

Meeting Minutes

ICP – Meeting in Public
Tuesday 4th February 2025, 14:00-16:00
Hybrid – Buckinghamshire Council / Microsoft Teams

Members	Organisation	Attendance
Cllr Angela Macpherson	ICP Chair ; Buckinghamshire Council	Attended – Physically
Martin Earwicker	Berkshire Healthcare NHS Foundation Trust	Apologies
Priya Singh	BOB ICB	Attended – Physically
William Butler	BOB VCSE Health Alliance	Attended – Physically
Cllr Martin Tett	Buckinghamshire Council	Attended - Physically
Cllr Zahir Mohammed	Buckinghamshire Council	Attended – Virtually
Dr Jane O'Grady	Buckinghamshire Council	Apologies
Louise Hurst	Buckinghamshire Council	Attended – Physically
Professor Gary Ford CBE	Health Innovation Oxford & Thames Valley (formerly Oxford Academic Health Sciences Network)	Apologies, representation sent
↳ Peter Ellingworth	Health Innovation Network in Oxford & Thames Valley	Attended – Physically
Prof Sir Jonathan Montgomery	Oxford University Hospitals NHS Foundation Trust	Apologies
Ansaf Azhar	Oxfordshire County Council	Attended – Virtually
Cllr Liz Leffman	Oxfordshire County Council	Attended – Virtually
Cllr Tim Bearder	Oxfordshire County Council	Apologies
Sylvia Buckingham	Oxfordshire Healthwatch	Attended – Physically
Dr Martin Thornton	Primary Medical (GP) Services	Apologies
Laurie Powell	Primary Pharmacy, Optometry & Dentistry (POD) Services	Attended – Virtually
Matthew Pearce	Reading Borough Council	Attended – Physically
Cllr Liz Terry	Reading Borough Council (Vice Chair, ICP)	Attended – Physically
Nicola Leavesley	Response	Apologies
Prof Sir Keith Willett CBE	South Central Ambulance Service NHS Foundation Trust	Attended – Physically
Cllr David Rouane	South Oxfordshire District Council	Attended – Virtually
Cllr Patrick Clark	West Berkshire Council	Apologies
Ingrid Slade	Wokingham Borough Council	Apologies
Cllr David Hare	Wokingham Borough Council	Attended – Physically
Jonas Thompson-McCormick	Wokingham Borough Council	Attended – Virtually
Attendees		
Craig McArdle	Buckinghamshire Council	Attended – Item 7 – Physically
Nick Broughton	BOB ICB	Attended – Physically
Phil Livingstone	Carnall Farrar	Attended – Item 10 – Virtually
Robert Bowen	ICP Secretariat ; BOB ICB	Attended – Physically
Darcy Carter	ICP Secretariat ; BOB ICB	Attended – Physically

1 member of the public attended in person.

Board Business		
1.	<p>Election of the Chair and Vice Chair</p> <p>Following the nomination by email, the Integrated Care Partnership (ICP) members unanimously voted Cllr Angela Macpherson to the position of Chair of the ICP.</p> <p>Cllr Macpherson (henceforth referred to as 'Chair' for the purpose of today's meeting) then noted the nomination for Cllr Liz Terry to the role of ICP Vice Chair. The ICP Membership unanimously voted their support of this appointment.</p>	

	<p>Decision: Cllr Angela Macpherson elected as ICP Chair</p> <p>Decision: Cllr Liz Terry elected as ICP Vice Chair</p>	
2.	<p>Welcome and Introductions</p> <p>The Chair opened the hybrid meeting and conveyed her thanks to the Integrated Care Partnership (ICP) membership and public for attending.</p> <p>It was noted that the meeting was being held both in person and virtually for members. It was also noted the meeting was to be recorded to allow members of the public unable to attend in person full access to the partnership discussion. The recording of the meeting would be made available to the public for transparency after the meeting.</p> <p>Members requested for the following items to be added to the forward planner and this was agreed:</p> <ol style="list-style-type: none"> 1. Primary Care Strategy update, including an update on primary care estate planning <p>Action: The Primary Care Strategy to be added to the forward planner and to be discussed in more detail as a future item.</p>	RB
3.	<p>Apologies for absence</p> <p>Apologies and representatives are recorded above.</p>	
4.	<p>Declarations of interest</p> <p>Sylvia Buckinghamshire (Oxfordshire Healthwatch) declared that she represents JHOSC and Committees which may have an interest, this was acknowledged and noted.</p>	
5.	<p>Minutes from the meeting held on 24 January 2024</p> <p>The minutes from the meeting of 24th January were agreed as a correct record, with one minor date of the meeting correction noted.</p>	
6.	<p>Questions from the public</p> <p>There was a question from the public and this was answered in item 1.</p>	
7.	<p>Introduction and Overview of ‘Listening Exercise’ report</p> <p>Craig McArdle (Corporate Director, Adults and Health, Buckinghamshire Council) and Robert Bowen (Director of Transformation & Improvement, BOB ICB) presented item 7, which focused on the findings of the Listening Exercise. This exercise had been commissioned by the Chair of the ICP in response to significant changes in representation and leadership within the partnership. This exercise was conducted by Paul Najsarek, an associate from the Local Government Association (LGA), with experience in local authority and NHS leadership. The Listening Exercise sought to provide a comprehensive understanding of members perspectives on the ICP’s ways of working, its impact to date, and its potential for the future.</p> <p>In summarising the key findings from the report, Rob Bowen emphasised the importance of the Listening Exercise in reaffirming the ICP’s commitment to partnership working. The report highlighted:</p> <ul style="list-style-type: none"> • <i>Commitment to the ICP</i> - There was a strong and unanimous aspiration among members to ensure the success of the ICP despite the challenges faced. • <i>Trust and strong relationships were critical to success</i> – There were concerns that local authorities did not always feel that they were treated as equal partners within the ICP. It was widely acknowledged that trust is fundamental to successful partnership working • <i>Purpose and role of the ICP needed to be clarified</i> – There are differing views on the purpose of the ICP, with some seeing it as a forum for scrutiny and challenge, while others viewed it as a vehicle for setting shared priorities and driving collaborative action. • <i>Membership and attendance</i> - There was concern that not all relevant professional perspectives were represented, particularly those of Directors of Public Health (DPH), Directors of Adult Social Services (DASS), and Directors of Children’s Services (DCS). • <i>Negligible impact to date</i> - Members struggled to identify any tangible achievements resulting from the ICP. While the publication of the Integrated Care Strategy was 	

	<p>acknowledged as a positive step, there was a shared recognition that the partnership had yet to translate discussions into meaningful action that benefited residents</p> <ul style="list-style-type: none"> • <i>The need for data and intelligence</i> - It was recognised that better use of data and intelligence could serve as a strong foundation for partnership working and that more needed to be done to ensure that decisions were informed by robust evidence • <i>Structure and format of the ICP meeting could be improved</i> - The mix of formal business meetings and workshop-style discussions was appreciated and moving forward, a greater emphasis should be placed on interactive workshop-style sessions, particularly for the immediate term discussion, including experience from other ICPs <p>The Chair thanked Craig McArdle and Robert Bowen for their report and reiterated the importance of members fully engaging with the findings of the Listening Exercise to ensure that the ICP could move forward in a more effective and coordinated manner.</p>	
8.	<p>Reflections on ‘Listening Exercise’ report</p> <p>Following on from the introduction above into the summary of the report, the Chair welcomed the feedback and discussion from ICP members regarding the key messages and recommendations outlined in the Listening Exercise report. The importance of open dialogue in shaping the future direction of the ICP and ensuring that the partnership operates effectively. Members were invited to reflect on the report’s findings and share their perspectives on the proposed changes, particularly in relation to the ICP’s role, membership, and overall impact. Feedback included:</p> <ul style="list-style-type: none"> • <i>Momentum</i> - Concern about the extended period since the ICP’s last meeting, which had been disrupted by the electoral cycle and structural changes within the ICB. There was shared frustration that this had delayed progress and contributed to a lack of momentum in the partnership’s work. • <i>Using the strategy</i> - Members emphasised the need to ensure that the ICP’s strategy and work programme complemented rather than duplicated existing efforts across the system. • <i>Role and purpose</i> – It was noted that it is essential there is greater clarity on the role of the ICP in understanding and responding to the needs of the local population • <i>Use of data for forward planning</i> - Members questioned how well the partnership was using available data to identify population trends and anticipate future health and care needs. It was noted that the current approach to service planning may not be sustainable in the long term, given the changing demographics and evolving health challenges facing communities. There was broad agreement that the ICP should adopt a more forward-thinking, population-driven approach to its work to ensure that services remained sustainable and fit for purpose • <i>Building the partnership</i> - Members discussed the importance of fostering an equal partnership between all organisations within the ICP. <ul style="list-style-type: none"> ○ There was a recognition that true integration required active engagement and commitment from all partners and that this could only be achieved if all voices were valued and given equal weight in decision-making. ○ Members agreed that further efforts were needed to build trust and ensure that the ICP operated as a genuinely collaborative forum. • <i>Demonstrating impact</i> - There was a shared view that the partnership should focus on a small number of priority areas where it could make a real difference, rather than attempting to address too many issues at once. • <i>Data and intelligence</i> - Members supported the idea of using data and intelligence to inform priority-setting and suggested that an early workshop session should be held to identify key areas for action. <p>With respect to building a delivery capability and agreeing priorities for the ICP, it was agreed that the Directors of Public Health, with support from the ICB would meet to (i) agree progress against the ICP published Integrated Care Strategy, (ii) identify a small number of priority actions to work before the next meeting of the ICP.</p> <p>The item concluded with a commitment from members to engage fully in the next steps and to take collective ownership of the ICP’s future direction. The Chair thanked all participants for their contributions and emphasised the importance of maintaining momentum in the work of the ICP.</p>	

	<p>Action: Robert Bowen and the DoPH to work together to identify a date to review their progress of the strategy and pull out the main themes.</p>	<p>RB & DoPH</p>
<p>9.</p>	<p>Updates from partner organisations</p> <p>The following Director's of Public Health provided the following partner organisation updates.</p> <p>Ansaf Azhar (Oxfordshire County Council) provided an update following the refresh of the Oxfordshire Health & Wellbeing Strategy (HWB) and Joint Strategic Needs Assessment (JSNA). This process has been informed by engagement with residents and communities, particularly those in areas of deprivation, ensuring that local needs are accurately reflected. The following items were discussed:</p> <ul style="list-style-type: none"> • 10 system priorities (start well, live well, age well) - A key element of Oxfordshire's approach has been the development of ten system priorities mapped across three life stages: start well, live well, and age well. These priorities are underpinned by four key domains and supported by measurable indicators to track progress. The integration of system-wide activities with these priorities has facilitated greater partnership buy-in, ensuring that stakeholders are aligned in delivering targeted health improvements. Examples of progress were shared: <ul style="list-style-type: none"> ○ Start well - Additional health visiting has been introduced for children at age four to address gaps before school entry. ○ Live well - Efforts have been made to implement smoke-free legislation, tackle obesity, and encourage physical activity through a system-wide approach. ○ Financial well-being has also been identified as a key area of focus, with advisory services being provided in communities facing deprivation to address economic hardship and its impact on health outcomes. • Development of Marmot County - Oxfordshire has formally adopted a Marmot County approach, placing addressing health inequalities at the centre of its strategy. The county faces both urban and rural health disparities, with ten areas ranking within the most deprived 20% in England. Challenges remain identifying approaches for measuring rural health inequalities, and that continues to be explored. • Establishment of a Policy Lab - In collaboration with Oxford University and Oxford Brookes University, a Policy Lab has been mobilised to address local health challenges through academic research and evidence-based policymaking. This initiative aims to apply global expertise to tackle complex health issues at a local level. • Well Together Programme – An investment of £1 million has been allocated to tackle health inequalities in the most deprived areas through the "Well Together" programme. This initiative supports social prescribing efforts, working directly with residents to improve access to healthcare, promote healthier lifestyles, and address wider determinants of health. The programme is currently being evaluated to assess its impact on reducing service demand and improving overall well-being. • Evaluation of Healthcare Intervention Programmes, Alcohol Care Team – The Alcohol Care Team programme has recently been evaluated and demonstrated a significant reduction in emergency hospitalisations within three months of implementation. Similarly, the "move to get" initiative, designed to reduce falls among individuals with long-term conditions by promoting physical activity, has shown promising results, including a 50% reduction in GP appointments and a 25% reduction in falls. These interventions, while primarily preventative in nature, have already demonstrated tangible benefits in alleviating pressures on health services. <p>Louise Hurst (Buckinghamshire Council) provided an update on the ongoing public health initiatives within the county, emphasising the importance of learning from each other and strengthening collaborative efforts across the system. She noted that key partnerships operating at the place level, particularly through the HWB, continue to play a crucial role in delivering priorities focused on improving health and wellbeing and addressing health inequalities. As part of the process to refresh the Health and Wellbeing Strategy, an</p>	

evaluation of past initiatives has highlighted significant progress in several priority areas. The following items were discussed:

- **Reducing smoking in pregnancy** – It was highlighted the success in reducing smoking prevalence amongst pregnant women, recognising the long-term health benefits for both mothers and their children.
- **Tackling childhood obesity** - A key area of focus has been tackling childhood obesity. Recent data indicates that the previously observed upward trend in childhood obesity, particularly in Year 6 children, has stabilised over the past three years.
- **Working age ill health** – The discussion also covered the increasing rates of economic inactivity due to ill health. The rising number of individuals unable to work due to long-term health conditions has placed additional pressure on health and social care services. It was stressed the importance of social connectedness in supporting healthy ageing and ensuring that communities have access to support beyond primary care.
- **Expanding health checks** - Another achievement in Buckinghamshire has been the significant increase in the number of NHS health checks delivered in deprived areas. In the last quarter, nearly half (48%) of all health checks were provided to individuals from the most deprived quintiles of the population. This targeted approach aims to address health inequalities and improve early detection of cardiovascular disease (CVD) and other preventable conditions.
- **Health on the high street initiative** - A community health hub located in Aylesbury's town centre. This initiative provides open-access health advice and support to local residents. By offering a convenient, accessible service in a familiar setting, the programme seeks to improve health engagement, particularly among harder to reach populations.

Matthew Pearce (Reading Borough & West Berkshire Council) provided the following update, and inclusive of Wokingham Borough Councils updates on the behalf of Jonas Thompson-McCormick. He outlined the ongoing review of the HWB in Reading and West Berkshire, which is being supported by Paul Najsarek and a colleague from the LGA. The review is assessing the role of the HWB in improving population health and how the boards can function more effectively. The findings are due to be published in the coming weeks, will set out clear aims and objectives for the two boards and provide recommendations for strengthening their impact. The following items were discussed:

- **Joint HWB Strategy across Berkshire West** - It was highlighted the progress in developing a joint Health and Wellbeing Strategy across Berkshire West, bringing together the three local authorities, under a shared vision. He emphasised the importance of recognising the extensive work already taking place at a local level to improve health outcomes. An example of this was the introduction of additional health checks, which have been effective in addressing cardiovascular disease, particularly within communities that are overrepresented in health inequalities, including ethnically diverse populations.
- **Smoke Free** – The update included an overview of progress in reducing smoking prevalence across the region. While overall rates continue to decline, some specific target groups remain challenging to reach. Efforts are ongoing to ensure that smoking cessation initiatives are tailored to the needs of harder-to-engage populations, with a focus on reducing health inequalities.
- **Development of Marmot Place** – Similar to Oxfordshire, Wokingham has joined the Marmot Place process, which involves reviewing current policies, initiatives, data intelligence, and resident insights to embed a greater focus on reducing health inequalities. In line with this, local authorities are also working on a "health in all policies" approach, ensuring that health and wellbeing considerations are integrated into decision-making across a wide range of sectors.

10. **Pathway to sustainable healthcare – BOB system data**

	<p>This item was scheduled to be presented by Phil Livingstone (Carnall Farrar) virtually, however given time constraints Robert Bowen provided an overview of the work being undertaken.</p> <p>He highlighted the significant challenges facing the health and care system, and the need for an effective medium term plan to ensure sustainability and improved outcomes. The ICB has been conducting an in-depth analysis of system-wide data to gain a clearer understanding of changing population health needs and service utilisation patterns.</p> <p>To facilitate this discussion, a workshop was held the previous week to begin engaging system partners in identifying priority areas for action. The outputs of the work will feed into the development of the Joint Forward Plan, which will outline how NHS services will operate in collaboration with wider system partners. The intention is to ensure that planning is data-driven and aligned with the broader health and care system to deliver long-term sustainability.</p>	
11.	<p>Any Other Business</p> <p>The Chair asked members if they had any other business and none was raised.</p> <p>The Chair thanked everyone for their participation in the meeting and the meeting was drawn to a close at 16:04.</p>	
<p>Next Meeting: To be scheduled in April.</p>		