Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOARD MEETING

Date of Meeting: 27 September 2022	**Agenda item:** 11

Title of Paper: Place-based Partnerships

Paper is for:	**Discussion**	*	**Decision**		**Information**	

Executive Summary and Implications

This paper outlines our current thinking in terms of the development of Place-based Partnerships (PBPs) including confirming areas of responsibility and expectations of Place; how this is supported by ICB (Integrated Care Board) wide/system responsibilities, the ICB team arrangements to support place and governance arrangements.

While this paper is based on discussions with Place leaders, we have not engaged more formally with the existing Place Boards. This paper is presented to seek input from Board members so can then engage with each Place on the proposals it contains with a view to refining and making a recommendation to the Board later in the year.

Action Required
The Board is asked to note the paper and comment on the proposals

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Date and Name of Committee at which Paper Reviewed: ICB Executive 12/09/2022

Executive Lead/Senior Responsible Officer: Matthew Tait, Interim Chief Delivery Officer

Date of Paper: 04/09/2022

Conflicts of Interest

Board partner members are likely to be members of place-based partnerships

No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	✓

Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g., pecuniary benefit	
Conflicted party is excluded from discussion	

DEVELOPING PLACE-BASED PARTNERSHIPS

Context

1. The Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) has three strong and distinct Places, based on previous Clinical Commissioning Groups (CCGs) boundaries, coterminous with local authorities and broadly aligned to the catchment for district general hospital services.

2. 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 integrated care strategy) with oversight of delivery against these. With the abolition of the CCGs and the establishment of the Integrated Care Board (ICB), we need to ensure that these collaborative arrangements are developed to enable for most services to continue to be delivered and managed at Place.

3. This paper outlines a proposal on the core scaffold for Place-based Partnerships that can then be refined for each Place. Following the Board's input, we propose to engage more formally with each Place to ensure a refined set of the arrangements can be proposed to the Board later in the year. Importantly, we are looking for the arrangements to genuinely build on and strengthen existing ways of working.

4. It is important to be clear that the specific model for contracting, collaboration and delegation is not outlined in this report as this will need to be discussed and agreed with the organisations and partners at a local level.

What are the Place-based Partnerships (PBPs) responsible for?

5. We propose that PBPs (place based partnerships in this report refer to the committee infrastructure to support collaborative working) will take on responsibility for operational oversight and strategic development in the following areas, seeking to incorporate pooled funding arrangements where appropriate:

    a. Urgent and emergency care (UEC) and discharge pathway
    b. Primary medical care and community services integration including prevention services
    c. Adult mental health, learning disabilities and autism
    d. Children and young people's mental health, learning disabilities and autism, Special Educational Needs (SEND), neurodevelopmental pathway

6. In 2022/23 the ICB has allocated all funding into contracts with service providers and will be looking to make transparent (open book) all areas that Place could adjust. This means there would be local flexibility to move budgets around to support agreed pathway changes/redistribution of activity.

7. There are some areas where there may be work going on/links into Place but where the responsibility is not with the PBP (Place-based Partnerships) as it is being led by

the ICB, provider collaborative or a BOB-wide clinical programme. Examples of this include

a. Maternity
b. Planned Care (all age)
c. Cancer
d. Clinical programmes/integrated care e.g. cardiovascular disease

8. There are also some statutory areas that will need to be discussed at Place but will not be delegated through the Place-based Partnerships. The clearest example of this is safeguarding and elements of contractual and assurance oversight

9. PBPs will need to receive comprehensive finance, quality, and performance reports to ensure that they are sighted on provision of services to the population. For areas delegated to Place then the PBP will have accountability for ensuring that actions are in hand to improve performance/address issues and that they have assurance this is happening.

10. The responsibility for ICB relationships with the local Healthwatch(es) and scrutiny committee(s) will lie with the Place Director working with the PBP.

Role of the System

11. The role of the system in each of the individual service areas is highlighted in the attached annexes for individual service areas. The following paragraphs indicate the wider role of the system in provision of information, assurance, and oversight.

12. Delegations to Place will be supported by agreement on 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.

13. The ICB will develop analytic capability to ensure it has sophisticated approaches to data 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.

14. Where provider collaboratives have been established that are providing services at scale beyond a single Place then these will be managed at a system level.

    a. In 2022/23 this will include all planned care (previously commissioned by CCGs), but this will be worked through as the collaboration develops to ensure full involvement of all partners in pathway development (this might require different approaches for the primary/secondary care referral part of the pathway than for a consistent approach by all acute providers to managing a surgical pathway).
    b. This is in addition to the three provider collaboratives already in place led by Oxford Health NHS Foundation Trust. The specialised services delivered are all commissioned by NHSE. The three collaboratives are:
        i. Thames Valley and Wessex Adult Secure Services
        ii. Thames Valley Tier 4 Child and Adolescent Mental Health Services,
        iii. HOPE Adult Eating disorders services

Governance

15. The NHS statutory body is the Integrated Care Board (ICB) which has flexibility over its governance arrangements and membership of its Board committees. Place based committees will be established as decision-making executive committees of the ICB Board as this provides a clear and simple means of delegating ICB functions.

16. This is a first step, and the form may well need to evolve over time particularly if elements in the February 2022 White Paper "Joining up care for people, places and populations: The government's proposals for health and care integration" become guidance or statute.

17. 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 (which will reflect the authority of the PBPs). The ICB needs to be able to demonstrate how the voice of the citizen and people who use care and support will be included in the decision-making process at Place.

18. There will be a minimum expectation of core membership which includes:

    a. Local Authorities – Chief Executive or nominated Director from each social care authority plus (for Oxfordshire) a nominated Chief Executive from the District/City councils
    b. Director of Public Health
    c. NHS Trusts - Chief Executive or nominated Director from each place-based Trust
    d. Primary Care Networks – Clinical Director; one per sub-place (4 Buckinghamshire 3 Oxfordshire, 3 Berkshire West)
    e. Healthwatch representative
    f. ICB Place Director
    g. Finance lead

19. It is proposed that the sub-committee structure for the PBPs should be similar and include (but not limited to):

    a. Urgent and emergency care
    b. Primary care and integrated community services
    c. Adult mental health, learning disabilities and autism
    d. Children and adolescent mental health, learning disabilities and autism, SEND and neurodevelopmental pathway

Next Steps

20. The ICB will further engage with system partners to develop PBPs and establish formal sub-committees to support their development. It is envisaged that this will be formally established as we go into the 2023 calendar year.

Asks of the Board or of members present

21. To note and comment on the emerging ICB operating model to support Place-based Partnerships

Annex 1 – Key service areas and proposed ICB operating model to support Place-based Partnerships

Urgent and Emergency Care

The operational oversight and delivery of urgent and emergency care is driven through Place partners supporting collaborative working and integration.

The expectation is that Place will focus on the broad definition of urgent and emergency care including supporting discharge and flow, and the development of urgent community response, virtual wards, elements of same day primary care and admissions avoidance.

It is recognised that Places already have local governance in place to support delivery of urgent and emergency care and the ICB will work with systems to understand and build on this, seeking consistency where possible but recognising local working arrangements and sub-place structures and statutory responsibilities. It is expected that these will report through the PBP as it develops.

During 2022/23 we will be working to improve transparency on activity, finance, contracts and support local partners on any adjustments to present resource allocation to improve pathway delivery and integration. Where formal delegation of responsibility of ICB budgets is identified as a key enabler the ICB will seek to formally delegate accountability for financial control and the associated outcomes and metrics. To be effective this may require delegation from partners organisation that have existing contracts to the Place-based Partnership.

There is an important system role for urgent and emergency care to support co-ordination, work with NHSE regional and national colleagues, support collaborative improvement work, oversee system escalation and response, performance, assurance and the direct contracting and commissioning of 999,111 and wider elements of integrated urgent care.

This system role will be managed through a UEC board at ICS level supported by a programme management approach.

The ICB will have dedicated resource at Place reporting through to the ICB Place Director working closely with key partners. Final structures will be developed as part of the ICB transformation programme. This is likely to be a senior system lead with team of two or three supporting posts. There will be a matrix model to encourage systemwide collaboration supported by a system wide ICB Urgent Care Director with the appropriate supporting post.

Primary Medical Services

Primary medical services are central to the development of local pathways and integration. Place responsibilities should cover all key aspects of operational delivery including contract and resilience support, Primary Care Network (PCN) development

and agreement of locally commissioned services. Primary medical services funding is determined by the national GMS contract and the core contract and national direct enhanced services cannot be changed by PBPs.

The system role includes the oversight and assurance of delivery, supporting collaborative working and consistency where appropriate on locally commissioned services.

The primary care team and directors will report through to the ICB Chief Medical Officer with clear and explicit links into Place structures through senior membership of Place leadership teams. The primary care team at ICB level will have both a clinical and managerial lead. The team will operate a matrix model to support collaborative working. Specific subject matter expertise will operate to support Place structure and may include areas such as estates and technical contractual issues.

The focus in 2022/23 is on implementing a working model at Place supporting and stabilising PCNs (Primary Care Networks) and delivering operational plan requirements including ARRS (Additional Roles Reimbursement Scheme) roles and the implementation of new enhanced services. The ICB will also work to increase the transparency of all aspects of primary medical services commissioning and contracting.

The broader ambitions around further integration with community providers and exploring the concept of integrated neighbourhood teams will need further development in 2023/24 and links with the broader integration annex and the definition of UEC pathways.

Adult Mental Health, Learning Disabilities and Autism

The services and budgets that are part of the pooled budgets and formalised joint commissioning arrangements will be managed at place. The accountability within the ICB for these will sit with the ICB Place Director whilst delegation models and governance structures are developed and reviewed. The ICB is supportive of present joint commissioning arrangements and will work with partners to increase transparency of present structures and decision making.

Over time some aspects of these services may be better supported at a system level; this may lead to segmentation of present budgets between Place and System as we develop our provider collaboratives and contractual arrangements to single contracts with the NHS specialist mental health services to support equity of service delivery in response to need. This may include broader collaboration model between Trusts and Councils within larger contracts.

In Buckinghamshire and Oxfordshire, the teams supporting this are part of the joint commissioning teams with a direct reporting link to the Place Director. For Berkshire West, the team are part of the Nursing directorate.

Children's Learning Disabilities and Autism- SEND (Special Education Needs and Disabilities) support services and children and young peoples mental health including CAMHS (Child and Adolescent Mental Health Services)

Each Place has agreed priorities linked to their Health and Wellbeing strategies with a focus on the emotional wellbeing of children and a more preventative approach; delivery of this should be supported/overseen by the PBPs.

The services and budgets that are part of the pooled budgets and formalised joint commissioning arrangements will be managed at place. The accountability within the ICB for these will sit with the ICB Place Director whilst delegation models and governance structures are developed and reviewed. The ICB is supportive of present joint commissioning arrangements and will work with partners to increase transparency of present structures and decision making.

By 2023/24 the ICB will have reviewed the scope of its functions in this area and clarified which aspects are the responsibility of Place and which are better managed at system level (for example the contracts for CAMHS with NHS providers).

In Buckinghamshire and Oxfordshire, the team supporting this are part of the joint commissioning teams with a direct reporting link to the Place Director. For Berkshire West, the team are part of the Nursing directorate.

Community Integration, Inequalities, Prevention, and Wider Determinants of Health

The broader community integration agenda link with the need to focus on the targeting of inequalities, promoting prevention and addressing the wider determinants of health. This role of critical to Place-based Partnerships and can only be achieved by partners working together on areas such as Tobacco control.

It will be a critical role of the ICB Place Director to promote opportunities to address these areas and work collaboratively with partners to identify priorities and resource to support delivery. Sub-Place structures will be critical in this area ensuring that work is focused on the specific needs of local populations. For example, these may align with local councils in Berkshire West and district councils in Oxfordshire.

As the ICB develops its management and clinical structures alongside Place-based partners it will be important to ensure sufficient resource is identified to address these areas.

Annex 2 System Areas and Interface with Place-based Partnerships

The areas where there may be work going on/links into Place but where the responsibility is not with the PBP as it is being led by the ICB, provider collaboratives or

a BOB-wide clinical programmes are outlined below All these models are supplemented by the ICB holding contracts with individual providers.

Maternity
Maternity services will be overseen by the BOB Local Maternity and Neonatal system infrastructure which is in place across BOB. This drives improvement and offers a collaborative model for the oversight of pathways and assurance function.

Planned Care (all ages)
The BOB Elective Care Board oversights both the delivery of recovery targets, collaborative improvement work and the development of an acute provider collaborative across BOB.

Cancer
The Thames Valley Cancer Alliance plays a key role in improvement and assurance of BOB cancer services. Local management and clinical subject matter expertise within the ICB link into the alliance and are involved in Place-based groups

Clinical Programmes supporting Integrated Care
BOB has established networks focusing on cardiac, stroke and respiratory pathways (CVDR (cardiovascular, diabetes and respiratory)). These oversee improvement and the allocation of national and regional funding. They will be implemented through Place working groups and Board and supported by contracts and procurement advice where necessary. The link with Place will also focus on the health inequalities elements and alignment with Health and Wellbeing Boards' priorities.

Safeguarding
BOB ICB has a range of statutory responsibilities that are discharged in partnership with local authorities. Whilst these are Place or sub-Place level arrangements, they will not be delegated through PBPs but discharged through the ICB executive function under the Chief Nursing Officer.

Contractual Oversight and Provider Assurance
The ICB will continue appropriate contractual oversight directly with providers and is developing a model for working with NHSE on the formal assurance and oversight framework for NHS providers within the integrated care systems geography.

Pharmacy, Optometry and Dental Services (POD)
These services have been delegated to the ICB and oversight is discharged through joint working arrangements with NHSE. Accountability is through the Chief Medical Officer of the ICB and the ICB will need to consider how these services, over time, engage and potentially integrate/delegate to PBPs.

Medicines Management
Leads will be linked into ICB place meetings whilst a broader approach to both broader geographical consistency and work with Trusts pharmacists is developed.

Annex 3 Team Structure and Reporting through Place-based Partnerships

The ICB Place Director will be the key co-ordinating role in supporting the development and operation of PBPs on behalf of the ICB Board. These posts report to the Chief

Delivery Officer but with a direct line of escalation to the ICB Chief Executive if required. These posts will also be expected to brief the ICB Place and System Development Committee.

The ICB Place Director will lead a Place-based team consisting of direct reports for urgent and emergency care and joint commissioning arrangements. There will also be staff aligned to Place to support primary care, quality, medicines, finance and contracting. Subject matter experts for other support and service functions such as communications, digital and wider clinical programmes will attend as requested for specific items.

The ICB Place Director will also need to develop wider team working with local partners and in particular the Directors of Public Health to ensure a focus on inequalities and the broader determinants of health.

To support the development of PBPs and support the oversight of local populations the ICB will work to provide comprehensive performance, quality and finance reporting covering all key aspects of health issues for the relevant geography. The PBPs will be expected to take on a broad assurance and improvement role with a specific focus on those elements delegated to Place.