

Minutes

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) – Meeting in Public
Tuesday 19 March 2024, 10.00am – 1pm
POWIC Building (Prince of Wales International Centre), Warneford Hospital, Oxford, OX3 7JX

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	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
Minoo Irani	Member for Mental Health	Present
Attendees		
Sarah Adair	Director of Communications & Engagement (Acting)	Present
Sandra Grant	Interim Deputy Chief People Officer	Present for Item 12
Alastair Groom	Director of Financial Improvement	Present
Abid Irfan	Director of Primary Care & Deputy Chief Medical Officer	Present for Item 10
Hannah Iqbal	Chief Strategy & Partnerships Officer	Present
Daniel Leveson	Place Director – Oxfordshire	Present for Item 9
Catherine Mountford	Director of Governance	Present
Victoria Otley-Groom	Chief Digital & Information Officer	Present
Amaan Qureshi	Business Manager to the Chair	Present – Minuting
Matthew Tait	Chief Delivery Officer	Present

There was a peak online attendance of 19 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 Oxford Health Foundation Trust (OHFT) and the Prince of Wales International Centre for SANE Research (POWIC) for hosting this month's board in Oxford.</p> <p>The Chair also:</p> <ul style="list-style-type: none"> • Welcomed Kumudu Perera and James Sheard, contributors from My Life My Choice, a self-advocacy organisation for people with learning disabilities who will be presenting Item 6. • Introduced Sandra Grant, who has joined BOB ICB as its Interim Deputy People Officer, who will be presenting Item 12. • Introduced Alastair Groom, who has joined BOB ICB as Director of Financial Improvement, who will be joining Board meetings.
2.	<p>Apologies for Absence</p> <p>All members in attendance; No apologies noted.</p>
3.	<p>Minutes from Last Meeting on 16 January 2024 and Matters Arising</p> <p>Factoring in two changes, detailed below, the minutes from are approved as an accurate record.</p> <ul style="list-style-type: none"> • Page 3 – The first bullet point has been corrected to emphasise the primary care strategy has been launched for engagement, not 'consultation'. Consultations would follow a different formal process. • Page 7 – A typo was corrected, changing 'eligibility carriers' to 'eligibility criteria'. <p>Two actions were noted in the accompanying Matters Arising document, which are being progressed.</p>
4.	<p>Declarations of Interest</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. The</p>

	<p>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, Oxfordshire – Place Update; Item 10, Primary Care Strategy development; Item 11, Joint Forward Plan update and Approach to System Planning Transformation and Recovery 2024/25; Item 12, Public Sector Equality Duty Annual Report; Item 13, Performance and Quality Report; Item 14, Finance Report.</p> <p>Other than Item 11, these reports are for assurance or discussion, not decision. Where there are decisions, the level of conflict is manageable. As the perspective of all members is important, everyone may participate in discussions.</p> <p>In Item 11, we are seeking approval of approach to updating the JFP and agreement of the system goals. 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.</p>	
5.	<p>Questions from the public</p> <p>One question relating to item 10, Primary Care Strategy development. Written answers to all questions will be published within 20 working days of the Board.</p>	
6.	<p>Resident story – We Can’t Wait</p> <p>Rachael Corser (Chief Nursing Officer) presented Item 6, the Resident’s Story (‘We Can’t Wait’), which is a campaign to prioritise people with learning disabilities on health and social care waiting lists. A video was played for the Board, followed by Kumudu Perera and James Sheard, from My Life My Choice, in attendance, addressing the Board directly. The following was noted and discussed:</p> <ul style="list-style-type: none"> • The campaign is self-led, organised by a charity for people with learning disabilities, run by those with learning disabilities themselves. They are actively advocating for people with learning disabilities to be prioritised in getting access to services, given the inherent disadvantages they face. The goal of the campaign is not to jump or bypass the queue, but rather, to ensure timely treatment and save lives. This approach could be seen as a crucial step towards fostering better inclusion and equity. • A significant part of the campaign’s work involves educating others through the production of easy-to-understand (easy read) information sharing, which is not necessarily current standard practice in all hospitals. The campaign has already begun collaborations with two hospitals and has received support from Learning Disability England. <p>The campaign received positive feedback and support from Board members, who praised the awareness it brings to the premature mortality rate among people with learning disabilities.</p> <p>The Board considered how the initiative may be supported, as an element of wider work to reduce health inequalities – and how it may assist wider systems working and co-production around all health inequalities.</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, 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"> • Correction noted for the accompanying paper (Item 7, Page 2) – Stephen Barnett (Director, Buckinghamshire, Oxfordshire and Berkshire West (BOB) VSCE Alliance) attends the Place & System Development committee and the People Committee – not the Population Health and Patient Experience committee. • Update on the Governance in a system development session; First time the system met as a whole in the context of considering system-wide governance. There was a focus on ‘system governance’ and shifting lenses from organisational to a system-wide perspective. The event was well-received, with attendees finding it energising and inspiring. An exercise mapping accountability and responsibility highlighted the importance of interaction between different parts of the system. <ul style="list-style-type: none"> ○ There was a question raised during the event about primary care representation at the event. The Chair reflected perhaps we should consider treating primary care as a unitary ‘provider’ in the same way we do others. • The report touched on the tension between focusing on productivity in the acute sector and long-term population health, encapsulating the struggle between short-term and long-term perspectives. 	

	<ul style="list-style-type: none"> • The Chair emphasised the importance of presenting the reality to people of the challenges the system faces. <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 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"> • Nick thanked Oxford Health (from whom he's seconded to BOB ICB) for hosting the Board. He noted ambitious redevelopment plans to build a new state-of-the-art psychiatric inpatient unit with a research/academic facility to be established on the site, creating an innovative and research-driven hub for the region. • The system is focusing on emergency department performance, waiting times for patients being treated for cancer, and patients on waiting lists for elective procedures. • The system's financial position continues to be a cause for concern and is under scrutiny from both regional and national colleagues. • The annual planning cycle is currently underway, with the system submission due soon. This is a challenging period given the financial and operational pressures. • A Financial Improvement Director (Alastair Groom) has joined the system, bringing with him a wealth of highly relevant experience. • A system workshop is planned on 20 March, to facilitate engagement around the primary care strategy, with over 200 colleagues across the system due to attend. • The Change programme redesign process is ongoing, with conversations advancing with different departments regarding functions that can be transferred or delegated to developing Place-based partnerships or provider collaboratives. • Three Freedom to Speak Up Guardians from across the organisation have been appointed to support ICB staff. • Work is in progress in relation to the ICB hosting Cancer Alliance team members, facilitating better integration. The alliance is an important part of the NHS's infrastructure for improving cancer services. • The system is experiencing cases of measles and efforts are being made to increase the uptake of vaccinations. <p>The board noted the update.</p>
9.	<p>Oxfordshire – Place Update</p> <p>Daniel Leveson (Oxfordshire Place Director) presented Item 9, the Oxfordshire Place update, covering the progress, challenges, opportunities, and priorities of working in partnership across health and social care in Oxfordshire. The following was presented and discussed:</p> <ul style="list-style-type: none"> • Oxfordshire, a largely rural area with about 700,000 residents, faces significant areas of deprivation, including hidden rural deprivation. The partnership is developing a focus on prevention and reducing health inequalities, particularly in the 10 most deprived wards. • The place-based partnership in Oxfordshire, which includes representatives from Healthwatch and VCSE as well as statutory sector, has been meeting regularly for about 15 months. This partnership focuses on identifying populations that would benefit from better joined-up care. • The partnership's maturity has progressed from 'emerging' to 'developing/maturing' (relative to its ambitious long-term vision). In the upcoming financial year, more focus will be placed on children and young people (CYP) with special educational needs (SEND) and work on the urgent care system. • Emphasis is placed on the importance of relationships and partnership working, with a commitment to working beyond organisational boundaries despite regulatory and financial pressures. <p>The Board discussed the update and considered the 2024/25 priorities, risks and issues, and considered the impact and role of the partnership.</p>
10.	<p>Primary Care Strategy development</p> <p>Rachael de Caux (Chief Medical Officer (CMO)) presented Item 10, with Abid Irfan (Director of Primary Care & Deputy CMO), which provided an update on the development of the Primary Care Strategy. The following key points were presented and discussed:</p> <ul style="list-style-type: none"> • The Board discussed the draft primary care strategy, a crucial piece of work which will enable the delivery of the joint forward plan. The strategy has been developed through extensive engagement including place

	<p>partnerships, provider boards, Healthwatches, Scrutiny committees, targeted focus groups and professional groups.</p> <ul style="list-style-type: none"> • The strategy aims to address several challenges, including access to primary care, variations in outcomes, workforce challenges, and the changing demographics of an ageing population with multiple long-term conditions. • The strategy outlines three main areas of focus: dealing with low-complexity work, integrated neighbourhood teams, and cardiovascular disease prevention. • Feedback from stakeholders highlighted the need for clear communication about the strategy and its implementation, the importance of involving the voluntary sector and other communities, and the need for a balance between access and continuity in care. • There were also concerns about the financial environment, and how the system will support care providers, as well as questions about the capacity and ability to deliver the strategy in this context. • The discussion touched on the need for a strong narrative on how the strategy will change primary care, what will be different, and why it will be better. • There was a call for a more explicit commitment to the development and implementation of general practice leadership. • The strategy will be presented to the board for approval in May, and prior to this, an engagement report and formal responses from partners will be shared with all Board members. The board will also have time to discuss this in a workshop session in April. <ul style="list-style-type: none"> ○ This also addressed the question submitted by the public, which asked whether the Board would have an opportunity to review the full feedback received prior to agreeing the strategy. <p>The discussion ended with an acknowledgment of the challenges faced by primary care and the need for realistic expectations and support to deliver the strategy. The discussion is ongoing, and further steps will be taken based on engagement, feedback and involvement from and partners.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the work and engagement undertaken by the ICB and Partners to develop the Primary Care Strategy. • Noted the emerging themes from the engagement, discussed additional points for consideration, including any areas of concern – and noted next steps. 	
11.	<p>11.1 Joint Forward Plan update and 11.2 Approach to System Planning, Transformation and Recovery 2024/25</p> <p>Matthew Tait (Chief Delivery Officer), Hannah Iqbal (Chief Strategy and Partnerships Officer), and Matthew Metcalfe (Chief Finance Officer) presented Item 11, which comprised of two parts: Item 11.1, the Joint forward Plan update, and Item 11.2, the Approach to System Planning, Transformation and Recovery 2024/25. The discussion focused on the challenges of balancing system transformation with system recovery, and how to use the strategic goals in the joint forward plan. The following was presented and discussed:</p> <ul style="list-style-type: none"> • The planning approach builds upon the discussions held in January 2024. Executive planning leads have updated the Board on the approach to system planning for the 2024/25 financial year. Although additional guidance is pending, the approach builds on what is known already. • The approach aims to balance system recovery and long-term transformation, ensuring comprehensive engagement with system partner colleagues for effective planning and priority setting. • The ICBs and NHS Trusts must submit draft individual organisational plans and a system aggregate by 21 March 2024. • The financial challenges were acknowledged, with the need to adopt new ways of working. A System Recovery and Transformation Board was proposed to be set up from April. This board is expected to help steer how the system balances recovery and transformation. • The Joint Forward Plan (JFP) was discussed, focusing on progress against its deliverables and the focus going forwards. The paper draws out progress within specific areas: Tackling Inequalities; Transforming Primary Care; Improving our users’ experience and Creating a Sustainable System. • The JFP has a large number of deliverables – with the proposal brought to this meeting, for approval from Board members, aiming to distil these into focused ‘system goals’. • The need for shared direction, clear alignment, and real joint commitment between partners was emphasised. Getting this right is crucial to effectively balance financial sustainability with investment in prevention and transformation. 	

	<ul style="list-style-type: none"> • The need for Place-based partnerships to drive the system goals was acknowledged – playing a key role in the system’s transformation. • The importance of digital data and technology was noted, highlighting numerous programmes currently running across the NHS. <p>The Board:</p> <p><u>Item 11.1</u></p> <ul style="list-style-type: none"> • Noted the progress made with delivering the priority areas of the Joint Forward Plan ambitions. • Agreed the proposed approach to updating the Joint Forward Plan by focusing on a small number of strategic priorities (“System Goals”). <p><u>Item 11.2</u></p> <ul style="list-style-type: none"> • Noted the system’s approach to meeting the national planning expectations, despite outstanding additional operational guidance. • Agreed the delegation of approval of a draft plan submission to the CEO, Chief Finance Officer and Chair (for 21 March submission). • Agreed to the proposed System Goals, recognising the shift towards balancing transformation with recovery. • Noted the proposed System Recovery and Transformation Board as the mechanism to oversee delivery of these programmes.
12.	<p>Public Sector Equality Duty Annual Report</p> <p>Sandra Grant (Interim Deputy Chief People Officer) presented Item 12, the Public Sector Equality Duty Annual Report. The report is a comprehensive document demonstrating compliance with the Equality Duty, including information on the gender pay gap and workforce and service user data. The key points discussed were:</p> <ul style="list-style-type: none"> • The report demonstrates BOB ICB’s compliance with the Equality Duty, under the Equality Act 2010, which includes specific duties to publish information on the gender pay gap, workforce and service user data analysed by protected characteristics, and at least one equality objective. • The report is divided into four sections: Legal context, Health Inequalities, Workforce Information, and BOB ICS Inclusion Group and Partnership Projects and Programmes. Each section provides insights into different aspects of the organisation’s efforts towards equality. • The proposed equality objectives have been developed with partners and contributed to by the people committee and the executive management committee. They focus on public engagement, maternity (particularly about equity of access) and workforce. (These objectives are set out on page 15 of the accompanying paper.) • The report also includes information on ICS projects which support the organisational objectives to support collaborative working, reduce health inequalities and improve value for money. • The board was asked to note a future ambition around staff being encouraged to update their personal information on Disability and Ethnicity, to support future ethnicity and disability pay gap reviews. <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Public Sector Equality Duty report for publication. • Discussed and agreed the Equality Objectives (set out on page 15).
COMFORT BREAK	
13.	<p>Performance & Quality Report</p> <p>Matthew Tait (Chief Delivery Officer), Rachael Corser (Chief Nursing Officer) and Rachael de Caux (Chief Medical Officer) presented Item 13, the Performance & Quality Report. The discussion focused on 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"> • Four national priorities are covered in the report, with a strong push to demonstrate progress across the NHS, despite challenging circumstances. Regular updates are made to the report to ensure the most accurate and current data is reflected. • Challenges were faced in delivering the 76% target for 4-hour waits in hospital emergency departments (ED). Latest performance stands at 70.2% and we have seen two continuous weeks of improvement. This does not include all the data from Urgent Care centres which could improve the performance by 2-4%. Efforts are being made to improve this. The performance is better than last years, albeit below the

	<p>national and Southeast average. We look at what others are doing and the 10 high impact changes to ensure we are learning from best practice.</p> <ul style="list-style-type: none"> • The target is zero long waits over 65 week waits by March 2024. BOB providers reported 1,880 patients waiting longer than 65 weeks at the end of December. Despite industrial action, unvalidated data shows 1,380 patients waiting over 65 weeks at the end of February, with further improvements in recent weeks. Current focus is reducing numbers waiting over 78 weeks and the forecast outturn for this is currently about 80. • Ambulance performance also experienced challenges in meeting the 30-minute waiting target. • A learning disability focused group has been established to look at issues around inpatients, with a focus on establishing community-based interventions alongside specialist support. • Aiming to improve waiting times for Neurodiversity waits. Wait times to assess Autism and ADHD for children and young people (CYP) continue to be challenging but remain an area of focus. • The target is reduction in patients waiting over 62-days for Cancer treatment. At the end of December, there were 657 patients waiting over 62 days for treatment and we have continued to see improvement. Recent industrial action has caused delays in cancer pathways. • Primary Care access: The target is to maximise appointments within two weeks. December 2023 was the third straight month seeing an improvement in performance to 84.6%. • Workforce: The target is reduction in vacancies and addressing workforce challenges in line with emerging plans. The overall BOB vacancy rate has increased by 0.1% in M9 but remains on a downward trend since April 2023. • It was acknowledged that the staff in all our Trusts are working incredibly hard in difficult circumstances. <p>The Board noted the update, discussing the challenges and mitigating actions.</p>
14.	<p>Finance Report (M10)</p> <p>Matthew Metcalfe (Chief Finance Officer) presented the M10 Finance Report, which provides an overview of the financial position of the ICB and the wider system at the end of January (M10) 2023/24. The following was presented and discussed:</p> <ul style="list-style-type: none"> • The ICB has overspent by £18.5m year to date (YTD). The drivers include Thames Valley Cancer Alliance funding for providers, pressure in prescribing, continuing healthcare, mental health placements, and independent sector activity for ophthalmology. The system has reported a YTD deficit of £57.9m. • The M10 forecast for the system of £73.2m year-end deficit reflects: <ul style="list-style-type: none"> ○ The system reforecast exercise undertaken in November/December (£44.3m deficit). ○ Industrial action costs incurred in December and January of £10.3m. ○ Worsening of the forecasts for Oxford University Hospitals and the ICB by £4.6m and £14.0m respectively. ○ Royal Berkshire Foundation Trust is expected to revise its forecast in M11, which will further worsen the position, as will industrial action taking place in February. • There was a discussion about the tension around where certain costs sit, at ICB or provider level, and the need to see costs as a joint whole system challenge was noted. • The report also highlighted the need for better forecasting and communication, acknowledging the challenges faced due to industrial action and other factors. <p>The board discussed the requirement for better scrutiny and understanding of the financial situation as it develops, and the importance of being bold around the difficult decisions needed in the face of these challenges, maintaining honest and clear communication with the public. They also acknowledged the need for better control over costs, particularly in relation to staffing. The board concluded the discussion by emphasising the need for ongoing work and development to address these issues.</p> <p>The Board noted the latest forecast deficit, and discussed the assurance required, 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.</p>
ICB Development/ Oversight	
15.	<p>Risk – Board Assurance Framework/ Corporate Risk Register Review</p> <p>Catherine Mountford (Director of Governance) presented Item 15, Risk – Board Assurance Framework/ Corporate Risk Register Review. The following was presented and discussed:</p>

	<ul style="list-style-type: none"> • Risk Management: Efforts are being made to enhance reporting and risk management, with a board workshop planned to guide future reporting. • The Board Assurance Framework outlines the main risks to the ICB's strategic objectives and the controls in place to manage these risks. • The highest rated risks are delivering financial sustainability and maintaining access to services as discussed throughout the meeting. • Audit and Risk Committee reviews updates related to risk management and has discussed various topics including the Risk Management Deep Dive Standard Operating Procedure, financial sustainability, and new and emerging risks. • A Board Development Session on Risk Appetite is planned for the afternoon of 19 March 2024, facilitated by internal auditors RSM. <p>The Board noted the report, the Board Assurance Framework, the Corporate Risk Register and related, red-rated risks.</p>	
16.	<p>Board Assurance Committee Updates</p> <p>The Chair introduced Item 16, the Board Assurance Committee Updates. The following was presented by the relevant Committee Chair and discussed:</p> <ul style="list-style-type: none"> • Audit and Risk: The committee suggested tightening the level of executive sign-off for certain cases, such as CHC, to ensure more scrutiny. An accounting change related to medical equipment was discussed, which is subject to sign-off. • Place and System Development: The committee discussed the delegation of specialised commissioning. Plans to review the terms of reference in conjunction with the broader ICB governance review. The committee also considered the ICB operating model and the need to support the development of provider collaboratives and place partnerships. • Population Health & Patient Experience: The committee highlighted an emerging risk around ADHD demand. They also discussed the need for better communication and understanding of the role of Physician Associates in the system. With a lot of misinformation out there, it is important we communicate better with residents to address their concerns. <ul style="list-style-type: none"> ○ A correction was noted for the corresponding section of the supporting paper (Item 16, Page 4) where it should state 'Physicians Associates' and not 'Physicians Assistants'. • System Productivity: The progress of system projects was discussed. The acute provider collaborative is expected to be an important delivery mechanism for improvement and transformation as it matures. System priorities were discussed although progress in some areas needs monitoring. • People Committee: Draft terms of reference presented for approval. Good progress on Freedom to Speak Up processes and procedure was noted, with guardians now appointed for the ICB. Appraisal process being looked at, to embed equalities considerations. Ongoing scrutiny around the change programme to be provided through a time-limited dedicated committee focused solely on ICB staff matters. <p>The Board note the content of the Committee Escalation and Assurance Reports and approved the Terms of Reference of the ICB People Committee.</p>	
Reports for Information / Assurance		
17.	<p>Forward Plan</p> <p>Catherine Mountford (Director of Governance) presented Item 17, the Board Forward Plan for 2024/25. This will be developed to ensure alignment with the operational plan and system goals. Board members were encouraged to reflect on the plan and provide any feedback in the context of today's discussions. 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>The board expressed a desire for more time to review details before being asked to sign-off on plans at Board, highlighting the importance of thorough review processes before items come to Board.</p> <p>The board noted the plan and would keep future items for inclusion under review.</p>	
Any Other Business		
18.	<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 12:59.</p>	
END		Date of Next Meeting: 21 May 2024