

## Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public  
Tuesday 16 January 2023, 10.00am – 1pm  
Paralympic Room, Buckinghamshire Council, Gateway Offices, Gatehouse Road, Aylesbury, HP19 8FF

Name	Role	Attendance
<b>Members</b>		
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	Present
Tim Nolan	Non-Executive Director	Present
Dr 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
Minoos Irani	Member for Mental Health	Apologies
<b>Attendees</b>		
Sarah Adair	Director of Communications & Engagement (Acting)	Present
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Catherine Mountford	Director of Governance	Present
Victoria Otley-Groom	Chief Digital & Information Officer	Present
Matthew Tait	Chief Delivery Officer	Present
Philippa Baker	Place Director – Buckinghamshire	Present for Item 9

4 members of the public attended in person, with 56 online attendees.

<b>Board Business</b>	
1.	<p><b>Welcome and Introductions</b></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 BOB's geography, with the Chair noting thanks to Buckinghamshire Council for hosting this board in Aylesbury.</p> <p>The following additional updates were noted:</p> <ul style="list-style-type: none"> <li>• A new addition to the agenda was noted, the Chair's report, which aimed to provide more information about system-wide matters and engagement.</li> <li>• Attendees were reminded to unmute their mics and introduce themselves before each contribution, to enable those at home on the livestream to better follow the conversation.</li> </ul>
2.	<p><b>Apologies for Absence</b></p> <p>The Chair noted apologies from:</p> <ul style="list-style-type: none"> <li>• Minoos Irani, Member for Mental Health – Minoos was due to be deputised by Grant Macdonald (Chief Executive Officer, Oxford Health NHS FT), who has sent his apologies.</li> </ul>
3.	<p><b>Minutes from Last Meeting on 21 November 2023 and Matters Arising</b></p> <p>The minutes are presented in a streamlined format, with the full board papers and the meeting recordings available online for those who would like additional detail.</p> <p>The Chair noted there were three actions from September's Board, which are now marked closed in the accompanying actions log.</p> <p><b>The Board approved the minutes of the meeting held on 21 November 2023 as accurate.</b></p>
4.	<p><b>Declarations of Interest</b></p> <p>Current register included. 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.</p> <p>The nature of our Board means there are inherent interests because of the organisations members lead/are part of. In particular: Item 07 Chief Executive and Directors Report; Item 09 Buckinghamshire</p>

	<p>– Place Update; Item 11 2024/25 planning approach; Item 13 Performance &amp; Quality Report (M5 – August); Item 14 Finance Report Month (M8 – November, FY 2023/24).</p> <p>The reports are for assurance or discussion, not decision. The level of conflict is manageable and as the perspective of all members is important, everyone may participate in discussions.</p>	
5.	<p><b>Questions from the public</b></p> <ul style="list-style-type: none"> <li>• This is a meeting in public not a public meeting. Where possible, presenters will answer questions during the relevant agenda items.</li> <li>• Four questions from the public were received before the deadline. One question relates to Item 8, two relate to Item 13 and one to Item 16.</li> <li>• Written answers to all questions will be published within 20 working days of the Board.</li> </ul>	
6.	<p><b>Resident story – Onward Care</b></p> <p>Rachael Corser (Chief Nursing Officer) presented a resident story related to Onward Care. The video is linked <a href="#">here</a>. Onward Care is a non-clinical, non-social care support offer that reduces unplanned hospital readmissions by using technology and remote monitoring. A video was shown featuring Jack, a resident in Buckinghamshire, who shared his experience of Onward Care and how it helped him to regain confidence and independence at home after being discharged from hospital.</p> <p>The Onward Care programme works with local hospital data, over 400 charities, and remote monitoring devices to identify and support patients at high risk of readmission, addressing their social isolation, nutrition, hydration, and behaviour changes. The programme was set up as a proof of concept and completed in December 2022, and is continuing to expand and evaluate its impact on clinical and financial outcomes.</p> <p>The board members praised the programme and its benefits for the residents, the system, and the integrated care system, and asked questions about the cost, safeguarding, the counterfactual, and the scalability of the programme.</p> <p><b>The board noted the update and potential impact of how Place-based partnerships and expansion of data collection can positively affect the onward care of our population.</b></p>	
<b>Board Reports</b>		
7.	<p><b>Chair’s Report</b></p> <p>The Chair presented a new item on the agenda, the Chair’s report, which will focus on the role of the Chair in fostering systems’ engagement and workstreams, including an update on the Integrated Care partnership (ICP) – a joint committee of NHS and local authorities. The following are some highlights from what was presented and discussed:</p> <ul style="list-style-type: none"> <li>• Councillor Jason Brock (Leader, Reading Council) was re-elected to continue as Chair for the ICP – with Councillor Angela Macpherson (Deputy Leader, Buckinghamshire Council) also re-elected as Deputy Chair for a further year. The next ICP meeting is Wednesday 17 January, and the workshop session will consider how other ICPs around the country have been developing.</li> <li>• BOB ICB’s Chair and the CEO will present at each provider Trust’s board meeting over the next two months, to foster an understanding about the work of the ICB, as the statutory body responsible for commissioning healthcare services in the system.</li> <li>• There is a BOB Governance Summit being planned by the ICB, for March – bringing together all NEDs from the ICB and providers, as well as CEOs, Chairs, and Governance Leads. The session will examine governance as a whole system and how this fits with the governance of sovereign organisations.</li> <li>• The Chair, CEO and other representatives from BOB ICB will attend the BOB Joint Health Overview and Scrutiny Committee meeting in Aylesbury on 24 January.</li> <li>• The Chair emphasised the importance of working with the broader South-East region.</li> <li>• BOB ICB strives to get better at talking to the public and the people who use the services, and better holding themselves accountable to them.</li> <li>• The board members asked questions about the Chair’s engagement with primary care, the common themes emerging from meetings, and engagements with local authority executives: <ul style="list-style-type: none"> <li>○ The Chair engaged with GP leadership groups and discussed the role and value of the ICB. The Chair and the CEO offered to attend the place-based GP boards and engage with the primary care leaders. They also invited them to the system leadership forum, which would focus on transformation, innovation, research and development for system-wide issues and challenges.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Common themes emerging included a lack of clarity and understanding about the ICB and how decisions were made.</li> <li>○ Following on from the engagements with provider Trust Boards, the Chair planned to organise a similar engagement programme with local authorities and their political executives – with a view to better align the health and social care agendas across the system and within the ICB’s remit.</li> </ul>	
8.	<p><b>Chief Executive and Directors’ Report</b></p> <p>Nick Broughton (Interim CEO) presented Item 8, the Chief Executive and Directors’ report, which gives an overview of performance, 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"> <li>● The draft primary care strategy was launched for consultation on 10 January, with a variety of engagement events planned to involve stakeholders, residents, and health inclusion groups. The strategy aims to transform primary care services and improve outcomes for the population. Discussions focused on how the strategy interacted with the NHS England’s focus on general practice, and how it included other aspects of primary care such as community pharmacy, dentistry, and optometry.</li> <li>● The ICBs change programme was progressing, with a draft operating model expected to be ready by the end of February. The programme also included a focus on equality, diversity and inclusion. The launch of a new LGBTQ+ staff network was noted.</li> <li>● Industrial action by junior doctors had a significant impact on the system, with thousands of appointments and procedures cancelled, and patient safety mitigation requests declined. System partners worked together to address the challenges and support the services. The financial and operational implications of the industrial action were noted. The Chair thanked the system partners for their support during the industrial action.</li> <li>● The Federated data platform was an opportunity to accelerate the connection and transformation of services using operational information. The platform was sponsored and funded by NHS England, and the system partners were scoping out gaps in our current systems to identify where use of the new platform would add most value. Board members discussed the impact of the platform on the residents, the interconnection with other digital platforms, and the role of digital as an enabler of service transformation. Discussing IT investment costs, it was emphasised there is a need to demonstrate real-world benefits, not just theoretical ones.</li> <li>● The joint targeted area inspection of the multi-agency safeguarding hubs in Buckinghamshire was about to commence, with the CQC and Ofsted involved. The system partners were prepared for the inspection and were well sighted on the areas of strength and improvement. Members discussed how feedback would be addressed and actions from the inspection taken forward.</li> <li>● The board noted the revised financial and operational plans that were submitted by the CEO and the CFO, in line with the delegated authority granted by the board at the last Board meeting. The plans assumed there would not be any further industrial action, which was not the case, and therefore the end of year financial position would be affected.</li> </ul> <p>Sarah Adair (Acting Director of Communication and Engagement) addressed the question from a member of the public about engaging with Patient Participation Groups (PPGs) on the Primary Care Strategy. She confirmed that PPGs had been included in the work to date and are key stakeholders. Healthwatch Oxfordshire have hosted an engagement session for PPGs locally. Another five sessions are being planned (another in Oxfordshire, one in Buckinghamshire and three in Berkshire West).</p> <p><b>The board noted this update and the revised financial and operational plans that were submitted by the CEO, CFO and Chair in line with the delegated authority granted.</b></p>	
9.	<p><b>Buckinghamshire – Place Update</b></p> <p>Philippa Baker (Buckinghamshire Place Director) presented Item 8, the Buckinghamshire Place update, covering the 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"> <li>● Buckinghamshire has a growing and ageing population, growing housing developments, financial pressures at a local level, healthcare estates issues, as well as pockets of deprivation in some urban and rural areas. Issues related to primary care estates were raised as a barrier to moving more care closer to people’s homes.</li> <li>● Buckinghamshire also has an integrated acute and community trust, a unitary local authority, a primary care federation, a levelling up programme, and an academic partner, which create</li> </ul>	

	<p>opportunities for collaboration and innovation. The Bucks Health and Social Care Academy was praised as a model for integrated workforce development.</p> <ul style="list-style-type: none"> <li>• Deprivation data was used to identify the 10 Opportunity Bucks wards for focus, which are the wards with the highest levels of deprivation across the county, and which have poorer health outcomes, experiences, and access to services.</li> <li>• Buckinghamshire Executive Partnership, which consists of representatives from the local authority, health partners, primary care, and mental health, set three priorities for 2022/23: Transforming the provision of special educational needs and disabilities (SEND); Joining up care; And tackling health inequalities. The importance of power and working together to achieve change in these areas was commented on.</li> <li>• Two case studies were shared to demonstrate the impact of partnership working: one on reducing the waiting times and improving the support for children and young people with SEND, and another on reducing the number of 'discharge to assess' beds and improving the care home hubs with multidisciplinary teams. The recruitment of multidisciplinary teams, the involvement of the voluntary sector, and the impact on the finances were discussed as important factors to keep sighted on.</li> <li>• Future plans included focusing on prevention, proactive care, out of hospital settings, and a focus on governance arrangements.</li> </ul> <p><b>The Board noted the update and the partnerships impact and role.</b></p>	
10.	<p><b>NHS IMPACT – Building Continuous Improvement</b></p> <p>Rachael Corser (Chief Nursing Officer) presented Item 10, NHS IMPACT – Building Continuous Improvement. This is a strategic plan for the NHS BOB ICB to improve patient care and establish a culture of improvement within the organisation. The following key points were presented and discussed:</p> <ul style="list-style-type: none"> <li>• A development session is planned for May to stimulate further debate and discussion.</li> <li>• The ICB intends to work alongside partners across the NHS and the voluntary care sector to undertake two roles: <ul style="list-style-type: none"> <li>○ Determine the approach the ICB will take with its own staff in terms of improving and the culture it wants to set and the leadership behaviours it wants to establish.</li> <li>○ Agree on key things that only the system can collaborate on if it comes together, and then use the components of the framework to build on a culture of improvement.</li> </ul> </li> <li>• Work that partners and providers have already done around improving cultures for improvement within their organisations was acknowledged.</li> </ul> <p><b>The Board noted the update.</b></p>	
11.	<p><b>2024/25 Planning Approach</b></p> <p>Matthew Tait (Chief Delivery Officer), Hannah Iqbal (Chief Strategy and Partnerships Officer), and Matthew Metcalfe (Chief Finance Officer) presented Item 11, the 2024/25 Planning Approach. The discussion focused on the planning process for the upcoming year in the absence of published guidance, the financial challenges faced by the system, and the focus on six system goals. The following key points were presented and discussed:</p> <ul style="list-style-type: none"> <li>• The process has started early, in the absence of published guidance from NHS England. The planning position has been based on an understanding of the situation – for example, an anticipation the guidance will support the continuation of the post-pandemic recovery journey, with a focus on improving performance, elective recovery, and reducing waiting times. Reviews have started with all service functions within the ICB, to understand the emerging priorities for next year, within the context of the financial environment surrounding.</li> <li>• Bilateral discussions have also started with Trusts, to understand where they are in their planning process. The team expects to submit an update at the end of February and a more formal draft during March.</li> <li>• The system is not financially sustainable as it currently stands, and changes will need to be made in how care is delivered. This includes the need for structural changes and shifting more resources into the community sector. The ICB is focusing on six system goals, which we believe will contribute to sustainability, increase service resilience, and deliver measurable outcomes for the population.</li> <li>• Limited resources mean difficult decisions are needed, including the prioritisation of certain areas over others. There will be the need for clear communication with the public about these strategic priorities and the role they play in achieving our system goals.</li> </ul>	

	<p><b>The Board reviewed and provided guidance on the proposed approach with a partners and the system goals.</b></p>	
12.	<p><b>Communications and Engagement Update</b></p> <p>Sarah Adair (Acting Director of Communications and Engagement) presented Item 12, the Communications and Engagement Update. The paper was taken as read and included detail around the wide variety of work undertaken by the ICB team and the key relationships they have developed. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The ICBs Comms team works closely with Healthwatch, for independent scrutiny and constructive challenge – the Healthwatches are supporting BOB in delivering key engagement work. The team also has a strong relationship with the BOB VCSE Health Alliance leveraging their insight and feedback to inform our work. The team also works closely with local authorities, but there is potential for further development of these relationships.</li> <li>• Working in collaboration, research and engagement activities across BOB are being mapped out, with the goal of identifying gaps and developing a plan to encourage participation in engagement and research of communities that are not already engaged or are underrepresented.</li> <li>• Last week, a new BOB-wide newsletter was launched, which was a deliverable from the communications and engagement strategy agreed at Board last year. The newsletter is written in collaboration with NHS trusts and local authority partners, covering news relevant to health and care</li> </ul> <p><b>The Board discussed and noted the update.</b></p>	
<b>COMFORT BREAK</b>		
13.	<p><b>Performance &amp; Quality Report</b></p> <p>Matthew Tait (Chief Delivery Officer), Rachael Corser (Chief Nursing Officer) and Rachael de Caux (Chief Medical Officer) presented Item 13, the Performance &amp; Quality Report. The discussion revolved around operational performance, quality, challenges faced by the system, and the strategies in place to address these challenges. Highlights from what was presented and discussed include:</p> <ul style="list-style-type: none"> <li>• The system continues to struggle against some of its key target deliveries. In the urgent emergency care space, we remain well below our trajectories. Good recovery plans are in place and all trusts are committed to reaching the year-end target of 76% patients being seen within 4 hours by the end of March.</li> <li>• Elective care recovery has been impacted by the industrial action and the system is still working to recover the cancer 62-day targets.</li> <li>• The Oxford University Hospital Trust (OUH) has moved into what’s known as Tier 2 for cancer and elective care, which means that performance oversight has stepped up to a regional level.</li> <li>• In relation to autism and ADHD, the number of children and young people waiting is high. There are a number of programmes underway to address this issue, including the use of digital platforms and a successful pilot in schools to help with supporting children with neurodiversity.</li> <li>• Providers are currently in the process of finalising their submission against the maternity incentive scheme ahead of the end of January deadline.</li> <li>• The transformation of the all-age continuing healthcare (CHC) programme is being actively supported, which faces financial and operational challenges.</li> <li>• OUH has been the first in rolling out the new patient safety incident response framework. This will start to play out in a different way of reporting incidents, both in terms of actual harm and near misses.</li> <li>• With respect to general practice, the percentage of appointments within 14 days is at 79.2%, which still remains above both national and Southeast regional average. In October, they delivered a million appointments, the highest number ever delivered, despite activity being up 10.3%.</li> <li>• Optometry direct referrals into secondary care have been facilitated, which is much better for patients and residents. The system went live at the end of last year, with over 8,200 referrals by 20 December 2023.</li> <li>• In response to a question from a member of the public Rachael de Caux (Chief Medical Officer) highlighted the ICB welcomes the introduction of Pharmacy First and the rollout of the national scheme from 1 February. This allows community pharmacies to see and treat patients with one of seven clinical conditions that meet nationally defined criteria – this provides alternative access for patients and relieves some pressure on general practice.</li> </ul>	

	<b>The Board discussed and noted the update.</b>	
14.	<p><b>Finance Report Month (M8 – November, FY 2023/24)</b></p> <p>Matthew Metcalfe (Chief Finance Officer) presented the M8 Finance Report. Points discussed include:</p> <ul style="list-style-type: none"> <li>• The ICB had made a loss of £14 million to then end of November. Overall, the system had a deficit of £44.8 million, which is £8 million over the planned deficit at that point in time.</li> <li>• A submission was made to NHS England on an informal basis of a forecast to year-end across the system of a deficit of £44.3 million. This was a slight improvement on the previous forecast, and of that £26.3 million was for the ICB.</li> <li>• The ICB specific areas that are driving the pressures are CHC, prescribing and acute care.</li> <li>• The capital spend is underspent in the period to end of November by £33 million. There is active work going on within the system to reallocate capital expenditure limits.</li> <li>• The ICB needs to make a formal submission of the revised financial plan in February. delegated approval was sought for the CEO, Chief Finance Officer (CFO) and Chair to sign off the final submission on behalf of the board.</li> <li>• A deficit plan means the ICB will not achieve the statutory financial targets. This would result in a Section 30 report which goes to the Secretary of State and would affect the value for money audit opinion.</li> <li>• There is clear governance within the ICB through the System Productivity Committee, where deep dives are done into areas of greatest pressure, such as prescribing and CHC.</li> </ul> <p><b>The Board noted the update and discussed the assurance needed, for the ICB’s ability to meet its revised forecast, considering year-to-date performance, prospective risks and plans to address overspends; And the system’s ability to meet its revised forecast considering year-to-date performance, and prospective risks.</b></p> <p><b><u>DECISION</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Board granted delegated authority to the CEO, CFO and Chair to sign off the revised financial plan for submission to NHS England.</b></li> </ul>	
<b>ICB Development/ Oversight</b>		
15.	<p><b>Risk – Board Assurance Framework/ Corporate Risk Register Review</b></p> <p>Catherine Mountford (Director of Governance) presented Item 15, Risk – Board Assurance Framework/ Corporate Risk Register Review. The key points presented and discussed were:</p> <ul style="list-style-type: none"> <li>• Risk: The system and processes are running well, with strong Directorate ownership of their risks.</li> <li>• A chart was introduced in the paper showing the change in the Risk score over time, which was discussed at audit and risk committee about how it should be used to support the organisation.</li> <li>• The key takeaway is to shift from passively observing a "red flag" risk to actively understanding its implications, exploring potential actions, and embedding risk management into daily practices. The upcoming risk workshop in March will further delve into this focus.</li> </ul> <p><b>The Board noted the report, the Board Assurance Framework, the Corporate Risk Register and related, red-rated risks.</b></p>	
16.	<p><b>Governance and Partnership review</b></p> <p>Catherine Mountford (Director of Governance) introduced Item 16, the Governance and Partnership review. The Chair led the Board through the findings and proposed actions. The discussion focused on the internal governance of the ICB and how it can adapt to changes while ensuring effective functioning. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• The board have had ongoing discussions and workshops focusing on how the ICB works and the skills and experience required for its effective functioning. The board needs to continually adapt its operating model in response to changes.</li> <li>• Discussions have started to consider the need for decision making across the broader six ICBs in the Southeast region.</li> <li>• Discussions focused on the representation of local authorities and primary care sectors on the board and whether there had been consultation with partners about the membership proposals. The Director of Governance and Chair confirmed that we were a unitary board not a board of</li> </ul>	



	<p>representatives and it was for the organisation to ensure it had a balanced membership and the rights skills and experience.</p> <ul style="list-style-type: none"> <li>• There was a wide-ranging discussion on the potential changes to eligible carriers for NEDs highlighted in the paper. Members concurred that it was important for ICB Board members to be visible but did not agree that this would be delivered through changing eligibility criteria. It was agreed that the Chair would consider this further.</li> </ul> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the recommendations of the Chair that:</b> <ul style="list-style-type: none"> <li>○ <b>The Board membership to remain as currently stated in the ICB constitution with 14 Board members but that this would be kept under review.</b></li> <li>○ <b>All executive directors who report directly to the CEO should be confirmed as participants.</b></li> </ul> </li> <li>• <b>Agreed to the removal of Place partnerships being described as ICB subcommittees and confirmed that with this change our committee structure would remain as is.</b></li> <li>• <b>The board noted the discussions among the six ICBs in the Southeast region.</b></li> <li>• <b>The board agreed to the action plan and timeline.</b></li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• <b>The Director of Governance will lead implementation of the action plan and report back to the Board in accordance with the timeline.</b></li> <li>• <b>The Chair to consider approach to increasing board member/ICB visibility in the system.</b></li> </ul>	<p><b>CM</b></p> <p><b>SS</b></p>
17.	<p><b>Board Assurance Committee Updates</b></p> <p>The Chair introduced Item 17, the Board Assurance Committee Updates. The following was presented and discussed:</p> <ul style="list-style-type: none"> <li>• <b>Audit and Risk:</b> The committee is assured that internal audit topics are focused on areas for improvement rather than on delivering well-scoring results. It was acknowledged that as the system matures, they will increasingly find areas to improve in. They also noted it's going to be a busy time moving into budget forecasts and audit programmes, in the broader financial context.</li> <li>• <b>Place and System Development:</b> There is a recognised challenge in better engaging local authority partners. There was also a discussion on the notion of 'Place' and how difficult it is to define, given the complexity in some areas.</li> <li>• <b>Population Health &amp; Patient Experience:</b> Performance is a key focus. There was a discussion on ADHD diagnoses and the fact that there are 11,000 children and young people on waiting lists, waiting up to two years on average.</li> <li>• <b>System Productivity:</b> The committee gave assurance on the Digital programme being well managed. They also had deep dives into CHC and prescribing, both of which remain large challenges but are being well worked through by their respective teams.</li> <li>• <b>People:</b> A new structure has been implemented, with an ICB-focused people committee looking at the change management programme, EDI, Freedom to Speak Up, and all the relevant occupational and well-being work around the ICBs own set of people. Then there is a separate system-focused System workforce programme board, with providers and partners' workforce leads joining.</li> </ul> <p><b>The Board noted their assurance from committees on delivery of delegated functions.</b></p>	
<b>Reports for Information / Assurance</b>		
18.	<p><b>Forward Plan</b></p> <p>Catherine Mountford (Director of Governance) presented Item 17, the Board Forward Plan for the rest of the financial year. Key points discussed include:</p> <ul style="list-style-type: none"> <li>• Due to the longer engagement over the primary care strategy, the Primary Care Access and Recovery Plan will be brought to the March public board. A broad development workshop on the primary care strategy will also be held. The Primary Care Strategy will come for sign-off in the May public board.</li> <li>• Given the changes to how the joint forward plan and the system goals are being handled, the Director of Governance and Chief Strategy and Partnership Officer will work together to bring updates on the joint forward plan to every board meeting.</li> <li>• In relation to the March agenda, it was agreed that a paper in relation to the Equality, Diversity, Inclusion Improvement Plan would be brought forward.</li> </ul>	

	<p>Board members were encouraged to reflect on the plan and provide any feedback. The board was reminded that the plan is a live document and will be iterated to be up to date with ongoing changes and challenges.</p> <p><b>The board noted the plan and would highlight future items for inclusion.</b></p>	
<b>Any Other Business</b>		
19.	<p>The Chair addressed a question raised by a member of the public regarding the representation of patient and public opinion at board meetings. The question asked if the board would appoint or designate one of the non-executive directors as responsible for representing patient public opinion. The Chair acknowledged this was a good challenge and would reflect on the best way to ensure that a patient/public perspective was embedded in the board discussions.</p> <p>The Chair thanked the Board and all NHS and system colleagues and partners, for all their hard work. BOB ICB cannot deliver without their support and collaboration. There being no further business, the meeting was closed at 13:15.</p>	
<b>END</b>		<b>Date of Next Meeting: 19 March 2024</b>