Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Minutes

BOB ICB Board – Meeting in Public
Tuesday 21 March 2023 at 10:00am
Hybrid – Cherwell District Council Offices, Bodicote, Banbury, Oxfordshire

Name	Role and Organisation	Attendance
Members		
Javed Khan OBE	Chair	Present
Sim Scavazza	Non-Executive Director	Present
Margaret Batty	Non-Executive Director	Present – Virtually
Saqhib Ali	Non-Executive Director	Present
Aidan Rave	Non-Executive Director	Present – Virtually
Tim Nolan	Non-Executive Director	Present
Haider Husain	Non-Executive Director (Associate)	Apologies
Steve McManus	Chief Executive Officer (Interim)	Present
Jim Hayburn	Chief Finance Officer (Interim)	Present
Dr Rachael de Caux	Chief Medical Officer	Present
Rachael Corser	Chief Nursing Officer	Present
Neil Macdonald	Partner member – NHS Trusts/Foundation Trusts	Present
Stephen Chandler	Partner member – Local Authorities	Present
Dr Shaheen Jinnah	Partner member – Primary Medical Services	Present for part of meeting – Virtually
Dr Nick Broughton	Member for Mental Health	Apologies – Deputised (As Below)
Grant Macdonald	Executive Managing Director for Mental Health & Learning Disabilities at Oxford Health	Present – For Nick Broughton
Attendees		
Nick Samuels	Director of Communications & Engagement (Interim)	Present
Robert Bowen	Director of Strategy (Acting)	Present
Ross Fullerton	Chief Digital & Information Officer (Interim)	Present
Karen Beech	Chief People Officer (Acting)	Apologies
Matthew Tait	Chief Delivery Officer (Interim)	Present
Catherine Mountford	Director of Governance	Present
Amaan Qureshi	Business Manager, Chair's Office	Present – Minuting

8 members of the public attended in person.

Board Business		
1.	**Welcome and Introductions** The Chair (Javed Khan) welcomed attendees and members of the public, advising the meeting was also being broadcast publicly, and confirming it was a meeting held in public and not a public meeting. Chair acknowledged we are working through many pressures including a restructure, which is difficult for colleagues. He noted his thanks for everyone working in health and social care in such difficult times. Chair noted his thanks for our outgoing Chief Finance Officer (CFO) Jim Hayburn. New CFO Matthew Metcalfe will be joining at the start of April. Congratulations noted for Rob Bowen who is stepping up to Acting Director of Strategy and Partnerships. Congratulations for Steve McManus being acknowledged among the Top 50 Trust CEOs. Steve will be returning to Royal Berkshire NHS Foundation Trust (RBH) at the end of June. The Chair updated that we have frozen the CEO recruitment process as we did not get the breadth of applications we needed. We are exploring a medium-term interim solution, to provide stability for BOB ICB and the broader system.	
2.	**Apologies for Absence** Apologies from Nick Broughton (Member for Mental Health – covered by Grant Macdonald), Karen Beech (Acting Chief People Officer) and Haider Husain (Associate NED).	
3.	**Minutes from Last Meeting on 15/11/22 and Matters Arising** The minutes of the meeting held on 17 January 2023 were accepted as an accurate record. Matters arising now all closed. Verbal update provided against one previously open action:	

	• Sim Scavazza (NED & Deputy Chair) and Catherine Mountford (Director of Governance) had a meeting on establishing a Shadow Board, which is welcomed in principle. It has been agreed this will be worked though the People committee, factoring in existing draws on resources – with an update to be provided to the BOB ICB Board in April.	
4.	**Declarations of Interest** Nature of our Board with partner members means there are inherent interests, because of the organisations they lead/are part of. To note in particular: • Item 08 Performance report • Item 09 Finance report • Item 10 Place development • Item 11 Operational Planning • Item 12 Joint Forward Plan • Item 13 Oxfordshire s75 Items 8, 9 and 12 are not for decision. Given the perspective of all members is important, conflicted members may participate in discussion. Items 10, 11 (ICB Budgets) and 13 are for decision. For Items 10 and 11, all members can participate in the decision – however for Item 13 the conflict more directly affects organisation of Stephen Chandler (Partner Member – Local Authorities) and Nick Broughton (Grant Macdonald deputising) so they may participate in the discussion, but not decision.	
5.	**Questions from the public** 11 questions received in advance before the deadline. Where these are related to agenda items, they will be discussed during the item, with others receiving published response by 20 working days. The Chair addressed one public question directly, around which members of the ICB Board are elected – advising that the ICB is a unitary Board where no members are elected, with information on Board membership and appointment processes detailed in the ICB's constitution.	
6.	**Living our values** Margaret Batty (NED) spoke about two key anchors guiding her life. The first is a belief in internationalism. Margaret's father was a WW2 veteran – his experiences instilled in her the importance of solidarity between different peoples. The second is a strong belief in equalities and the need to tackle discrimination. She spoke about her background in the charity sector, being moved by activists working through harsh realities – such as a child dying every 2 minutes globally from unsafe water. She spoke about local activists she met in developing countries, who were working to improve their communities. She shared some examples of activists who inspired her and noted their work cuts across universal themes, which we hope to advance in our own ICS context – Start well, Live well, Age well. She emphasised kindness in everything we do, our responsibility to our residents, and reflected that in all our work, we stand on the shoulder of giants.	
Board Reports		
7.	**Chief Executive and Directors' Report** Steve McManus (CEO) drew attention to the section of the paper which sets out actions taken to mitigate the impact of industrial action. The ICS has worked together to ensure we maintain safe service access and minimise impact – with some rebooking and rescheduling needed. Steve noted his thanks to all those who worked hard to ensure services are maintained across BOB. Steve also updated the Board on the following points: • Growing confidence from across the region in our structures and capabilities – and how the ICB is working to identify and manage Risks more effectively at a systems level across providers. • Recent workshop focused on developing BOB ICB's relationship with the VCSE. The VCSE will be key partners in using our targeted Health Inequalities funding (c. £8m) across the next two years, through Place-based partnerships. • Ongoing development of the ICB's work with BOB's vibrant academic sector, through the Academic Health Sciences Network (AHSN) – with recent work undertaken on patient safety, a systems-wide approach to quality and assurance, and education opportunities to upskill our workforce as a part of our people plan. • The Integrated Care Partnership (which met on 1 March 2023) approved the Integrated Care Strategy, which sets out the longer-term ambitions for the System across partners.	

	• The Strategy will feed into ongoing work on our Joint Forward Plan, being worked on by Rob Bowen, which is set to be published by the end of June. The Plan will set out the longer-term plan on how we aim to deliver for our residents. • BOB ICB's People have been going through a period of consultation, due to the complex transition of systems and processes from three CCGs to one ICB. We have had good engagement, with staff feedback incorporated into new structure, which will be implemented from the start of April. • Staff survey highlights some positive results; However, the broader picture is quite mixed – which is reflective of the changes and challenges over the past 12 months. We will take on the feedback from the survey and the outcomes from our engagement and work to ensure the ICB is a great place to work for our people. • We are working in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance and will be working to provide support to our partners around delivering our Covid booster vaccine campaign. • We have committed to continue to support and develop our capacity and capabilities within our Primary Care and GP community. We are investing in developing leadership capabilities over the next 2-3 years. The following points were highlighted in discussion: • Provider collaboratives are key to increasing system effectiveness and efficiency. The development of the Mental Health provider collaborative referenced in the paper was welcomed. The Board congratulated Oxford Health NHS Foundation Trust (OHFT) and Berkshire Healthcare Foundation Trust NHS (BHT) getting this national recognition as an innovator. An update on development of the Acute provider collaborative was given. • Our three acute providers (OUHT, BHT & Royal Berkshire NHS Foundation Trust – 'RBFT') signed a memorandum of understanding last year. Initial work is focused on Elective Recovery, to help shorten surgery wait times as quick as possible. It was noted that the tough economic context and many ongoing changes to leadership within BOB ICB and the pausing of the CEO recruitment process could impact on colleagues and the Board reflected on what more they could do to support colleagues. It was highlighted that there has been much work to continue to develop relationships, particularly in a hybrid working environment where people might feel a bit more isolated. Settled structures will help give a sense of identity and belonging. Ongoing work around culture, behaviours, values, and organisational development – gives us a good baseline which we must build on over coming months. The Board can help shape this process, and that they play an important role in developing the culture which filters down. Despite the instability colleagues are focused and working hard to fulfil their roles and deliver for our residents, and we should continue to consider how we can best support them through the uncertainty. Rachael Corser (Chief Nursing Officer) was invited to answer a pre-submitted public question on Covid vaccinations and boosters for younger age groups, where she advised that all our services are provided in line with current NHSE and JCVI guidance.	
8.	**Performance and Quality Dashboard Month 9 (December)** The report is noted to be an iterative update. Matthew Tait (Interim Chief Delivery Officer) highlighted some key updates: • Urgent and Emergency (UEC) care – Despite increased pressure beyond projected in Winter, in part due to Strep A, we worked well to focus on some key areas of improvement, including on virtual wards, discharge planning and primary care escalations. We have seen an improvement in the urgent care pathway performance metrics through January as pressures eased. We have invested over £20m in service delivery over the winter months. There will be a UEC summit next week which will focus on virtual wards and ED best practise. • Long waits – Sustained progress on bringing down long waits. On target for zero people waiting longer than 72 weeks by the end of March. Industrial action has had an impact on a small number of patients who have been waiting a long time, however this has been managed well by the Trusts to minimise impact. • Cancer – Delivery of the 62 day wait standard remains challenging, however we have seen sustained reductions across the last 2-3 months. We were an outlier, though our performance is now coming closer to the national average.	

	Rachael Corser highlighted: • Impact of out of area placements for those with mental health issues continues to impact partners across the system, although we are seeing some improvement this remains an area of focus for colleagues. the recognition of our MH provider collaborative being recognised as an innovator, should enable some real impact on addressing mental health challenges as we work better across partners. • Improvements in our management of children and young people with eating disorders. • Slightly behind on annual health checks for residents with Learning Disabilities and Autism; this is being reviewed with partners and will be worked through the Population Health & Patient Experience (PHPE) Committee, which is also reviewing recovery in this context. • Detailed metrics are worked through the PHPE Committee. We have seen an unusual cluster of 'never events' which we are looking into in some more detail – to ensure we can take forwards any learning, including implementing new patient safety and incident reporting process. Rachael de Caux (Chief Medical Officer) updated the Board as below: • General Practice – we have continued to make improvements in the number of appointments offered same-day and within two-weeks – currently at 86%, but within operational guidance for next year we will strive to ensure all appointments are offered within 2-weeks. We are better placed than many other ICBs in the South-east, though there is variation across BOB, where we are working hard to support practices that might be struggling for a variety of reasons, including workforce. • Dental performance is not included within this paper, but this is an area of concern for residents, with dental contracts terminating. We are working to address this, but recovery will be difficult. The following points were noted in discussion: • The Patient Safety Incident Response Framework (PSIRF) will necessitate a change of culture and approach. Partners are working at pace to prepare and accelerate our PSIRF readiness. We have been working with AHSN on reviewing our overarching Framework, and facilitated discussions between Quality leads – to discuss how we co-design the new framework, to ensure we have the right structures in place to facilitate better outcomes and ongoing learning, which can then feed back into the commissioning process. • The Board queried what we are doing to address our mental health performance, where we seem to be trailing, and whether good practice is shared across BOB. It was confirmed that we are developing our oversight in this area to give more consistency and ensure focus on improvement. This will also enable greater sharing of good practice to support continued improvement. • It was highlighted that our tackling of Cancer waits seem to be more of a chronic than acute issue at this stage. It was confirmed that, in a number of areas in BOB, certain Trusts are doing well. The 62-day wait is a particular issue and with some national support to share and embed learning within the system this has been an area of focus. –We are confident we will see improvements from our acute trusts. Our trajectory is good, even if our base was low. Matthew confirmed that the final slides in the pack only signpost and flag inadequate performance areas. This was noted as a point of clarity, so observers do not get a distorted picture of the performance realities across BOB, given the positive indices had been removed, to focus on areas of improvement.	
9.	**Finance** Jim Hayburn (Interim Chief Finance Officer) provided an update that commissioning budgets are in line to break-even, without any cuts to service provision. However, there are significant cost pressures within providers to maintain services at current levels – with a £44m overspend across the BOB providers. The risks will be managed collectively through a whole-system approach, which factors in interdependences. Currently all organisations including the ICB are in-line to deliver agreed financial targets by the end of March. There was some discussion on the size of the capital programme and a potential shortfall here, and it was noted that the System Productivity committee, where had reviewed the position and received assurance – with overspends agreed in some providers, and underspends in others to offset this. In answer to the pre-submitted question on how we plan to meet these targets without compromising services provided to residents, Jim confirmed that he feels assured no cuts or reductions to services are planned from a commissioning perspective, with providers (statutory bodies in their own right) also confirming they have no plans to cut services.	

	The pressures which lead to the system deficit include the increased cost of labour and non-pay inflation, to maintain services – this will be considered as a part of the operational and financial planning for next year, where these challenges are likely to persist.	
Comfort Break		
Working together/Developing the System		
10.	**Developing Place Based Partnerships** Matthew Tait stated that getting the Place-based partnerships right is fundamental to BOB ICBs success in delivery. The board is being asked to consider and endorse the principles that will shape the way the partnerships work. Matthew made the following additional points: • The form of the partnerships must follow the function, to enable partners to best support their local needs. • Provider collaboratives will sit alongside/within Place based partnerships. These will operate both at scale and within Place – with some providers covering multiple 'Places'. • As we mature and develop our place-based partnership, there was a discussion around the establishment of a committee to oversee this matter, however we will keep this under review. • A matrix model is essential to a successful implementation of place-based partnerships. Our role is about supporting best practise. • Urgent and emergency care is typically delivered at the place level, and the role of the system is to support best practice and performance oversight. The system needs to support integration around mental health, primary care, and broader community services. • The three place directors are credited for the step change they have implemented, working with partners to tackle live issues and make progress, whilst noting there is still a long way to go in terms of fulfilling the partnerships' full potential. • Matthew expressed confidence in the governance and partnership arrangements but acknowledges that there will be challenges as they continue to develop and test the support model for place directors and place-based partnerships. Matthew Tait addressed a question from the public on the findings of the Buckinghamshire Place-Based Partnership survey. The survey was used to understand the ambition of the Place and support collaboration, integration and avoid duplication. The relationship between the health and wellbeing board and the Bucks Partnership is a live debate, and there is a commitment to engaging the Healthwatch and voluntary sector in the operating model. Aidan Rave (NED, Chair of the Systema and Place Development Committee) welcomed the approach as a good foundation to build on, highlighted this is an iterative process and the challenge is avoiding homogeneity (allowing for place-specific approaches within the system) while creating minimum standards and safeguards. This has been captured as a development priority. He also noted his commitment to ensure the volunteering and the community sector, as key stakeholders within Place, can participate. He emphasised the strength of the system lies in its ability to reach every part. The following points were made in discussion: • Place directors were thanked for their work liaising with providers, local authorities, and wider partners. • It was suggested the principle of subsidiarity (at neighbourhood level as well as Place) was included, to avoid homogeneity. This would also support places develop at their own pace. Governance should not be too cautious, but instead delegated to 'lower' levels. • There is nothing in the paper that would be challenging to achieve from a provider perspective, but it is important to use the best available evidence, and not accept wide differences in outcomes if they are not good. • The ICB should factor in how its financial strategy around allocating resources might create some inherent tension with place-based structures. This would include how the movement of resources over the next five years can enable Place to increasingly invest in early intervention, prevention, and wellness, rather having to be more reactive.	

	• This issue should be addressed as part of this development process, and sharing a clearer understanding around the financial frameworks which places are expected to operate within would be a helpful next step. • The need to focus on inequalities was emphasised, such as the impact of digital poverty on GP's transition to digital offerings. There is good work going on in each place and this should be built on. • The importance of accurately setting out governance in a nuanced manner and testing and adapting governance models as needed. This needed to be supported by good communication to ensure that meeting outcomes filter upwards to achieve the right balance on the governance side. • The Chair emphasised the importance of allowing each place to develop at their own pace and not slowing down anyone who is ready to go faster. The principle of subsidiarity should be made more explicit not just at the place level but also at the neighbourhood and family level. Tackling health inequalities is a key part of their work and each governance model can be different, but they should be mindful of maintaining a minimum standard. Good communication between partners and with the public about what they are doing is important. • Matthew and the Place directors were commended for their work, and noted they are looking to make sure they have a good balance between the ICB and Place, but also between Place. Blended roles with partners are being explored, and how they feed into provider collaboratives and vice versa. • The allocation of health inequalities funding being integrated into Place-based planning was highlighted. Some difficult decisions around funding and prioritisation are being delegated to Place to suggest appropriate solutions. The ICB is working to balance delivery via Place, against broader developmental discussions around central enablers. Matthew welcomed the Board's comments and said they would be incorporated into the further development of the approach to place development. **Decision: The Boards support for the paper and journey outlined, was noted. The principles should be strengthened in line with the feedback received and the revisions can be shared and agreed via email before the next Board.**	**MT**
11.	**2023/24 Operational & Financial Plan** **1) Operational Plan** Matthew Tait summarised the paper, pulling out the following points: • The Operational plan responds to a set of metrics outlined by NHS England. It includes assessments on Risk and emphasises the goal of improving service delivery and the standard of care. • Workforce growth is 1.8% across the system. • More investment in specific areas where we have agreed funding, such as primary care and mental health. Target to increase in primary care appointments and continue improvements in our primary care offer. • The plan focuses on delivering a reduction in long waits, removing 65 week waits by the end of March 2024. Virtual ward capacity and urgent community response will be increased enhancing enabling services outside the acute hospital setting. • The system has committed to ensure 76% of patients are seen within the 4-hour standard, this will be a significant improvement from current performance, but the Board should not underestimate challenge this presents. • The next draft will incorporate a focus on improvements in elective recovery, with Trusts focusing on outpatient productivity. **2) Financial Plan** Jim Hayburn noted the ICB has worked with providers to fully utilise resources as a part of Financial Planning. The paper summarises the principles agreed with providers to guide resource allocation. The basis is to maintain existing capacity and not reduce any services, which is reflected in the plan and has also been subject to challenge through the System Productivity committee. The ICB is to deliver break-even for next year's commissioning budgets. The following points were raised in discussion:	

	• The 4% staff reduction at Buckinghamshire Healthcare was confirmed as a general reduction in headcount in the draft plan submissions. There is triangulation work ongoing to align finance, operational activity, and workforce submissions and the specifics may change in the next draft. • The paper suggests that the ICB is 'comfortable' with not meeting our target Dementia diagnosis rate, and around health checks for people with learning disabilities. It is important to retain focus on vulnerable groups – as these are key areas for the early identification of potential health challenges and access to appropriate healthcare. This can improve quality of life and more broadly reduce costs. It was confirmed the ICB remains committed to easing pressures in all areas we are behind target on, through recovery plans. The committed trajectories should address areas where we are off target, and that there is a need to be realistic on what is achievable – but also challenge ourselves, and noted the ICB has welcomed challenges from regional and national bodies. • Any proposed savings from Continuing Healthcare (CHC) funding should not end up as cost-transfers to Local Authorities or other providers. We have had a significant cost-reduction programme to bring down the operational costs of CHC, however this should not affect provisioning – and the budget overall has been increased by about 7%, which covers both inflation and growth. • The gap between the 95% submitted and the 109% target in terms of activity was highlighted as we may be challenged to improve this. • With the system expected to be in deficit, with BOB ICB breaking even – is it intended that only providers would hold the deficits? It was noted that deficits within providers are not intended to mean these are solely 'provider issues' and added the aim is to work together, to move the system back into balance whilst discharging this statutory duty. • The expected 1.8% workforce growth and its impact on the system and the pressures within it were highlighted. The NHS in England is facing a national challenge about investment levels, productivity and workforce increases in certain parts of the system. The 1.8% is an aggregate figure and that there is very much a live debate around this, to identify where we might need workforce growth – but also where we need to do improve productivity and appointments to substantive roles, with temporary appointments carrying significant costs. • It was suggested the planning can be more ambitious in including health inequalities and prevention at the top of the list, to give these priorities more attention. We should show how the plan addresses health inequalities across key areas, as BOB ICB's work in this space is good across different parts, but currently needs more coherence and visibility. • The Board considered whether it should sign up to missing any targets. The board needs to own the targets and numbers in our planning submission, and it was suggested the Board reconvene before the 31 March, which is the submission date. • We are in a challenging fiscal environment for health and care, and are trying to reduce the deficit, which we must keep in mind. The ICB may well be balanced, whilst providers are holding the deficit, but emphasised that as a system together we have a deficit through which we are collectively working. In this challenging environment we are also planning and improving and investing in services and care pathways together – and that this is trending in the right direction. We are not cutting and holding capacity, but we are pushing further for our residents in a particularly challenging fiscal environment together. In summary the plan is intended to achieve a balance of both being ambitious whilst also being realistic. Steve and the Chair will take the feedback away and see what they can do about reconvening prior to submission. The Board noted their thanks for all colleagues and partners who have contributed to the paper and discussions. **Action** • **Chair & CEO to establish how the Board can best reconvene before final submission on 31 March.**	**Chair & CEO**
ICB Development		
12.	**Joint Forward Plan** Rob Bowen (Acting Director of Strategy and Partnerships) updated the Board on the development of the Joint Forward Plan (JFP). He made the following points:	

	• The JFP is to set a five-year ambition for the system. It will reflect the ambition set locally through the integrated care strategy – with ambition to address inequalities and move towards a system that is more focused on prevention. • To ensure meaningful engagement, the current plan has been built upon different service ambitions and how they are configured and delivered across the system. • The plan will highlight key priorities and how to tackle the challenge of shifting emphasis from acute work to prevention, over a five-year period. A system workshop will be held on Friday 24 March to begin to address the key challenges. • After the workshop, a first draft of the JFP will be circulated to Board members and to all partners across the system, so there is an opportunity for all partners to contribute and shape the ambition. • The Board workshop in April will include further discussion on the JFP before more formal governance oversight in May, with health and well-being boards having an opportunity to comment, with aim to ensure alignment to health and well-being strategies. The final publication will then be in June. The update was welcomed, and it was emphasised that inequalities need to thread through all five priorities in Annex 1. The challenges of balancing short-term delivery versus long-term ambition were noted and it was highlighted that the Population Health Committee is a microcosm of this challenge, because of the large safeguarding and quality risk agenda it focuses on. The JFP will also be considered by the Clinical Advisory Group next week, which includes all the system's executive clinical partners – where they will have an opportunity to input and provide thoughts or recommendations. The Chair noted that Aidan Rave and Tim Nolan will attend Friday's Joint Forward Plan event on the Board's behalf, where they will be joined by 50 other partners. He thanked the colleagues involved in organising the event and welcomed an update on its outcomes. He reiterated that a draft of the plan will be sent to all members of this board for comment, and then there will be multiple opportunities to iterate before the final version by the end of June.	
13.	**Oxfordshire S75** The Chair introduced the item on Oxfordshire section 75 proposal, which is for formal approval – noting the paper is to be taken as read, and that Stephen and Grant can contribute to the discussion, but not be involved in the decision. Matthew Tait updated the Board that the new section 75 agreement ties into the earlier discussion around place-based partnerships and added the following comments: • The agreement reflects the present joint commissioning model between the ICB and Oxfordshire County Council and includes a change to the risk share model. • The paper refers to a 2.9% uplift to CHC budgets and outlines some mitigations – noting this poses some risk on increased pressures, given historical spending levels. This is an NHS spend issue for the ICB to work through. • It was debated with partners in the Oxfordshire patch whether to have an open-ended or time-limited agreement. The recommendation is to not set a defined time period, but note that we can change it with three months' notice or terminate it with six months' notice. There is a commitment to review in six months pending progress around the provider collaborative. The following points were made in discussions: • Jim clarified the 2.9% CHC uplift only accounts for inflation. The Chair noted the current economic climate has changed consideringly – but Jim clarified this is what the ICB was funded on. • The governance arrangements for the Joint Commissioning Executive (JCE) and link to ICB Board and Board committees were clarified, given the large sums involved. Catherine Mountford confirmed the JCE is an executive function delivering under the agreement so reports through the ICB executive team. If we wanted it to report differently, we can revise that, but we will have to establish it as a Committee of the Board. Stephen Chandler clarified that it reports to the Council cabinet only at budget setting time, but goes to Council for ultimate approval. The cabinet delegates the operational management of the budget, but at local level there is not the flexibility to randomly change spend. The governance process within the Council context is a similar parallel to how the report is coming to the BOB ICB now for approval, after having been worked through – with any variance captured through normal financial reporting. • The £5.5 m pressure on the learning disability spend was highlighted. Jim noted this reflects the overspend this year and there is no guarantee it will be the same next year. The principle is that it	

	will be managed within the overall resource and is not extra money. Stephen noted that Oxfordshire County Council does not take all the risk, because it would be illegal for a local authority to fund NHS care. He clarified the £5.5 million additional pressure relates to people with learning disabilities who have been deemed to meet NHS continuing healthcare criteria – so the local authority is not responsible for funding these services and support people receive in these contexts. Where there is a variance, CHC budgets are reconciled at year-end. • The balance of investment between the NHS and council for mental health services was queried. It was confirmed that there is an additional £2 million into mental health services from local authorities. Historically, the NHS has always had a greater responsibility for the services to people with mental health, and conversely the local authority has greater responsibility for services to people with learning disability. • Jim Hayburn noted some learning that in future a paper of this nature will be taken through the System Productivity Committee beforehand, to ensure a scrutiny before it comes to Board. The timeline for future agreements will be reviewed to ensure they are considered in Committee first. • Stephen Chandler noted the discussion has focused on a specific element of Section 75 (mental health and learning disabilities), but it is important to remember there is over £400 million worth of health and social care money across a range of services. This Section 75 was cited as an example of great practice where resources are put together to better the health and care outcomes for people in Place – and it is important BOB ICB to maintain and grow this approach. **Decision** • **The Board approved the agreement (with conflicted members excluded from voting).**	
14.	**Board Assurance Committee Reports** Updates from across the main Board Assurance Committees included: • Audit & Risk – The audit of the three former CCGs 2022/23 Q1 accounts were noted, as we come to the financial year-end. • Population Health & Patient Experience – Working through alerts which have been registered against services supporting our asylum population. • People – Noted that the committee membership includes broader system. ToRs now approved. • System Productivity – It was noted that another meeting has been recently held, since the information presented in the paper. This will be reflected at next Board. • Place & Systems – There was an insightful deep-dive into Buckinghamshire at the last committee.	
15.	**Forward Plan** Forward Plan noted by the Board and will be iterated as we go forwards. Chair noted his thanks to Catherine Mountford & Amaan Qureshi in the Governance Team for maintaining and developing this.	
Any Other Business		
16.	**Any Other Business** There being no other business, the meeting was closed at 1259.	
END		
Date of Next Meeting: 16 May 2023		