The minutes of the meeting held on 1 July 2022 were accepted as an accurate record.</p> <p>The Board noted all actions had either been closed or were on the agenda for today's meeting.</p> <p><b>ACTION (09):</b> TN suggested adding the number of public who attend the Board meetings. CM to add to minutes for each Board meeting.</p>	CM
3.	<p><b>Declaration of interests / receive first register of interests</b></p> <p>The Board noted the interests that had been declared for Items 7, 8, 10 and 11 and that for all these items the individuals may participate in discussion and decision.</p> <p>HH confirmed that as a NED for Milton Keynes NHS Foundation Trust he also had an interest in Item 11, but as with other members it was agreed he may participate in the discussion and decision on this item.</p> <p><b>Agenda Item 07 Operational Planning Performance Review, Quarter 1</b> - this report contains information including the performance of organisations led by members of the Board. The perspective of these members is an important aspect for enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.</p> <p><b>Agenda Item 08 Month 3 (to 30 June 2022) Finance Report</b> - this report contains information including the financial performance of organisations led by members of the Board (NB and SMc). ICB funding contributes to the pooled budgets managed by Oxfordshire County Council and the contract held by GP practices, so SC and SJ are potentially conflicted. The perspective of these members is an important aspect to enable the Board to focus on where the ICB and system contribute to improvement.</p>	

	<p><b>Agenda Item 10 Approach to Five Year Forward Plan</b> - the development of the Five Year Forward Plan will set the priorities and context for the utilisation of the ICB commissioning allocation and highlight areas of service change that may need to be considered. This may impact on the organisations that our Partner members and Member for Mental Health (SMc, SC, SJ, and NB) work in. However, the perspective of these members is an important contribution to the development of the plan.</p> <p><b>Agenda Item 11 Place-based Partnerships</b> - Board partner members are likely to be members of place-based partnerships.</p>	
4.	<p><b>Living our Values</b></p> <p>At each public meeting, a Board member will be asked to share their ‘values’ and what this means for them in terms of their membership of the ICB.</p> <p>The Chair volunteered himself for this meeting. He shared some of his personal history of being born in a Kashmiri immigrant family who moved to the UK in the 1950s. His parents were illiterate throughout their lives but showered their children with love and instilled a hard work ethic and the importance of family bonds. Javed soon realised the importance of basic public services to everyday life. However, he saw first-hand that not everyone has equal access or understands what is available to them, for example his own parents needed the children’s help to navigate what was available. Tackling health inequalities is a key aim of BOB and this influenced his decision to apply for the role as Chair. Although on average the area is healthy and affluent, this masks some significant health inequalities.</p>	
5.	<p><b>Questions from the floor</b></p> <p>The Chair summarised seven questions that had been received from the public. Some were related to agenda items for which updates would be provided today. Written answers for all questions will be on the website within twenty working days.</p>	
<b>Board Reports</b>		
6.	<p><b>Chief Executive (CEO) and Directors Report</b></p> <p>RDC presented the report and drew attention to key items including:</p> <ul style="list-style-type: none"> <li>• successful transition of staff from 3 CCGs to one ICB on 1 July 2022</li> <li>• welcoming RC who started 12 September</li> <li>• 3 Place Directors are joining shortly and are critical for place-based partnerships</li> <li>• Health and social care significant progress made in system digital priorities</li> <li>• Urgency Emergency Care (UEC) under pressure in the system, as it is nationally and there was strong local partnership working to develop winter plans across BOB</li> <li>• Cancer pathways – continue to ensure prioritised during winter months</li> <li>• finances are under significant pressure and will be discussed in more detail under item 8</li> </ul>	

	<ul style="list-style-type: none"> <li>• SCAS received a CQC overall rating of inadequate in safe and well led domains. BOB are working with SCAS, Hampshire and IOW ICB and NHS England to both support and ensure scrutiny of the improvement plan and pace around delivery of improvement plan</li> <li>• a cyber incident on 4 August which impacted 111 out of hours and UEC pathways and Oxford Health.</li> </ul> <p>RDC advised of a recent item not in the paper due to timing. A local MP had shared a letter from care providers about the impact of the cost-of-living crisis and had asked that the ICB Board consider it, RDC confirmed that the ICB was working the local authorities and that work was also occurring nationally on how businesses would be supported.</p> <p>RE confirmed the relocation from Jubilee House to Sandford Gate, also in Oxford, saving about £100k per annum. The Board suggested exploration of office co-locating with partners, e.g., with Councils.</p> <p>The Board noted the value of the system working across the ICS in developing the diagnostic strategy which creates a framework and has brought colleagues together in workshops including clinicians so illustrating the ICB role of bringing people together.</p> <p>The meeting discussed ICB was set up to add value and not replicate work in progress by individual providers and the report should highlight this. The ICB should ensure immediate actions in place but also mid- and long-term views on the workforce e.g., training and education. Wellbeing must be at the front and centre of the vision including filling vacancies substantially in the workforce.</p> <p>The Board noted the report.</p>	
7.	<p><b>Operational Planning Performance review, Quarter 1</b></p> <p>MT advised the report reviewed delivery of the system for Quarter 1 (April-June 2022). MT stated it was a challenging operational environment and a COVID-19 spike at the end of June impacted on both capacity and staff sickness levels. He explained partners had reduced long waits and removed 104 waits apart from some very complex cases.</p> <p><b>ACTION (10):</b> The Board requested more Primary Care details in the next Board paper e.g., table of primary care issues and budget challenges. MT to add to future Board papers.</p> <p>SS enquired about the UEC discharge element as this is critical and the Board discussed using best practices to support system work and the opportunity for system scrutiny on pathways for patients and activity within our control and possible expanding virtual hospital capacity.</p> <p><b>ACTION (11):</b> The Board requested alignment with regional performance reports and to add a comparative view in development of this report each month. MT to add to reports.</p>	<p>MT</p> <p>MT</p>

	<p>Stephen Chandler suggested it would be useful to start gathering local authority information for children and adult services and who contribute to this within the ICS. Currently 1,250 people are waiting for an initial assessment for adult social care in Oxfordshire in communities.</p> <p><b>ACTION (12):</b> MT to review and SC offered to assist, so as a Board all factors can be considered. MT to action and engage SC.</p> <p>The Chair thanked MT for an excellent report.</p> <p><b>ACTION (13):</b> Chair suggested that a future meeting should hear an overview of the DHSC Secretary of State's priority approach and what it means to our ICB, in practice. MT to flag and agree future agenda meeting item and presenter/s.</p>	<p>MT</p> <p>MT</p>
8.	<p><b>Finance Report</b></p> <p>Richard Eley advised the report includes the first 3 months of the year CCG positions plus Trusts prior to ICB establishment. He summarised the CCG overspend and the review of plans on the ICB overspend. The £22m ICS system wide savings target will be discussed at a joint meeting of CEOs and CFOs on 29 September 2022 to agree the approach to managing the overall financial position. A Quality Improvement Assessment (QIA) is required for each cost reduction to ensure the right decisions in relation to reducing costs.</p> <p>TN thanked RE and his team for the report and advised the Board that the first System Productivity committee meeting was held on 5 September. It reviewed the position and approach to move forward and address the financial pressures. There are twelve system wide cost improvement actions to collectively work on and the Committee will look at these in more detail over the next 6-8 months.</p> <p>SA asked what actions are in place to address the OUH overspend on agency staff of £1.2m. RE advised OUH have presented a plan to their board with actions and initiatives relating to agency staff which is starting to make an impact although COVID-19 is still creating additional demand within hospitals particularly impacting on staff sickness absence.</p> <p><b>ACTION (14):</b> The Board discussed the need for 6+6 forecasts for provider organisations and have a view at the aggregate level so they could have confidence in the end of year forecasts and the position going into 2023/24. New Chief Financial Officer (CFO) to follow up action.</p>	CFO
<b>Working together / developing the System</b>		
9.	<p><b>ICP and Integrated Care Strategy</b></p> <p>CM highlighted that development of the ICP with local authorities was progressing and a further meeting was planned for the end of October.</p> <p>AL summarised key items regarding the development of an Integrated Care Strategy for the ICS:</p>	

	<ul style="list-style-type: none"> <li>• AL has co-chaired, with Buckinghamshire’s Director of Public Health, the Strategy Steering Group since May. The development of the strategy has been inclusive of all partners including the voluntary sector.</li> <li>• engaged all Health &amp; Wellbeing Boards and Healthwatch’s across the system</li> <li>• six thematic areas identified: start well, live well, age well, improving healthy living, health protection and demand management</li> <li>• Public Health colleagues have been at the centre of the development work</li> </ul> <p>JK added the ICP are required to develop an Integrated Care Strategy, and the guidance indicates that to influence the first 5-year joint forward plans, the integrated care partnership should aim to publish an initial strategy by December 2022.</p> <p>The ICP has agreed its membership including representatives from Mental Health Trust, Acute, primary care, with details to be published in due course with core members to be confirmed.</p> <p>Stephen Chandler congratulated AL and CM on their exemplary approach to developing the ICP and the Integrated Care strategy in a collaborative way.</p>	
10.	<p><b>Approach to Five Year Forward Plan</b></p> <p>AL advised this is a statutory requirement of the ICB and NHS Trusts/Foundation Trusts to develop a Five Year Forward Plan with the first to be published by March 2023. Guidance has not yet been published but there are clear statutory requirements including to address inequalities in healthcare systems and any deficiencies in quality of services. Two new duties for ICB are the needs of children and young people under 25 years and to set out addressing the needs of victims’ abuse.</p> <p>Some baseline work has commenced, and it is key to ensure we have a shared view of our current positions to enable detailed modelling to underpin this work. ICB Directors and providers are being engaged at the start of this journey as a stage 1 high level baseline exercise. The population in the ICB BOB area is healthy generally but masks some poor outcomes in some deprived communities,</p> <p>SJ enquired about the GP role in prevention and GPs voice and RDC confirmed ICB Clinical leads were involved in the steering group and Primary Care is embedded in every workstream. The developing Clinical Advisory Group involves leaders across health and social care and has included GPs.</p> <p><b>ACTION (15):</b> JK advised to elevate primary care voice in our communications. AL will set out Primary Care more clearly in papers and ensure SJ is aware of this too.</p>	AL
11.	<p><b>Place Based Partnerships</b></p> <p>MT advised that the paper outlines the framework for place-based partnerships to develop within the ICB operating model. Place Directors are starting in the next week and the key objective is to get this model correct with partners and move forward with clarity on place based working arrangements.</p> <p>It was noted that this paper has not yet gone through all current place-based arrangements as it is a discussion document for ICB to aid pre-engagement</p>	

	discussions. SMC shared it had helped with healthy discussion within Berkshire West and it was helpful to see ICB framing around this and potential of pooled funding.	
	<b>ICB Development</b>	
12.	<p><b>Board Assurance Committees</b></p> <p>Catherine Mountford reminded Board that the governance structure was agreed at the Establishment meeting on 1 July 2022. This is now being implemented and the paper was to share progress and indicated that there would be a development journey for all committees, and this will be part of their forward plans. Statutory Remuneration Committee and Audit and Risk Committee have now also been set up and met to establish forward agendas and reporting.</p> <p>The Chair thanked committee chairs and lead officers for their work in terms of development and liaison with stakeholders.</p>	
13.	<p><b>Working with People and Communities Strategy – Update</b></p> <p>RB advised the Board that, following the first Board meeting, ICB had engaged with partners to develop the practical ways we plan to implement the engagement strategy. These will include three core methods to gather public views: open engagement platform for public/patient input, a citizens panel to build a longer-term forum and from which we can recruit focus groups and draw on partners’ input such as Healthwatch and Local Authorities.</p> <p>The current website is a temporary fix. It had not been practical to combine the three CCG’s websites and simply transfer their content onto a single site for the ICB. We want to create a site that is primarily public facing, and as the current host will stop providing its service in September 2023, there is the opportunity to build a better site for the ICB.</p> <p>SA raised the innovative methods that were introduced during the Covid pandemic for engagement and reaching residents, e.g., vaccination buses, access in supermarkets, mosques etc., and to continue these options in the future to reach out to education (universities) and local businesses and commercial anchor institutions. RB commented that we needed to differentiate between innovative ways of delivering services and our wider approach to engaging the public. The Board recognised the requirement to demonstrate engagement of people and feedback to them</p> <p><b>ACTION (16).</b> A resource is to be allocated to this work and to monitor progress.</p>	RB
14.	<p><b>Approach to development of Board Assurance Framework (BAF) and Risk Management</b></p> <p>CM summarised that the first version of the BAF/corporate risk register would be submitted to Audit Committee in October and to Board in November. The Board highlighted that sustainability and wider economic impacts on ICB, and our residents should be considered. The importance of working with risk experts locally and defining the way risk registers are viewed, seeking alignment in format</p>	

	<p>and approach and consistency was stressed. There will be a Risk workshop at the Board in February 2023 including emerging risks and risk appetite.</p> <p>The Board approved the developing work to continue.</p>	
<b>Any Other Business</b>		
15.	<p>Any Other Business</p> <p>No items were raised to the Board.</p> <p>The Chair thanked the authors of papers provided and further encouraged them in the pursuit of brevity, helping the Board focus in on what really matters.</p>	
16.	<p><b>Date of next meeting:</b></p> <p>The next meeting in public is 15 November 2022, 10.00 to 13.00</p>	

## Summary of Actions - Open

Ref .	Board date	Agenda Item	Action	Responsible	Target Date	Completion Date	Status
02	01/07/22	4 - Confirmation of Board level named roles – Freedom to Speak Up role	AR suggested it would be useful to explore how this role would work within ICB as a group and articulate to system partners how it would work in practice.	CM	30/09/22 Update Nov 22 Board		WIP
03	01/07/22	4 - Confirmation of Board level named roles – Freedom To Speak Up role	SS is taking up the FTSU Guardian role for the Board, the role would develop as SS works with other guardians and the Chief People Officer (SW) on best practices, etc.	SS / SW	09/09/22 Update Nov 22 Board	The policy is drafted and requires input from Union representatives and staff groups so will revert to Board post this. Update early December for Board. representatives to SW to circulate the draft version in the comments.	WIP
10	27/09/22	7 - Operational Planning Performance review, Quarter 1	The Board requested more Primary Care details in the next Board paper e.g., table of primary care issues and budget challenges. MT to add to future Board papers.	MT	14/11/22		
11	27/09/22	7 - Operational Planning	The Board requested alignment with regional	MT	Jan. 2023		



		Performance review, Quarter 1	performance reports and to add a comparative view in development of this report each month. MT to add to reports.				
12	27/09/22	7 - Operational Planning Performance review, Quarter 1	MT to review and SC offered to assist re adding Local Authority data, so as a Board all factors can be considered. MT to action and engage SC.	MT	Jan. 2023		
13	27/09/22	7 - Operational Planning Performance review, Quarter 1	Future meeting to include an overview of the DHSC Secretary of State's priority approach and what it means to our ICB, in practice. MT to flag and agree future agenda meeting item and presenter/s.	MT	To be advised.		
14	27/09/22	8 - Finance Report	The Board discussed the need for 6+6 forecasts for provider organisations and have a view at the aggregate level so they could have confidence in the end of year forecasts and the position going into 2023/24. New Chief Financial Officer (CFO) to follow up action (Jim Hayburn)	JH	To be advised.		
15	27/09/22	10 - Approach to Five Year Forward Plan	JKh advised to elevate primary care voice in our communications. AL will set out Primary Care more clearly in papers and ensure SJ is aware of this too.	AL	Jan. 2023	AL / RBo met with SJ to update on the strategy and provide assurance re GP involvement RBo has briefed Primary Care Leadership team and BOB Clinical Advisory Group re discussions and additional session planned. Targeted opportunities to be available for Primary Care colleagues during the engagement period.	WIP
16	27/09/22	13 - Working with People and Communities Strategy – Update	A resource is to be allocated to this work and to monitor progress.	RB	Update at Nov. Board meeting	RB to update November Board meeting.	

## Summary of Actions – Closed

Ref .	Board date	Agenda Item	Action	Responsible	Target Date	Completion Date	Status
01	01/07/22	2 - Declaration of Interests	All to send updates to Catherine Mountford for Register of Interests	ALL to CM	Ongoing	Updates ongoing as living document.	Closed
04	01/07/22	5 - Development of Working with People and Communities Strategy	Update to Board meeting in September on the draft strategy, alongside a set of practical measures.	RB	26/09/22	On agenda for Board on 27 September.	Closed
05	01/07/22	5 - Development of Working with People and Communities Strategy	NB shared Foundation Trusts have extensive relationships with thousands of young people, which could be helpful to RB's work.	RB / NB	09/09/22 Update Nov 22 Board	RB / NB met to discuss, RB to share update with Board.	Closed
06	01/07/22	7 - 2022/23 Operational and Financial Plans	SS flagged the pressure on staff is great and we need to support staff above and beyond staff pay. MT to discuss further with SS and the Chief People Officer (SW) and report back to the Board.	MT / SS / SW	26/09/22	CPO and SS updated on progress at the Board Meeting in September. The first ICB People Committee takes place 11/12/22.	Closed
07	01/07/22	7 - 2022/23 Operational and Financial Plans	RE to add costs of inflation to Risk Register	RE	09/09/22	RE advised added to risk register.	Closed
08	01/07/22	8 - System Delivery Plan	SC noted that there are opportunities to build the landscape beyond NHS Trusts, to work local authority colleagues to create a collaborative landscape with key stakeholders and optimise what is available. This would be a good challenge for the board to discuss.	CM to add to P&SD Committee Agenda	09/09/22	On agenda for meeting on 11/10/22	Closed

09	27/09/22	Public attendees	Record the number of public who attend the Board meetings.  Communications team to advise CM to add to minutes for each Board meeting.	CM	Ongoing	Sept 22: five members of the public in the meeting room and fifty-four in the broadcast.	Closed
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Key – Green action completed.