

ICS Development

Update for Health and Wellbeing Boards May/June

May 2022

Version 1.0

ICS Development update

- Update on ICS development following 2022 Health & Care Act receiving Royal Assent
- Update on System delivery plan
- Preparatory phase – pre establishment for ICP strategy development

Key ICS development activities completed in April & May

- ICB Constitution submitted to NHS England in line with pre-establishment timelines
- ICB working with people and communities strategy
- ICP working group led by ICB Chair Designate Javed Khan meeting
- Readiness to Operate Statement – Internal Audit and Regional Office review completed
- CCG Staff TUPE transition consultation closed and interim ICB executive team in place

System delivery plan

- System delivery plan submitted to NHS England as part of the ICS establishment development work sets out the year 1 establishment plans whilst ICP strategy in development
- The Plan focuses on ICB architecture and ICS development
- Published on the ICS development microsite
<https://bobics.uk.engagementhq.com/strategic-delivery-plan>
- Understandably following the granting of Royal Assent on 28 April 2022 the focus is the establishment of the ICB 1 July.

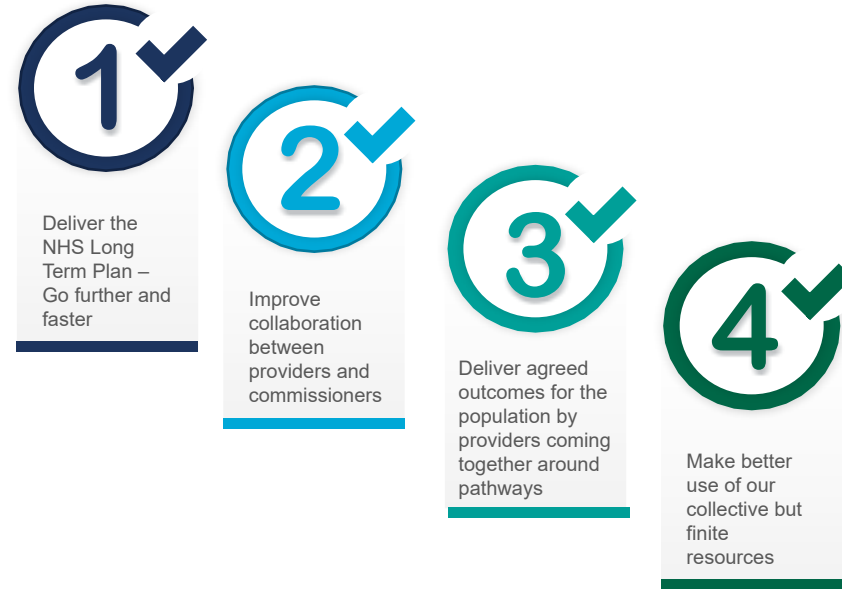
Integration as a driver to deliver better outcomes

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:



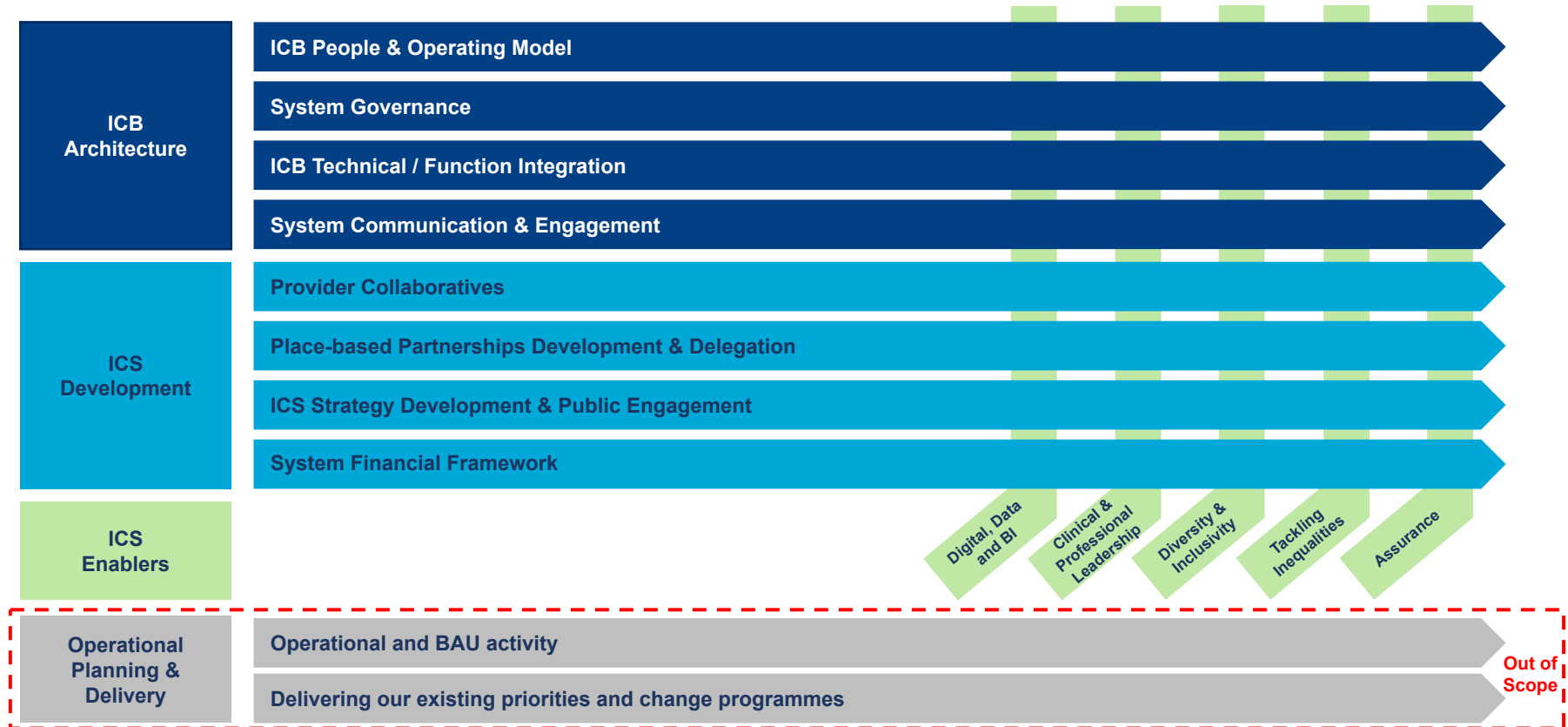
For us this means **creating an ICS that enables us to:**



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

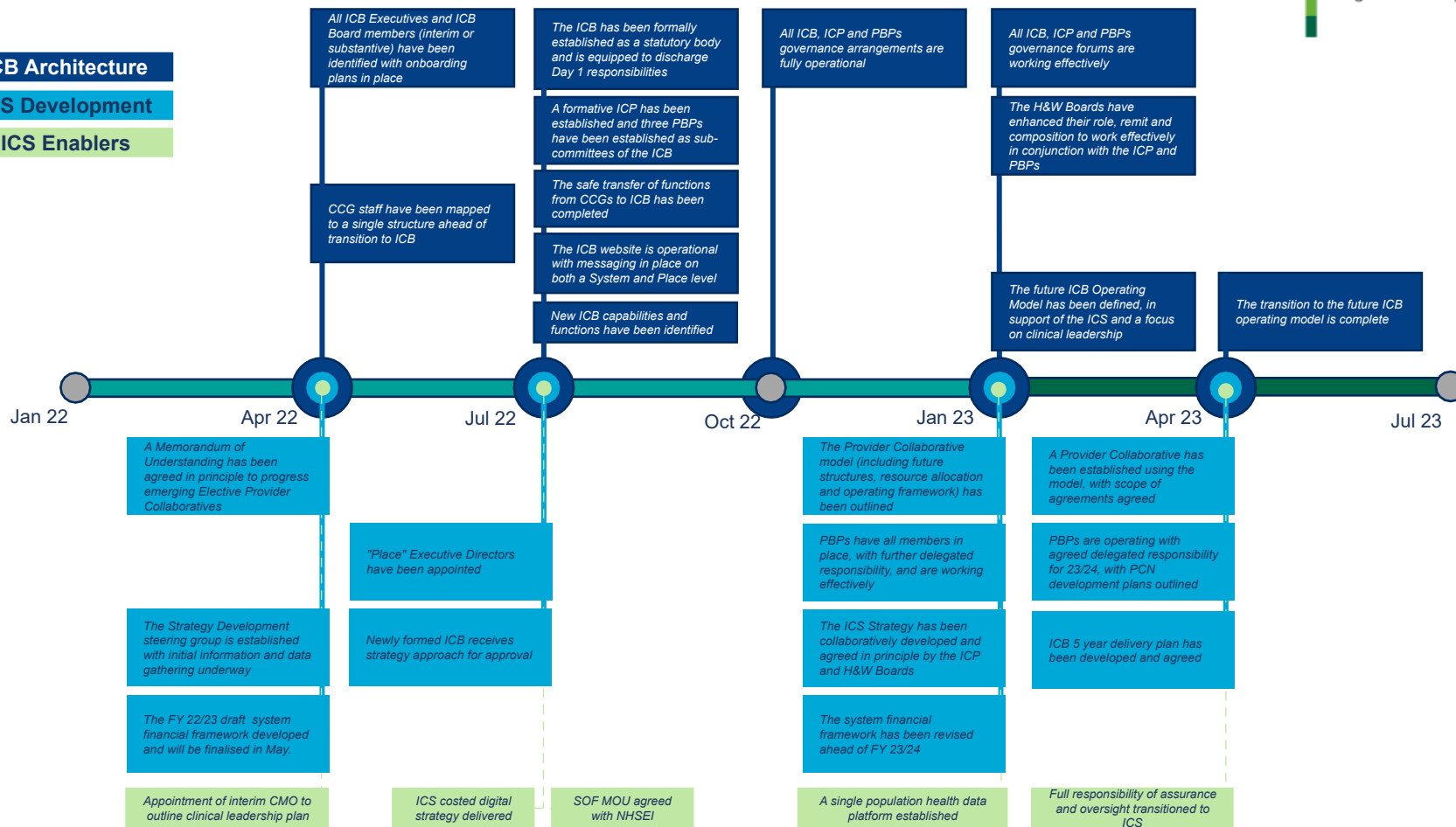
Defining our ICS development roadmap

Key streams of work



Key outcomes over time

- ICB Architecture
- ICS Development
- ICS Enablers

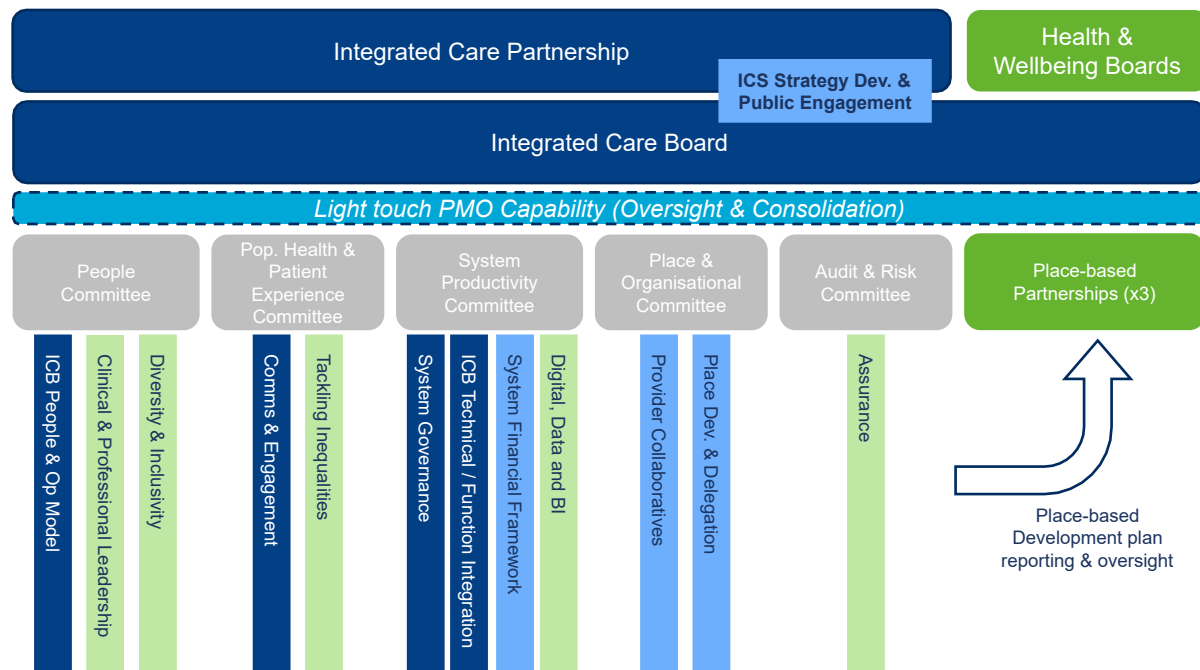


Managing our ICS development programme

Delivery structures

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.



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 ICP Strategy will be owned by the ICP and the Act is clear that the HWB strategies and Joint needs assessments need to inform ICP strategy

ICP strategy – pre ICP establishment preparatory phase

- Review of 5 Health and Wellbeing Board strategies to inform ICP strategy development and Core 20 plus 5 analysis of health inequalities
- Establishing close working relationships with ICS Directors of Public Health
- Understanding and apply the requirements for the ICP strategy as set out in the 2022 Health & Care Act
- Develop an ICS level fact base including Joint Needs Assessments which can inform the ICP strategic direction.

System Delivery Plan March 2022 -BOB ICS emerging vision

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.

ICP Strategy Development- preparatory phase

April & May

- ✓ Q4 System Delivery Plan (SDP) submission completed, in line with NHS E/I guidance, including an outline approach to developing the ICS strategy over the coming 12 months and emerging vision for BOB ICS
- ✓ 3 month plan outlined with (1) short term resources in place and (2) longer term resources identified to support from June/July
- ✓ Long Term Plan requirements mapped to data
- ✓ Initial engagement with wider system partners underway including Directors of Public Health (DPH's)
- ✓ Desk top review of HWB strategies, NHS provider strategies and alignment to NHS Long Term Plan underway
- ✓ Initial data "fact pack" underway
- ✓ Mobilised governance forum supported by strategy development terms of reference

Preparation in June

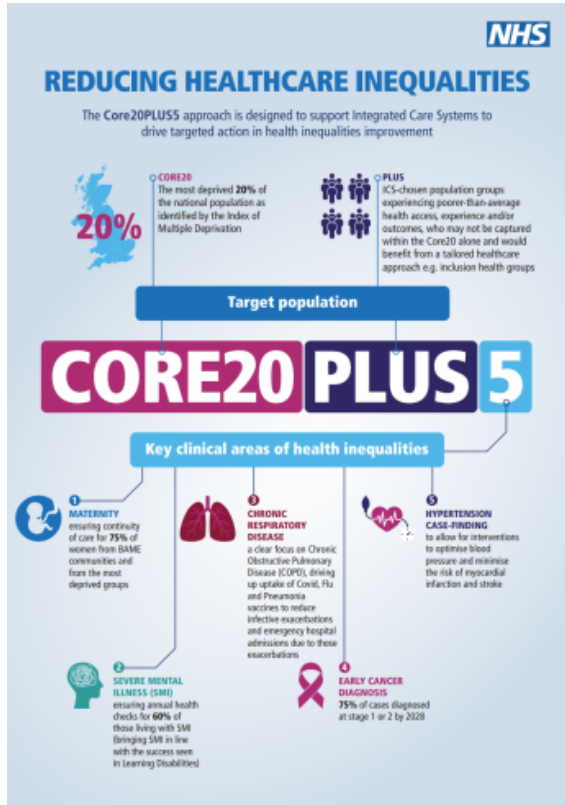
- Conduct Thematic review of HWB Strategies and inequalities to inform ICP strategy
- Co-design proposals for engagement with Directors of Public Health for input by HWB Chairs.
- Align data fact pack to Long Term Plan and thematic review of HWB strategies and assess where there are gaps in the data
- Mobilise key governance forums supported by a strategy development Terms of Reference and agree engagement approach with Health & Wellbeing Boards
- Complete the data "fact pack" including an initial review with leadership
- Initiate the Clinical Framework development activity
- Conduct initial alignment to ICB Communications and Engagement Strategy, particularly with a view on future citizen and patient engagements

July ICB & ICP establishment

- ICB and ICP established and Boards to consider outline proposals to approach to strategy development in particular approach to future engagement and clinical risk
- Hold ICP strategy away day to consider emerging hypothesis from:
 - HWB strategy thematic review
 - Long Term Plan alignment
 - Fact pack
- Understand requirements for strategy development as set out in 2022 Act and DHSC guidance where necessary adapt approach
- Iterate emerging hypothesis following input from ICP strategy away day to inform engagement phase with public, Healthwatch and retest alignment with HWB strategies.

Equitable Outcomes

Core20Plus5



BOB have c58k in the most deprived 20% nationally

- **36k Oxfordshire** (mainly Oxford City & Banbury)
- **20k Berkshire West** (mainly Reading)
- **2k Buckinghamshire** (mainly Aylesbury)

Specific examples of where interventions have been made:

- **Nepalese Diabetes community** – Large population group in Reading, higher prevalence of Type2 Diabetes and worse health outcomes. Disparities included language challenges and cultural factors. A tailored intervention was co-produced with the Nepalese population and community leaders to improve diabetes outcomes.
- Oxfordshire did targeted work with **Bowel Screening in 65-74yo men** in Wantage who had not taking up offers from Primary Care
- Royal Berkshire Hospital have been focused on **inequalities in Did Not Attend/Outpatient** looking at drivers (ethnicity/deprivation/employment type etc), running sessions with specific population groups and have developed an AI/Tool to risk assess likely DNA to target calls with those most at risk of not attending.

Health index and actions by BOB ICS Local Authority

Summary

Berkshire West

Rank out of 149

	Buckinghamshire	Oxfordshire	Reading	West Berkshire	Wokingham
Health Index	7	11	58	5	1
Healthy people	24	41	43	31	8
Healthy lives	10	11	55	5	1
Healthy places	99	102	118	93	56
5 lowest scores	MSK cancer depression housing affordability green spaces	MSK, cancer depression housing affordability homelessness	Air pollution MSK Young people's education, employment & training homelessness crime	MSK cancer distance to pharmacy distance to GP green spaces	MSK housing affordability air pollution cancer transport noise

Four out of five local authorities are in the highest ranks out of 149 in England in the overall health index

The good position continues in the healthy lives domain but deteriorates in the healthy places domain where all but one are in the lowest third

MSK and cancer score low across BOB