

BOB ICB Board Meeting in Public

Responses to the public questions submitted to the 21 March 2023 Board meeting:

| Ref | Questions / Comments |
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| No. 1 | <p>Now there is no longer going to be a first class health hub for Bicester built on Graven Hill, what are the plans for Bicester to extend the GP facilities to accommodate the growing population?</p> <p>Submitted by Carole Hetherington, Chairman, Langford Village Community Association</p> |
| Response | <p>We are disappointed that the project to build a new general practice facility at Graven Hill became no longer affordable. We continue to explore options with the developer to see what solutions may be possible for the Graven Hill site. Alongside this we are working with the three practices – Alchester Medical Group, Montgomery House Surgery and Bicester Health Centre – to explore plans to expand existing premises. This should meet the needs of the growing population of Bicester which we are monitoring through Bicester GP practices registered lists.</p> |
| No. 2 | <p>Please explain how the ICS can commit to ‘delivering the £44m stretch target’, which is a considerable overspend.</p> <p>Submitted by Liz Peretz, Chair, Oxfordshire Keep Our NHS Public</p> |
| Response | <p>Cost pressures have meant that for providers to deliver services at the current levels we have a £44m overspend/deficit across the ICS. Within this the ICB will deliver break even, and as of 1 March all NHS Trusts/Foundation Trusts have confirmed they will deliver their plans.</p> |
| No. 3 | <p>Please explain how the ICS can claim that it will collectively ‘manage the risks of delivery,’ without impacting patient services.</p> <p>Submitted by Liz Peretz, Chair, Oxfordshire Keep Our NHS Public</p> |
| Response | <p>The NHS organisations across the ICS have worked together to manage the overall financial position against agreed financial plans. As stated above as of 1 March all organisations have confirmed they will deliver their financial plans.</p> |
| No. 4 | <p>How will the ICB achieve breaking even against its allocation without cuts to services, restricting access to services, and the loss of treatments?</p> <p>Submitted by Liz Peretz, Chair, Oxfordshire Keep Our NHS Public</p> |
| Response | <p>The ICB Commissioning budgets plan to break even in 2022/23 and there have been no cuts in services, no restriction of access or loss of treatments to get to this position.</p> |
| No. 5 | <p>The capital underspends YTD of £42.2m driven by RBFT (£21.2m) and OUH (£14.5m) is a significant amount of underspending across the BOB. a) How confident is the ICB that plans for capital spending across the BOB will be implemented? b) On what are you basing your response? c) What penalties are there for a) failing to achieve financial balance within the system and b) what effect would non-compliance have on patient services?</p> <p>Submitted by Liz Peretz, Chair, Oxfordshire Keep Our NHS Public</p> |
| Response | <p>Through the System Productivity Committee there has been review of the capital programme with detailed discussion with providers about their individual schemes. Through this review we have a degree of confidence that the capital allocation will be fully utilised.</p> |

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| No. 6 | <p>Can you please update me in regards to the Banbury Horton vision, 4 year re development plan, that was in place prior to the Covid lock down, and any progress re the grant application to government for 360 million pounds kick start finance for the vision.</p> <p>Submitted by Keith Strangwood, Chairman, Keep the Horton General Group (KTHG)</p> |
| Response | <p>The funding bid is still awaiting decision from DHSC, along with all the other bidders. No other plans being developed until this outcome is known.</p> |
| No. 7 | <p>Which members of the ICB Board are elected, particularly in the different counties, so members of the public can make requests, ask questions or receive accountability?</p> <p>Submitted by Roseanne Edwards, Banbury Guardian</p> |
| Response | <p>The ICB Board is a unitary Board, and no members are elected. The ICB's Constitution includes the detail on Board membership and appointment processes.</p> |
| No. 8 | <p>Your online file employee structures shows the board as having in its costing and management structures about 300 people costing about £15m per annum. Please can you tell me how many of these have public facing front line roles?</p> <p>Submitted by Chris Wardley, member of public from Adderbury</p> |
| Response | <p>The ICB is not a direct service provider and has a set of over 160 statutory duties (linked to oversight and the planning and commissioning of care for the population) that we are required to deliver. Our staffing structure is designed to support this. We have a mixture of clinical and non-clinical staff and work with provider staff, partners and public in support of provision of high-quality services.</p> |
| No. 9 | <p>In the light of the evidence given by MP Andrew Brigen in the Commons on Friday (linked) about the huge disparity between the number of Covid vaccinations and boosters that have to be given to prevent a single death, and the disproportionate threat of death or serious harm from receiving the MRNA vaccine/booster, will the ICB now halt the vaccination programme, especially for the younger age groups, from six-months-old to those up to their mid 30s, for whom the shocking disparity is equal to hundreds of thousands of vaccinations (with multiple deaths or harms) to prevent a single death from Covid.</p> <p>Roseanne Edwards, Senior Multimedia Reporter, Banbury Guardian</p> |
| Response | <p>We ensure all our services are provided in line with current NHS England and Joint Committee on Vaccinations and Immunisation guidance. We do not currently offer COVID-19 vaccinations for those under 5 years old. All vaccination providers are responsible for ensuring a risk-benefit conversation is undertaken as part of the consenting process. We are committed to ensuring that vaccination is delivered to a high standard and accessible for those in eligible cohorts who wish to access this.</p> |
| No. 10 | <p>What were the findings from the Buckinghamshire Place Based Partnership survey (sent out to stakeholders in December 2022) and how did they inform the formation of the Buckinghamshire Executive Partnership?</p> <p>Submitted by Zoe McIntosh (Chief Executive, Healthwatch Bucks) and Katie Higginson (Chief Executive, Community Impact Bucks)</p> |
| Response | <p>The main findings are:</p> <ul style="list-style-type: none"> • Many of the respondents saw the potential for the partnership to support greater collaboration and integration in Buckinghamshire. • Linked to this was the potential for streamlining and removing duplication across the system. We did not want to duplicate the Health and Wellbeing Board (HWB), so we kept the membership tight and this is an 'Executive Partnership' rather than a recreation of the full partnership model of the HWB. • There was also support for the potential for the partnership to deliver on specific local priorities that are focussed on the needs of the This has informed the choice of a small number of local priorities – SEND, inequalities and intermediate care). • There was support for tackling inequalities and focussing on prevention as well as in making best use of non-statutory partners that may have a greater freedom in how they can operate (and at pace). |

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| <p>No. 11</p> | <p>How does the Buckinghamshire Executive Partnership plan to work towards 'Place Based maturity' involving key partners such as Healthwatch Bucks and the Bucks VCSE sector?</p> <p>Submitted by Zoe McIntosh (Chief Executive, Healthwatch Bucks) and Katie Higginson (Chief Executive, Community Impact Bucks)</p> |
| <p>Response</p> | <p>The members of the developing Buckinghamshire Executive Partnership (BEP) are clear that patient voice needs to be embedded in all our delivery fora. The model will be to engage HW and VCSE through existing fora, rather than trying to have everyone sitting on the BEP, and to challenge all our programmes to include patient voices – e.g., for our SEND work we have a parent representative sitting on our boards in Buckinghamshire.</p> |
| <p>No. 12</p> | <p>I hope the Integrated Care Board is keen to dismantle barriers to public engagement. One of the barriers separating insiders and outsiders is the use of initials to identify individuals in the board minutes and action logs. The savings from this practice are minimal, particularly as experienced operators type and read in words, not individual letters. The damage done by the practice is considerable, limiting public familiarity with the composition of the board and the participation of the individual members. Will the Board adopt the practice of using full names in minutes and action logs?</p> <p>Thanks</p> <p>Submitted by Tom Lake, South Reading Patient Voice</p> |
| <p>Response</p> | <p>As part of our ongoing commitment to engagement and taking on constructive public feedback, BOB ICB will adopt the practise of using full names in our published minutes and action logs going forwards.</p> |
| <p>No. 13</p> | <p>The consideration of effective system working and place working in Appendix Two of the board paper on place development has some elements which raise considerable concern.</p> <p>Perhaps for the sake of brevity it appears to conflate, as aspects to be considered by ICS partners the planning, contracting and delivery of services – which are quite different matters – for example it might well be appropriate for the ICB to have a veto on certain contracts but not necessarily on the planning and delivery.</p> <p>The notion that some control of variation leads to a need for central control is fallacious and damaging – this could be done by federation or by a subsidiary service offered by the centre.</p> <p>It is particularly concerning that Primary Medical Services are seen as needing be mostly the responsibility of the ICB. This could lead to loss of public and patient engagement and the provision of an unsuitable service with loss of effectiveness, with consequences downstream.</p> <p>Will the Integrated Care Board consult widely and effectively on this matter, giving a significant role to the Integrated Care Partnership and representation from the Places?</p> <p>Submitted by Tom Lake, South Reading Patient Voice</p> |
| <p>Response</p> | <p>The ICB is committed to supporting strong place-based partnerships and will use a variety of tools to support effective local delivery. This may include contracts with place-based provider collaboratives and delegation of decision making through ICB representatives at place or formal committee established as part of place-based partnerships. The ICB will continue to hold Primary Medical services contract but will work closely with place-based partnerships through the ICB place directors to ensure local delivery and engagement with the public and patients.</p> <p>The development of place-based models will be a key part of the development of the ICB and ICS and will be regularly reported on through the ICB board and statutory bodies across the ICS.</p> |