

## BOARD MEETING

<b>Title</b>	Chair's Report		
<b>Paper Date:</b>	6 March 2024	<b>Board Meeting Date:</b>	19 March 2024
<b>Purpose:</b>	Discussion	<b>Agenda Item:</b>	07
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### Executive Summary

This new report aims to provide an update for the Board on the engagement and work undertaken by the Chair of BOB ICB. The Chair plays a key role within the Integrated Care System alongside the CEO. This update is intended to be more systems-focused as opposed to the ICB alone. The report will incorporate reflections on Board effectiveness and any major updates on ICB and systems' Governance.

### Action Required

The board is asked to note this update.

<b>Conflicts of Interest:</b>	Conflict noted: conflicted party can remain and participate in discussion.
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This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

## Chair's Report

### Convening and Engaging

1. We were delighted [to sign](#) the BOB Smoke Free pledge in Aylesbury on 26 February 2024, signalling our commitment to the programme across our geographies.

### *Integrated Care Partnership*

2. The Integrated Care Partnership (ICP) meeting took place in Aylesbury on 17 January 2024 the day after the last ICB Board Meeting (the papers are available [here](#)). We have organised the diary to allow both meetings take place after one another, to ensure cohesion and a good flow of relevant detail between the Boards.
3. The development of the ICP continues and we facilitated a presentation from the NHS Confederation which shared best practice and learnings from around the country. Some of the recommendations will be considered at the next meeting.
4. The system goals were discussed and presented with good feedback on their relevance and focus.
5. The call for patient and citizen engagement was raised and the ICB will lean heavily on the Local Authorities for their guidance in reaching our population.
6. We also had a presentation from Rachael de Caux, our Chief Medical Officer, on the Primary Care strategy which was welcomed. The fact that that Primary Care (GP, Pharmacists, Dentists, Optometrists) is *not* run by the NHS, but rather is a conglomeration of private businesses contracted by the NHS, is not always clear to everyone. Whilst the strategy is being driven by the ICB the delivery and implementation relies on the goodwill and agreement of those private businesses.

### *Voluntary, Community and Social Enterprise (VCSE)*

7. I had a one-to-one meeting with William Butler, Chair of the BOB VSCE Alliance where we discussed ensuring that the MOU is fit for purpose going forward, and that it dovetails with the current 2024/5 System Goals. We agreed there were good working relationships at ICB level, with the Alliance Director, Stephen Barnett attending both the System People and Population Health Board sub committees.
8. An area of focus needs to be at Place/Neighbourhood level where there is a variance in working practices and true collaboration.
9. These meetings with the VCSE Chair will take place monthly to ensure the development and continued success of the working partnerships.

### *NHS England networks*

10. I attended an NHSE Chair event in London on 28 February which was a gathering for all ICB and Trust Chairs. The focus was very much on productivity, the financial position and operational targets, improvement (NHS Impact), patient safety, and leadership with a clear emphasis on the Acute sector. Very little attention given to ICSs, prevention, mental health, community or children and young people.
11. Recruitment is under way for a national medical director for mental health, which suggests growing focus for NHSE.
12. The two greatest issues for the public cited as co-ordination of care and the continuity of care.

13. The most uplifting presentation was given by Dr Vin Diwaker, National Director of Transformation who talked about the future and how automation will drive capacity and improve capability for our workforce. Interesting points to note:
- By 2026 all Acute Providers will have an Electronic Patient Record system in place.
  - The Federated Data platform will be revolutionary, as it sits above all our other Trust systems, bringing more transparency and data to enable improvement operationally.
  - 75% of the UK population has downloaded the NHS App. We need to continue to promote the uptake since it is the gateway to many services and future care co-ordination. It will eventually provide screening for primary care and triage for secondary care.

### *Engagement*

14. At the end of February, I did an interview with BBC Radio Berkshire discussing my background and the role of ICSs. I mentioned the Primary Care Strategy consultation taking place and directed people to our website for more information.
15. I was part of a three three-person panel webinar hosted by the Good Governance Institute (GGI) and Chaired by ICB NED Aidan Rave: "Forget the Structure- it's the People". A write up/reflection of the discussion is available [here](#).

### **Development and Learning – Effective Governance**

16. The ICB Board members attended the last of three Board development sessions at Henley Business School in February. The outputs have helped us to focus on the key issues and we will continue to make improvements in focus and communicating the value add and role of the ICB both internally and externally.

### **System Governance**

17. Nick and I attended the private Board sessions of each of our six Provider Trusts over the course of January and February. This is the first time the ICB had addressed any of the Boards. We used the short time to introduce ourselves and the ICB to the independent NEDs and other Executives, with enough time for a few questions.
18. This also presented an opportunity to remind colleagues about the Governance in System development session taking place on 15 March. This is a new event where Board colleagues from across the Provider Trusts will gather to explore how Provider NEDs can contribute to system working and governance. ICB NEDs will attend with Provider Chairs, NEDs, CEOs, Lead Governors and Governance directors. Andrew Corbett Nolan from the GGI will make a keynote speech and we will use GGI methodology to work through some Governance scenarios. We have had excellent take up of the invitation so far with the event taking place in Reading.
19. The bi-monthly Provider Chair meeting took place at the end of January where we discussed the slow development of the Acute Provider Collaborative. We agreed that there is still work to be done on the structure of the Collaborative and the culture of trust before meaningful outcomes can be relied upon.
20. I wrote to the Chairs of the Acute Providers this month due to a deteriorating performance in urgent and emergency care (ED waits) and 78 week waits.