Minutes of the meeting of the Part 1 Public ICB (ICB) Board of NHS Dorset Thursday 7 March 2024 at 10am Board Room at Vespasian House, Barrack Road, Dorchester, DT1 1TS and via MS Team

Members Present:	
Jenni Douglas-Todd (JDT)	ICB Chair
Rhiannon Beaumont-Wood (RBW)	ICB Non-Executive Member
John Beswick (JB)	ICB Non-Executive Member
Jonathon Carr-Brown (JCB)	ICB Non-Executive Member
David Freeman (DF)	Acting ICB Chief Executive Officer
Siobhan Harrington (SH) (virtual) (part)	Chief Executive University Hospitals Dorset NHS Foundation Trust and ICB NHS Provider Trust Partner Member (member)
Leesa Harwood (LH)	ICB Non-Executive Member
Nick Johnson (NJ) (virtual)	Deputy Chief Executive, Dorset County Hospital NHS Foundation Trust (nominated deputy)
Rob Morgan (RM) (part)	ICB Chief Finance Officer
Jillian Kay (JK)	Corporate Director for Wellbeing, BCP Council (nominated deputy)
Alyson O'Donnell (AOD) (virtual)	ICB Deputy Chief Medical Officer (nominated deputy)
Debbie Simmons (DSi)	ICB Chief Nursing Officer
Kay Taylor (KT)	ICB Non-Executive Member
Simone Yule (SY) (virtual)	GP Alliance Deputy Chair, Primary Care Partner Member (nominated deputy)
Dan Worsley (DW)	ICB Non-Executive Member
Invited Participants Present:	
Neil Bacon (NB) (virtual) (part)	ICB Chief Strategy and Transformation Officer
Louise Bate (LBa) (virtual)	Manager, Dorset Healthwatch
Zoe Bradley (ZB)	Interim Chair, Dorset VCSE Board
Cecilia Bufton (CB)	Integrated Care Partnership Chair
Kate Calvert (KC)	Acting ICB Chief Commissioning Officer
Dawn Harvey (DH) (part)	ICB Chief People Officer
Andrew Rosser (AR) (virtual)	Chief Finance Officer, South Western Ambulance Service Foundation Trust (participant)
Ben Sharland (BS) (virtual) (part)	GP Alliance Deputy Chair
Stephen Slough (SS)	ICB Chief Digital Information Officer
Dean Spencer (DSp)	ICB Chief Operating Officer
In attendance:	
Liz Beardsall (LBe)	ICB Head of Corporate Governance
Juliette Blake (JB) (item ICBB24/036)	Director for Safeguarding & Early Help, BCP Council
Helen Brittain (HB) (item ICBB24/045) (virtual)	Senior Programme Lead, Mental Health, ICB Learning Disabilities, Children and Young People
Pippa Emmerson (PE) (item ICBB24/036)	Service Manager, Safeguarding and Targeted Support, BCP Council

ICB Deputy Director of Place
TOB Deputy Director of Flace
ICB Deputy Head of Corporate Governance
Director of Commissioning, NHS England
South West
t in the room. The meeting was also available
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Chief Operating Officer, Bournemouth
University
Joint Chief Executive Dorset County Hospital
and Dorset HealthCare NHS Foundation
Trusts and ICB Board NHS Provider Trust
Partner Member
Director of Public Health for Dorset and
Bournemouth, Christchurch and Poole (BCP)
Councils (participant)
Chief Executive, Bournemouth, Christchurch
and Poole Council
Leader Dorset Council and ICB Local Authority
Partner Member (West)
ICB Chief Medical Officer
ICB Chief Executive (member)
Chief Executive, Dorset Council
Leader BCP Council and ICB Local Authority
Partner Member (East)
Interim Programme Director, VCS Assembly
GP Alliance Chair, Primary Care Partner
Member

ICBB24/032 Welcome, apologies and quorum

The Chair declared the meeting open and quorate and welcomed Rachel Pearce, Director of Commissioning for NHS England South West and meeting presenters. There were apologies from Jim Andrews, Matthew Bryant, Sam Crowe, Graham Farrant, Spencer Flower, Paul Johnson, Patricia Miller, Matt Prosser, Vikki Slade, Jon Sloper and Forbes Watson.

ICBB24/033 Conflicts of Interest

There were no declarations of interest made.

D Spencer joined the meeting.

ICBB24/034 Minutes of the Part One Meeting held on 11 January 2024

The minutes of the Part One meeting held on 11 January 2024 were agreed as a true and accurate record subject to the following amendment:-

- Item ICBB24/002 – to amend the second sentence to read 'JB was <u>currently</u> an executive and Board member of Great Ormond Street Hospital.....'.

Action: SL

Resolved: the minutes of the meeting held on 11 January 2024 were approved.

ICBB24/035 Action Log

The action log was considered, and approval was given for the removal of completed items.

An update regarding action ICBB24/013 would be provided later in the meeting.

D Harvey, N Bacon and R Morgan joined the meeting.

Resolved: the action log was received, updates noted, and approval was given for the removal of completed actions.

Standing Items

ICBB24/036 Board Story: Family Hubs and Early Help, BCP Council

The Director for Safeguarding and Early Help, BCP Council introduced the Board Story on Family Hubs and Early Help.

The presentation laid out the elements for an effective Dorset Early Help system and recommendations included:-

- An agreed Early Help Partnership Framework

Early Help was everyone's responsibility to enable all children and young people to achieve the best outcomes.

There was an offer from Primary Care to link this work with the development of Primary Care Network services in terms of low-level mental health support.

The children and young people work was a key priority of the integrated neighbourhood team model. The key benefits of early help were clear, and the challenge would be to ensure a cohesive model for local communities.

There was a need to ensure ongoing funding support to enable a sustainable programme and commissioning budgets were being pooled to help take such programmes of work forward.

The Board welcomed the presentation and was supportive of the ask to champion the transformation work to encourage partners to work towards a joint Single Outcomes Framework to ensure a maintained focus on reducing demand for higher cost interventions.

J Blake/P Emmerson left the meeting.

Resolved: the Board noted the Family Hubs and Early Help Board Story.

ICBB24/037 Acting Chief Executive Officer's Report

The Acting ICB Chief Executive Officer (CEO) introduced the Acting CEO's Report.

Key developments to note since writing the report were:-

- The Secretary of State had issued Bournemouth, Christchurch and Poole (BCP) Council with a government direction notice in relation to its Special Educational Needs and Disabilities (SEND) service. The statutory direction would require all partners to work together at pace to improve services.

- Ofsted and the Care Quality Commission were undertaking an inspection of the local arrangements for SEND services across the Dorset Council area until 14 March.
- In relation to the pay offer to consultants, following a referendum the British Medical Association (BMA) had rejected the offer and had asked the Government to consider revising the offer.
- The ongoing junior doctors strike action remained challenging for Dorset. There was no breakthrough in terms of a pay deal and the ask was to plan next year's services without taking into account the impact of the ongoing strike action.
- The Chancellor had announced that the NHS in England would receive a £2.5 billion funding boost for 2024-25 however this would largely fund the cost pressures from system pay rises. There would also be another £3.4 billion to fund the NHS's plans to improve its productivity which would include the modernisation of digital systems.
- National progress was being made across all performance measures, noting the NHS had seen an increase of c.1.9M A&E attendances (4hr target) since this time last year.
- The Dorset system continued to face a significant challenging financial and operational position and planning work remained ongoing in relation to the system's 2024-25 Operational Plan with a final NHS England submission deadline of 21 March.

The Board noted the challenges regarding the current GP contracting position with the BMA having put the final 2024-25 contract to a referendum of BMA members. The potential risk of industrial action was noted and locally all was being done to support primary and community care where able.

The Board requested a future briefing item on the Dorset health system Electronic Health Record (EHR) platform in relation to progress and intentions.

Action: DF/SS

'Latest news' contributions were sought from all partners for inclusion in the CEO report and there was a keenness to see a regular VCSE sector update in future reports.

Recognising the ongoing significant challenges, it was pleasing to note the recently published NHS staff survey results were strong for Dorset overall, however work would continue to improve staff experiences across the NHS.

In relation to paragraph 2.2 – Martha's Rule, the Board noted the Dorset hospitals were in a good position in terms of the rollout.

In relation to paragraph 3.2 - Dental Plan, a dental services deep dive would be undertaken at the next System Quality Group with an update provided in the next Board Quality report.

Resolved: the Board noted the Acting Chief Executive Officer's Report.

ICBB24/038 Quality Report

The ICB Chief Nursing Officer introduced the Quality Report which had been previously scrutinised by the Quality, Experience and Safety Committee.

Key points to note:-

- The impact of the ongoing industrial action continued to be managed as effectively as possible. It was difficult to measure any resulting harm however work continued nationally and locally in terms of harm prevention.
- A review of the South West region data had been undertaken by South West Ambulance Service NHS Foundation Trust (SWASFT) focusing on patients requiring a category 2

response for suspected cardiac presentation and subsequent survival at 30 days. The figure had deteriorated and there appeared to be a link to extended ambulance waiting times. A SWASFT deep dive into handover delays would be undertaken and reported through the next Quality report.

- Significant improvement had been seen in the out of area mental health placements and work continued to reduce the number.
- In relation to the Medical Examiner Programme, work continued with primary care to ensure readiness for the death certification national reforms planned from April 2024.

The Board requested consideration be given to how to improve the access/visualisation of primary care data, recognising the continued dashboard work. The Acting Chief Commissioning Officer would take this away to consider outside of the meeting.

Action: KC

Resolved: the Board noted the Quality Report.

ICBB24/039 Dorset ICS Finance Update

The ICB Chief Finance Officer introduced the Dorset Integrated Care System Finance Update covering the financial position for the ICB and the system as at month 10.

Key points to note:-

- The system was reporting a year-to-date deficit of £36.7M. However, it was recognised the figures during the latter months of the financial year were a changing position.
- The main drivers and risks for the system's financial position continued to be industrial action, agency spend, elective activity performance and inflation.
- Progress was being made in terms of agency spend with one high-cost provider no longer used. Also, there had been a reduction to the system rate card for on-framework agency usage which should produce savings.
- For the ICB, prescribing, especially in relation to 'no cheaper stock obtainable' spend, and Personal Health Commissioning (PHC) continued to be the main risks.
- It was currently estimated that PHC budgets were running at 25% higher spend than the previous year due to increased costs of packages of care and increased acuity of cases.

A more detailed finance update would be provided in Part 2 of the meeting.

Resolved: the Board noted the Dorset ICS Finance Update.

ICBB24/040 System Performance Report

The ICB Chief Operating Officer introduced the System Performance Report.

Key issues to note:-

- In relation to the 11 January 2024 Part 1 action to consider how to ensure a consistent response whenever the patient accessed the system, work was underway in relation to the women's health hub to ensure a more streamlined, better experience. It was planned to use this work as a model approach for other areas. The Chair reiterated that the issue was more about having a single point of contact for each service to enable any service to seamlessly direct members of the public to the right place, and the Chair would pick up this issue with the ICB Chief of Strategy and Transformation outside the meeting.

Action: JDT/NB

- The significant performance focus during the year had improved the position with 21 operating standards being achieved. For the remaining 18 areas, 9 had maintained/improved performance and 9 had deteriorated.
- There had been focus on a smaller number of indicators including virtual wards and 78week waiters where good progress had been made with c. 53 individuals waiting across a range of specialties.
- In relation to 65-week waiters, the system appeared on track to meet its target.
- In relation to the 4 hour emergency department standard, significant focus continued however performance had not improved at the rate required to achieve the trajectory of 76% treated or admitted within 4 hours.
- No criteria to reside and bed occupancy remained a significant challenge and targeted work continued to address the issues.

The Board noted the improved patient flow for University Hospitals Dorset NHS Foundation Trust and the ambition to maintain the position to the year-end.

Resolved: the Board noted the System Performance Report.

ICBB24/041 Committee Escalation Reports

The Board Committee Chairs presented the committee escalation reports from the January and February meetings. All issues discussed were included in the previously circulated reports. The Chair asked the Board to focus their discussion on the key themes across the meetings to promote a more holistic and strategic discussion on the work of the committees.

Key issues included:-

- Integrated Care Partnership welcomed a labour market and skills data presentation from the Dorset Local Enterprise Partnership to better understand unemployment and recruitment issues beyond health and care, reaffirmed its commitment to the housing round table conversations and noted the good example of partnership working through the Going Smoke Free by 2030 presentation.
- People, Engagement and Culture Committee a development workshop would be held on 25 March. The Committee had recommended for Board approval the Equality Delivery System data and refreshed Equality Objectives for 2024-25 for publication to be taken under the Part 2 agenda. The Committee had recommended improvements and being a public document, it was recognised the language needed to be understandable and meaningful.
- Prevention, Equity and Outcomes Committee a discussion took place to better understand the landscape of prevention and health inequalities in Dorset with a view to starting to differentiate between primary and secondary interventions. Consideration was being given to the content of a report to the committee that provided a holistic view including the linking of programmes of work and the associated resource/investment needed.
- Productivity and Performance Committee an additional meeting was held on 6 March to discuss the year-end financial position in more detail. Discussions had commenced regarding what was meant by 'productivity' for the Dorset system and its residents.
- Quality, Safety and Experience Committee the integration of the quality and performance reporting continued to progress. The Committee had recommended for Board approval the Clinical Plan recognising the clinical networks would become the mechanism by which the pathways would be developed/implemented, noting the need to refresh the membership to ensure the right people/conversations were taking place.
- Risk and Audit Committee there had been a focus on the current financial year and year-end approach including the key judgements and risk assessments. The

Committee had recommended for Board approval the Board Assurance Framework which looked at the key issues for the ICB.

 Strategic Objectives Committee – a key focus had been the Joint Forward Plan refresh and the new Strategic Portfolio Management Office and Gateway Process, noting the need for a focus on outcomes and decision-making agility. There was recognition of the need to consider income generation including the opportunity costs.

Resolved: the Board noted the Committee Escalation Reports.

Items for Decision

ICBB24/042 Joint Forward Plan Review and Refresh

The Chief Strategy and Transformation Officer introduced the Joint Forward Plan Review and Refresh.

Work had commenced on updating the Joint Forward Plan following the NHSE national guidance and the report set out the intended timeline and approach to this work.

There were a number of key steps to be undertaken in preparing the final submission including significant engagement with stakeholder and partners and it was noted the current national submission timeline would need to be pushed out further as there was insufficient to enable this to be undertaken.

The revised Plan would build on the 2023 submission with progress updates including new and emerging areas of work. Transformation was a longer-term goal and alongside this remained a priority focus on tackling the current shorter-term system pressures system for 2024-25. There was a need to have milestone checkpoints in terms of delivery to ensure the Plan was on track and it was noted there wasn't a link with the trajectory to the financial challenges. There was a query regarding whether 'Joint Forward Plan' was the right name in terms of engaging with the local population.

Rather than seeking ICB Chief Executive Officer sign off, the Board agreed that the revised Plan be brought back to the Board for sign off prior to publication.

Action: NB

Resolved: the Board noted the update on the process to develop the Joint Forward Plan and agreed that a further report be brought back to the Board for sign off prior to the final submission.

ICBB24/043 Clinical Plan

The Deputy Chief Medical Officer introduced the Clinical Plan.

In order to deliver the ambitions of both the Integrated Care Plan and the Joint Forward Plan, it was essential to have an underpinning Clinical Plan.

Following completion of the Dorset system consultation phase, the Board was being asked to approve the finalised Plan to enable a move towards implementation.

The Plan contained a key set of principles to be applied when developing all clinical_services and the expectation was that the Dorset Clinical Networks would become the delivery arm.

Current priorities had identified three work programmes to become the first wave of clinical networks (cardiovascular, respiratory and neurology). In addition, it was likely diabetes

would be added and it was recognised the list may need to expand rapidly in response to emerging issues and priorities.

Key issues raised by the ICB Board included:-

- The need to consider best value/affordability for the system when developing services.
- To ensure the inclusion of the right primary care representation in relation to the clinical networks.
- The need to ensure prevention input within the clinical network representation.
- The need to ensure sustainable models including affordable workforce.

S Harrington left the meeting.

The Board was assured of the process in place but there was a need for an implementation plan which also demonstrated the link to the priorities for the forthcoming year.

The Board approved the Clinical Plan subject to sight of an implementation plan which would be brought to the Quality, Experience and Safety Committee in April and to the Board in May. The plan would need to demonstrate the link to the priorities for the forthcoming year.

Action: AOD/SL

K Calvert left the meeting H Brittain/M Harris joined meeting

Resolved: the Board approved the Clinical Plan

ICBB24/044 Prevention, Equity and Outcomes Committee Work Plan

The Head of Corporate Governance introduced the Prevention, Equity and Outcomes Committee Work Plan.

As part of the committee refresh, a Prevention, Equity and Outcomes Committee was created. The Board had seen the initial work plan but following discussion at the inaugural meeting in December 2023, the committee was recommending the updated work plan (Appendix 1) to the Board for approval, noting the content would continue to evolve as the committee became established.

Resolved: the Board approved the Prevention, Equity and Outcomes Committee Work Plan.

Action: SL

Items for Noting/Assurance/Discussion

ICBB24/045 Right Care Right Person

The Senior Programme Lead introduced the report on the Right Care Right Person.

Work had commenced to develop a collaborative approach to oversee a phased implementation that minimised the risk of harm and any unintended consequences. A gap, risk and mitigation analysis exercise had been completed. Key system themes identified were in relation powers, procedures, resources and harm and partnership working was ongoing to address these.

The timescale for the phase one (Concern for Welfare) approach to be in a state of readiness to 'go live' on 15 April was challenging. Dorset Police was content with a soft

launch and to use points of learning to move forward. Ultimately the programme steering group would determine whether to 'go live'.

B Sharland left the meeting.

The next steps were planned as:-

- Completion of the process and service mapping
- Data and costings (Concern for Welfare)
- Development of a Memorandum of Understanding between all partners
- A procedure review and development (Concern for Welfare)
- A training development focus (Concern for Welfare)
- The standing up of Phases 3 and 4

It was suggested following the 'go live' date, any significant implementation issues be reported to the Board through the standing Quality report.

Resolved: the Board noted the report on the Right Care Right Person.

ICBB24/046 ICB Annual Assessment 2023-24

The Chief Operating Officer introduced the report on the ICB Annual Assessment.

NHS England would use the ICB's Annual Report as a key source of evidence for the 2023-24 assessment. In addition, feedback would be requested from the local Health and Wellbeing Boards and Integrated Care Partnership.

For the 2022-23 Annual Assessment, NHS Dorset did not receive Health and Wellbeing Board feedback and the Director for Wellbeing, BCP Council offered to assist with engagement for the 2023-24 assessment if needed.

Resolved: the Board noted the report on the ICB Annual Assessment.

ICBB24/047 The Dorset Delivery Plan for Recovering Access

Resolved: the Board noted the report on the Dorset Delivery Plan for Recovering Access.

ICBB24/048 Questions from the Public

The following question had been received by a member of the public:-

West Dorset seems to have a particular issue with community pharmacy medicine supply. Former Lloyds Chemists are unable to supply many medicines and people are having to travel from Bridport to Beaminster to access pharmacies that can supply. Alternatively, patients are being referred back to their GP practices or travelling to other pharmacies and this is putting more pressure on other community pharmacies and also GP practices.

Is this included in the risks log for the Board and what can the Board do to assure the public that the sustainability of supplies from former Lloyds Pharmacies in West Dorset is being worked upon?

I appreciate that the whole of community pharmacy is under immense pressure but would really appreciate the Board's response as to levels of awareness for this population and what, if anything, can be done?

The response was read out by the Chair as follows:-

The Department for Health and Social Care has a medicines supply team who constantly monitor supply of medicines into the UK and provides central alerts to the NHS to notify generalised supply concerns. Medicines supply has improved from peak disruption last autumn but is still constrained for selected medicines due to global production system issues.

Where there is local supply disruption NHS Dorset would escalate the matter through our usual risk management process with the South-West Commissioning Hub to support community pharmacy. NHS Dorset has received confirmation that these issues are currently resolved.

We are happy to provide Mr Rawlinson a more detailed response outside the meeting if requested.

ICBB24/049 Any Other Business

There was no other business.

ICBB24/050 Key Messages and review of the Part 1 meeting

The Head of Corporate Governance summarised the key messages from the meeting as:-

- welcoming BCP Council's Early Help approach, noting the links with system partners and a recognition of the immediate and longer-term benefits for local communities,
- the commitment to using the language 'we' rather than 'you' when having system working conversations,
- the continued impact of the of ongoing industrial action,
- welcoming the positive improvements in the out of area mental health placements,
- no criteria to reside remained challenging however there was demonstrable system working to address,
- approval and support for the Clinical Plan,
- support for the approach to the Right Care Right Person initiative.

The Board reflected on:

- the richness of the discussions and right level of scrutiny/challenge throughout the meeting,
- the focus on the Dorset system as a whole rather than just health,
- the need to ensure plans included a focus on finances,
- as above, the commitment to using the language 'we' rather than 'you' and what more could be done to help others orientate into the 'we' space,
- the need to continue to use plain English in place of NHS terminology,
- the need to ensure the positive work around the Joint Forward Plan focused on the needs of the local population as well as meeting the required mandate.

The Chair thanked everyone including the public, for their attendance and contributions.

ICBB24/051 Date and Time of Next Meeting

The next meeting of the ICB Board would be held on Thursday 16 May 2024 at 10am, at the offices of Bournemouth, Christchurch and Poole Council. Further details would follow.

ICBB24/052 Exclusion of the Public

The Board resolved that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

Signed by:

Jenni Douglas-Todd, ICB Chair

Date: