BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

System Delivery plan

31 March 2022

Contents

1. Summary

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Plan highlights

- The Q4 System Development Plan demonstrates our progress to date, the outstanding activity in relation to the ICB implementation plan through to 1 July and importantly, builds out a 12 month plan for the broader ICS development.
- We continue to make good progress as a system, demonstrating benefit through system working including delivering one of the most successful vaccination programmes in the country, the effective load-balancing of wave 2 critical care and adopting load balancing in the elective recovery programme.
- The delivery of critical “ICB Architecture”, which allows the ICB to function as a statutory body, is progressing as planned and includes the successful recruitment of the Chair and Chief Executive designate, the Non-Executive Directors and key interim ICB executive appointments as well as the creation of the ICB Constitution, which outlines the roles and responsibilities of the newly formed decision making groups.
- We understand the need for key leadership positions and an empowered suite of decision-making groups to accelerate the “ICS Development”, however we have progressed the Acute Provider Collaborative, enhanced our thinking on Place-based governance as a precursor to future delegation and planning, and have formulated an approach to deliver the ICS strategy in 2022.
- We have identified key enabling activity that needs to be mobilised including enhancing our offer in digital and data, tackling inequalities and clinical leadership.
- We will continue to broaden our engagement with key system partners as the ICS development agenda progresses.
- Whilst there is good organisation and involvement across the PCNs, a more coherent infrastructure to facilitate and enable that involvement is being devised as it seen as an essential part of our development.
- The Implementation Plan (Annex 1) looks to demonstrate the key activity and risk associated to the ICB statutory date and the ICS development roadmap (Annex 2) outlines the plans and outcomes associated to the development of the broader ICS

Top risks to the delivery of our plan

- Supporting the broader ICS cultural shift required
- Balancing our change agenda and BAU responsibilities
- Balancing the effort to set up PBPs and Provider Collaboratives with operational pressures
- Level of effort to establish the ICB
- Appropriate level of engagement on the ICS Strategy & SDP
- Enabling a smooth ICB Board and Executive team onboarding process

Request for support from NHSE&I South East regional team

- Intelligence function development SME support
- Digital Literacy - Leadership Academy support
- ICS operating model definition and future resources
- Co-developing the approach to commissioning
- A renewed focus on PCN development with regional support to disseminate good practice pan region

2. Introduction

Introduction
Overview

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Our System Development Plan (SDP) submission for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) sets out our progress and short term plans in establishing the core "ICB architecture" required to effectively coordinate, manage and align our broader system partners, local government and emerging ICB team by the revised statutory date, 1 July 2022. This is in support of the Readiness to Operate Statement (ROS) and the Due Diligence Checklists that now reflect the revised date.

Furthermore, we have looked to outline the future ICS Development plan for the upcoming 12 months, building on the intent shown in October 2021, to demonstrate our progressed thinking, and supporting plans, across the core ICS development areas. These have progressed well in light of the Omicron winter period and supporting vaccination roll out, however we recognise that we can accelerate these activities once the "ICB Architecture" is in place and we have key governing groups, accountable Executives, Non-Executive Directors and our Chair designate fully established and working effectively with our system partners.

We have worked with our system partners to create each element of the ICS development plan. We recognise that the plan will continue to develop as the ICB architecture is delivered in line with the ICB statutory date. This includes the recruitment of the ICB Executive team and the formation of the ICB Board, the Integrated Care Partnership (ICP) and the Place-based Partnerships. We will work to broaden the development plans out and fully capture the view and priorities of our system partners as part of the ICS 5 year strategy.

Our Approach

Our approach has been to demonstrate that the 1 July 2022 statutory date is on track, with a well managed critical path and with all risks transparently outlined and mitigated.

The SDP showcases our ICS development roadmap, with supporting structure, information and plans. It shows the developing thinking, an understanding and active management of the level of dependency between the activities and transparently outlines where areas are more developed than others, with plans to address this.

Implementation Plan (annexe 1)

Our implementation plan, included as an annexe to this SDP, is directly informed by the work on the Readiness to Operate Statement and Due Diligence checklists, which enable a safe and effective transfer of people, property and liabilities from our three CCGs into the future arrangements for the ICB.

This has been stripped back from last time however we have provided a summary of the progress made to date and where we have activities left to complete ahead of 1 July.

ICS Development Roadmap (annexe 2)

Our ICS Development Roadmap, included as an annexe, outlines the critical "ICB Architecture" required, the areas in scope for "ICS Development" and the key "ICS Enablers" required for the system to successfully deliver its 4 key outcomes.

Plans and outcomes have been devised for each workstream, with recognition that the progress made across each area varies based upon leadership, level of engagement to date and level of dependency on the core "ICB Architecture".

It is worth noting that at the date of submission of this SDP, the operational and financial plans for 2022/2023 would have been submitted. This may impact the speed at which the activities can be progressed however we will reassess ahead of the next upcoming SDP submission, assumed to be required for 1 July 2022.

Introduction

Components of our ICS development roadmap

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- We have outlined a 12 month ICS Development Roadmap to illustrate the activity we have underway, and the respective dependencies, through to April 2023. The roadmap includes:
    - **ICB Architecture** (including ICB People, system governance, secure transfer of functions and system inc. commissioning, communications and engagement)
    - **ICS Development** (including Vision, Strategy Provider Collaboratives, Place-based Development, and system financial frameworks)
    - **Enablers** (including digital, data & BI, clinical & professional leadership, diversity and inclusivity, tackling inequalities and assurance)
- Our focus to date has been laying the groundwork for the ICB ("the architecture") including the safe transition of the CCG functions into the ICB, shaping the ICS strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.
- This is reflective in our plans and the relative progress seen. Some areas are more defined as we have recognised the dependencies between the activity and focused on the enabling "ICB Architecture" in the short term, to then allow the ICS Development activity to accelerate from 1 July 2022.
- We continue to work transparently with our system partners, ensuring a good level of communal ownership and engagement throughout, with an open view of the progress, plans and where active contribution and thinking is required.

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3. System Context

Integration as a driver to deliver better outcomes

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In February 2021, NHSE&I set out legislative proposals for the Government in its White Paper, 'harnessing integration and driving innovation to improve health and social care for all', were central themes and key to establishing ICSs on a statutory footing with strengthened provisions to ensure that local government could play a full part in relevant ICS decision making. A second White paper published in February 2022 has extended proposals in relation to local governments role in place.

Key **aims of an effective ICS** are as follows:

- To improve population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

For us this means **creating an ICS that enables us to**:

1. Deliver the NHS Long Term Plan – Go further and faster
2. Improve collaboration between providers and commissioners
3. Deliver agreed outcomes for the population by providers coming together around pathways
4. Make better use of our collective but finite resources

This SDP and associated activities lay the groundwork for us to transition CCG functions into an effective ICB from 1st July 2022 and work with the ICP to transform services across our geography.

System context

Our ICS sits at the **heart of the Thames Valley**. It covers the geography across three counties, is coterminous with the local authority boundaries of Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham and has a population of nearly 1.8 million. Whilst overall our population enjoys good health and a relative strong socio-economic condition, we do have pockets of severe deprivation.

Integration of health and social care is a priority of the UK government which is progressed by NHSE&I. Our system was established back in 2016 as a System Transformation Partnership (STP) and will transition across 2021/22 to become a fully operational, statutory organisation by July 2022. Our constituent organisations include 175 GP surgeries, five local authorities, two acute hospital trust, one integrated acute and community health provider, two mental health and community providers, one ambulance trust and a single operating model across three CCGs.

Covering large parts of the Thames Valley, our location offers quick access to London and strong transport links including motorways, international airports and the HS2 train line.

Our ICS has a **strong economy** with three local authority areas in the top 30 areas out of 374 in the UK (in terms of GDP per head) and many multi-national corporations such as med- and bio-tech, technology, pharma and life sciences have a base in our patch.

Our geography is also home to two internationally recognised and respected universities in Oxford and Reading, which both have strong links to our secondary and tertiary care providers.

Innovation is further driven by our partners in the Academic Health Science Network (AHSN) and our research active hospital trusts. For example, Royal Berkshire Hospital Foundation Trust is one of the most research active district general hospitals in the country. There are also 2 Biomedical Research Centres at Oxford Health and Oxford University Hospitals currently seeking to renew their five year funding in April 2022.

Our ICS in numbers

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Integrated Care System

System Successes

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PPE cross-system

The wave 1 pandemic response to managing PPE access was the catalyst to pan-ICS working for BOB. The Bucks CCG DoF initiated and delivered a mutual aid approach with NHS and local authority partners ahead of the regional mutual aid scheme commencing.

Vaccination programme

Our Covid 19 vaccination programme delivery and uptake is routinely in the top 3 ICS' in the country – achieved through dedicated leadership time and people working across our system, in particular in our PCNs and our Lead provider Oxford Health. The joint working across local authorities and all our health providers has made this possible.

Critical care load balancing during wave 4

The 3 acute providers maintained access to critical care services during Winter 20/21 through the leadership of the CMO and CNOs. This required collaborative clinical leadership and decision making across the Place boundaries.

Inpatients - Learning Disabilities and Autism

Each year the ICS is set a target to reduce the number of people with learning disabilities and/or autism who are inpatients. The ICS has exceeded its 2021/2022 targets for Adults and Children and Young people, which is an achievement given the complexity and time taken to find the right place for each individual. The ICS also conducted 44 safe and well-being reviews as part of the national requirements to undertake an in-depth review of all inpatients (adult and CYP), involving both physical visits or remote reviews due to COVID. This work is ongoing.

TV Cancer Alliance and elective mutual

The ICS is part of the Thames Valley Cancer Alliance and whilst the achievement of the 62d standard is challenged, the Alliance is achieving the faster diagnosis standard and is currently one of the top quartile performing alliances in England

Elective mutual aid

BOB ICS has set up an elective recovery board under the leadership of Steve McManus CEO RBH. The Board has led a series of mutual aid and load balancing arrangements across the ICS to support elective recovery. All 3 acute providers have made a Board commitment to join the acute elective collaborative.

CAMHS (tier 4) provider collaborative

From January 2021 to January 2022 the collaborative achieved progress in inappropriate out of area placements and out of care occupied bed days:

- Inappropriate out of area placements – January 21 (13) – January 22 (7)
- Out of care occupied bed days (174) – January 22 reduced by 85%

Hospital discharge programme

In January 2022, the ICS completed an analytical review of the hospital discharge programme and the impact it had on ALOS and total length of stay. This has led to each Place reviewing it optimal discharge model. This work is ongoing.

System Pressures

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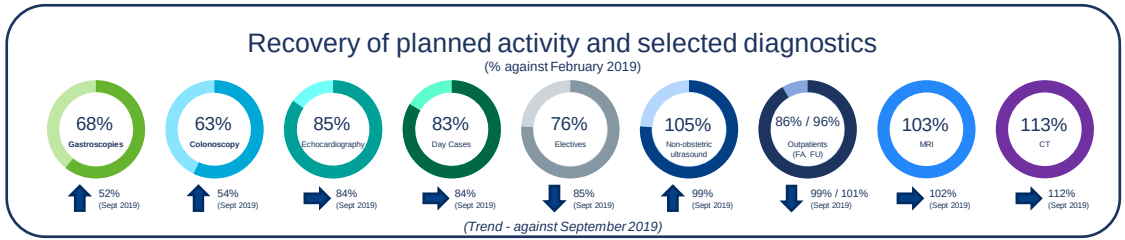
During COVID-19, capacity for planned activity including surgeries, procedures and outpatient appointments fell and unfortunately, in some areas, activity had to be temporarily stopped to accommodate COVID-19 patients. Objectives of our SDP include the recovery of our planned care services, improving performance and addressing waiting lists. By doing so, we are pushing forward with our transformational programmes for elective services such as outpatients and new discharge models and embedding new and innovative ways of interorganisational working that have proven effective during the pandemic such as mutual aid.

The system continues to operate under **financial pressure**, with a draft forecast deficit in excess of £100m for 2022-23. This will be addressed as part of the financial sustainability strategy that will be developed in Q1 22.



While progress has been made in re-establishing most services, the compounded impact of the first, second wave, and third wave on waiting times and access is still being felt and is affecting the delivery of UEC performance and reduction of long waits in elective care.

While there is agreement and good progress on collaborative working in patches across the system, we need to ensure that this **culture of working together is disseminated** to all organisations.

Significant **workforce issues across social care**, particularly in the Domiciliary Care market, are being experienced across each of the 3 Places. This is impacting on discharge and flow as highlighted in a recent study across the ICS, commissioned in January 2022.

Challenge to **performance** continues across A&E, 111, 999 with increased activity across the board as compared to previous months.

Regional escalations to our system have focused on the number of long waits (over 52 weeks and over 104 weeks). 104 trajectories have been mapped with the national ask to reduce 104 week waits to 0 by July 01st 2022. These are also included in the 2022-23 plans. Long waits are being tracked weekly and have been split by specialty, non-admitted and admitted pathways.

With a vacancy rate of 7% (7% Oct '22) in providers and a 14% turnover (17% Oct 22) which continues the decrease in turnover rates over an 18 month period. However more will be done to **improve attraction / retention rates** as the ICS People Strategy develops.

We will use our current performance and recovery challenges in some of our system organisations as an opportunity to learn how to approach the role of shared accountability and oversight in order to leverage improvements in our services. Working in partnership with NHSE&I we will test how to operationalise a system response to a significant challenge through blending traditional regulatory approaches with new ideas on strategic problem solving and shared risk management.

Where we aimed to land by the end of Q4

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In October, we set out a number of outcomes we wanted to deliver. Below represents the status and the progress we've made as well as where we have impacted by the change in ICB Statutory date.

Activity delivered

- Confirm designate appointments to remaining senior ICS roles (in line with the relevant guidance)
- Ensure people in affected roles are consulted and supported
- Commence engagement and consultation on the transfer with trade unions
- Engagement on local ICS constitution and governance arrangements for the ICB and ICP
- Recruitment activity on track for the designate CFO, CMO, CNO and other ICB board roles, as well as other designate senior leadership roles within the ICS, including place-level leaders and non-executives. Interim leadership in place from 1 April

Activity on track - Impacted by statutory date change

- Ensure that revised digital, data and financial systems are in place ready for 'go live
- Complete due diligence and preparations for staff and property (assets and liabilities, including contracts) transfers from CCGs and other NHS staff transfers to new ICB
- Established the ICB Board and ICP in shadow form
- Submit the ICB constitution for approval and agree the 2022/23 ICS MoU with NHSE&I, setting out key elements of how the new ICB and ICP will operate

Activity at risk for 1 July

- Complete preparations to shift our direct commissioning functions to the ICB, where this is agreed from 1 April 2022

  Commissioning requirement by 1 July 2022 to be confirmed with region

- Matured views on the system vision and principles as precursor for comprehensive system strategy

  Development work underway to inform initial ICB strategy board meeting under development with ICB Chair & CEO designate

- Delivery against ICS performance trajectories

  Out of scope - to be picked up as part of operational planning and delivery

Developing the BOB ICS Vision

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The vision for the ICS will be developed in collaboration with our system health and care partners, as part of the ICP 5-year Strategy development in 2022. Although preparatory work* will start from April 2022, the core vision and strategy development will coincide with the formation of the ICP board on 1 July 2022.

Our thinking will mature and develop however we have a view of some of the BOB ICS characteristics we will incorporate as the ICS strategy is defined. These are aligned to the ICS objectives and the Long Term plan, and include the following:

Health and Care Providers will work in a strategic and collaborative manner to deliver better, **more integrated and more consistent Health and Wellbeing outcomes** at scale to its population

Tackling inequalities will be at the heart of the ICS, ensuring that the full population can **access the Health and Social care they require in a timely and consistent way**

The level of delegated responsibility at "Place" will grow, with the delegated budget to support. **System partners, inc. local government, primary care and VCSE organisations, will work closely** to deliver the outcomes that really matter to each "place", in support of the local H&W Board strategies

A high **level of engagement with the systems' wider partners and public will be fundamental** as the ICS sets out its strategy and develops over time. Deliberative engagement, to **allow these groups a voice when outlining the system needs and making trade offs**, will be a critical throughout

The **ability to understand and measure the impact of our services on Population Health** will help drive an outcomes focused mindset across the system. A suitable **digital platform, which links to National Guidance and enables the System and Places to deliver**, will crucial to the system's success

The **ICS changes introduced need to enable the system to accelerate the delivery of the ICS priorities**, particularly in regard to Elective Care Recovery, the provision of Urgent and Emergency Care and Child and Adolescent Mental Health Services and Temporary Staffing

Clinical leadership, system partners and ICB Executives are required to set a joined up vision for the system. They will have the **responsibility to set the tone, the system culture and a development path for the whole system**, aligning and balancing clinical risk, working as a collaborative group

The ICS, and its system partners, will work **within the confines of the finite resources available**, with **resource allocation based upon clear and justified clinical need**

** Preparatory work includes the creation of a strategy development team, collation of existing Strategy materials, forming a consolidated baseline data set (including JSNAs, population health, financial, performance data) - all with a view to create a baseline for the ICP to be effective from 1 July onwards.*

4. Defining our ICS development roadmap

Defining our ICS development roadmap

Aims and underpinning principles

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The **aims** of the roadmap are:

- To set out, through several integrated workstreams, the key ICS development changes and associated outcomes we are aiming to deliver over the next 12 months, giving greater line of sight on the required work to support more detailed planning;
- To highlight the key interdependencies and areas of risk across the plan and with other key stakeholder activities (e.g. local elections);
- To provide the continuum of the current System Delivery Plan i.e. the foundations around which to write the next SDP due by the end of March 2022.
- To create the baseline to manage delivery against.

The **scope** of the roadmap includes:

- Establishing the building blocks of the BOB ICS over the next 18 months (including the ICB architecture, Provider Collaboratives, Place-based Partnerships, new/strengthened ICB capabilities to support the ICS);
- Defining the ICS strategy over that period.

The roadmap **does not include**:

- Delivery of the strategy (it only includes the development phase of the strategy);
- Delivery of all the service and system changes underway (apart from the agreed ICS priorities);
- Delivery of operational plans;
- Full details of “cross cutting” enabling workstreams (awaiting some interim appointments to commence)

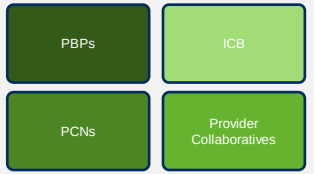
Defining our ICS development roadmap

Scope - What do we mean by ICS Development?

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- The **existing SDP is predominantly focused on delivering the "safe transfer of CCG functions"** into the ICB by July 1st 2022.
- The **ICS development roadmap outlines the plan to develop the key ICS building blocks and strategy**, which in turn, will enable the accelerated **delivery** of the current ICS priorities and ICS Strategy in 2023.
- The **ICS and its partners will continue to deliver operational plans throughout**, which are captured outside of the scope of the ICS development roadmap.

"Building Blocks" of ICS



- ICB Board
- Executive Team
- Governance
- Operating Model
- New Capabilities

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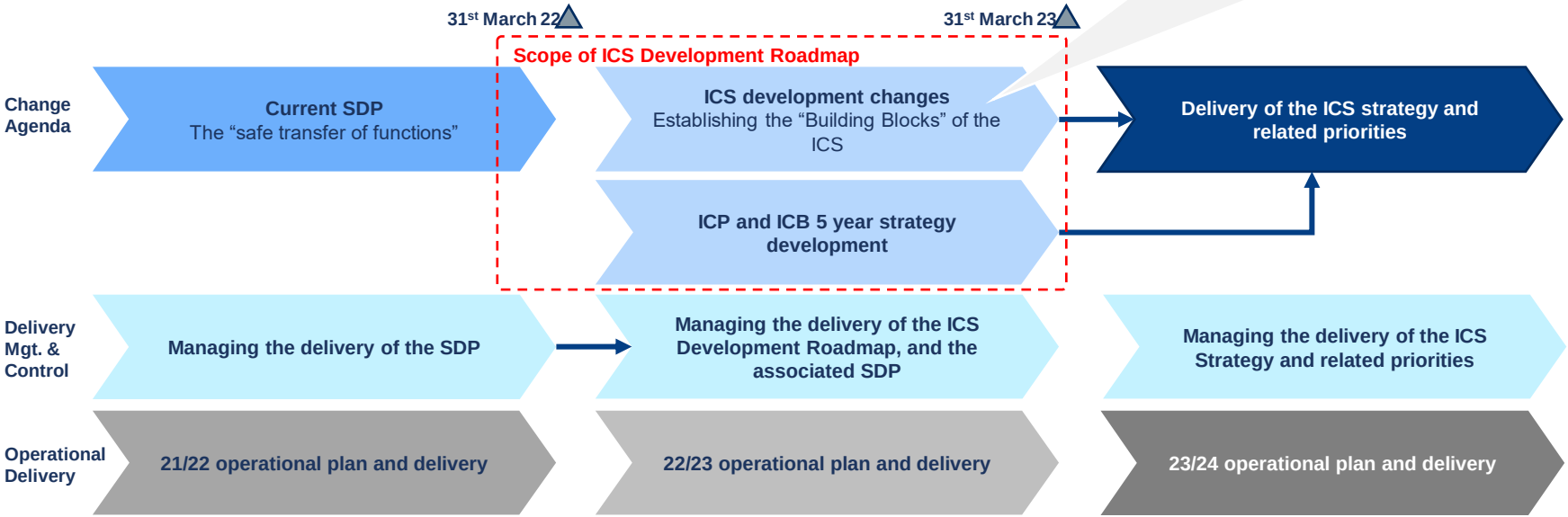
- Place - based Partnerships
- Provider Collaboratives
- PCNs



Defining our ICS development roadmap

Key streams of work

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Defining our ICS development roadmap

Engaging our system partners

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Although the focus has been on the "ICB Architecture", our broader system partners have already been engaged, with plans to increase engagement over the coming months. This has been in addition to the ICB Development Board sessions and the SLG which occur on a monthly basis.

ICB Architecture	**ICB People & Operating Model**	• *Consulted with Chief Executives across Health and Care re. Executive appointments*
	System Governance	• *Led by Chair and Chief Executive Designate* • *With Trusts, Local Authorities, Primary Care, Healthwatch, VCSE alliance, lead governors and Oxfordshire PPGs*
	ICB Technical / Function Integration	• *Led by CCG staff on behalf of the ICB*
	System Communication & Engagement	• *Engaged with Healthwatch, VCSE alliance, lead governors and Oxfordshire PPGs*
ICS Development	**Provider Collaboratives**	• *Worked with the Provider Chief Executives* • *NHSEI on CAMHS Tier 4 and Provider COOs on Elective Recovery*
	Place-based Partnerships Development & Delegation	• *In collaboration with Executive Leadership in each of the Places*
	ICS Strategy Development & Public Engagement	• *In collaboration with Directors of Strategy, CCG Clinical Chairs and DPHs*
	System Financial Framework	• *Led by NHS DoFs*
ICS Enablers	**Digital, Data and BI**	• *In collaboration with Primary Care & CIO network*
	Clinical and Professional Leadership	• *Further work required, to be picked up as part of interim CMO*
	Diversity and Inclusivity	• *In partnership with ED&I Leads, staff network and Human Resource (HR) representatives*
	Tackling Inequalities	• *In collaboration with the DPHs*
	Assurance	• *In collaboration with Directors of Assurance and Corporate Secretaries*

Defining our ICS development roadmap

Key streams of work - degree of completeness

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The focus has been on building the "ICB Architecture". Once the ICB is established on 1 July, the focus will turn to accelerating the ICS Development workstreams, with the supporting enablers.

ICB Architecture

- **ICB People & Operating Model**
- **System Governance**
- **ICB Technical / Function Integration**
- **System Communication & Engagement**

- Plans emerging and activity underway
- Outcomes understood
- Workstream owners in place

Linked to the successful delivery of the Implementation Plan and the underlying Readiness to Operate statement

ICS Development

- **Provider Collaboratives**
  - *High level approach for 2022 and 2023 agreed including the role they will play in delivering the ICS priorities e.g. Elective Care*
- **Place-based Partnerships Development & Delegation**
  - *The role of "place" being considered as part of the wider system governance work however further work is required to describe the development to a set of "thriving places"*
- **ICS Strategy Development & Public Engagement**
  - *ICS Strategy Development approach and high level plan developed*
  - *Mobilisation of the detailed strategy approach is underway*
- **System Financial Framework**
  - *Financial framework being developed in line with statutory requirements*
  - *Framework to be enhanced ahead of 23/34 financial planning*

ICS Enablers

- **Digital, Data and BI**
  - *High level approach for 2022 and 2023 agreed including the role they will play in delivering the ICS priorities e.g. Elective Care*
- **Clinical and Professional Leadership**
  - *The importance is widely acknowledged in enabling the success of the system*
  - *Initial clinical engagement is in progress however will accelerate once CMO and CNO are in place.*
- **Diversity and Inclusivity**
  - *High level approach for 2022 and 2023 agreed including the role they will play in delivering the ICS priorities e.g. Elective Care*
- **Tackling Inequalities**
  - *Priorities and supporting plans have been defined in conjunction with DPHs*
  - *Recognition of it's role in defining the ICS 5 year strategy*
- **Assurance**
  - *Assurance framwork has been drafted and is being worked through with wider system and regional representatives.*

Defining our ICS development roadmap

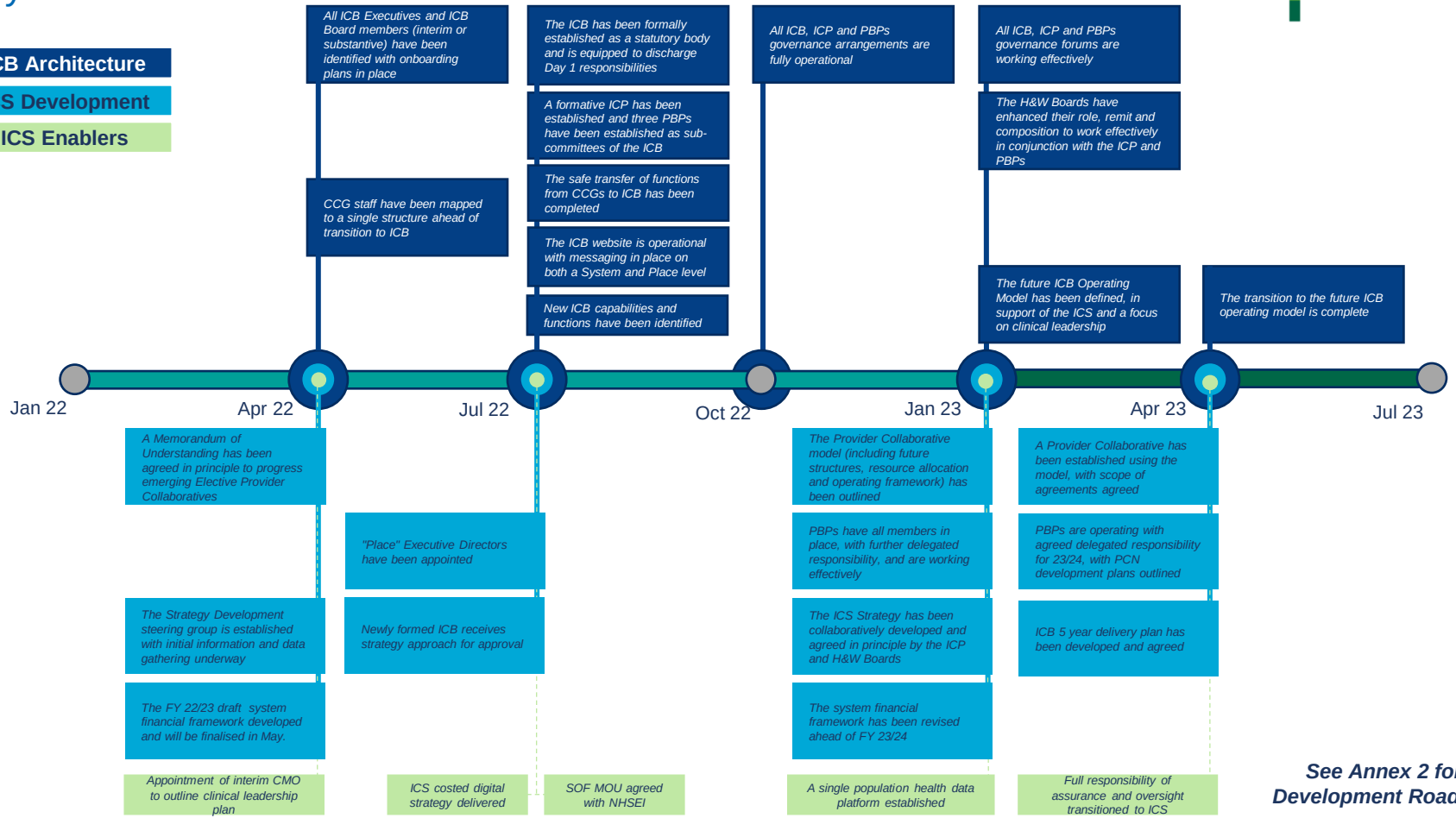
Key outcomes over time

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

ICB Architecture

ICS Development

ICS Enablers



See Annex 2 for ICS Development Roadmap

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5. ICB Architecture

ICB People & Operating Model

Approach & key messages

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Context

The recruitment of the ICB Board and ICB Executive has been a focus in Q4. The appointment of key leadership roles will enable the ICB to accelerate its development agenda and begin to build internal capabilities and external system priorities ahead of the formal ICB go-live date of 1 July.

Our internal and system cultural development needs to be defined with our partners and mapped against roles and work content as we move people across to the ICB. This includes the identification of immediate opportunities to build ways of working together, how we can challenging space that feels safe to produce the most effective solutions as well as the leadership development opportunities that exist to create a high performing team both at a System and Place level.

Our approach

Our ICB People and Operating Model approach is focused on:

- Delivering a functioning set of ICB Board members and ICB Executives to manage the ICB in shadow form from 1 April, ahead of 1 July.
- Designing and implementing an ICB Operating Model for the 1 July, including the transition of people from the CCGs to the ICB.
- Formulating an initial view on Organisational Design activities to help develop the “system culture” from 1 July and to then develop on an ongoing basis as the organisation develops and matures.
- Agreeing a leadership development plan to accelerate the effectiveness of the newly established governance groups, both at a System and Place level.

The future operating model, including the development of future capabilities, will be considered later in 2022 once more is known on the ICS Strategy and the capabilities required to deliver it.

The broader ICS Workforce and People strategy has been outlined and is being driven by a seperate programme of work at this stage.

Key messages

Significant progress has been made on the recruitment of the ICB Board and ICB Executive including:

- The appointment of the Chair designate
- The appointment of 5 Non-Executive Directors
- The recruitment underway for 3 x Mandatory Executive Directors
- The recruitment of 3x Place MD roles and the Primary Care Director is on schedule with adverts being placed in April
- The selection of an interim ICB Executive team (to be in place from 1 April and a view to conduct substantive Executive interviews from April onwards)

We have made good progress on outlining the ICS Workforce and People strategy however more work needs to be done on how the ICB and ICS People agendas come together, how a “One Workforce” culture will be implemented across the broader system and how a multi-year Organisation Development plan can support.

ICB People & Operating Model

ICS workforce and people strategy

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The ICS workforce and people strategy will continue to be managed by the BOB People Board, and overseen by the **SLG through to 1 July.** Subject to final governance approvals, the **accountability to deliver the outcomes of the strategy will fall to the People Committee - a sub-committee of the ICB.**

A summary of the areas of strategic focus and an update against each can be found below. A further update is due by 1 April 22.

ICS Workforce and People Strategy

(aligned to the 21/22 Planning Guidance and HEE South East Delivery Plan)

Workforce planning & change	• Workforce planning and change was developed to understand and plan the response to our system workforce and COVID pressures, including vaccination workforce plans, and system-wide analysis of medical and non-medical workforce. • Work has included an AHP workforce assessment and an in-depth workforce review of core services including Cancer, ENT, CAMHS and UEC. • In addition, an initial briefing document and set of recommendation have been prepared on the impact of rising living costs, including the impact on local authorities and adult social services.
Recruitment & Resourcing	• Recruitment and resourcing was developed because of the importance of recruitment, opportunities for Robotic Process Automation (RPA) and efficiencies, and supply and growth. • The focus has been on developing recruitment and retention strategies for community and social care, strengthening the delivery of International Recruitment, assessing the RPA opportunities on onboarding and offboarding transactional processes and developing an ICS apprenticeship strategy.
Productivity	• The temporary staff work was developed (to be cross system) because of variations in the management of temporary staff; temporary staffing strategies and performance at a Trust level around rates, processes, and policies. • we have established the programme team, created a single data set for both ICSs (e.g., on temporary staffing usage and spend), held an executive workshop to agree key priorities, and delivered an operational focus group to identify further gaps and pressures. • The next stages of the work will focus on the development of harmonised reward options and a high-level financial appraisal.
Retention	• The retention programme was developed because of the importance of retaining our workforce and finding solutions to support our people in the early and later stages of their careers, particularly in light of the pandemic and the growing requirement to invest in physical and mental wellbeing. • In particular, Oxford Health and Oxford University Hospitals have collaborated on a nursing (intensive care unit) career development framework and pathways and the NHS Trusts have focused on developing opportunities on setting a strong ambition for flexibility, using the staff survey to assess flexible working, and benchmarking where we are and where we want to get to as an ICS.
Culture & Leadership	• The culture and leadership programme was developed as our WRES and WDES, vacancy, turnover, and absence challenges mean diversity and inclusion, leadership, and talent management are essential in our ICS. • We have developed our ICS EDI strategy has been co-designed with the BOB ICS Inclusion Group (comprising EDI and Wellbeing Leads and Staff Network representatives) and our HRDs/CPOs. • Furthermore we have commissioned a project to develop our senior operations managers and continued work on our Graduate Management scheme.

ICB People & Operating Model

Commissioning Support Units (CSUs)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

BOB ICB spends over £14m per annum on commissioning support services with South Central West CSU including data processing, business intelligence, finance, contracting and GP IT Support. The service offers are not consistent across the three place geographies.

The BOB spend is much greater than other ICSs across the South East Region.

Our approach

BOB ICS undertook a review of SCWCSU services in 2021 and developed future commissioning with the broad intention of reducing overall spend to be in line other ICS's.

During 2021, the national guidance recommended minimum destabilisation to CSU as ICBs were created. Consequently, we are only presently developing in-house business cases for Finance and Contracting. These services are fragmented across the system between in-house and CSU provision across the 3 CCGs.

Over the last few months we have reviewed all service specifications and are finalising these prior to the creation of the ICB to increase consistency and in response to the developing operating model. As part of this we will agree development plans for key service lines and apply a joint quality improvement approach with SCWCSU colleagues.

In addition we are working with SCWCSU on the future value proposition across the region.

Looking forward

BOB ICS is aiming to submit future commissioning intentions in line with the national process on the 29 April and we anticipate the in-housing business case will be submitted by this point.

We would anticipate that if these business cases were supported we would transfer staff into the ICB in the autumn of 2022. We would look to develop any further business case proposal to in-house services to take effect from 1 April 2023.

Whilst we are likely to in-house a range of services we are clear that SCWCSU will remain a key delivery partner for a range of support services where we can benefit from clear economies of scale and expertise in areas such as GP IT support and data processing.

System Governance
Context & approach

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

The collaborative design of the future system governance is a key dependency for a successful ICB Go-live on 1 July. To be successful, we recognise the need to fully engage with our system partners to ensure that there is full contribution and buy-in to the proposed governance model, the supporting constitution and the proposed levels of delegation particularly between System and Place.

Without this level of buy-in, the function and decision making of the critical governance groups will be ineffective and inefficient and lead to challenges in the infancy of the ICS development - at a time when clarity of purpose in required to aid the accelerated development of the ICS Strategy.

Furthermore, we willl need to continue to enhance the governance arrangements throughout 2022 as the substantive Executive team come onboard and a concerted effort is made to develop the effectiveness of each group. We have scheduled a review phase in 2023 to ensure we formally review and introduce improvements based upon the learning gathered throughout 2022.

Our approach

Having agreed the high level principles of the governance arrangements, work continues with the Good Governance Institute (GGI) on building out a level of detail which will enable:

- A set of supporting Terms of References to be agreed and signed off, clearly outlining the membership, role and remit of each governance group
- The formation of three strong Places, empowered with responsibility to make informed decisions on behalf of their own populations.
- The formation of sub-committees of the ICB, which are aligned to the goals of the ICS and are led by the right subset of the Executive to drive and land the required outcomes.
- A lean oversight process, which enables each governance group to be held to account whilst also not proving to be overly intrusive of distracting to the delivery of the required activity.

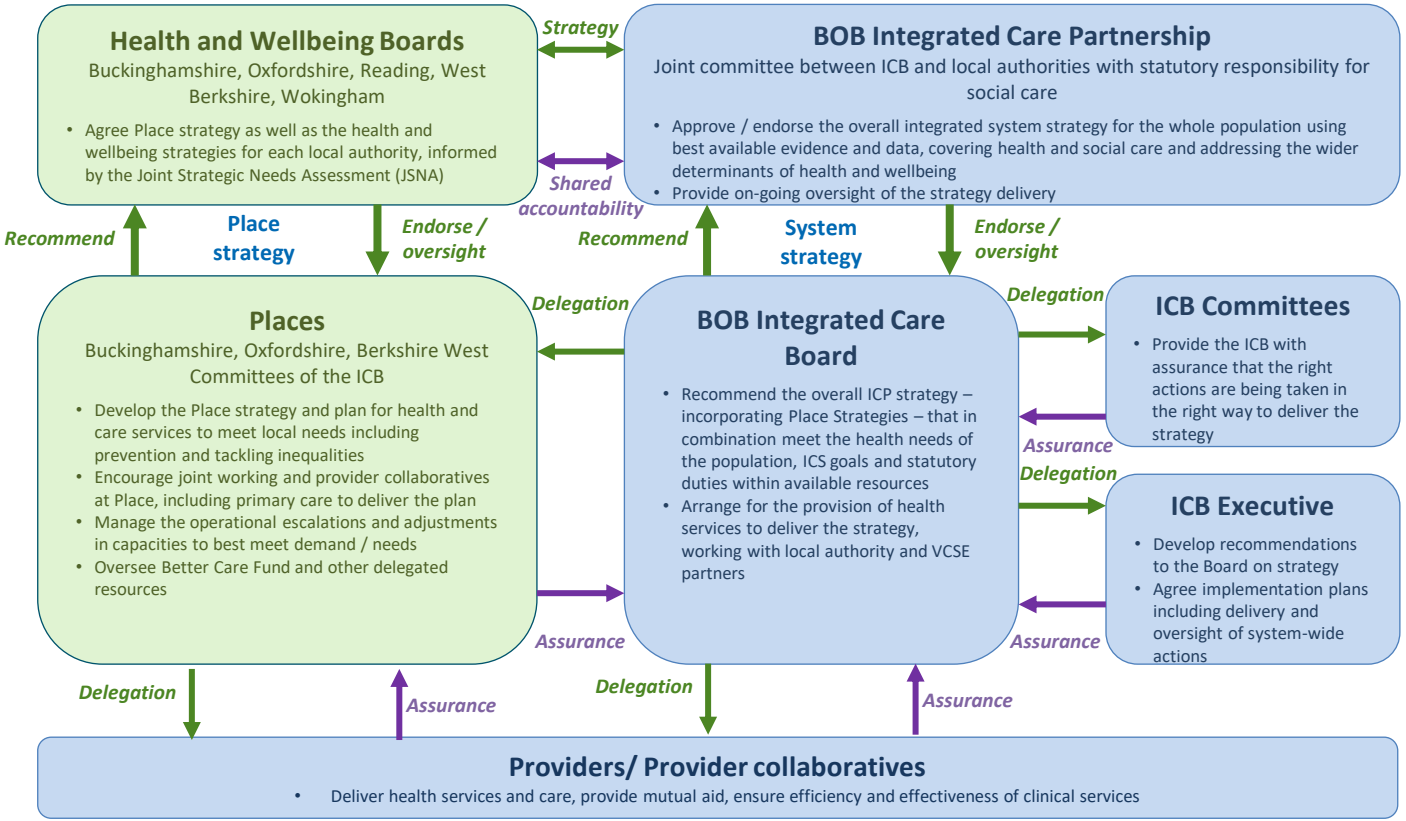
System Governance

System Decision Making - Functions & Decision Making

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

An overview of the proposed function and decision making responsibilities of the core governance groups are outlined below.

- All development of ICB/ICS governance is being undertaken with our partners; engagement and iteration has been an important part of our approach.
- Progress has been made not just on the key governance groups but across the related committees of the board as well
- SORDS will have detail of delegation



System Governance

System Decision Making – Subsidiarity

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The clear delegation of responsibility to Place and to the Committees of the ICB board will enhance the effectiveness of the full governance model from 1 July. Key aspects of the groups are outlined below:

The role of three strong Places

- The footprint of our Places remains unchanged and reflects the catchment of our current CCGs
- Health and Wellbeing Boards will continue to set Place priorities/strategy and have oversight of partnership delivery
- The Place Based Partnerships (PBP) to be established as decision making committees of ICB and will build on current collaborative place arrangements (which vary across Place)
- The principles of Place will be outlined in a paper due to be submitted to the ICS System Leaders Group (SLG) in April including proposals that BCF, joint commissioning and pooled budgets will be managed in Place
- Following consideration by SLG the principles will be discussed in each Place Partnership, with local refinement where required
- Each PBP with agreed membership and Chair will be in place for 1 July 2022

Empowering other committees of the ICB Board

- Focused on the aims of the ICS we will establish the following committees (high level role and purpose on next slide)
    - People (including remuneration)
    - Population health and patient experience
    - System productivity
    - Place and system development
    - Audit and Risk
- Executive delivery; will take a variety of approaches depending on task; for example functional leads working together; task and finish groups; oversight groups; programme boards. These will form as required and iterate to align and support place and ICS delivery.
- The ICB executive management committee will provide the ICB Board with effective collective leadership led by the CEO which will be responsible for operationalising and delivering the strategic outcomes of the ICB.

System Governance
Committees of the ICB

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Further information on the purpose and members of the committees of the ICB can be found below - all subject to final review and approval in April / May.

	People Committee	Population health and patient experience committee	System productivity committee	Place and system development committee	Audit and risk committee
Purpose	Assure the ICB that the people strategy is designed to deliver the ICS strategy, and that it is being executed in the right way	Assure the board that the right things are being done in the right way, to the right quality, to increase population health and wellbeing and to reduce health inequalities	a) Assure resources (financial, estates, etc) are being deployed safely, efficiently and in line with the strategy, delivering best value. b) Review and advise the ICB on forward planning, maximising innovation, digital technology etc.	Assure the ICB that: a) Place is at the heart of the strategy b) Place is being developed in line with the ICS aims c) the system is being developed to deliver the strategy	Provide oversight and assurance to the ICB on the adequacy of governance & risk management
Members	• Chair: NED-with relevant exp • Another NED/ICB Chair • Chief People Officer • When required- Director of strategy or operations or Chief Nursing Officer • Independent expert, e.g. external HRD	• Chaired by NED • CMO • CNO • Director of Public health • Healthwatch • Clinical Advisor (co-opted)	• Chaired by NED • One other NED • CFO • CIO • When required- Director of strategy or commissioning, • Assoc NED (digital expert)	• Chaired by NED • Another NED • 3xPlace Directors • Director Strategy • LA rep • Provider rep • VCSE rep	• Chaired by NED with relevant exp • 2x NEDs • Dir of Finance • Dir of Governance • CEO- once a year formal invite

Note:
- The ICB Chair and CEO to attend any committee.
- As the clinical leadership model develops with the CMO, there may be additional changes to the members outlined.

System Governance

Development of the ICP & oversight arrangements

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Development of the Integrated Care Partnership

- In line with overall approach we are placing significant importance on ensuring a high level of engagement during our development phase. Thus, we are seeking views from partners about the role and membership for the ICP.
- A high level description of role and membership options has been developed for the ICB Chair designate by GGI building on guidance and models from elsewhere as a starting point
- The Chair designate plans to meet with founder members from each social care local authority to develop ICP; this will consider
- Draft principles and working arrangements
- Membership options
- Development of full ICP (with aim to get ToR agreed though July Council and ICB governance) by September
- Founder ICP members will oversee development and meet regularly until full ICP established

Ensuring collective accountability and oversight

- The governance, culture and embedded assurance processes proposed underpin a well led ICB. The governance arrangements being designed are in support of the corporate accountability required for delivery of the strategy once it is developed.
- There will be clear delegation to place, provider collaboratives and clear joint working and contractually arrangements will be designed to reflect the interplay between provider collaboratives, Place and ICB. This will build on the requirements of the white paper during 22/23.
- A culture which is inclusive, transparent and responsible.
- An assurance and accountability framework (see later section) is under development. It will be data driven, lean and agile. It will align outcomes to the ICB's strategic delivery objectives and the requirements of NHSE's System Oversight Framework and the ICB governance will support monitoring the delivery.
- The sub-committees of the ICB will have a core function in the oversight of Place, Provider collaboratives and will take the updated 22/23 SOF and apply the requirements to its assurance and oversight framework.

ICB Functional / Technical Integration

Delivering the safe transfer of functions

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

This implementation plan section of the System Development Plan is directly informed by the Readiness to Operate Statement, Establishment Timeline and Due Diligence checklist, which will enable a safe and effective transfer of people, property and liabilities from our three CCGs into the future arrangements for the ICB.

This plan follows on from our previous submission in October 2021, providing a high-level update on the progress made with critical deliverables for each workstream and identifying the highest risks and actions taken to mitigate.

The full detailed delivery for each programme workstream continues to be captured within the Verto online project management tool and is updated regularly.

Approach

Each workstream has an SRO and a supporting delivery team. An ICS Development Programme team member is assigned to each workstream. Operational progress is managed through the Transition Group and each SRO is accountable to the ICS Development Board.

We are maximising use of the subject matter expertise within our system across the CCGs and providers to ensure timely and effective delivery of actions required to establish the Integrated Care Board and the wider ICS.

What we have achieved so far

Despite the extension of the target date for ICB formation to 1 July 2022, BOB intends to commence operating in shadow form where possible from 1 April 2022. We have worked with SROs to identify critical tasks and deliverables to enable this, and regular evaluation at our Transition Group and Programme Board meetings assures we continue to progress at pace.

The merging of 3 our CCGs involves transactional and developmental work. Key achievements include the agreed merge to a single payroll provider on 1 July, the ongoing development of the organisational structure and governance mechanisms and the continuing recruitment processes for mandatory ICB and NED roles. We have also accomplished successful development of staff consultations and conducted significant engagement and communication with partners and stakeholders. These achievements therefore provide both a practical and cultural grounding for our new organisation, in line with national assurance processes and guidance.

See Annex 1 for Implementation plan

ICB Functional / Technical Integration

POD and Specialist Commissioning

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

The Health & Care Bill sets out the intent to allow the delegation of national commissioning responsibilities. The Operating Plan 2021/22 confirmed the intent to transfer (delegation) of NHSE Direct Commissioning services to ICBs as soon as operationally feasibly possible (from April 2022) as a key enabler to for the delivery of integrated care, and LTP intentions. Specifically:

- **From April 2022:** ICBs will take on delegated responsibility for remaining primary care services- Pharmacy, Ophthalmic and Dental (POD) services (primary, secondary and community).
- **From April 2023:** ICBs will take on delegated commissioning for a proportion of specialised services (subject to system readiness) and will work collaboratively with NHSEI to identify opportunities within sexual assault and abuse service commissioning.

Our approach - POD Commissioning

- Collaborative SE regional approach to take on system led delegated responsibility for all 3 services as of 1st July 2022
- Establishment of a 1 Hub/Host model across the SE region in acknowledgement of 2022/23 transitional year to maturating ICB expertise
- Development of robust governance framework to facilitate collective decision making and accountability aligned to system architecture
- Maintain NHSEI subject matter expertise, using an 'aligned 'staffing model to deliver services

Looking forward

- Alignment of primary care system leadership to develop/deliver integrated, multi disciplinary, transformation strategy
- Increase system intelligence of integrated, localised pathway opportunities to improve population health outcomes, addressing variation and inequality

Our approach - Specialised Commissioning Health & Justice

- Establishment of a regional Commissioning Committee (June '21) with NHSEI/ICS representation to facilitate clarity of commissioning responsibility and alignment
- Working with regional NHSEI team to influence national approach to SC, H&J delegation and develop regional/system roadmap
- Early collaborative engagement to align 22/23 planning and management of elective recovery. Where appropriate optimise service reconfiguration at system and place level i.e. SARC procurement

Looking forward

- Undertake opportunity analysis and case for change, identifying population health benefits
- Development of multi ICS governance framework
- Increase system knowledge & infrastructure to become intelligent commissioners of whole care pathways

System Communications & Engagement

Approach & key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

High levels of communication and engagement with the public, system partners, stakeholders and our staff will be critical to the success of the ICS and the effective development and subsequent delivery of the ICS 5-year strategy.

An ICS Communications and Engagement strategy is being developed and is due for delivery in May where the principles regarding communication and engagement will be outlined and specific supporting plans can subsequently be devised to support the development agenda as well as the standard communication commitments for staff, partners and broader stakeholders. The current BOB ICS website is being updated and now includes a new engagement section that is a single repository for documents and information over the transition. This will provide the foundations of the ICB website being implemented in line with the 1 July go-live date.

Two core elements which will be developed further as part of the communications and engagement strategy include:

Working with our People and Communities

- We will build upon what we currently have (best practice) across CCGs and NHSE guidance.
- To be successful, we understand that:
  - We need to develop this as part of our organisation's ethos and embed it in everything we do
  - We need to engage effectively and appropriately with patients, the public and stakeholders
  - We need to establish multiway communication and transparency
  - People and communities will need a "voice" at the ICP, therefore it will include Healthwatch representation and VCSE Alliance Chair
- The BOB VCSE alliance is already established – with a Chair appointed and ongoing arrangements for funding are being developed
- Workshops (involving Healthwatch, VCSE, Trust governors and PPGs) have been held to test out principles ahead of the strategy being fully defined.

Engaging with our System Partners

- We are starting to embed this mindset and will be developed further as part of the upcoming 2022 OD and culture activity.
- We are already:
  - Providing regular updates to and seeking input from the BOB System Leaders Group (SLG) to ensure partner ownership and refinement of all proposals
  - Enhancing our SLG papers to share and engage with Trust Boards
  - Providing regular updates to the Health and Wellbeing Boards with a particular focus on the development of place
  - Formalising the Place Based Partnerships to include broader system partners and to enhance development of place
  - Involving system partners in functional group discussions on items such as strategy, governance and finances

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

6. ICS Development

Provider Collaboratives

Approach & key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

The ICS vision is to have a small number (n=5-10) provider collaboratives initially. These founder collaboratives will be built out to include increased specification and pathways.

Provider collaboration is already in place in BOB, most notably through at-scale provider collaborative across the Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); pathology and imaging networks and the Thames Valley Cancer Alliance.

These collaboratives have varying roles, accountabilities and governance. More informal collaboration occurs at Place – e.g. Berkshire West MSK Service, Buckinghamshire Integrated Care Partnership.

Our approach

- We have already seen benefits through collaboration in elective care that has taken place over the past year and this provides a strong platform for deepening and expanding collaborative working. Examples include mutual aid, load balancing of referrals and management of critical care.
- The principles of an Acute Provider Collaborative between the three trusts of Oxford University Hospitals NHS Foundation Trust (OUH), Royal Berkshire NHS Foundation Trust (RBFT) and Buckinghamshire Healthcare NHS Trust (BHT) has been agreed in March 2022 with a focus on elective care but creating a platform for further collaboration on additional areas including corporate services change. An MOU is being developed to signal our collective intent for approval in April 2022.
- It should be noted in parallel that proposals are being developed for a Thames Valley Provider Collaborative spanning beyond BOB ICS to cover specialist care, research and expertise at scale beyond BOB as well a potential for a dental provider collaborative.

Key messages

We recognise that the following will need to be considered as we develop a culture of working together:

- A shift in cultures and behaviours
- The role of clinicians in making this work (and where we have already seen success here)
- The need for access to consistent business intelligence and data for effective decision making
- The role assurance plays with Provider Collaboratives linked to ICS governance

Provider Collaboratives

The future of provider collaboration

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The BOC ICS recognises the need and future benefit of moving to a provider collaborative model, building off the current learning and examples of collaborative working that exists across the system.

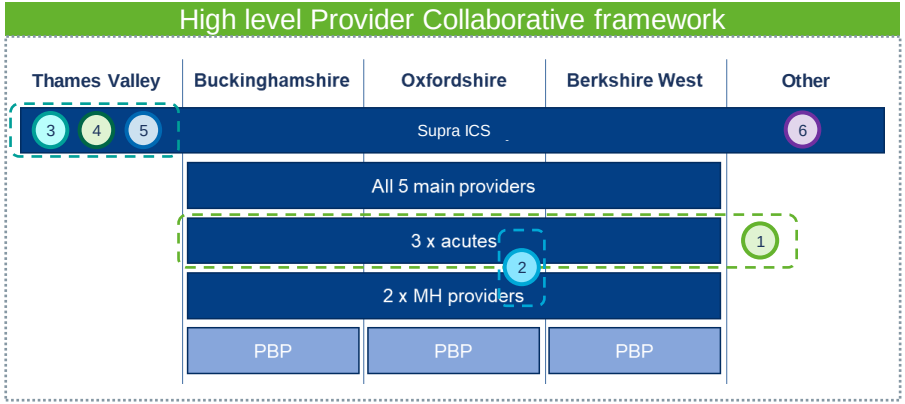
Further consideration will be given to:

- Areas of existing collaboration that space across other geographical areas outside of BOB.
- How the delegation of responsibility, with supporting financial resources, will be conducted.
- How assurance and oversight will be managed within a provider collaborative.
- The role place-based partnerships will play in the coordination of service delivery within local communities.
- What “enablers” can the system provide to help accelerate development or make the provider collaborative more successful in the future.

These questions will be considered as part of the development work in 2022/2023.

The following slides look to outline some examples of the emerging Provider Collaboratives that are in place and emerging across BOB.

1. **Acute Provider Collaborative**
2. **Oxfordshire NHS Provider Collaborative for Integrated Care**
3. **Thames Valley Tier 4 CAMHS Provider Collaborative**
4. **Thames Valley Cancer Alliance**
5. **Pathology Network South 4**
6. **Berkshire and Surrey Pathology Services**



Provider Collaboratives

Acute provider collaborative

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Acute Provider Collaborative (APC) - Elective Recovery

Providers

- Oxford University Hospitals NHS Foundation Trust (OUH)
- Royal Berkshire NHS Foundation Trust (RBFT)
- Buckinghamshire Healthcare NHS Trust (BHT)

Background to the collaboration

An Acute Provider Collaborative between the trusts has been agreed with an initial focus on elective care but creating a platform for further collaboration on additional areas in the future. We have already seen the benefits of collaboration over the past year and this provides a strong platform for deepening and expanding collaborative working. Examples include:

1. **'Load balancing' of referrals with GPs** in South Oxfordshire asked to refer to RBFT rather than OUH to support OUH re-opening referrals in ENT and Cataracts.
2. **Mutual aid to support elective recovery** – for example T&O patients on the BHT waiting list being transferred to RBFT.
3. **Management of critical care capacity** during the pandemic across the three acute providers.

Progress

We are early in the provider collaborative development however, we have began to establish the foundations of the collaborative including:

- The **formation of an elective care board** which signs off the elective care delivery plans and is accountable for the development and implementation of a medium-term strategy for elective care.
- Agreement to **develop joint bids for additional funds** for elective recovery including across digital enablement and estates redesign.
- Each trust has **committed to the development of the APC, and has allocated resources to a substantive team** to take forward the programme.

Priorities and Next steps

Building on the progress to date, there are three broad phases to move from the current ICS elective care arrangements to a formal acute provide collaborative, starting with elective care:

- **Phase One – April 2022**: Development of a formal Memorandum of Understanding signed off by each Provider Board by April 2022 which sets out the scope of the work on elective care and the commitment to develop into a formal provider collaborative through 22/23

- **Phase Two – April-June 2022**: Detailed development of options for the structure, governance, resourcing and ways of working of the Provider Collaborative. In addition:
  - Develop models of delegation, including the design of new light-touch oversight and assurance.
  - Develop the public narrative for the change setting out the clear benefits for patients and residents in BOB ICS with engagement needed with each local authority and primary care colleagues.
  - Review and plan development for the key enablers that are necessary for a successful Provider Collaborative to develop.
- **Phase Three – July 2022**: Launch of the Provider Collaborative (potentially in shadow form) including taking on the first areas of delegation. At this stage it may be appropriate to set out additional areas of expansion for the provider collaborative.

Provider Collaboratives

Oxfordshire NHS Provider Collaboration – urgent care and end of life care

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Oxfordshire NHS Provider Collaborative for Integrated Care

Providers

- Oxford University Hospitals NHS FT (OUH) – Acute provider
- Oxford Health NHS FT (OH) – Mental Health & Community Services provider

Background to the collaboration

OH and OUH have been working together to develop a Memorandum of Understanding (MoU) to support closer working between the two trusts, to enable delivery of greater collective value for the patients and communities in Oxfordshire. Development of the MoU began in January 2022 following Board-to-Board discussion in December 2021 on areas of potential collaboration. The MoU (due for completion March/April 2022) will enable greater collaboration between the Trusts and overcome historic barriers to joint working.

Priorities

The collaboration is focused on supporting and enabling communities to:

- **Access urgent care when it is needed** – as close to home as possible but building community capacity
- **Live safely and well at home** – avoiding unnecessary hospital admissions through response reablement and rehabilitation delivered close to home
- **Live well with long-term conditions** – supported by new and innovative models of care and digital technology
- **Access personalised community palliative and end of life care** – enabled by a new integrated Oxfordshire service, working across organisational boundaries to deliver seamless care

Services in scope proposed benefits

The steering group developing the collaboration have identified a shared work programme of three initial priorities for collaboration:

1. **Urgent care** – jointly improving access to the right urgent community care, at the right time and in the right setting, focusing initially on Urgent Community Response and Same Day Emergency Care pathways.
2. **End of life care** – improving access to personalised palliative and end of life care through Rapid Implementation of Palliative and End of Life Care (RIPEL)
3. **Shared pathways** - improve the shared organisation and delivery of shared pathways, initially working on Podiatry

Next steps

Subject to approval by both Trust Boards in late March 2022, the next steps for the MoU will be to be signed by the Trust Chief Executives over April 2022 and the development of a shared work programme for identified services and corporate enablers.

Provider Collaboratives

Thames Valley Tier 4 CAMHS

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Thames Valley Tier 4 CAMHS Provider Collaborative

Providers

- Oxford Health NHS FT (Lead Provider)
- Berkshire Healthcare NHS FT
- Gloucester Health and Care NHS FT
- The Huntercombe Group – Maidenhead
- Southern Health NHS FT (*not a formal member - provides access to low/medium secure CAMHS input into the network when required*)

Background to the collaboration

In 2018 a partnership of NHS and independent sector providers of secondary and tertiary CAMHS services in the Thames Valley formed the Thames Valley Tier 4 CAMHS Network. The network successfully applied to become a New Care Model (NCM) for T4 CAMHS services for the two-year pilot period 1 April 2018- 31 March 2020 and went live in shadow form with NHSE/I on 1 April 2019. The provider collaborative went live in April 2021. Oxford Health NHS FT is the lead provider for the collaborative, commissioning inpatient beds and 'out of hospital' Tier 4 care for under 18s from Oxfordshire, Buckinghamshire, Berkshire, Gloucestershire, Swindon, Wiltshire and BaNES.

Priorities

The aim of the collaborative is to improve pathways of care (seamless across boundaries), improve outcomes and experience, improve local leadership of services, innovate via create clinical networking and tolerance to risk-taking, pool resources and reinvest savings into services. The collaborative is financially and clinically responsible for the patient population and is accountable to NHSE/I for decisions and quality of care. Our approach:

1. Find alternatives to admission wherever possible
2. Minimise length of stay for those admitted
3. Reduce burden on families to travel long distances
4. Encourage and support early therapeutic home leave
5. Enhance continued engagement with community clinical teams

Services in scope proposed benefits

From January 2021 to January 2022 the collaborative achieved progress in inappropriate out of area placements and out of care occupied bed days:

- Inappropriate out of area placements – January 2021 (13) – January 2022 (7)
- Out of care occupied bed days (174) – January 2022 reduced by 85%

Over 2021/22 bed capacity is being developed including 8 PICU beds at Oxford Health, and bids for 6 LD & Autism bed in Bucks/Oxon and 12 general adolescent unit (GAU) beds in Gloucestershire.

Next steps

Options for how to secure learning from the initial years of the collaboration (and the other two provider collaboratives for which Oxford Health is the lead provider) are now being explored with the draft scope of the evaluation including set-up, impact on patient care, and review the experience of providers and partners within the collaborative. Key work streams will be focused on including improving patient flow & quality - PICU, HDU, ED Hospital at Home & LDA Hospital at Home.

Provider Collaboratives

Thames Valley Cancer Alliance

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Thames Valley Cancer Alliance

Providers

- Oxford University Hospitals NHS FT (OUH)
- Royal Berkshire Foundation Trust (RBFT)
- Buckinghamshire Healthcare Trust (BHT)
- Great Western Hospital (GWH)

Background to the collaboration

Thames Valley cancer alliance is 1 of 21 alliances across England. Alliances, funded via the NHSE/I National cancer programme are the primary vehicle for delivery of the NHS Long Term Plan ambitions for cancer and improvements in cancer performance, they **bring together partners across complex cancer pathways to deliver the best care and outcomes for patients**. By leading systems and service delivery, they were **central to the success in maintaining cancer services during the pandemic.**

Priorities

Cancer alliances focus primarily on:

- Speeding up cancer pathways – reducing time to diagnosis through designing and implementing faster diagnostic pathways and improving performance to cancer waiting times. Primary care have a significant role to play in the delivery of optimal pathways.
- Take forward the long term plan ambitions to diagnose cancer earlier and improve survival – through projects such as targeted lung health checks (TLHC)
- Improve patient experience and quality of life by implementing personalised care for those living with cancer to ensure they are supported on self managed pathways
- Reduce health inequalities – using data and working across the system to support improved referral routes where presentation of cancer is at a later stage, via an emergency route and where outcomes are poorer

Services in scope proposed benefits

Key areas of service development:

- Rapid Diagnostic national optimal timed pathways - implementation to achieve the 28-day faster diagnostics standard and improve patient experience
- Performance Improvement – Working with granular operational and clinical datasets to improve the performance to the cancer waiting times standards following the pandemic. Utilizing the alliance funding to develop alternative workforce solutions to support pathways under greatest workforce challenge
- Targeted Lung Health Checks (TLHC) – to diagnose lung cancer in at risk communities at an earlier stage of diagnosis
- Innovation pilots – GRAIL multi-cancer early detection blood test Colon capsule endoscopy (CCE) and Cytosponge to safely reduce the demand for endoscopies

Next steps

Subject to approval by the TVCA Executive Board (including the ICS AO) in March 2022, the TVCA workplan for 22/23 will be agreed focusing on accelerated recovery of cancer services through system level working and continued delivery of the Long Term Plan ambitions for cancer. We will ask for our board to agree the 4P's – priorities we will commit to delivering for cancer in TVCA.

Provider Collaboratives

South 4 Pathology Partnership

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

South 4 Pathology Partnership

Providers

- Oxford University Hospitals NHSFT (OUH) – Lead
- Milton Keynes University Hospital NHSFT (MK)
- Great Western Hospital NHSFT (GWH)
- Buckinghamshire Healthcare NHST (BHT)

Background to the collaboration

The South 4 Pathology Partnership (S4PP) was formed in 2018 in response to the mandate provided by the Carter report on operational productivity, and consists of four acute NHS trusts working collaboratively on a hub and spoke basis: OUH, MK, GWH and BHT. In the last four years the partnership has established an ambitious programme of development built around core principles of consistency, efficiency, innovation and sustainable improvement defined through a Strategic Outline Case. It is led by OUH and governed by a management board with Executive representation from each trust which provides oversight and direction for the portfolio of projects and workstreams which make up its activity.

Priorities

The South 4 Partnership has agreed a set of key priorities as the foundation of its programme:

- **LIMS/interoperability:** implementation of a single Laboratory Information Management System (deployment underway, due for completion late 2023), and developing strategies for integrated order comms
- **Digital Histopathology:** building capacity and capability for digital pathology across the four trusts with image sharing between sites to allow a single service to operate to consistent workflows; evaluation of AI-assisted image analysis for clinical use
- **Joint Procurement:** exploiting opportunity for consistency and cost saving through joint contracts, including core laboratory automation MES (due for completion mid 2024)
- **Workforce/Quality improvement:** both workstreams aim to maximise benefits of collaboration through opportunity for sharing approach, expertise and resources to support consistency, quality and GIRFT-led service improvements

Services in scope proposed benefits

The South 4 covers all mainstream pathology services at each of the four trusts, but excludes specialist services running only at OUH (e.g. genetics). As a central service, pathology impacts on all clinical services across primary, secondary and tertiary care. Community Diagnostic Centres are expected to become important partners as they are rolled out more widely.

Next steps

The Partnership has created a three year roadmap for digital transformation in application for capital funding between 2022 and 25. This defines the next phase of activity in parallel with ongoing programmes and development of the network leadership team, with emphasis on reaching network maturity as defined by NHSI by 2025.

Place-based development & delegation

Approach & key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

Within Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) we have three strong and distinct Places. These Places, based on current CCG boundaries have the benefit of being broadly co-terminus with local authorities and the catchment for district general hospital services.

Each place has developed different collaborative partnership governance arrangements that we are looking to build on and strengthen. This includes the role of the Health and Wellbeing Boards in developing and owning the place strategies (which will be core to the ICS strategy) with oversight of delivery against these.

Our approach

Establishing each individual Place, to date, has primarily been driven through the System Governance workstream, where the formation of Place-based Partnerships (PBPs) is a key activity tracked as part of the transition plan.

Developing the membership, and initial set of delegated responsibilities, of the PBPs has been critical and has been done in an open and collaborative manner to ensure that each Place recognises its own governance requirements and the specific nuances that exist within each area.

We are now moving to the focus being on place development. As part of the broader ICB recruitment effort, the identification and onboarding of Place Executive Directors (EDs) to own and drive the “place” agenda is critical. Place EDs are expected to arrive from April onwards.

Additionally, we will develop a set of principles which will support the approach to budget delegation and pooled resources with our partners to maximise the effectiveness of delegation.

Looking forward

Once the PBP’s governance is established, with support from the Place EDs, attention will then turn to the further development of each individual Place including:

- Developing the future responsibilities, and supporting framework, to manage “place” going forward
- Outlining the Place development plan in line with the outcomes from the development of the broader ICS Strategy and the role Provider Collaboratives will play
- Establishing what the System can do to help each Place thrive - including the provision of enabling services such as Population Health Data and supporting delivery of outcomes with ICS wide improvement approaches and sharing of best practise.
- Developing mechanisms to incorporate the views and opinion in future place-based decision through delegation

Place-based development & delegation

Aligning ourselves to the Integration White Paper (1)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Overview of the key policy proposals in the IWP:

1

A **framework for local outcome prioritisation** focused on individual health and wellbeing and on improving population health in addition to nationally set priorities (e.g. the mandate). There will be a further consultation on the detail in the White Paper in due course, with implementation proposed from April 2023.

- Our framework will be both reflective of individual place being empowered to drive it's own set of local priorities that best meet the Health and care needs of it's population. As well as ensuring system, regional and national NHS priorities are reflected in place outcomes. These will be aligned to the NHS Long Term Plan requirements and will inform the ICS strategy
- Place-based Partnerships, as articulated in the System Governance section, will play a key role in taking the ICS 5 year strategy, and the local JSNA & Health and Wellbeing board strategies, and creating a Place Delivery Plan
- A clinical framework will be developed across the system to help develop , measure and track activity against core priority areas. This will be leveraged to help Places develop their own framework

2

Health and care services in local communities ('Places') to be strengthened. By Spring 2023 **all 'Places' should adopt a leadership and governance model with a single point of accountability (SPOA) across health and social care**, accountable for developing a shared plan and demonstrating delivery against agreed outcomes. The plan will be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the Place-based arrangement by 2026.

- We will establish PBPs as decision making committees of the ICB Board as this provides a clear and simple means of delegating ICB functions
- As a committee of the ICB Board the PBPs will need to act in accordance with ICB policies (for example conflict of interest and approach to engagement and involvement of the public) and scheme of delegation
- The responsibility for managing relationships with the local Healthwatch(es) and scrutiny committee(s) will lie with the Place Executive Director
- Our proposals for financial delegation include confirming current better care funds and pooled budgets are delegated and managed by PBPs. The approach to delegation of funding for other areas needs to worked through together over 22/23. We believe there are a range of approaches that could be adopted; capacitation shares, allocation of total contract for a service/pathway each approach has its merits. The PBP will need to determine how it goes onto use pooled budgets to support effective use of delegated resources
- Delegation to PBPs will enable them to adjust funding/capacity within the overall envelope to deliver service improvements

Place-based development & delegation

Aligning ourselves to the Integration White Paper (2)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Overview of the key policy proposals in the IWP:

3

Further **progress on the key enablers of integration** (financial alignment; workforce, digital and data)

- Review of legislation underpinning pooled budgets to simplify and update to better facilitate aligned financial arrangements.
- Every health and care provider within an ICS to reach a minimum level of digital maturity by March 2025
- Review of regulations that prevent the flexible deployment of health and social care staff across sectors
- Local leaders to consider what workforce integration looks like in their area and the conditions and practical steps required
- Guidance for ICPs to produce integrated workforce plans across the whole of systems, including more collective promotion of careers across health and social care and making it simpler for people to move between sectors.

- The role of the system is being developed in line with the formation of the ICB. The role of Place is a key priority for the ICS and work is underway in multiple areas to establish "thriving" Places and to maximise their impact and effectiveness. This includes:
  - Delegations to Place must be supported by agreement on collective accountability, outcomes and metrics that enable delivery to be tracked. This will be a core part of assurance which will be co-created between ICB and the PBPs to agree what action is taken if things are off track
  - The ICB will develop analytic capability to ensure it has sophisticated approaches to date interrogation to provide consistent dashboards that will help identify opportunities for improvement and support broader population health analytics to ensure service redesign can reflect population needs
  - Where provider collaboratives have been established that are providing services at scale above places then these will be managed at a system level
  - The recognition that the ICS requires a coherent pan-system people strategy which enables the system to be more integrated, allow for people to move between sectors and to improve the retention and attraction of talent to the system

4

Robust regulatory mechanisms, including CQC to assess outcomes and delivery of integrated care at Place level. The detailed methodology for inspections will be subject to future consultation. This work will be supportive of and complementary to existing oversight and support processes (including those used by NHS England to support integrated

- The ICB will adopt the principals of the Well led framework and apply to ICB and to its place based partnerships
- We would be keen to contribute to supporting the development of the methodology for inspections at the Place level
- We are proactively engaging with NHSE/I to develop the approach to embedded assurance and its interface with the SOF. The MOU submission will be reflective of a year of transition as the ICS incrementally takes on some of the responsibility for oversight
- We are also linked with the DHSC to understand further proposals for oversight of health and care. We are currently looking at ways to incorporate metrics which are reflect outcomes for both health and care into our ICS performance dashboard

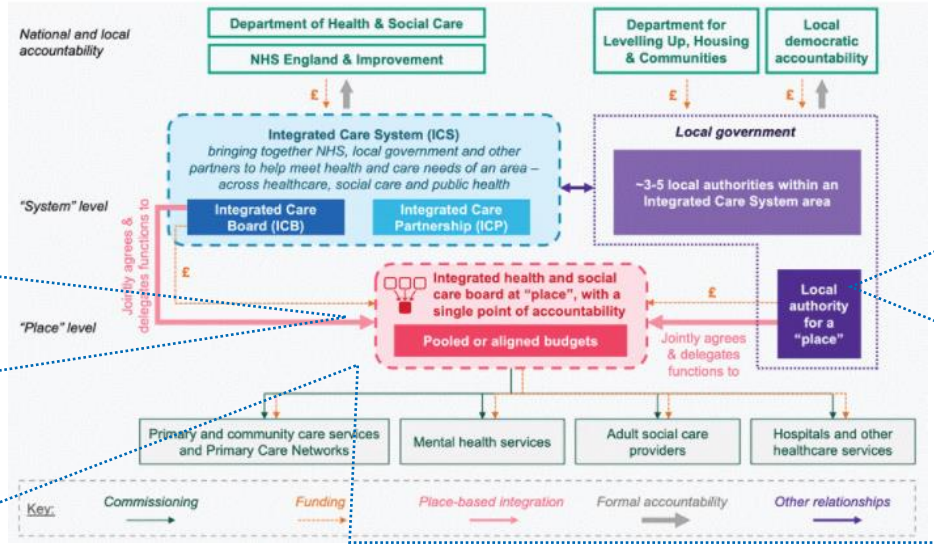
Place-based development & delegation

Financial delegation, future membership & the importance of co-design

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Minimum PBP Core membership (work in progress)

- Local Authorities – Chief Executive and / or nominated Director plus (for Oxfordshire) a nominated Chief Executive from the District/City councils
- Director of Public Health
- NHS Trusts - Chief Executive and / or nominated Director
- Primary Care Networks – Clinical Director
- Healthwatch representative
- ICB Place Executive Director
- Nominated CFO from place



Co-design the response to the White Paper

As policy and guidance is provided in response to the White paper, we will co-design any revisions to our Place governance and refresh our arrangements for pooled budgets. The benefits of working as integrated health and social care board at the Place will be reviewed and where practical extended. The principal of co-designing as partners in health and care will be at its heart

Financial delegation to Place Based Partnerships

- Current Better Care Funds and pooled budgets will be delegated to and managed through PBPs
- Our proposals for financial delegation include confirming current better care funds and pooled budgets are delegated and managed by PBPs. The approach to delegation of funding for other areas needs to worked through together over 22/23. We believe there are a range of approaches that could be adopted; capacitation shares, allocation of total contract for a service/pathway each approach has its merits. The PBP will need to determine how it goes onto use pooled budgets to support effective use of delegated resources
- In 2022/23 the ICB will have allocated all funding into contracts with service providers and will be looking to make transparent all areas that place could adjust. This will mean there will be local flexibility to move budgets to support pathway changes. To include urgent and emergency care and mental health services
- Primary medical services funding is determined by the national GMS contract which place cannot change. The aspects of primary care covered by enhanced services could be reviewed and where appropriate adjusted to support place delivery

Place-based development & delegation

Developing our Primary Care Networks

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

There are 48 Primary Care Networks provide services across the BOB system providing 100% population coverage. Each of the 3 Places has an established forum for PCN leaders. Clinical Directors drive forward shared and collaborative working related to PCN development and services at Place and sub-place level. The continued importance of out of acute hospital integration and the concept of PCNs as building blocks of integration is being explored and utilised in each of the 3 Places.

Examples include PCN led same day urgent access hubs and groups of PCNs working together to deliver primary care visiting services. The overwhelming success of the vaccination programme has boosted confidence and integrated working relationships. These relationships continue to strengthen around integration.

Our approach

We are seeking to empower PCNs and wider primary care as providers supporting and enabling integrated working and delivery. Programmes of PCN development are in place and integrated services are commissioned at PCN level through through Supplementary Network Services.

As a result of a comprehensive piece of engagement lead by the Local Medical Committee, we have sought to identify and implement ways in which providers of primary care can be fully engaged with the infrastructure of the ICS. General Practice, PCNs, GP Federations and clinical and non clinical groups working in those settings have been engaged in the approach.

As a result of a survey and both targeted and more general engagement workshops a clinical leadership model for primary care providers has been proposed. Building on a set of principles primary care providers will organise involvement and representation to ensure good engagement, voice and influence throughout the BOB ICS infrastructure.

The current weight of GP involvement and influence in CCG commissioning structures has seen CCGs advocate for general practice and primary care. There is concern about this loss and shared recognition that ensuring meaningful primary care provider inclusion will require some investment.

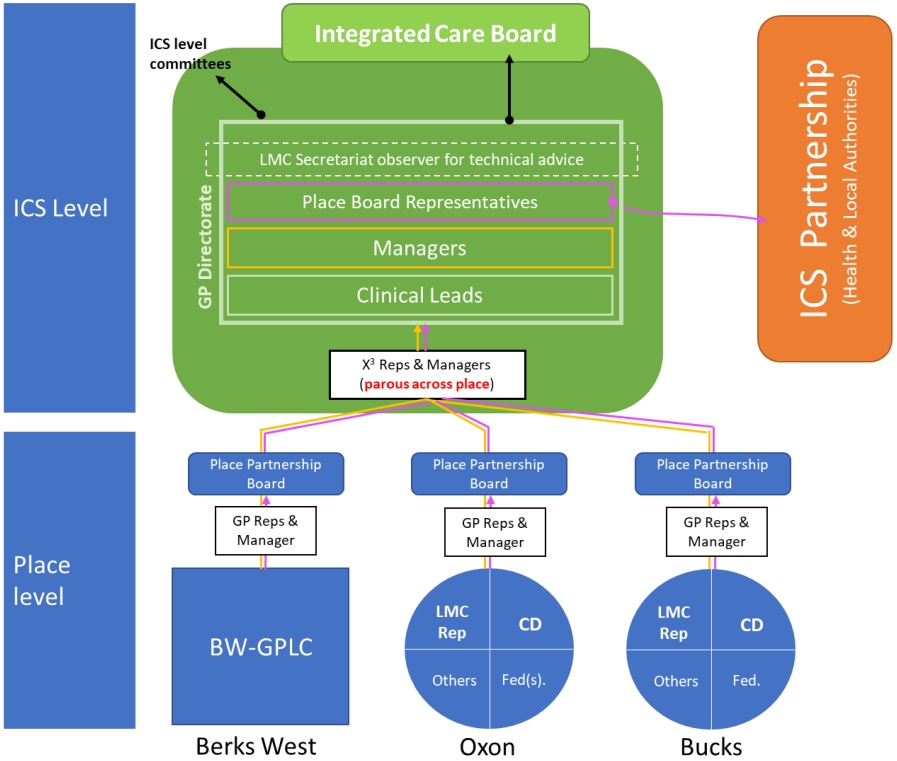
Key messages

- Primary care providers have a key role to play in the ICS infrastructure at System, Place and sub-Place levels
- Whilst there is good organisation across the PCNs and good involvement a more coherent infrastructure to facilitate and enable that involvement is required
- A primary care developed solution has been proposed and is in the process of being mobilised
- Key to mobilisation is the premise that General Practice is multi-faceted and autonomous – it does not have “one voice” the proposal therefore sets out a way of working to draw out views in such a way that meaningful contributions can be made
- This work has widespread support across the primary care community and the organisation of the Place and sub-Place approaches are specific to each area
- Implementation of the approach will result in meaningful involvement of primary care in the development and delivery of services and ways of working in the ICS

Place-based development & delegation

Developing our Primary Care governance arrangements

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System



At ICS Level:

- The place leadership including managers work together at ICS level as a primary care / GP *directorate*
- **LMC secretariat** observe and provide technical advice
- A "**One team, three footprints**" approach
- Nomination(s) from within that team sit on the ICS Partnership and on the Integrated Care Board
- At sub place level there will be localities of grass roots GPs / primary care to advance localised working and integration
- Any suitably qualified person (rep. or delegated advisor) may sit at other ICB level committees

ICS Strategy Development & Public Engagement

Approach & key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

As we are developing our ICS, we need to shape a longer-term strategic direction for our system and agree a joint vision and key priorities. A core principle is that we want to develop this strategy in collaboration with our partners and citizens for the next five years from 2023/24-28/29.

Our approach

Our multi-phased approach reflects our current position to gather insights, data and evidence to derive hypothesis and allow the newly formed ICB and ICP shape its development from 1 July 2022.

Phases

- Gathering data and understand existing priorities in the current HWB strategies, outline opportunities and hypothesis
- Creating a clinical “value/risk” framework to support prioritisation of hypothesis and opportunities and balance population need vs. outcomes vs. value of taxpayers money
- Understanding the implications of those priorities on our workforce, digital, estate, finance
- Undertake deliberative engagement with our residents and workforce
- Delivery roadmap for system and place

Key messages

- Legislation requires us as a system to develop an Integrated Care Strategy during 2022/23.
- The overarching objective of this programme is the development of a system strategy that adds value to effective system working and for the benefit for our citizens.
- The development centres around a fact and data driven strategic approach, which allows the ICP to make informed decisions on our system priorities.
- This is OUR strategy and requires a cross-organisational and cross-place thinking about the key issues of our population and how, collectively and effectively, we can address those together.

ICS Strategy Development & Public Engagement

Key Phasing & Activity

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Phasing

ICB Board formally established

PBPs formally established

ICP Board formally established

ICP strategy day (12th July)

Draft ICS 5 year strategy outlined (ICP Sign off)

Draft place-based development plans outlined x 3 (H&W sign off)

ICB 5 year delivery plan outlined (ICB sign off)

Mobilise Strategy preparation
March - July '22

Establish ICP & ICB
July - September '22

Finalise ICP Strategy & 5 year plan
September '22 - March '23

Key Activity

- 21/22 ICS Priorities agreed by the NHS CEO leadership group (elective inc. cancer, UEC, vaccination programme, CAMHS, temporary staffing)
- 18 Month road map and SDP planning to form foundations for development of the strategic delivery vehicles the ICB and ICP
- System Leaders Group approve strategy development to enter into pre-planning phase involving engagement with Directors of strategy, Directors of Public Health and CCG Clinical Chairs
- 1st formal Steering Group to be held in April with membership representative of ICS partner members including primary care, LA, ICB designate and NHS Providers.
- Desk top review of HWB strategies, NHS Provider strategies and alignment to LTP and its refresh
- Procurement of external support to review ICS data, baseline and develop fact base to inform Board led strategic development

- Thematic review of HWB Strategies complete and recommendations for ICS level strategic considerations made
- Data mining complete and initial hypothesis prepared to Inform ICP Board strategy development day
- Board Strategic development day held
- Recommendations on approach to wider stakeholder, councillor and MP engagement made to Board for consideration
- Approach to citizen engagement described and agreed
- Alignment of HWB and Place Based Partnerships on going and relationship to ICP Strategy described and considered
- Clinical Advisory Group stood up and clinical strategy development and alignment to regional specialist commissioning strategic underway through leadership of the CMO.

- Test hypothesis through citizen engagement and define choices
- Outline Strategy aligned to Financial resources, ICS People Plan, digital strategy and tested by clinical reference group
- ICP communication and engagement strategy agreed with Board
- ICP communication and engagement strategy and interface with HWB completed
- ICP strategy outline tested with stakeholders and refined through Board leaderships
- ICP approves ICP 5 year strategy
- ICB 5 year plan developed in response to ICP strategy during Q4

ICS Strategy Development & Public Engagement

ICS Green Plan

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

Over the past months, BOB ICS has worked with a number of partners to develop the ICS Green Plan including:

- All provider Trusts in the co-production of the plan (including Board level sign off)
- NHSE&I and ensuring regional team members are represented in the core project team and membership in steering group meetings
- Working with the (award winning) GB partnership

Our first ICS Green plan a high level, strategic document, setting out initial thinking for the start of this long-term journey over the next two decades. It reflects the sustainability objectives of Trusts, Local Authority and Primary Care and includes a delivery focused action plan.

Our approach

In this first phase, we have consolidated NHS Trust Green Plans with a focus on the organisational drive and direction, and explored operational initiatives and potentials for scaling and adoption across the system.

We have aligned our plan on the prescribed areas of focus from NHSE&I and include Workforce and system leadership; Sustainable models of care; Digital transformation, Travel and transport; Estates and facilities; Medicines; Supply chain and procurements ;and Food and nutrition.

The NHS submission is the basis for phase 2 from April, and recognising that many areas require a collective effort, we have started engagement with local authorities as well as colleagues in primary care and the voluntary sector.

This should be considered as a live and evolving document and will be developed in conjunction with the formation of an ICS sustainability steering group.

System wide aspirations

- To become a net carbon zero ICS.
- To have all ICS employees undertake the carbon literacy training and commit a pledge to deliver their own carbon changes.
- To have shared net carbon zero priorities with all local schools, universities, faith, voluntary and charity organisations and local businesses to truly be a net zero area.
- Understand patient attendance data and align this with the bus planning procedures to encourage people to use public transport to attend medical appointments

ICS Strategy Development & Public Engagement

Green priorities

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

As part of our consolidation of existing Green Plans, we have worked with the Trusts and Local Authorities to begin to understand the level of development and the relative priorities of each. Below is a summary which will be used to help inform Phase 2 and where appropriate, encourage priority alignment and the sharing of insight and best practice across each of our partners.

Shared priorities of our provider trusts

	Royal Berkshire NHS Foundation Trust	Berkshire Healthcare NHS Foundation Trust	Oxford University Hospitals NHS	Oxford Health NHS Foundation Trust	South Central Ambulance Service NHS Foundation Trust	Buckinghamshire Healthcare NHS Trust
Estate carbon footprint e.g. Improve insulation and room layout. Install LED's	■	■	■	■	■	■
Energy usage (gas & electricity). e.g. Increase use of renewably sourced power	■	■	■	■	■	■
Transport (patients) e.g. Increase number of virtual and telephone patient consultations	■	■	■	■	■	■
Transport (fleet & staff) e.g. introduce flexible working for staff; replace fleet vehicles with low/ultra low emission vehicles	■	■	■	■	■	■
Recycling e.g. eliminate use of single use plastics	■	■	■			■
Waste e.g. work with suppliers to reduce packaging. Provide recycling bins/signage	■	■	■			■
Food & nutrition e.g. Increase use of local suppliers	■		■			■
Estates biodiversity e.g. have green spaces available to workforce and patients		■				
Supply chain e.g. Include sustainability criteria in procurement, tender evaluations	■	■	■			■
Training & communications e.g. engage staff and encourage involvement throughout the organisation		■		■	■	
New build & refurb sustainability e.g. Meet BREEAM standards	■	■	■	■	■	■

- Our Trusts have made commitments to specific sustainable priorities in their respective Green Plan
- There are a range of shared priorities
- We will work with all Trusts to identify best practices, where learning can be shared and initiatives can be adopted and spread across a wider geography

Local authority sustainability priorities

		Oxfordshire County Council	Reading Borough Council	Wokingham Borough Council	West Berkshire Council
Total Carbon Footprint Reduction	■	■	■	■	■
Buildings and Estate					
Improve insulation and general energy efficiency	■		■	■	
New developments and retrofits to be low carbon or carbon neutral	■	■		■	■
Introduce LED lighting throughout council buildings & social housing.		■	■		
Urban greening				■	■
Power					
Use more power from renewable sources e.g. solar farms	■	■	■	■	■
Increase installation of energy efficient LED street lighting	■	■	■		
Introduce low-carbon heat networks		■			
Transport					
Improve infrastructure e.g. EV charging points	■				
Invest in walking and cycling infrastructure			■		■
Organise public transport in a low-carbon way					■

- Some of our local authorities have already declared a climate emergency and started programmes and initiatives to reduce the environmental impact of council activities and provide a greener environment for residents
- There is an opportunity to share and learn and collaborate in key areas the NHS organisations cannot do it alone i.e. travel and transport

System Financial Frameworks

Approach & key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

During 2021/22 the ICS finance community have been establishing principles for future ways of working. The finance leaders in BOB have agreed the following key themes will be at the centre of future financial planning and frameworks (1) the ambition to live within our means, (2) a recognition that we can do anything but not everything within our funding (3) leading the drive for increased productivity, reducing and eliminating waste, waiting and unwarranted variation (4) how we will engage with the population to stay well and (5) how we positively enable and reinforce the better integration of our services.

Our approach

- The establishment of a BOB wide finance community which has been co-chaired by Oxfordshire CCG and Royal Berkshire NHS Foundation Trust DoFs has been developing a shared ways of working across the ICS as a pre-cursor to the 22/23 financial and operational planning. The pan ICS led working was formally adopted during H2 21/22.

- 22/23 financial planning approach will be the first stage in developing a financial framework for the ICS. Whilst challenged, because the BOB ICS is the ICS in the SE Region which is furthest from target, it remains committed to its principles in particular to live within its means. This will require a risk sharing agreement to be put in place. For 22/23 with the move away from the pandemic funding regimes the ICS has also looked to avoid any destabilising funding reductions.

- The ICS transition to new financial frameworks will commence in 22/23 and will cover delegation to PBPs and strategically contracting with provider collaboratives. Delegation principals are covered in the section on PBPs. The ICS will also review and agree an approach to estates and develop a broader capital prioritisation framework in 22/23.

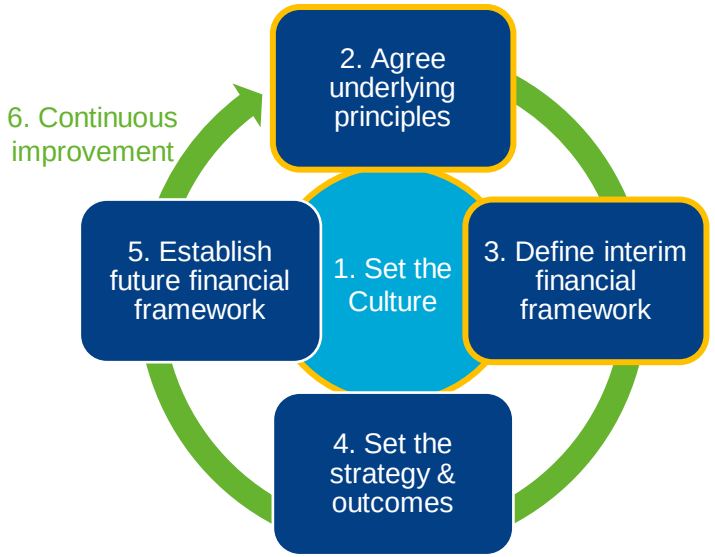
- The ICS's approach to developing its future financial framework will be aligned to the five year strategy and incorporate the ambition to live within our means and achieve our financial sustainability. This will need to be fact based and supported by the public, which is why the approach to 22/23 is more pragmatic.

System Financial Frameworks

Defining our future system financial framework

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Process Overview



Activity underway

Considerations

Timelines

Considerations	Timelines
1. Set the Culture - to include: • Open book culture and finance leadership agreement of principles, collective accountability arrangements are key enablers for introducing new financial frameworks.	**Q3 21/22 - ongoing**
2. Agree underlying principles - to include: • Finance leaders agreeing that living within its means, increased productivity, eliminating waste and better integration would be at the centre of future financial planning and frameworks.	**Q4 21/22 - Q1 22/23**
3. Define interim finance framework - to include: • Leveraging existing frameworks and where required, new frameworks for budget allocation, investment and risk sharing, to enable the successful submission of the 22/23 financial plan. • Place based funding allocations protection and must do priorities such as MH investment standard protection.	**Q4 21/22**
4. Set strategy and outcomes - to include: • Development of the ICS Strategy, which will inform the priorities and the level of delegation of Provider Collaboratives and PBPs. • PBP delegation will focus on BCF and pooled budgets as an immediate priority. The ICS has already experience of providers working as part of collaboration and has previously used outcome based contracts effectively which it will look at aligning to its new framework.	**Q2 22/23 - Q3 22/23**
5. Establish future financial frameworks - to include: • Future financial framework defintion and adjustments to sectors and investment will follow development of the 5 year strategy	**Q3 22/23 - Q4 22/23**
6. Continuous Improvement- key messages: The ICS strategy will be set however the financial frameworks will need to adjust as the ICS strategy is delivered and system wide opportunities and risks emerge and areas for improvement arise.	**Q4 22/23 - Onwards**

System Financial Frameworks

Key activity for 2022/2023

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Key Activity	• Finalise 22/23 financial plan and confirm financial risk requiring management • Agree key system productivity metrics & targets for monitoring • Co-design ICS wide commissioning risk share MoU • Design and implement strengthen system financial reporting arrangements to include risk monitoring • Agree approach to system investment policy including criteria and savings • Complete due diligence of commissioner risk	• Scope and agree the budgets which benefit in being managed together (at Place or Provider collaboration) • Assess place based fair share distance from target based on 22/23 plan to inform future approach to allocation distribution • Outline ICS staged approach to delegation and undertake a review of existing pooled budgets and BCF • Open book accounting of commissioning position implemented • 3 year capital programme agreed • Review ICB finance function capacity to operate with proposed financial framework	• Undertake M6 deep dive review of YTD system including commissioning position. If necessary commissioning risk share agreement • Review and agree options for mitigation of 22/23 forecast outturn • Engage in ICP strategy development to ensure proposals are aligned to available resource • Implement reporting arrangements for the budgets identified to be grouped/pooled ahead of moving to delegation or collaborative agreements	• Commence planning for 23/24, informed by strategic priorities operational priorities and information on fair share baselines • Develop multi-year system financial sustainability plan • Review and transact risk sharing arrangements continue to develop and use mitigations • Adapt finance reporting function and operating model to align with revised financial framework

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

7. ICS Enablers

Digital, Data & BI
Building a digital ICS

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Context

BOB ICS is building upon strong digital foundations built in the 3 CCGs / places from which it is formed; however each of these places has a unique set of capabilities that do not naturally support and enable productive working across the ICS.

The first steps to address this are to create a lean and **effective digital team** and **decision making** structure to both level-up and advance the use of digital capability across the ICS.

Approach

During the first quarter of FY2022 the priority is to develop a costed digital roadmap for the ICS to achieve the outcomes set out by NHSX/NHS England in the "Digitise, Connect, Transform" framework including What Good Looks Like for an ICS.

The ICS requires timely access to **high quality data and analytics** that can inform effective system planning decisions, pro-active health interventions and improve direct care. Given the variations in digital maturity across the ICS an initial priority is to establish a clear vision and set of outcomes that support:

1. **place-based delivery of care**, with particular focus on digital aspects of local authority led care.
2. newly-established **provider collaboratives** which will influence models of care that cross the current place-based boundaries and require new information flows to be effective.
3. a **system-approach to investment** to balance local innovation with effectiveness at scale

Looking forward

A specialist team has been procured to **work across the ICS and with colleagues from other ICSs in the SE region** to develop a coherent set of plans, recognising the cross-ICS digitisation of services such as diagnostics and cancer.

Key deliverables from this work include:

- Data strategy
- Digital strategy
- Costed roadmap

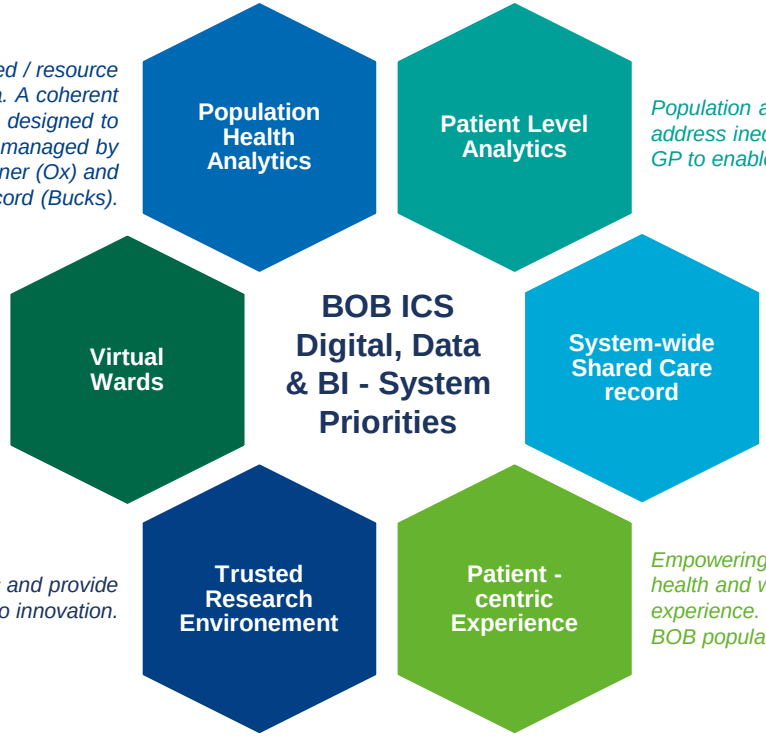
Digital, Data & BI

Our six system wide priorities

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Six initial priorities have been set out for the ICS. These will be validated as more information emerges from the digital stratgey, data strategy and the associated costed roadmap.

To inform fact based discussion on need / resource allocation across using high quality data. A coherent system-wide approach to data will be designed to address the complexity of patient data being managed by the SCWCSU, in ConnectedCare (BW), Cerner (Ox) and myCareRecord (Bucks).



Population and patient level analytics used to identify and address inequalities in health outcomes and equip every GP to enable anticipatory care / prevention for patients.

Provision of remote monitoring by patients that enable better LTC self-management, enable virtual step up / step down wards and support patients to be safely cared for at home.

Eradicates the current barriers to information sharing, provide safer, better coordinated care, and strengthen the links of social care data with health data.

To harness our expertise in real world trials and provide earlier access to innovation.

Empowering our population to take more control of their health and wellbeing through an enabling digital offer and experience. Building off the mature digital literacy of the BOB population whilst protecting from digital exclusion.

Underpinning these outcomes there will be increased collaboration across the system on EPR convergence; **Digital workforce; Cyber Security Information Governance; Common; architectural principles and interoperability standards; Enabling infrastructure procurement**; and **Digital First primary care.**

Digital, Data & BI

Population Health Management

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- The implementation of a Population Health Management approach requires bringing together many other elements of the strategy into a ***cultural*** change involving:
  - Improved **integrated working** at all levels of our system
  - A shift from reactive care to a more **proactive ethos**
  - Understanding of the **wider determinants of health**
  - **Collaboration with** our colleagues across health, local authorities, social care, the voluntary sector and patient groups and communities.

- This will require a wider transformational change, and aligns closely with the development outlined in the table below, as well as the strategy to address health inequalities, our Place development strategy, Primary Care strategy, etc.

- To facilitate this change requires:
  - **Infrastructure:** Linked health and social care data-set, with the ability to federate into national architecture, providing a single version of the truth.
  - **Information Governance (IG)**: A coherent IG strategy is required with support from System and Place leadership to own and drive the PHM agenda.
  - **Intelligence:** Whole system PHM intelligence function. Analytics support clearly defined and linked with managerial, clinical and finance teams, including to all Place based teams.
  - **Interventions:** New population based anticipatory and personalised care models for key at-risk identified cohorts of our population, supported by co-production with local citizens and communities. Clear evaluation and tracking of impact.
  - **Incentives:** blended payment models to incentivise this change particularly at Place level via Provider Collaborative alliance agreements for at-risk groups.

- The links between delivering the Inequalities priorities and Population Health Management is clear and close working between the two workstreams will be critical to ensuring success.

Clinical & Professional Leadership

Approach & key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Introduction

Clinical and professional leadership is key both for the transition to ICB and the wider ICS development agenda. In the October submission of our SDP, we committed to ensuring active involvement of clinical and professional leaders in decision making both now and in the future, to supporting ongoing learning and development opportunities, delivering the five core design principles for effective clinical and professional leadership across ICSs as outlined in national guidance and to developing mechanisms for assessing progress.

Our approach

The ICS has made an appointment to an interim CMO who joins the ICS April 2022. Once in post the ICS will accelerate and broaden its thinking in relation to clinical and professional leadership working alongside the interim CNO.

Across the ICS throughout the pandemic the joint nursing, AHP and medical community along with our primary care leaders has leant into the developing work of the ICS for example productivity, clinical advisory group leadership/participation and place led discharge in Buckinghamshire .

We aim to achieve comprehensive delivery of the preliminary stage of each of the five core design principles by 1 July 2022. This will act as a foundation for increasing the engagement, influence and involvement of clinical and professional leaders within the ICS operating model and culture and inform our C&PL framework. Particular areas for focus identified in November2021 following completion of the self assessment tool were:

- investment in capacity to build our transformation programme infrastructure
- support system strategy development,
- ensuring an enhanced influence and involvement for clinical and care leadership

The newly appointed CMO and CNO will be jointly responsible for taking the development forward across all professional groups aligning the ICS strategy with AHSN, BRC and ARC biomedical and applied research priorities.

Key messages / Outlook

Progress has been made but there is still work to be done. New SRO oversight and additional workstream support will enable us to advance this workstream and framework further and achieve our overall aims to:

1. Ensure that the BOB ICS has a broad cohort of impactful clinical and professional leaders including general practitioners, paramedics, nurses, medics, AHPs, influencing the development of our system operating model and strategy culture and sustaining them
2. Ensure our clinical and professional leaders have a central role in the co-production of service redesigns and support reducing clinical variation pan ICS and developing a PAN ICS quality improvement framework
3. Develop a suite of resources to ensure a strong talent pipeline of developing clinical and professional leaders within our system. Create a transparent, fair recruitment process promoting equality of opportunity
4. The professional leadership networks will be focused on the achievements of the ICS goals of improving health outcomes and reducing health Inequalities across out clinical programmes.
5. CMO and CNO will provide professional leadership and take responsibility to maintain high levels of professional standards across the ICS

Diversity & Inclusivity

Context & approach

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

BOB ICS has developed its Equality Diversity and Inclusion (ED&I) Strategy to provide leadership and direction to its commitment to develop great workplaces within the health system - where staff feel valued, respected and supported to do their best.

As the ICB Board takes shape as a legal entity and its partners integrate plans to provide excellent, sustainable healthcare services for all, the strategy sets out a vision, plan, success measures, risks and mitigations to ensure equality, diversity and inclusion are at its core.

Approach

Developed between May and August 2021, the strategy has six work streams, identified in partnership with ED&I Leads, staff network and Human Resource (HR) representatives.

It draws on trends from key diagnostic tools, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap.

The focus of the strategy is on quality and sustainable improvements, through testing pilots to initiate sustainable change, setting minimum standards in key areas, such as recruitment and talent management, knowledge sharing and co-design to make progress.

The deliverables for these work streams will be refreshed annually. The ED&I strategy is part of the Culture and Leadership work programme of the ICS People Strategy.

Looking forward

The outcomes we hope to see over the next four years include:

- a representative workforce in terms of ethnicity and gender at all levels as a minimum
- improved staff experiences and engagement
- greater confidence in managing behaviour and conflict
- better perceptions related to career progression
- higher retention rates and lower sickness absence

The aim will be to reduce disparities in experiences and outcomes for different staff groups through an evidence-based and informed approach.

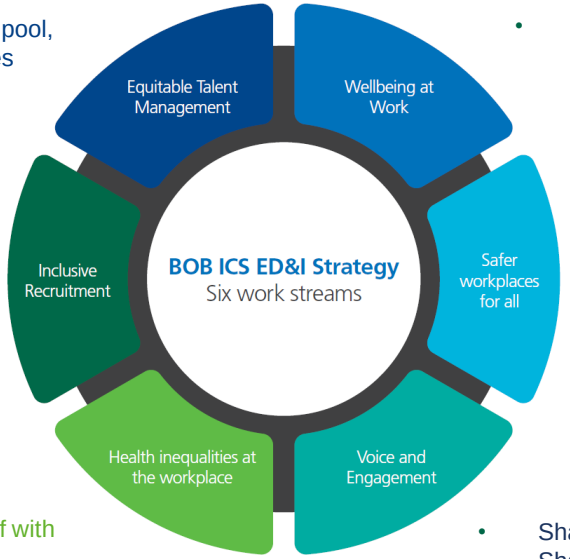
Diversity & Inclusivity

Six ED&I Workstreams and Year 1 action plans

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

- Develop resources to support equitable talent management framework
- Share case studies of positive action initiatives across BOB ICS
- Consider opportunities to develop an ICS talent pool, along with mentoring and coaching. opportunities

- Roll out Restorative Just Culture, REACT Training and wellbeing champions programme
- Promote civility and Respect and behaviour-management programmes
- Widen access to wellbeing resources and flexible working for all.



- Scope and test inclusive recruitment pilot.
- Standardise procedures for internal and external recruitment
- Pilot widening participation initiatives

- Promote NHS E+I Preventing violence and aggression from patients and public framework
- Learn from best practice and develop BOB resources to protect staff
- Commission BOB-wide awareness campaign

- Promote training and resources to support staff with disabilities and long term health conditions
- Share learning from Covid risk assessments

- Shared resources to promote staff voice and engagement. Shared learning between network chairs – through joint events
- Promote international nurse associations and related professional groups. Share learning and resources on anti-racism and allyship

Tackling Inequalities
Context & approach

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

Tackling inequalities is one of the core priorities of the ICS. To be successful in fundamentally addressing health and care inequalities across BOB, the **inequalities agenda will be incorporated as a key component across multiple workstreams in the ICS development roadmap**, featuring as a key driver in the ICS strategy development, the development of "Place" and the generation of a Population Health Management digital / analytics capability.

Tackling inequalities will also require joint-ownership and collaboration with broader system partners. Existing inequalities information has been sought, including Health and Wellbeing Board strategies, and open dialogue and feedback has been generated with the wider BOB organisation, the ICS development workstream leads and DPHs. Alongside our 22/23 priorities, partners have expressed a desire to look at how the ICS incorporates areas such as addressing Domestic Violence and more emphasis on CYP.

Approach

The **22/23 inequalities priorities have been set to allow progress to made whilst the ICS development plan mobilises**. This allows **relationships to develop, initial momentum to gather** and **thoughts to be captured as input** into the key ICS development activity.

In parallel the ICS is **working with system partners to gather input on the broad areas of opportunities for tackling inequalities**. These opportunities will be assessed and considered as part of the ICS Strategy development but also with specific workstream plans including featuring prominently on the "place" and PHM agendas.

The **emerging inequalities "requirements" for other workstreams are being worked through** however a draft view of the role inequalities plays has been developed.

There is **recognition that addressing the long standing inequalities across BOB will take time** however there is opportunity to "set the tone" as the ICB and PBPs form from 1 July. Embedding key messages and narratives as part of the formation of these groups will be critical.

Looking forward

During the first quarter of FY2021 the priorities are:

- To **agree the 12 month delivery scope for inequalities** in each ICS Roadmap workstreams
- Develop **delivery plans with the broader system partners to deliver against the 3 strategic priorities**
- To gain cross system **consensus on the priorities to tackle as a system,** and the **level of flexibility each "place" will have to address their own health and care inequalities**
- Agree how **BOB will provide the relavant oversight, targets and measures (for system and place) in the interim** whilst a PHM capability is developed.

Tackling Inequalities

Proposed strategic priorities 2022/2023

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Reduce premature deaths across the system (for under 75s)

Halve the life expectancy gap between the most and least deprived communities

Increase healthy life expectancy by X%

Improving outcomes in population health and healthcare

To

By

Tackling inequalities in outcomes, experience and access

Expansion of Lifestyles & Primary Prevention – priority on tobacco prevention and roll out of **tobacco** dependency treatment services across inpatient and maternity services

Restore and expand Prevention, Diagnosis and Treatment of Long Term Conditions prevention[1] prioritising **CVD**

Increase[2] **Annual Health Checks** for people with a Learning Disability, Autism and Serious Mental Illness and prioritise general AHCs for those from most deprived 20% by place

Provide equality and equity of access across full **maternity** pathway – starting with increasing Continuity of Care for those women from a BME /Most deprived areas

Learning from COVID vaccine – Increase uptake of (i) cervical **screening** 25-49yo from BME communities (ii) Childhood **vaccinations** in XXX group [being worked up]

1 Hypertension, AF, High Cholesterol, Diabetes, Asthma, COPD 2 LD - At least maintain 20/21 and increase numbers identified through GP registry's 2 SMI – Double 22/23 % Smokers from most deprived communities – achieve 50%

Tackling Inequalities

Impact on other ICS development workstreams

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Tackling inequalities will play a critical role in the other areas of the ICS development roadmap. These dependencies have been logged and will be developed over time. The emerging picture of the types on consideration can be seen below and will be addressed as the ICS roadmap delivery progresses.

ICB People & Operating Model

The ICS (as collection of employing organisations) will drive a healthy lifestyle agenda for employees, their families and the communities they live in, with a focus on prevention

System Governance

Embedding the consideration of Population Health, Prevention and reducing Inequalities in all governance forums including in decision making, assigning accountability, prioritisation of resources and showing value

System Comms. & Engagement

Creating a community of practice and environment for innovation using insights and an evidence base, including communicating openly on the priorities and alignment of effort at a system and place level

Provider Collaboratives

Support development with improved Insight (PH data), agree aligned infrastructure (e.g. linked data sets & reporting), and aligning Incentives with interventions, taking into account richer understanding of population needs, drivers of inequalities and resources to tackle

Place-based Partnerships

Continue to support place based delivery (and level of resourcing needed), delivery of HWB plans and Social-economic plans (could be via levelling up agenda)

System Financial Framwork

Ring-fenced / targeted resources into prevention and reducing inequalities – 5% of ICS on prevention over first 3 years

ICS Strategy Development

Includes:

- Co-production / engagement work to develop strategic priorities
- Opportunity to promote primary prevention
- Explicitly support resourcing / prioritisation – 5% of ICS spend on prevention over first 3 years
- Understand the social-economic risk and drivers of demand on public services
- Have clearer strategy around CYP, prevention and reducing inequalities and approaches to addressing domestic violence

Digital, Data & BI

Building ICS Analytical capacity & capability in PHM

Diversity & Inclusivity

Links to internal employment practice and impact on local economy – local advertising etc

Assurance
Approach and key messages

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Introduction

Improvement and transformation are at the heart of both assurance and oversight within the ICS in its principles, culture, and approach and whilst we are experienced in addressing service improvement through transformation locally in each place, the design and approach to ICB wide improvement is integral to our next steps.

Our approach

The ICS approach to both assurance and oversight needs to be effective, lean, with outcomes aligned to the strategic aims of the ICS which will fall under the overall objectives of the ICS:

- **To improve population and health outcomes**
- **To tackle Inequalities in outcomes, experience and access**
- **Enhance productivity and value for money**
- **Help the NHS to support broader social and economic development**

The approach proposed aligns with the governance structures described earlier in the System Governance chapter. It needs to be agile enough to be flexed to incorporate the requirements of the recently published White Paper and align into the NHS regulatory framework which the ICB will be following.

Key messages

- The **culture** across the ICS needs to be fair, open and honest. This will allow for transparency and trackable progress towards the agreed outcomes.
- Once **strategic outcomes** are defined for the ICS using a combination of data, embedded assurance and fact based appreciative enquiry our committees will be able to determine is the ICS on track to delivery its objectives. Where it is not we will be able to support.
- With time the **assurance models will evolve** and our **approach to improvement** developed and defined. We will also understand and detail how we apply our **methodology to Provider Collaboratives & Place Based Partnerships**.
- **Next steps** will be develop a delivery road map which defines HOW we move to this **agile yet effective** model 1 July and key activity in what NHSE/I have described a year of transition.

Assurance
ICS approach to assurance and SOF oversight

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Background

- The ICS is SOF rated 3 due to the complexities of bringing the 3 CCGs together. There are 6 providers in BOB ICS with 2 providers currently rated SOF 3 and 4 providers rated 1 or 2.
- To date the Regional Team has led on the oversight arrangements on behalf of the ICS.
- However, the in order to prepare for the ICS's establishment, it has been agreed that the oversight of providers within the ICS will fall under the COO's portfolio and steps are being taken to transition this responsibility to the ICS.

Transition Phasing

Jan 2022 - Region

- ✓ Commenced monitoring the SOF dashboard
- ✓ Monthly performance dashboard to SLG

April 2022 - Transition Period

- ✓ Interim CMO and CNO recruited
- ✓ Work alongside the Locality Director to develop an outlined approach to oversight following the principles set out in the SOF
- ✓ From April, ICS will start to co-chair oversight meetings for SOF3 providers commencing with BHT and agree with the regional office the approach to oversight of Trust's rated SOF 1 & 2
- ✓ Ongoing alignment to ICS governance and assurance framework development

Jan 2023 - ICS

- ✓ ICS Strategy and 2023 outcomes agreed
- ✓ Overnight to transition to ICS

Approach to Oversight

- The ICS will take a data and risk driven approach to the SOF
- Working with the region we will agree quarterly the SOF ratings for each of the 6 providers.
- We will jointly review the data and triangulate this with local intelligence to agree a proposed ratings
- Whilst the ICS's capability for data and analytics is being developed we propose that we use regional data to inform these final decisions
- We will work with our regional locality director the approach to escalation and de-escalation. Where relevant we will take learning from other ICS across the region

Approach to Improvement & Transformation

- Improvement and transformation is at the heart of both assurance and oversight within the ICS in its principles, culture and approach.
- Whilst we are experienced in addressing service improvement through transformation locally in each place, the design and approach to ICB wide improvement will commence once the interim CMO and CNO are appointed
- The ICS recognises the importance of benchmarking and productivity improvement is at the centre of elective recovery work led by Steve MacManus on behalf of the acute providers.
- The definition of a systematic approach to identification of improvement will be developed with the interim resources.

Assurance

Principles of assurance and oversight - Emerging elements (1)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

ICB Governance Committee Boards	ICS Improvement	Strategic Contract Management	Data/Information/Evidence based
• ICB Board/Committees for focused strategic delivery, assurance, regulation and governance • Ensuring outcomes from System Finance, Quality and Performance Groups • ICS Oversight/Alignment Programme Boards and CCG BAU Committees • Regional structures/ accountabilities • Application through governance model	• Conditions of success • Whole system improvement using Juran Trilogy. • Peer review, critical friend, change assurance capability. • Data and local intelligence to effectively demonstrate improvement. • Benchmarking • 3rd Party Assurance • Interface with region, NQB and CQC • Outcomes tracked	• Financial framework, value for money, contract management and procedure rules. • Upskilling in route to market, market shaping, evaluation, contract management. • Evolution journey Strategic vs small contracts • Financial, operational, reputational risks • Role of CSU. • CRS – safety valve for failing non-NHS organisations	• Data (health & care) dashboard, Executive Summary setting out timely delivery of BOB priorities. • Link to partner data and dashboards. • Baselines for key areas • Quality/ Integration/ performance red flags and tri-angulation of greens. • Drive conversation and appropriate clear escalation process. • Early identification and MDT approach

Assurance

Principles of assurance and oversight - Emerging elements (2)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Culture

- Culture, leadership,talent and sustainability- Define expected behaviours
- Agile and strong leadership.
- Adaptability
- Collaboration
- Productive inter ICS relationships
- Improvement and innovation
- Change assurance capability.
- Assessment tool – Well-led – CQC,

Place Based Partnerships

- Integration White Paper
- Individual organisation and place-based business priority and strategy through governance model
- Risk (Opportunity) matrix and risk mitigation.
- Early identification of risks
- local intelligence, place-based sharing of learning.
- De-escalation and escalation route defined within ICS.
- Identification of any

Health and Care

- Integration White Paper
- Involvement and engagement
- Delivery across health and care, referencing agreed ASCOF and SALT metrics.
- Statutory ICS arrangements of a system level ICS Partnership
- Involvement of Care/ Partners at the outset (DHSC,CQC, NQB, ADASS) and understanding their statutory responsibilities
- Joint escalation mechanisms

Provider Collaboratives

- Providers collaborating and defining agreed outcomes at place, across places within an ICS and across ICSs.
- Clarity of purpose and transparency of governance frameworks.
- Maturity of collaborative relationship.
- Data analysis to inform risk.
- Shared goals, appropriate governance, to ensure activities are aligned with ICS priorities.

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

8. Managing our ICS development programme

Managing our ICS development programme

Delivery structures

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

We will **continue with our established System Development programme to ensure the transition activity is suitably organised and resourced to deliver all aspects of the implementation plan** ahead of 1 July.

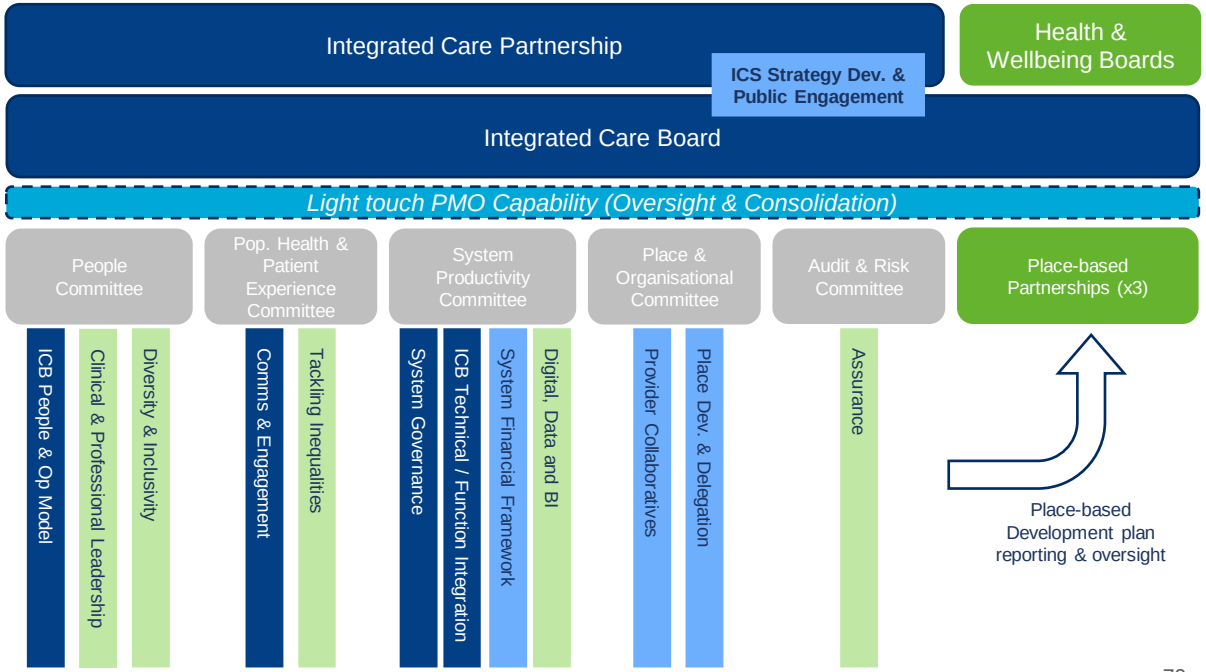
From 1 July, we will **utilise the newly formed governance groups and committees to drive the delivery of the System Development Plan.** The development of these groups is in progress within the "system governance" workstream however the emerging governance, with associated ICS development workstream mapping, is below.

Key considerations

- Governance outside of the newly formed committees will be considered only by exception
- Broader system representatives will be engaged through the workstreams and not solely through the governance forums
- The importance of "Place" will be retained and progress reported against individual "Place" development plans
- The ICB will nominate the right Accountable Executives to drive the workstreams forward and chair the committees
- The ICS Strategy will be owned by the ICP in conjunction with the H&W Bords

Open questions:

- We will work through options and decision in regard to the preferred delivery approach, considering alignment to the region and preferred methodologies, disciplines and project software / tools.
- We will work through the most efficient and aligned way to generate system and place based reporting



Managing our ICS development programme

Key ICS development risks and mitigations

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

	Description	Impact	Mitigation
1	**Supporting the "Cultural Shift" required** There is a risk that the right, structures, process and platforms are established but the required cultural shift to a single "ICS" and system way of thinking, and the underpinning work to deliver it, is deprioritised or underestimated.	• Underlying ways of working do not shift leading to confusion and inefficiency	1. Ensure OD and culture development is prioritised as part of the ICS development roadmap activity 2. Ensure that suitable and specific activities are executed in line with the ICB launch on 1 July 2022
2	**Balancing change agenda and BAU responsibilities** There is a risk that the demands of delivering a challenging change agenda and continuing with operational plans in parallel leads to suboptimal service delivery and in cases, wider service failure.	• Ineffective delivery and wasted resource • Rework • Service failure	1. Recognise the right capacity level required to deliver and where required, make conscious compromises between the two demands 2. Ensure the right level of rigour is applied in the ICB activity planning 3. Maintain the right oversight capability to mitigate against service failure
3	**Balancing the effort to set up PBPs and provider collaboratives with operational pressures** There is a risk that the right balance is not achieved in developing the PBPs and provider collaboratives: • Too much effort may detract from the delivery of current ICS priorities and critically important service changes • Too little may impact the ability for the ICS to deliver future priorities effectively.	• Patients don't see the changes required • Lost momentum	1. Ensure that the development of place-based partnerships and provider collaboratives is anchored in enabling and accelerating delivery of ICS priorities
4	**Level of effort to establish the ICB** There is a risk that time and effort spent on setting up ICB detracts from delivering the ICS development priorities, ICS priorities and critically important service changes	• Patients don't see the changes required • Lost momentum	1. Establish interim ICB operating model quickly (ahead of 1 July), bringing three CCGs into working as one 2. Identify and prioritise new ICB capabilities where required, and seek support from the region to help accelerate
5	**Right level of engagement on the ICS Strategy and SDP** There is a risk that the development of the ICS Strategy and SDP does not get the right level of engagement from partners, stakeholders and the public, making it symbolic as opposed to really setting the direction for the ICS over the next five years	• Lack of ownership from all relavant partners, stakeholders and public	1. Ensure the approach to developing the strategy and forward looking 5 year system delivery plan is shaped and owned by partners and stakeholders, with relevant, early engagement 2. Progress the ICS strategy development preparatory work ahead of the ICP formation, where full ownership and accountability can then be established with the owning governance group
6	**Enabling a smooth ICB Board and Executive team onboarding process** There is a risk that the onboarding of key leadership positions, both interim and permanent, leads to disruption with the delivery the current ICS development roadmap and related activities. This is due to the staggered start dates for each individual and the volume of new leaders joining the ICB.	• Inefficiency and rework • Change in direction and priorities	1. Onboarding plans outlined including interim arrangements where applicable 2. Consistent approach to onboarding including sessions planned in for the first 4 weeks of arriving to ensure efficiency 3. Build initial cadence of leadership meetings / ways of working to allow new joiners to link to peers effectively and buddy programme developed.

Managing our ICS development programme
Regional support requests (1)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The following areas have been identified for further development and support, in tandem with the region:

Identified area	Workstream link	Background	Specific request	Priority
Intelligence Function Development Support	**Digital, Data & BI**	The costed BOB ICS Digital Strategy will be delivered 30 July. We would like to augment this work with the creation of a BI and data analytics strategy to help the ICS become effective as a system including optimising transactional management reporting and becoming data literate and insight-led in everyday decisions. Specifically: • Consolidate and develop our existing thinking on creating an Intelligence Function within the ICS • Identify mechanisms to accelerate the capability and infrastructure development required to enable this • Derive a simplified narrative, and development plan, to communicate to broader system	SME resource (from the National Data & Analytics team) to support BI and data analytics strategy creation	**High**
Digital Literacy - Leadership Development	**Digital, Data & BI**	To be successful, we need to develop the digital competency of the ICB, ICS and its leaders by adopting a programme similar to the NHS Providers digital board development programme led by HEE. Digital needs to be a core competency, like risk and safety, for every leader in the ICS if we are to harness its potential in everything we do and deliver the care our residents expect. To do so ,we would like to work with the region to identify Leadership development opportunities, potentially working alongside the Leadership Academy.	Dedicated time with the Leadership Academy and Regional Director of Digital with capacity to co-design and deliver	**High**
ICS Operating Model Definition	**ICS People & Operating Model**	As we develop our Operating model, there are areas that we need to develop in conjunction with the region to ensure we identify areas where there are ICS skills and resource deficiency which could be mapped to the changes in the regional operating model. Inefficiency needs to be collectively identified and resources mapped to optimum processes to the areas which would give immediate benefit to the ICS include QI; Oversight and SOF; Provider Collaborative assurance; Clinical Networks; EPRR; and Immunisation and Vaccinations.	Regional resource transferred to ICS *(for areas of new ICS responsibility where capability / resource sits within region for example QI and EPRR)*	**High**
Co-developing the approach to commissioning	**ICB Technical / Function Integration**	We would like to work with the region to define and develop the ICS approach to commissioning including: • Outlining the future ICS commissioning requirements • Developing the system CSU and where required, outline the approach to upskilling our teams to deliver commissioning at scale	Initial meeting to discuss with Regional Director of Commissioning to scope	**High**

Managing our ICS development programme
Regional support requests (2)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The following areas have been identified for further development and support, in tandem with the region:

Identified area	Workstream link	Background	Specific request	Priority
Interim Capability Resource Support	**ICB People & Operating Model**	We would like to review the ICB capability areas, and where we have a deficiency in the capability level (e.g. QI delivery, improvement), assess whether there is an opportunity for the region to provide support or resource in the interim.	To agree the improvement plan under SOF 3 and resources committed by the region to support transition to SOF 2	**Medium**
PCN Development	**Place-based development & delegation**	We would like to work with the region to develop the role of PCNs in making the broader system successful, including the degree of flexibility needed to make each Place successful. This should be developed while recognising the changes being made to POD delegation and the future development of these arrangements.	Work with the applicable SME in region to define and agree the right approach for PCN development	**Medium**
Delivery Set up and Mobilisation	**N/A (Delivery)**	We would like to discuss the mobilisation of a ICS Delivery Unit that works in tandem with the Regional Delivery Units to provide the right level or support for the ICS organisation, minimising rework and driving standardisation and best practice where possible.	Access to Director of RDU to help shape ICS Delivery Unit, in line with regional structures and processes	**Low**

If you have any questions or comments on our system development plan, the implementation plan or would like to know more about any aspect in this plan, please get in touch.

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BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

NHS

System Delivery plan

Annex 2: ICS Development Roadmap

31 March 2022

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Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

1. Introduction

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Context

We've outlined an 12 month ICS Development Roadmap to illustrate the activity we have underway, and the respective dependencies, through to April 23. The roadmap includes:

- **ICB Architecture** (including ICB People, System Governance, Secure Transfer of Functions and System Communications and Engagements)
- **ICS Development** (including Provider Collaboratives, Place-based Development, ICS Strategy Development and System Financial Frameworks)
- **Enablers** (including Digital, Data & BI, Clinical & Professional Leadership, Diversity and Inclusivity, Tackling Inequalities and Assurance)

Aims

- To set out, through a number of integrated workstreams, the key ICS development changes and associated outcomes we are aiming to deliver over the next 12 months, giving greater line of sight on the required work to support more detailed planning;
- To highlight the key interdependencies and areas of risk across the plan and also with other key stakeholder activities (e.g. local elections);
- To provide the continuum of the current System Delivery Plan i.e. the foundations around which to write the next SDP due by the end of March 2022.
- To create the baseline to manage delivery against.

What we have achieved so far

Our focus to date has been laying the groundwork for the ICB ("the architecture") including the safe transition of the CCG functions into the ICB, shaping the ICS strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.

This is reflective in our plans and the relative progress seen. Some areas are more defined as we have recognised the dependencies between the activity and focused on the enabling "ICB Architecture" in the short term, to then allow the ICS Development activity to accelerate from 1 July 22. Furthermore the "ICS Enablers" will require separate plans and outcomes however these will be developed in Q1 22, to coincide with the confirmation of accountable owners for each of the areas.

We continue to work transparently with our system partners, ensuring a good level of communal ownership and engagement throughout, with a open view of the progress, plans and where active contribution and thinking is required.

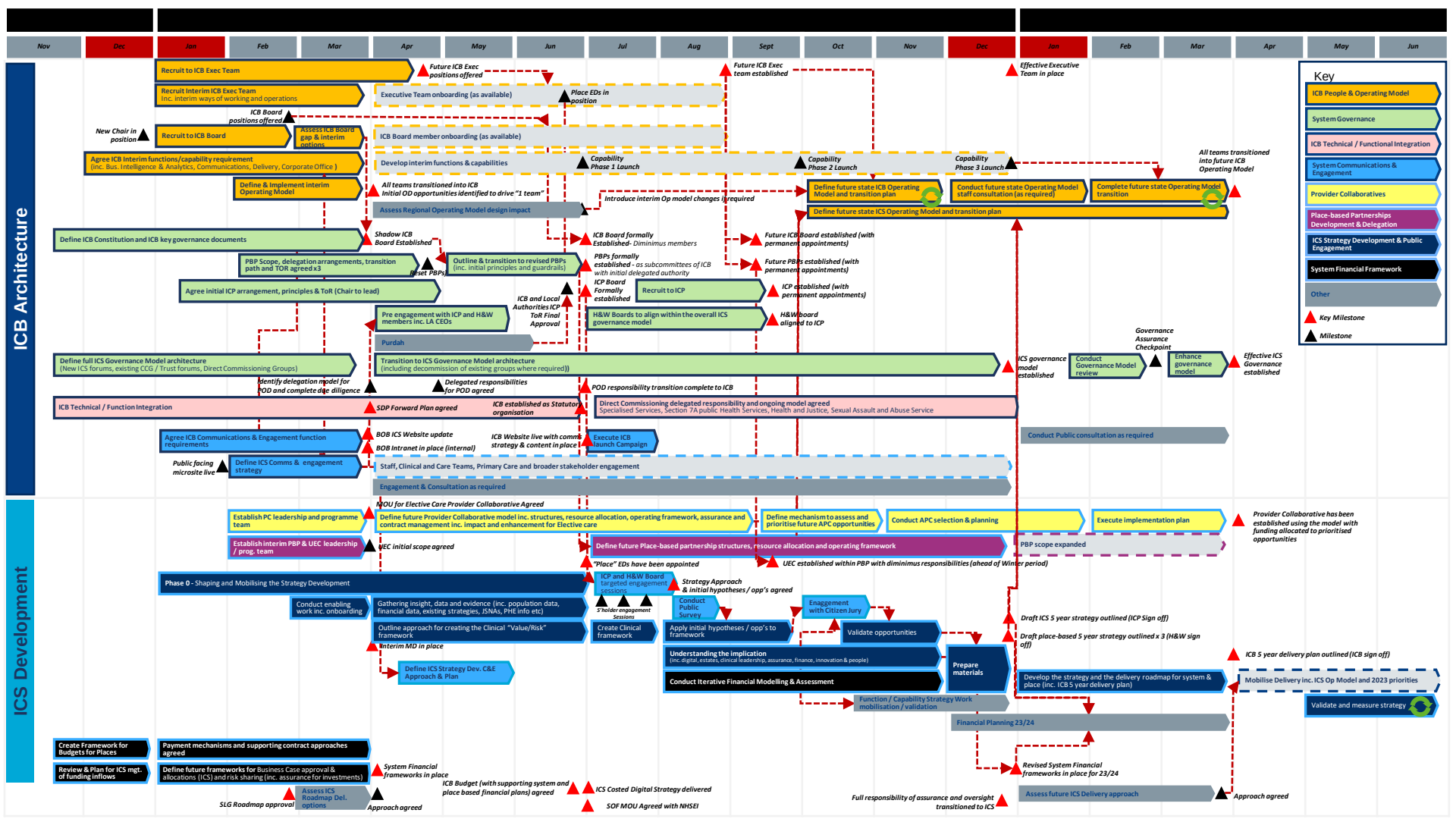
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

2. ICS Development Roadmap
Summary

Developing the BOB ICS Delivery Roadmap

Key streams of work

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System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ICB Architecture
ICS Development
Recruit to ICB Exec Team
Future ICB Exec positions offered
Future ICB Exec team established
Effective Executive Team in place
Recruit Interim ICB Exec Team
Inc. interim ways of working and operations
Executive Team onboarding (as available)
Place EDs in position
ICB Board positions offered
New Chair in position
Recruit to ICB Board
Assess ICB Board gap & interim options
ICB Board member onboarding (as available)
Agree ICB interim functions/capability requirement
(inc. Bus. Intelligence & Analytics, Communications, Delivery, Corporate Office)
Develop interim functions & capabilities
Capability Phase 1 Launch
Capability Phase 2 Launch
Capability Phase 3 Launch
All teams transitioned into future ICB Operating Model
Define & Implement interim Operating Model
All teams transitioned into ICB initial OD opportunities identified to drive "1 team"
Introduce interim Op model changes if required
Define future state ICB Operating Model and transition plan
Conduct future state Operating Model staff consultation (as required)
Complete future state Operating Model transition
Assess Regional Operating Model design impact
Define future state ICS Operating Model and transition plan
Define ICB Constitution and ICB key governance documents
Shadow ICB Board Established
ICB Board formally Established- Diminimus members
Future ICB Board established (with permanent appointments)
PBP Scope, delegation arrangements, transition path and TOR agreed x3
Reset PBPs
Outline & transition to revised PBPs (inc. initial principles and guardrails)
PBPs formally established - as subcommittees of ICB with initial delegated authority
Future PBPs established (with permanent appointments)
Agree initial ICP arrangement, principles & ToR (Chair to lead)
ICB and Local Authorities ICP ToR Final Approval
ICP Board Formally established
Recruit to ICP
ICP established (with permanent appointments)
Pre engagement with ICP and H&W members inc. LA CEOs
H&W Boards to align within the overall ICS governance model
H&W board aligned to ICP
Purdah
Governance Assurance Checkpoint
Define full ICS Governance Model architecture
(New ICS forums, existing CCG / Trust forums, Direct Commissioning Groups)
Transition to ICS Governance Model architecture
(including decommission of existing groups where required))
ICS governance model established
Conduct Governance Model review
Enhance governance model
Effective ICS Governance established
Identify delegation model for POD and complete due diligence
Delegated responsibilities for POD agreed
POD responsibility transition complete to ICB
ICB Technical / Function Integration
SDP Forward Plan agreed
ICB established as Statutory organisation
Direct Commissioning delegated responsibility and ongoing model agreed
Specialised Services, section 7A public Health Services, Health and Justice, Sexual Assault and Abuse Service
Agree ICB Communications & Engagement function requirements
BOB ICS Website update
BOB Intranet in place (internal)
ICB Website live with comms strategy & content in place
Execute ICB Launch Campaign
Conduct Public consultation as required
Public facing microsite live
Define ICS Comms & engagement strategy
Staff, Clinical and Care Teams, Primary Care and broader stakeholder engagement
Engagement & Consultation as required
MOU for Elective Care Provider Collaborative Agreed
Establish PC leadership and programme team
Define future Provider Collaborative model inc. structures, resource allocation, operating framework, assurance and contract management inc. impact and enhancement for Elective care
Define mechanism to assess and prioritise future APC opportunities
Conduct APC selection & planning
Execute implementation plan
Provider Collaborative has been established using the model with funding allocated to prioritised opportunities
Establish interim PBP & UEC leadership / prog. team
UEC initial scope agreed
Define future Place-based partnership structures, resource allocation and operating framework
PBP scope expanded
"Place" EDs have been appointed
UEC established within PBP with diminimus responsibilities (ahead of Winter period)
Phase 0 - Shaping and Mobilising the Strategy Development
ICP and H&W Board targeted engagement sessions
Strategy Approach & initial hypotheses / opp's agreed
Conduct enabling work inc. onboarding
Gathering insight, data and evidence (inc. population data, financial data, existing strategies, JSNAs, PHE info etc)
S'holder engagement Sessions
Conduct Public Survey
Enaggement with Citizen Jury
Outline approach for creating the Clinical "Value/Risk" framework
Create Clinical framework
Apply initial hypotheses / opp's to framework
Validate opportunities
Draft ICS 5 year strategy outlined (ICP Sign off)
Interim MD in place
Understanding the implication
(inc. digital, estates, clinical leadership, assurance, finance, innovation & people)
Prepare materials
Draft place-based 5 year strategy outlined x 3 (H&W sign off)
ICB 5 year delivery plan outlined (ICB sign off)
Define ICS Strategy Dev. C&E Approach & Plan
Conduct Iterative Financial Modelling & Assessment
Develop the strategy and the delivery roadmap for system & place (inc. ICB 5 year delivery plan)
Mobilise Delivery inc. ICS Op Model and 2023 priorities
Function / Capability Strategy Work mobilisation / validation
Validate and measure strategy
Financial Planning 23/24
Create Framework for Budgets for Places
Payment mechanisms and supporting contract approaches agreed
Review & Plan for ICS mgt. of funding inflows
Define future frameworks for Business Case approval & allocations (ICS) and risk sharing (inc. assurance for investments)
System Financial frameworks in place
ICB Budget (with supporting system and place based financial plans) agreed
ICS Costed Digital Strategy delivered
Revised System Financial frameworks in place for 23/24
SLG Roadmap approval
Assess ICS Roadmap Del. options
Approach agreed
SOF MOU Agreed with NHSEI
Full responsibility of assurance and oversight transitioned to ICS
Assess future ICS Delivery approach
Approach agreed
Key
ICB People & Operating Model
System Governance
ICB Technical / Functional Integration
System Communications & Engagement
Provider Collaboratives
Place-based Partnerships Development & Delegation
ICS Strategy Development & Public Engagement
System Financial Framework
Other
Key Milestone
Milestone

Summary outcomes over time
ICB Architecture

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

	By 1st April 2022	By 1st July 2022	By 1st January 2023	By 1st April 2023
ICB People & Operating Model	• *ICB Board members (incl. NEDs) have been appointed* • *ICB Board member onboarding plan has been agreed* • *A single executive team are in place, comprising of permanent and interim roles, ahead of transition to ICB* • *All CCG staff have been mapped to a single interim structure ahead of transition to ICB* • *An OD plan for building a "one team" mindset has been agreed* • *New ICB functions and capabilities have been identified*	• *The **ICB has been formally established as a statutory body** supported by a launch campaign* • *The ICB Board meet formally and discharge Day 1 responsibilities (but may not have all members formally in place)* • *The executive team have transitioned into the ICB executive team, comprised of permanent and interim roles* • *Staff have transitioned to the ICB supported by a series of "one team" launch events and activities* • *Started to implement new ICB functions and capabilities for priority areas*	• *ICB Board has all members in place and is working effectively, supported by a development programme* • *The ICB executive team are all permanent appointments and are working effectively* • *The future ICB Operating Model has been defined, in support of the ICS and incorporated new ICB functions and capabilities*	• *The transition to the future ICB Operating Model is complete*
System Governance	• *The **ICS Governance Model Architecture** has been defined at a high level*	• *A **formative ICP has been established** with founder members in place* • *The PBPs have been established as sub-committees of the ICB, with initial delegated responsibility and have been empowered to make decisions on behalf of each "place"*	• *The ICS Governance Model Architecture has been established* • *ICP, ICB and PBPs have all members in place and is working effectively* • *The H&W Boards have enhanced their role, remit and composition to work effectively in conjunction with the ICP and PBPs*	• *A governance model review has been completed, with relevant enhancements made as required*
ICB Technical / Function Integration	• *Updated System Development Plan submitted* • *Updated ROS checklist submitted*	• *Completed **safe transfer of functions from CCGs to ICB*** • *Responsibility for POD (Pharmacy, Optometry and Dentistry) direct commissioning transition complete*	• *The **Direct Commissioning delegated responsibility and ongoing model has been agreed**, in close collaboration with the region*	
System Communications & Engagement	• *The broader ICS Communications and Engagement Strategy has been defined* • *The BOB ICS website has been updated*	• *The ICB website is operational with messaging in place on both a System and Place level*		• *The ICS, its System Partners, stakeholders and wider public and communities feel empowered and engaged in the ICS strategy.*

Summary outcomes over time
ICS Development

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

	By 1st April 2022	By 1st July 2022	By 1st January 2023	By 1st April 2023
Provider Collaboratives	• *A Memorandum of Understanding has been agreed in principle with the relevant Trusts to progress Elective Care as an emerging Provider Collaborative*		• *The Provider Collaborative model (including future structures, resource allocation and operating framework) has been outlined*	• *A Provider Collaborative has been established using the model, with scope of agreements agreed (in line with the ICS Strategy development) and resource allocated appropriately*
Place-based Partnerships Development & Delegation		• *"Place" Executive Directors have been appointed*	• *PBPs have all members in place, with further delegated responsibility, and are working effectively*	• *PBPs are operating with agreed delegated responsibility for 23/24* • *Individual places are operating and tracking against their own Development plans, in line with the broader system strategy.*
ICS Strategy Development & Public Engagement	• *The Strategy Development steering group is established* • *Plan in place to complete the detailed strategy approach* • *Data gathering has commenced*	• *ICB receives strategy approach for approval* • *Broader stakeholders engaged and feedback incorporated* • *Completed data gathering exercise*	• *The ICS Strategy has been collaboratively developed and agreed in principle by the ICP and H&W Boards* • *Citizens jury and public engagement survey undertaken*	• *ICB 5 year strategy has been developed and agreed*
System Financial Framework	• *The system financial framework has been agreed*	• *Full **ICB budget has been agreed** in line with the System Financial Framework*	• *The system financial framework has been revised ahead of FY 23/24*	

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

3. ICB Architecture

Workstream Plans and Outcomes

ICB People & Operating Model
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- *ICB **Board members (incl. NEDs) have been appointed with onboarding timelines** agreed*
- *A **single executive team are in place**, comprising of permanent and interim roles, ahead of transition to ICB*
- *An **OD plan for building a "one team" mindset** has been agreed*
- *The existing **CCGs organisations have been mapped into the ICS** in a safe, fair and well communicated manner*
- ***Any immediate or interim ICB capabilities** have been identified with plans to mobilise where appropriate*

Outcomes by 1 July 2022

- *The **executive team have transitioned into the ICB executive team**, comprised of permanent and interim roles*
- *All **ICB substantive executives have been identified** with onboarding arrangements in place throughout 2022*
- ***Staff have transitioned to the ICB supported by a series of "one team" launch events** and activities*
- *The **ICB executive team have started to develop new ICB functions and capabilities** for priority areas (where appropriate)*
- *The **future ICB OD "Diagnostic" phase has been completed** with an understanding of the future values and culture requirements of the newly formed organisation.*

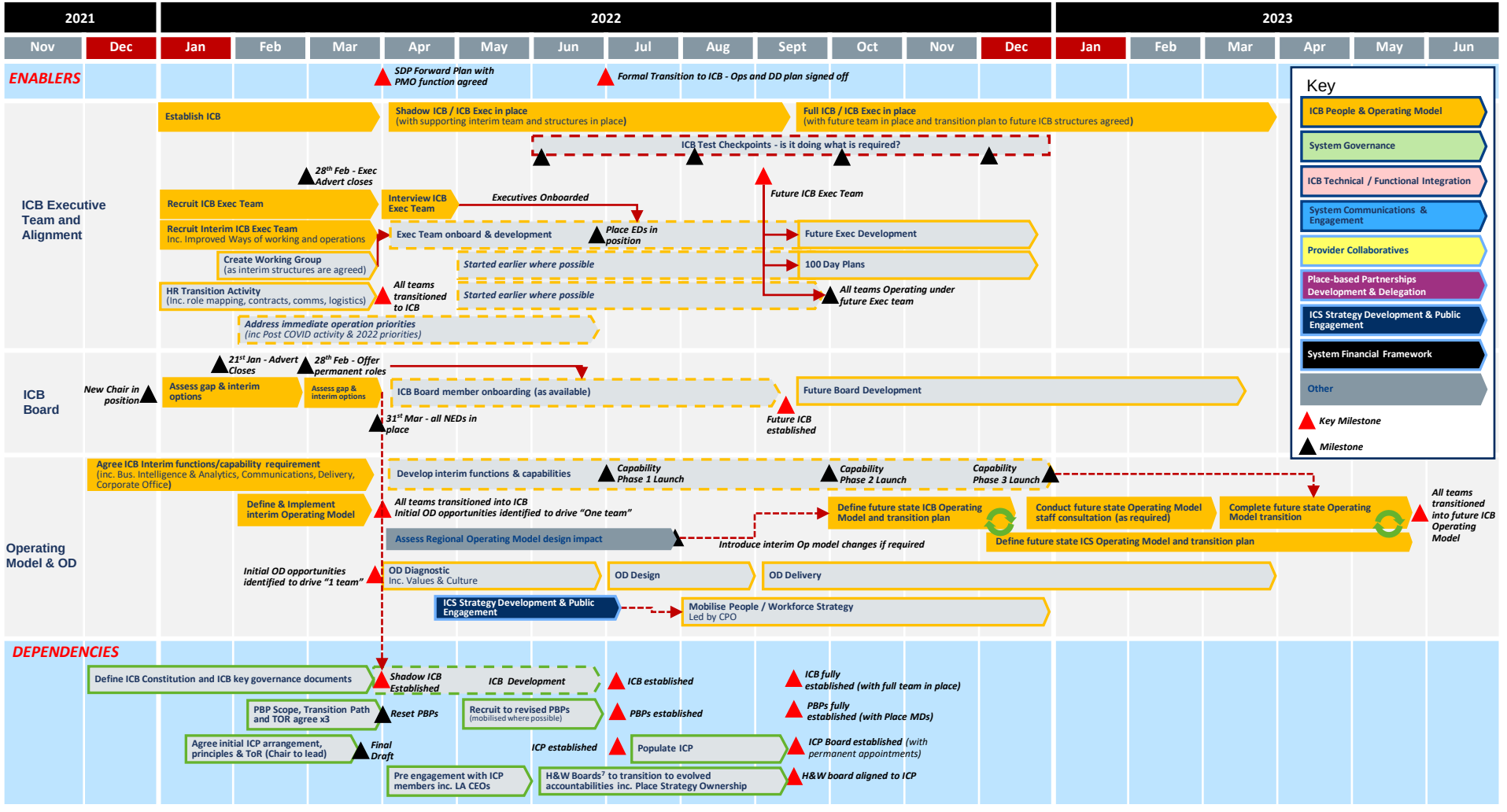
Outcomes by 1 January 2023

- *The **ICB board is established, all executives are in place and there is a clear plan for ongoing development** into 2023*
- *The **ICB executives are in place**, initial "100 day" plans have been completed and the wider organisation has been fully transitioned to each accountable owner*
- *The **role of People and OD has been considered as part of the ICS strategy development** and a People / Workforce Strategy has been mobilised in conjunction*
- *The **ICB OD "Design" phase has concluded with OD "Delivery" initiatives underway***
- ***The "future State" ICS/ICB Operating Model is understood with initial plans outlined for the transition to it**, in line with the ICS Strategy Delivery from 2023 onwards*

Strategic Outlook for 2023

- *The ICB **continues to develop and improve organisation effectiveness in 2023**, with adequate checkpoints in place to ensure it's set up effectively to deliver the required Health and Care outcomes.*
- *The transition to the **"future State" ICS/ICB Operating Model is in progress** in a controlled, well communicate manner, in line with the defined plans.*

BOB ICS Delivery Roadmap *(ICB People & Operating Model)*



System Governance
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- *The **full ICS governance model architecture has been defined**, enabling clarity on the interactions, roles and responsibilities and decision making accountabilities for both the newly established, soon to be established and existing governance forums where required*

Outcomes by 1 July 2022

- *The **ICB has been established,** with newly recruited executive members in place where possible**, and are able to discharge "day 1" responsibilities***
- ***A formative ICP has been established as a functioning governance group**, with all founder members, and with the clarity of role and remit to develop and own the ICS Strategy*
- *The **PBPs have been established as functioning governance groups**, with supporting Place Executive Directors in position where possible, and have been empowered with a minimum level of delegated responsibility to make decisions on behalf of each "place", with the support of the ICB*

Outcomes by 1 January 2023

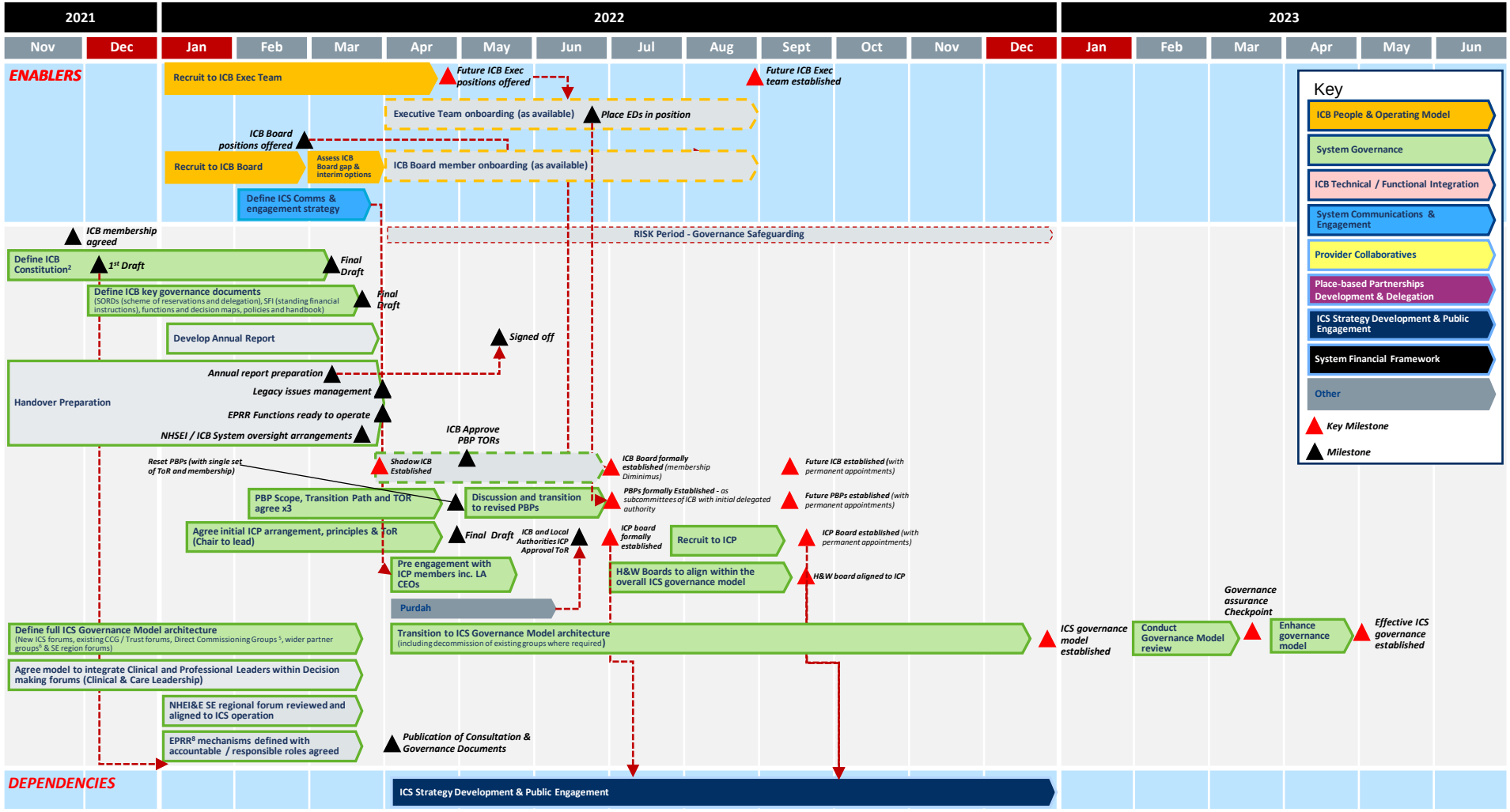
- *The **ICP, ICB and PBPs have all members in place** and are working effectively.*
- *The **H&W Boards have evolved their role, remit and composition** to work effectively, in conjunction with the ICP and PBPs, and to develop and own the appropriate Place-based strategy*
- *The **ICS has fully transitioned to the full ICS governance model architecture**, with all required groups established, evolved or decommissioned, and with the supporting documentation, processes and clarity of roles in place to allow the system to successfully execute against its accountabilities*

Strategic Outlook for 2023

- ***A governance model review has been completed,** with relevant enhancements made as required*
- *The **ICS, including wider system partners, are enabled to effectively define and deliver the ICS strategy,** and the related health and wellbeing benefits*
- *The **core ICS governance structures* are established,** fully resourced, operating effectively and allow our teams to operate with clarity of accountability and decision making*
- *Each governance group **understands their role and are able to use the appropriate mechanisms to hold the organisation to account**, in the context of existing system and NHSEI structures*
- *The **appropriate groups have developed, and retain ownership for the delivery of, the appropriate strategy:***
  - *Integrated Care Partnership (System Strategy)*
  - *Health and Wellbeing Boards (Place-based Strategy)*

**Integrated Care Board, Integrated Care Partnership, Place-based Partnerships and Health and Wellbeing Boards*

BOB ICS Delivery Roadmap *(System Governance)*



ICB Technical / Function Integration

Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022	Outcomes by 1 July 2022	Outcomes by 1 January 2023	Strategic Outlook for 2023
• *The revised "Readiness to Operate" Statement has been submitted*	• *The **ICB has been formally established as a statutory body** supported by a launch campaign* • *Completed **safe transfer of functions from CCGs to ICB*** • ***POD (Pharmacy, Optometry and Dentistry) direct commissioning** transition complete*	• *The **Direct Commissioning delegated responsibility and ongoing model has been agreed**, in close collaboration with the region*	

Further details can be found in Annex 1 - Implementation Plan

BOB ICS Delivery Roadmap *(ICB Technical / Function Integration)*

2021		2022												2023					
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

ENABLERS

- ROS signed off 18th March
- Identify delegation model for POD and complete due diligence
- Delegated responsibilities for POD agreed
- POD responsibility transition complete to ICB
- Direct Commissioning delegated responsibility and ongoing model agreed
  Specialised Services, Section 7A public Health Services, Health and Justice, Sexual Assault and Abuse Service

Key

- ICB People & Operating Model
- System Governance
- ICB Technical / Functional Integration
- System Communications & Engagement
- Provider Collaboratives
- Place-based Partnerships Development & Delegation
- ICS Strategy Development & Public Engagement
- System Financial Framework
- Other
- Key Milestone
- Milestone

DEPENDENCIES

System Communication & Engagement
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- ***The ICS, and wider system partners, have been suitably engaged*** *for input on the ICB Governance constitution and have been kept proactively engaged on the status on the ICS transition*
- *The* ***broader ICS Communications and Engagement strategy has been defined,*** *and a set of supporting activity has been outlined, both at System and Place level, to mobilise delivery*
- *The* ***BOB ICS website has been updated with current status and plans****, in line with the messages given via the internal BOB intranet*

Outcomes by 1 July 2022

- *The* ***ICB has a rigorous "launch plan" and is set up to execute successfully*** *with the right supporting resources in place*
- *The* ***ICB website is operational with messaging in place on both a System and Place level,*** *with appropriate content owners, platform management and development plan in place*

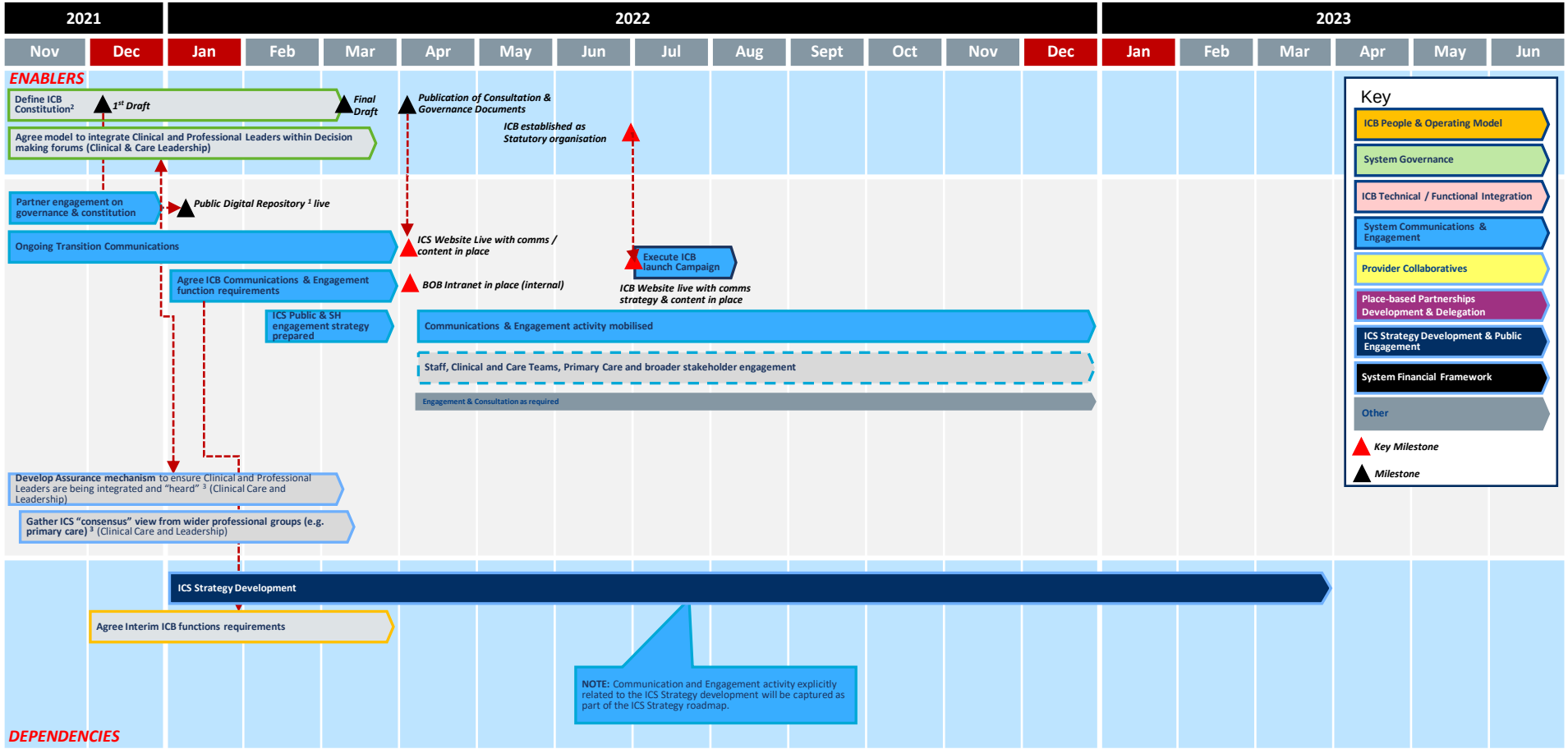
Outcomes by 1 January 2023

- ***TBC*** *(dependant upon ICS Communications and Engagement Strategy)*

Strategic Outlook for 2023

- *The* ***ICS has devised and delivered a clear communications and engagement strategy*** *that encourages interaction, embraces digital channels and accommodates the level of system, local population and statutory body engagement required to maximise the level of effectiveness of the provided health and wellbeing services*
- *The* ***ICS has an effective website, and wider digital presence, and supporting team,*** *which clearly communicates key information, canvasses for input and can be readily maintained to* ***reflect both system and place based priorities and messages***
- ***The ICS, its system partners, stakeholders and wider public and communities feel empowered and engaged in the ICS activities,*** *and have confidence and understanding in the stratgey, the plan to deliver and the progress*

BOB ICS Delivery Roadmap (*System Communications & Engagement*)



Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

4. ICS Development

Workstream Plans and Outcomes

Provider Collaboratives
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- ***Continued development of Provider Collaboratives*** *across the Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); pathology and imaging networks and the Thames Valley Cancer Alliance*
- ***Elective Care Board established across OUH, BHT and RBFT*** *with a programme to deliver elective recovery in 3 initial key specialities including cross cutting themes in outpatients and theatres*
- *Delivered the following elective benefits including:*
  - ***'Load balancing' of referrals*** *with GPs in South Oxfordshire asked to refer to RBFT rather than OUH*
  - ***Mutual aid to support elective*** *recovery*
  - ***Management of critical care capacity*** *during the pandemic across acute providers*
- ***A formal Memorandum of Understanding signed off by each Acute Provider Board by April 2022 which sets out the scope of the work on elective care*** *and the commitment to develop into a formal Acute Provider Collaborative (APC)*

Outcomes by 1 July 2022

- *Conduct Provider Collaborative scoping session and* ***agree future provider collaborative options including initial scopes of services***
- *Assess* ***proposal for a Thames Valley Provider Collaborative expansion*** *beyond BOB ICS to cover specialist care, research and expertise at scale*
- *Detailed* ***proposals for the development of the Acute Provider Collaborative*** *to be submitted and to include:*
  - *Future structure, governance, resourcing and ways of working arrangements*
  - *Public narrative for the change setting out the clear benefits*
  - *Agree models of delegation, including the design of new light-touch oversight and assurance*
  - *Development plan for key enablers to ensure success*

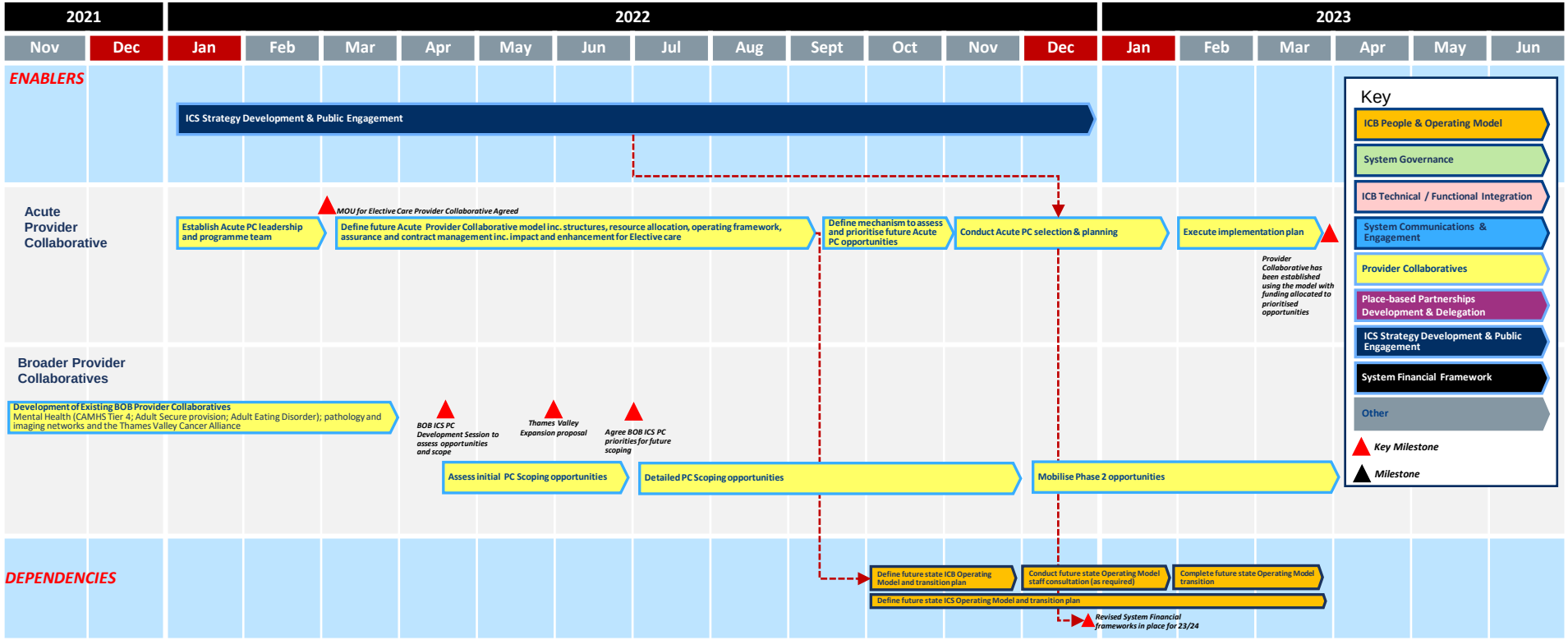
Outcomes by 1 January 2023

- *Scoping opportunities for additional Provider Collaboratives within BOB ICS*
- ***Explore other areas of collaboration within the APC*** *including potential in corporate areas such as procurement and HR*

Strategic Outlook for 2023

- *Full development of Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); Mental Health and* ***delegated responsibilities from April 2023***
- *Learn and* ***refine delivery model in areas such as structures, resource allocation and contracts to set a BOB ICS blueprint for collaborative development in phase 2***
- *Timetable* ***for Phase 2 Provider Collaboratives agreed by April 2023***
- *Full* ***development of the APC with potential delegated responsibility for elective care from April 2023***

BOB ICS Delivery Roadmap (*Provider Collaboratives*)



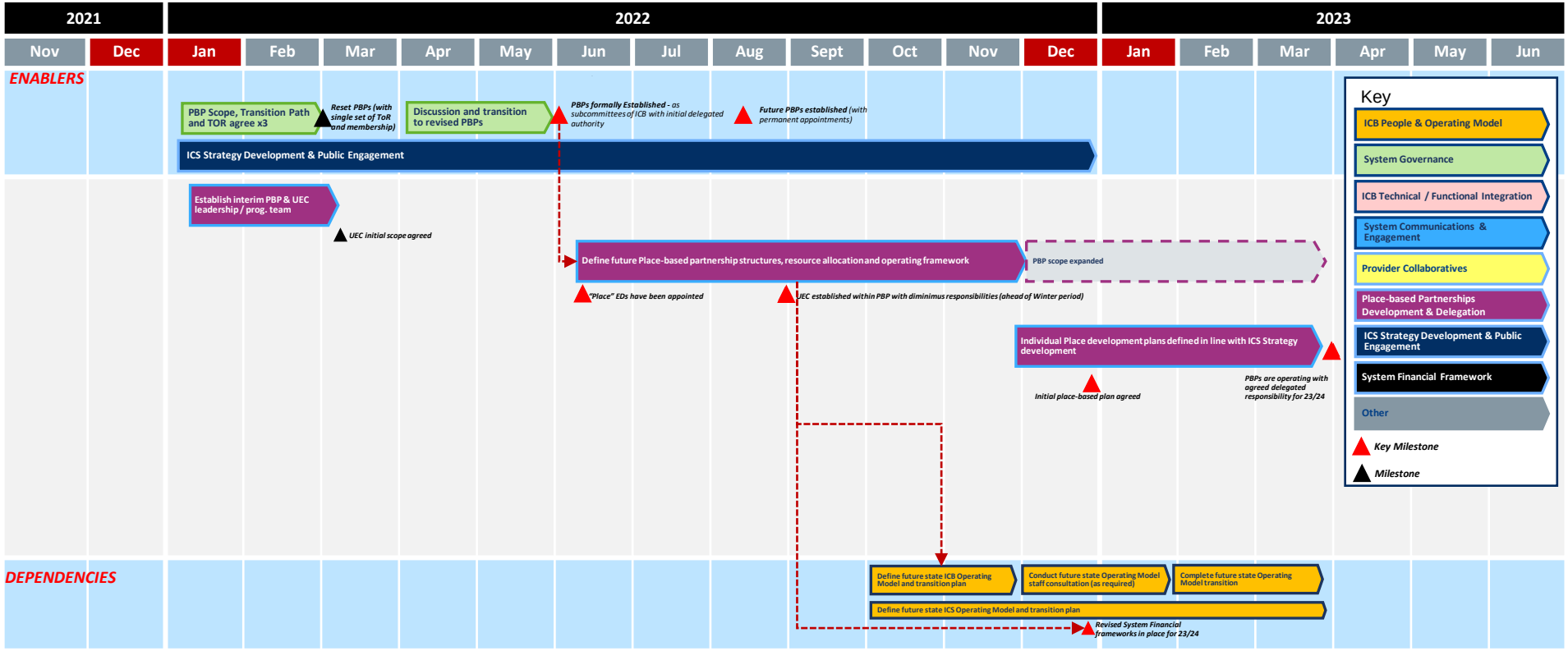
Place-based Partnership Development & Delegation

Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022	Outcomes by 1 July 2022	Outcomes by 1 January 2023	Strategic Outlook for 2023
• *Initial **UEC scope agreed and progressed as a system priority***	• *"Place" Executive Directors have been appointed*	• *PBPs have all members in place, with further delegated responsibility, and are working effectively with a supporting place-based plan agreed*	• *PBPs are operating with agreed delegated responsibility for 23/24*

BOB ICS Delivery Roadmap (*Place-based Partnerships Development & Delegation)*



ICS Strategy Development and Public Engagement
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- *The **ICS strategy development plan, activity and resources have been clearly outlined and mobilised**. The key delivery groups have been set up in the interim to enable quick decision making and steer where required*
- ***Initial approach to insight and evidence gathering is outlined**, underpinned by the complied financial baseline, early thinking on data management, innovation trends and learnings from our teams and wider ICS relationships*

Outcomes by 1 July 2022

- *All **insight and evidence required to inform the strategy has been compiled and surmised into a "Case for Change"** including key data analysis and insight, key population and financial information, performance metrics, wider team insight & learnings and current innovation and research advances*
- *The **ICS Strategy Communications and Engagement approach and plan has been developed,** in line with the broader ICS Communications and Engagement Strategy*
- *The **Approach to wider citizen engagement, in conjunction with the exiting public enaggement channels,** has been outlined*

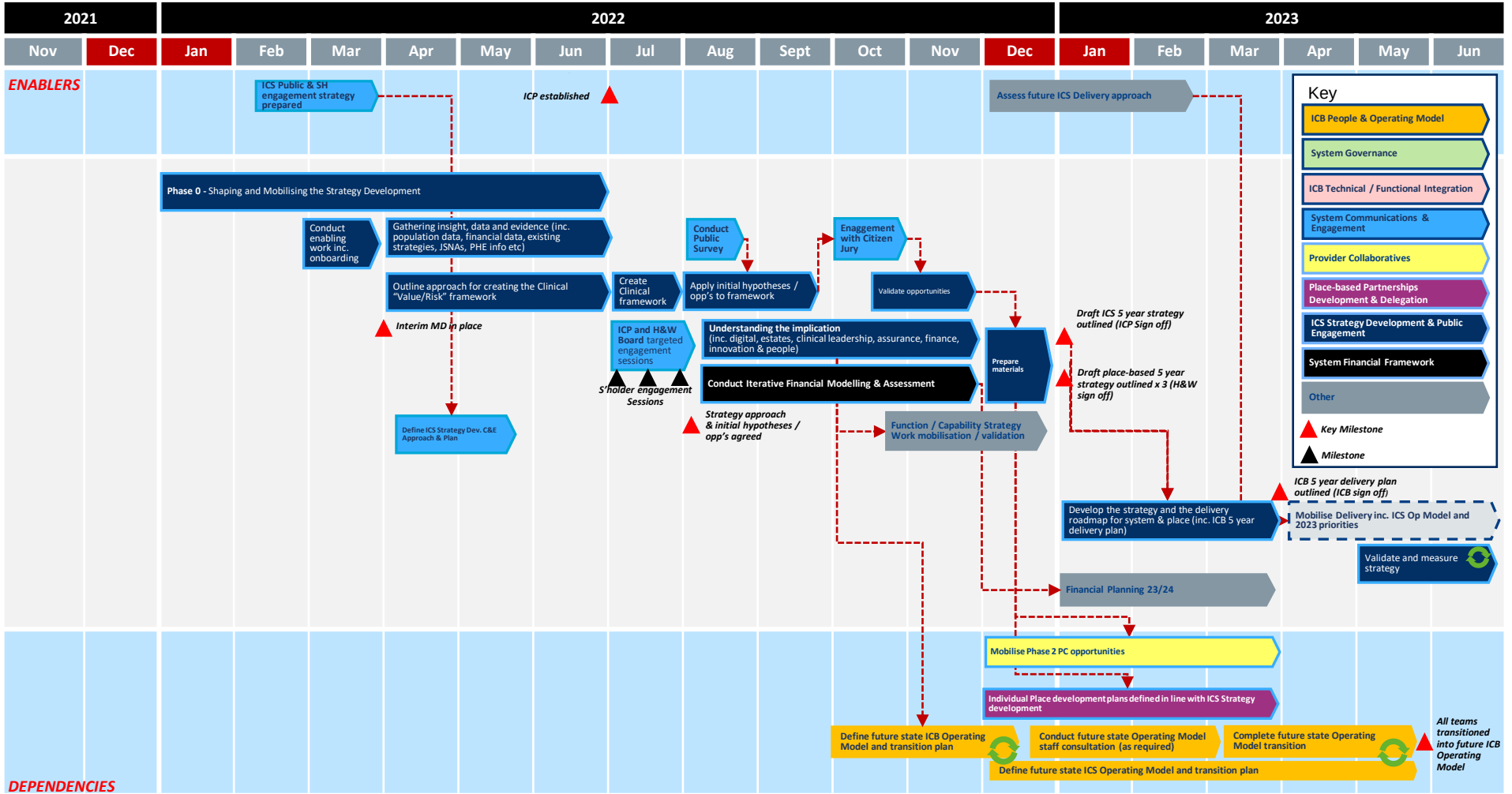
Outcomes by 1 January 2023

- ***The ICS Strategy has been collaboratively developed agreed in principle by the ICP and H&W Boards** and has clearly outlined it's objectives, with clear supporting principles, priorities, KPIs and targets*
- ***The pathways for delivery have been outlined with high focus on a consciously selected, small number ICS priorities** that will make the biggest impact on the things that matter most. Where required, any change to existing pathways (assets / services) are outlined and fully justified, with the financial impact understood including resource allocations*
- ***Key Stakeholders and Citizen Working groups have been engaged on consulted on the initial ambition and future state for the ICS and the prioritisation of initiatives to deliver the strategy,** including the **choices regarding service and settings and the associate reallocation of resources***

Strategic Outlook for 2023

- *The **ICS 5-year Strategy has been published and is built upon a shared ambition across Health and Social Care providers** to maximise the quality of the health and social care provision across the BOB population , whilst **giving each individual "place" the ability to "flex" to meet the needs of it's specific communities***
- *The **ICS Strategy has been developed with full public and Local Authority engagement**, with a focus on (1) shaping key service and setting choices and (2) engaging on, and contributing to, system resource allocation decisions and their related implications, to **inform a public manifesto and public compact***
- *The strategy has been **underpinned by captured local and national data**, **works within the current cost envelopes** agreed and **considers research, innovation and technology advances across the wider ICS and NHS E&I network***
- *The **ICS strategy, related priorities and delivery plan have been communicated out to the wider system stakeholder groups**, in line with the agreed communications strategy*

BOB ICS Delivery Roadmap (*ICS Strategy Development*)



System Financial Framework
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- *The **interim system financial framework** has been agreed*
- ***The financial structures and processes are in place to support the** ICS including financial management & reporting, risk & investment allocations and sustainable financial, budget & capital planning*

Outcomes by 1 July 2022

- *Full **ICB budget has been agreed** in line with the System Financial Framework*

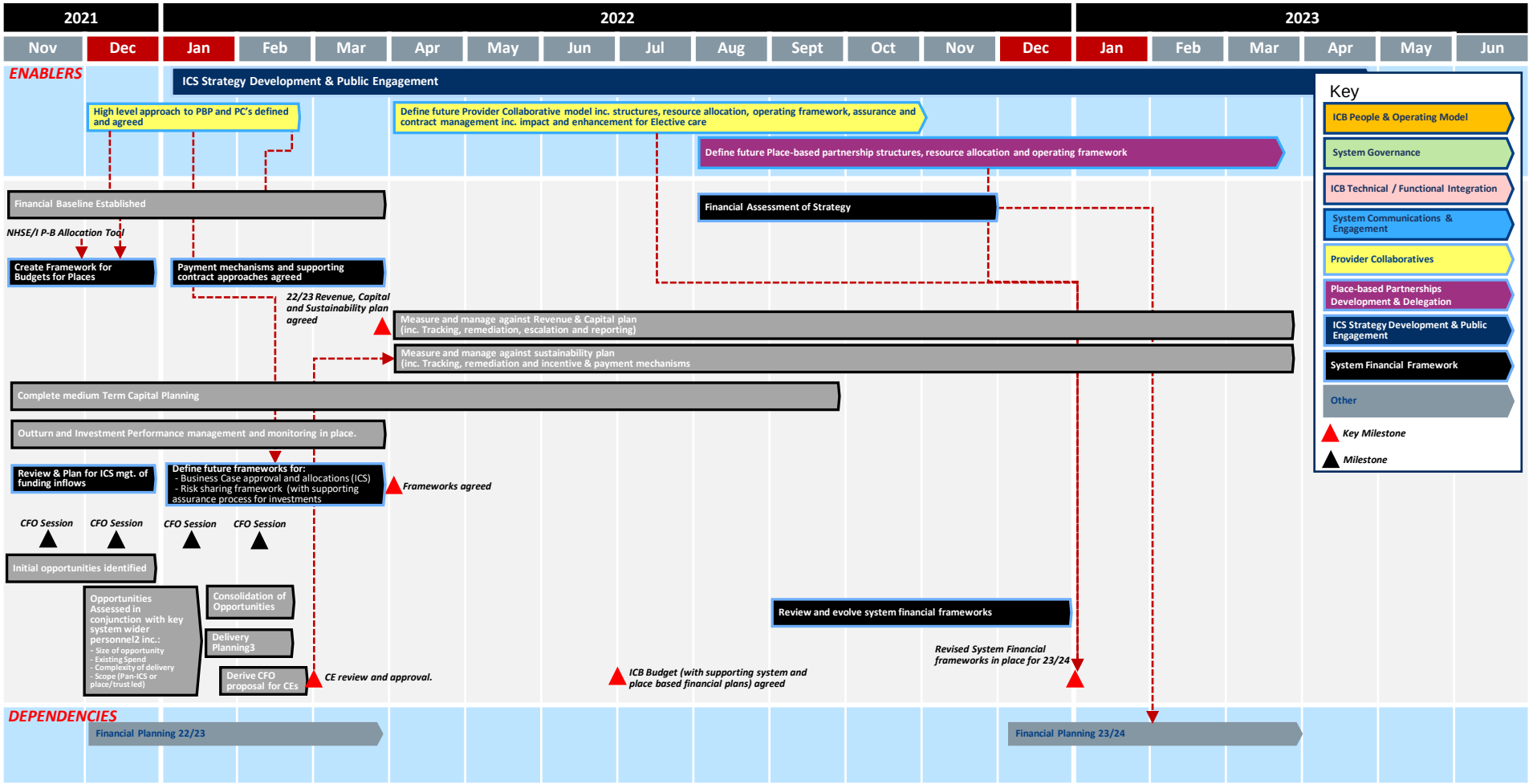
Outcomes by 1 January 2023

- ***The system financial framework has been revised ahead** of FY 23/24*
- ***The ICS strategy activity and prioritisation of initiatives has been completed in close collaboration with finance,** leading to confidence in the ability to deliver the benefit within the available cost envelop*
- ***The Finance function enables future resource allocation decisions to be made by the ICS governance groups** in a timely, informed and effective manner*

Strategic Outlook for 2023

- *The **ICS has a sustainable financial framework and plan for 2023/24** which allows the system to operate within its means whilst delivering against the ICS strategy and the needs and safety of its patients and communities*

BOB ICS Delivery Roadmap *(System Financial Framework)*



Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

5. ICS Enablers

Workstream Outcomes

Digital, Data & BI
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- BOB ICS CIO identified and onboarding plan agreed
- Six digital, data and BI system wide priorities identified

Outcomes by 1 July 2022

- Established governance and interim team
- Clinical leadership group established
- Developed digital strategy and associated costed roadmap
- Agreed a data strategy (including a Cerner / Graphnet / CSU decision) with consideration to population and patient analytics
- An ICS-wide virtual ward platform mobilised
- Trusted Research Environment platform established

Outcomes by 1 January 2023

- Key roles identified and recruited including the formation of an analytics team
- A single data platform is fully established, unlocking associated analytics benefits, and is availble to every GP
- Priority pathways launched in all “Places”
- Virtual Ward 2022 targets met
- Data architecture agreed with 100% data feeds phased in throughout 2022
- Patient portal established in all Trusts

Strategic Outlook for 2023

- Strategy refreshed periodically to consider emerging population needs, opportunities and technology advances
- All GPS to be successfully trained and utilising analytics capability with PCN level analytics supporting heath and care provision.
- Pathway capacity and capability scaled
- Social care is embedded into remote monitoring
- Wearable and pattern of life data embedded
- Patient access to health record via NHS App with a scaled approach to digital appointment bookings being agreed and tracked.

Clinical & Professional Leadership
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022	Outcomes by 1 July 2022	Outcomes by 1 January 2023	Strategic Outlook for 2023
	To be developed in Q1 22/23		

Diversity & Inclusivity
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022	Outcomes by 1 July 2022	Outcomes by 1 January 2023	Strategic Outlook for 2023
	To be developed in Q1 22/23		

Tackling Inequalities
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022	Outcomes by 1 July 2022	Outcomes by 1 January 2023	Strategic Outlook for 2023
	To be developed in Q1 22/23		

Assurance
Progress & outcomes

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Outcomes by 1 April 2022

- *The future of Assurance, or "what good looks like", has been defined with **key health stakeholders and initial discussions have taken place with Health & Social care delivery partners** - including Local Authority representatives*
- *The high level ICS Assurance and Oversight Framework has been defined. This includes an understanding of the principles and the action **owner, key stakeholders alongside a draft roadmap of pilot activity.** This roadmap will be subject to review and improvement to enhance delivery and outcomes through 2022*
- *The required enablers for the Assurance Framework have been outlined - **including Data, Organisation Design and Culture***
- *The draft model has been "tested" with ICS Transition Group with a report is being presented to ICS Development Board with the aim of agreeing the **principles and approach***
- *The ICS is represented at provider **SOF 3** meetings. Agreement reached with locality director to move to a transition model*

Outcomes by 1 July 2022

- *Interim High level Assurance to **go live date** including required enablers to include data BI, Strategy, Workforce processes in place with de-minimus*
- *The **accountable owners have been identified and are responsible for key implementation elements** of the Assurance Framework, inc. COOs & DOFs*
- *Development plan and SOF transition plan incorporated into **revised NHSE/I MoU***
- *A plan has been outlined to `mobilise' the required activity **including Data, Organisation Design and Culture** for the Assurance Framework*
- *Agree what are **the measures/ outcomes/ deliverables** that are needed for performance reporting for a partnership response, what do we need to do locally and how this will work alongside Place-based Partnerships and other existing fora. This will include agreement on ASCOF Measures*
- *Review of **escalation processes** leading to an options appraisal and agreement for use in 'interim state'*
- *The broad **Change Assurance capability is in place** .This fully leverages existing SDP teams and structures - allowing us to have control over the delivery and outcomes associated to our current 2022 priorities and the delivery of the ICS Roadmap*

Outcomes by 1 January 2023

- *The **Performance Management assurance structures have been put in place** with the teams are working on implementation and refining ahead of 2023*
- *Review of White Paper requirements already in place and the **roadmap in place that is reflective of changing landscape***
- ***Agreed Health and Care Improvement Plan** in place with annual review of delivery outcomes and priorities*
- ***Strategic Contract Management Plan** defined*
- ***Well Led Assurance in Place linked to Regional Delivery Unit** offer*
- ***ICS taking a lead in quarterly SOF determination and co-chairing SOF3 oversight** where appropriate*
- ***Provider collaborative assurance framework developed** and ready for implementation*
- ***ICS improvement capability roadmap agreed with Locality Director** and shared resources identified to support*

Strategic Outlook for 2023

- *The **Assurance Framework is fully embedded, with plans to develop a culture or continuous improvement in place** and the right due diligence in place*
- *The **role, and supporting processes and structures, are in place to enable effective Performance Management** (including Quality, Finance and Change Assurance) for the **ICS Strategy Implementation and Wave 2 priorities***
- *We understand 1. **How to assure Provider Collaboratives effectively 2. How to assure at Place effectively** and 3. **existing and emerging best practice for Assurance and oversight***
- ***Strategic outcomes are clear, aligned with the assurance***
- *ICS is responsive to **White Paper** and is working with partners to develop health and care assurance /oversight and is adaptive as place evolves*
- *ICS **Improvement approach** and capability in place and working across ICS and outcomes are tracked to determine effectiveness*