NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB Integrated Care Board Operating Model Update

30th January 2025 – Oxfordshire JHOSC

Update from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Section 1: An Introduction to the BOB system and the Integrated Care Board.

1. Buckinghamshire, Oxfordshire and Berkshire West (BOB) has a population of approximately 1.8 million people. The demographic characteristics (e.g. age, ethnicity) of the combined BOB population are similar to the national profile and in some cases compare positively with the England average. BOB is often perceived to be a healthier and more affluent area of England than other similar sized areas.

2. However, this perception masks significant variation and inequality between different BOB areas, populations and communities, and risks hiding serious long term health challenges facing our population, including:
   - A life expectancy gap of more than 10 years between our least and most deprived areas
   - c.60,000 people in BOB live in areas that are defined nationally as being in the most deprived (lowest 20%) areas of the country.
   - People in our more deprived areas develop poor health 10-15 years earlier than those in less deprived areas.
   - There is a disproportionate reliance on acute services (e.g. A&E services) from those living in areas of higher deprivation
   - Around 1 in 5 children in Reception and 1 in 3 children in Year 6 are overweight or obese
   - Around 12% of adults have a recorded diagnosis of depression and 0.8% have a severe mental illness.

3. In contrast to this position, BOB shares its boundaries with many nationally, and sometimes globally, recognised organisations and partnerships. Within the BOB Integrated Care System (ICS) footprint we have a diverse group of partners collaborating to deliver common aims:

4. We recognise the value of these organisations individually and understand the added value collaboration and partnerships can bring across our organisations' boundaries, particularly on improving the health and wellbeing of people who live and work in the BOB area.

5. Our system is made up of three places (Buckinghamshire, Oxfordshire and Berkshire West), which are smaller geographies that align closely to local authority footprints and provide the foundation for much of our work on a larger scale. Each of our places has an established place-based partnership that collaborates across different organisational boundaries to integrate services based on people's needs.

The Integrated Care Board

6. NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) is a statutory NHS organisation, responsible for providing leadership of the NHS in our area. We do this by planning, funding and overseeing services for our population and making decisions about the best use of the NHS budget to meet the needs of people who live and work in BOB. The ICB is directly accountable to NHS England for NHS spend and operational performance within the system.

7. Since the formation of the ICB, we have worked with local partners to successfully deliver services across our different sites and environments, providing services, treatment and support for people when it is needed. We have:

    - With partners, established the Integrated Care Partnership bringing all our system partners together.
    - Developed the Integrated Care Strategy, linking closely with local ambitions of our Health and Wellbeing Boards.
    - Published the NHS Joint forward Plan, setting out a delivery plan for NHS services in line with the priorities of the BOB integrated care strategy.
    - Introduced Pharmacy First, allowing community pharmacies to treat minor illnesses, without a prior prescription
    - Established Local Maternity and Neonatal Systems (LMNS) which have continued to support the enhancement of our maternity services in our local areas.
    - Addressed identified local health inequalities, through local place-based organisations working closely together on known local needs.
    - Embedded the system quality group (SQG), building on local arrangements to share and deliver improvements, jointly publishing a Quality Assurance Framework with partners.

Section 2: The ICB's revised operating model

8. Over the last few years the ICB has been through a lot of change. This has created uncertainty and sometimes a lack of clarity as to our purpose and how we work. In April 2024, BOB ICB launched a staff consultation on a proposed new structure and operating model to meet the 30% running cost reduction target set by NHS England. It was proposed that this would be achieved through a reduction in the scale of the ICB functions and capabilities but with limited changes to ways of working.

9. During the consultation period with staff, we received significant feedback that the ICB's proposed ways of working were not clear and did not comprehensively explain

the roles, function and value of the ICB. It also became apparent that some aspects of the merger to bring the three Clinical Commissioning Groups together had not been fully implemented. This created risks of duplication, inefficiency, and at times, inequality in the provision of services.

10. Additionally, the financial challenge facing the ICB and other NHS partners has become clearer and the ICB took the decision in March 2024 to mobilise a financial recovery programme. The ambition of the programme is to stabilise the ICB (governance, controls, operational and financial management, and stronger business processes) and then lead the NHS organisations across BOB to a position of operational and financial sustainability. NHS England have been strongly supportive of the move into 'turnaround' and has further encouraged the ICB to focus on creating an organisation with the necessary capacity and capability to better respond to system priorities and support sustainability.

11. In July, the ICB committed to review its core ways of working (our 'operating model') and ensure the alignment of our teams to the delivery of our core functions. We have aimed to ensure that we have the right capacity and capabilities to fulfil our statutory role of allocating the NHS budget and commissioning services for our population, paying due regard to our duties to reduce inequalities

12. Following a period of formal staff consultation and helpful engagement with partners across BOB in July and August, the ICB Board agreed a revised operating model (Appendix A) and the underpinning operational structures at a Board meeting in September.

13. The revised operating model describes the ICB's purpose as "*Leading the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is fairer, more sustainable and improves people's lives".* It proposes that the purpose will be delivered through three strategic roles:
    - the ICB as a system leader
    - the ICB as a delivery organisation
    - the ICB as a system partner

14. The changes in our revised operating model link closely with the need to ensure we have the right capacity and capabilities aligned to each of these roles. These proposals strengthen our focus on how best to commission and transform the system to improve outcomes for the 1.8 million people who live and work across our geography.

15. **As a system leader** - The Operating Model sets out that one of the key purposes of the ICB is to arrange health services for our population by setting direction and allocating the NHS budget. This function will be led by the *Strategic Commissioning team* with the following responsibilities and characteristics:

    - Being responsible for developing a long-term framework for service areas that will inform the planning and transformation activities and the delivery of more effective and sustainable pathways of care, reduced inequity and the shift of investment into areas such as prevention and primary and community services.

- Ensuring our commissioning decisions are evidence-based, intelligence led and provide the best means for the delivery of our strategic aims within the resources available.
- Being made up of subject matter experts, including clinicians, from across service areas to ensure the ICB is equipped with the right skills and experience.
- Being expected to collaborate with external and internal system partners, including NHS trusts, place partnerships, local service leaders, and other ICB functional teams.

The scope of our NHS commissioning is summarised in the table below:

BOB OVERALL	**Indicative Budgets £'m**
Acute (incl. NHS and non NHS Providers)	1,833
Community Health Services	411
Continuing Care	224
Mental Health	367
Primary Care (incl. out of hour contracts, Local Enhanced Services, GP IT and primary care transformation)	53
Primary Care prescribing	282
Pharmacy, Optometry and Dentistry (POD)	140
GP contracted services	350
Other Programmes (e.g. 111 service, Thames Valley Cancer Alliance, property services, digital transformation and Service Development funds)	71
Total Programme Commissioned Costs	**3,732**

16. **As a delivery Organisation** – The ICB has responsibility to arrange and manage certain services on behalf of the wider system, including All Age Continuing Care; Delegated commissioning of Primary Care; GP IT; Prescribing, and other statutory services (e.g. safeguarding). The key changes in the operating model include:

    - *All Age Continuing Care (AACCC)* – We have reprofiled the structures of the AACCC team and provided further investment to increase the overall resource. This allows for a more robust management for the AACCC team including a director-level appointment to ensure the service is better planned and managed to reduce variation and inequities, demand and cost pressures. In addition, a full resourcing plan has been developed to ensure less expensive temporary staffing and more attractive roles with associated development plans. We believe by increasing investment in the team we will improve services and reduce the costs of the overall services for the communities and partners the team supports.

17. **As a System Partner** – We recognise the value of working with local organisations including the Integrated Care Partnership (ICP), the provider collaboratives, and place partnerships to enable coordinated service delivery. Place partnerships remain critical to the success of the ICB and our wider integrated care system. The ICB, in line with national policy, is completely committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships (and the ICB) mature. The key changes in the operating model include:

    - *ICB Executive Sponsor for each Place* – A named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership, by creating a direct connection between each place and the ICB Board, raising the profile of place and helping ensure effective oversight and management of interdependencies between the three places. This model aligns with many other ICBs.

    - *Consistent Leadership from the Place and Communities Director* - The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing. They will be supported by three place focussed Associate Directors and the relevant joint commissioning leads. This aims to provide consistent and balanced support across our place partnerships.

    - *Place focused ICB teams* – Many of the ICB's functional teams have designated place focused roles and responsibilities. This aims to ensure local teams are appropriately supported and the ICB is active in shaping, delivering and improving local services with partners. Teams include SEND, prevention and health inequalities, All Age Complex Continuing Care and women's services.

    - *Place Convenor* – Place partnerships are responsible for establishing their different leadership models which may include a place convenor. The ICB is supportive of a Place Convenor role, and we recognise that there are different models as to how this role might be developed and used. It is for the place partnership to collectively decide if the role of Convenor is required and how it will be resourced.

18. Over the next 3 months we will transition to the new working arrangements of our operating model. We are seeking a consistent approach to transition enabling clear working practices. We will work closely with our partners to ensure updates are communicated and shared.

Section 3: Our approach to system planning

19. As described above, at BOB ICB we are responsible for planning and arranging health and care services to meet the needs of our population: working to improve their health and lives. One of the ways we do this is by working with our partners to agree

joint strategies and plans, identifying how we will prioritise the use of our system resources to deliver the greatest impact on our population's health.

20. Our high-level approach towards strategic planning considers activity across three-time horizons: the next financial year, detailing the work we are undertaking as a system to ensure a successful, collaborative and aligned annual planning round over 2025/2026; the medium term (3-5 years), where we are working to develop our medium term strategy for sustainability, transformation and improvement and refreshed our Joint Forward Plan; and the longer term, setting our ambition to start working now to invest in our future population's health (10 year+).

21. **National Context** - These system planning activities take place within a changing national context, following the change in government, publication of Lord Ara Darzi's recent Independent Investigation of the NHS and upcoming NHS 10-year plan. The BOB planning activity will be dynamic to consider national priorities, where they are known or as they emerge. We will also be active in the engagement planned as part of the 10-year plan, in the three main ways described on the national Change NHS website – *through national level discussions with health and care system and local government leaders; regional events with clinical, operational, local authority and public health leaders; local engagement through patient groups and wider system partners*[1].

22. **Local Context** – The local planning context mirrors much of the national position, including the challenging financial environment. NHS England agreed a deficit control total for the BOB system of £60m for the 2024/25 financial year. A financial recovery programme has been worked up and agreed with all NHS providers, with input and support from NHS England. Each of our NHS providers has a programme of cost improvements that will move us towards operational and financial sustainability.

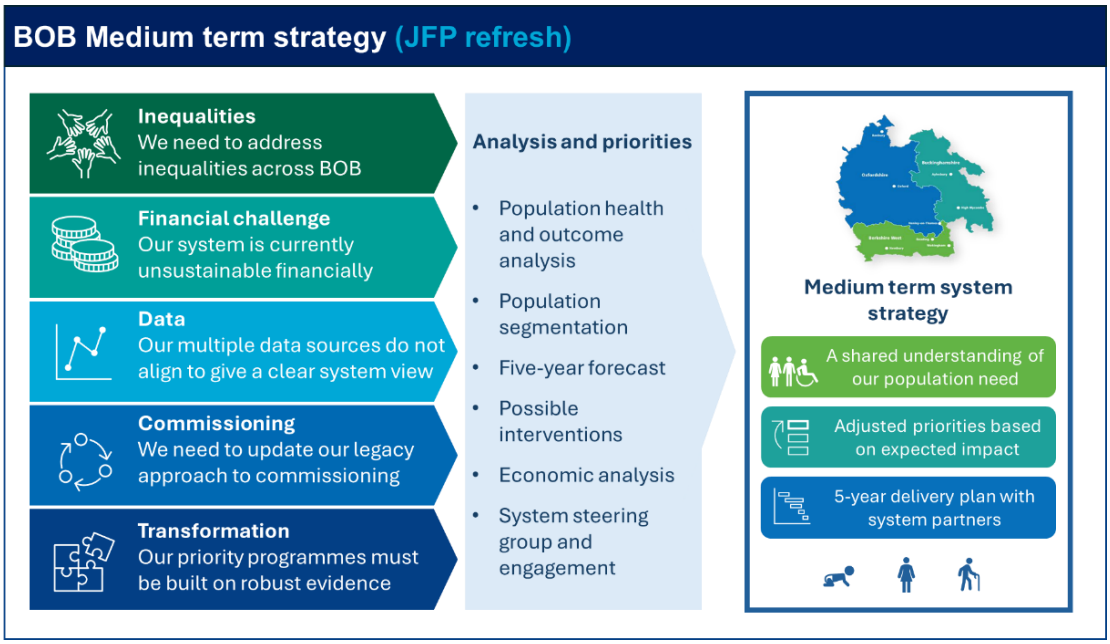
23. The annual operational and financial planning process for 2025/26 is underway with NHS partners across BOB. This process is being led by the BOB System Planning Leadership Group (SPLG) which was established to provide unified leadership and ensure the development of a coordinated, achievable system plan within the required timeline. This membership of this group includes the executive lead from each of our NHS Provider organisations, representation from Primary Care and General Practice. Directors of Public Health have been invited to attend where possible. The SPLG reports to the BOB system transformation and recovery board, which includes all NHS Trust Chief Executive Officers (CEOs) and BOB ICB.

24. Our approach towards developing a medium-term strategy aligns with the statutory requirement to develop a joint five year plan across NHS Partners in BOB (our "Joint Forward Plan"). We recognise the need for our system to have a clearer shared strategy to ensure we have a collective plan towards system sustainability, transformation and improvement. This is supported by the findings of recent system reviews, which have identified the need for a unified strategic framework to align financial and clinical priorities across BOB, address commissioning variation and support alignment about how we use our collective resources.

[1] Integrated Care Systems | Change NHS

25. Our approach towards refreshing our Joint Forward Plan, as a medium-term strategy is set out below. It focusses on how we will:

    - **Respond to our key system challenges** – The key challenges we are focusing on responding to in this work.
    - **Build our evidence base** – The analytical baseline we are building of our population health needs and our services to inform prioritisation of focus and resource.
    - **Agree a clear medium term system strategy** – The output, in the form of a clear medium term strategy for sustainability, transformation and improvement, based on a shared understanding of our population.



26. **Our initial JFP** – Our initial Joint Forward Plan published in 2023 was shaped through high levels of engagement with partners as the response to the Integrated Care Strategy. It identified core areas of collective ambition, organised across the life course – *Start well, Live well and Age well*.

27. **Updating through a data driven approach** – In refreshing our Joint Forward Plan as our new medium term system strategy, we will build on the vision and priorities within the initial plan, adopting a more data-driven approach to identify to allow us to target the most significant areas of opportunity.

28. **System analytical baseline** – Since the inception of the ICB, there has been a challenge in pulling together a comprehensive evidence base to support decision making about population health and service transformation priorities across the system, whilst still being meaningful at place and organisational level. In light of this, the ICB is leading a project (*the Pathway to Sustainable Healthcare*) to develop a new analytical baseline for system, which will seek to align partners around a common understanding of the most significant health challenges affecting our population and the key opportunities we have to work together to make improvements. Through this work, we are keen to understand variation in outcomes, access and experience, across our different geographies, communities, and service providers. The baseline

will seek to provide the evidence-base we need to improve decision making, address inequalities and ultimately enable the system to become more sustainable.

29. **Governance** – The Pathway to Sustainable Healthcare project is overseen by the SPLG as the system steering group, which given the focus of this work, includes representation from the BOB Directors of Public Health where possible.

30. **Analytical Key Lines of Enquiry** – We have established a set of analytical lines of enquiry to ensure they deliver a nuanced understanding of our population, the use of resource and outcomes at place and system level. This comprises the following themes:
    - *What are the demographics of the population and how are they expected to change?*
    - *How do social determinants of health vary by place?*
    - *How are our different populations using acute, community, mental health and primary care services?*
    - *Are there comparable access and outcomes for people in BOB? Where are health inequalities having a significant impact?*
    - *Does our current resource distribution reflect the health needs of our population?*
    - *What are the greatest opportunities for improvement?*

31. **Outputs** – The outputs from this analysis will help to focus on areas of commonality across BOB, where working at scale can drive change in priority areas to improve the health of our population. We will also be able to identify priorities that are unique to our different Places, where the ICB will work as a partner with place-based and neighbourhood teams.

32. **Engagement** – Following the analysis, the strategic plan will be developed with partners across the system including:
    - Integrated Care Partnership, which will also ensure input from the perspective of social care providers
    - Primary care providers – Linking with the ambitions of the Primary Care Strategy, and working through the SPLG
    - Local authorities and each relevant Health and Wellbeing Board.
    - Provider collaboratives, clinical networks and other alliances
    - The voluntary, community and social enterprise (VCSE) sector, working through our VCSE Alliance
    - People and communities, as part of developing our new system wide public engagement approach.

33. **Longer term – Building in the health service of the future:** Alongside our focus on annual planning and medium-term opportunities, it is important that we are also intentional about developing a longer-term view. Traditionally, the NHS has adopted a relatively limited timeframe for strategic planning, which limits our ability to invest in prevention, pilot innovation and think about longer term trends. We recognise this challenge and are keen to develop a longer-term outlook, which focuses on how the needs of our population are likely to change over time and what we might need to do

now to respond to that. This may involve taking key challenges like children's mental health; dementia or obesity and investing early to impact the future health of our BOB population over the next 10 years.

34. To do this, we will need to be proactive about strengthening and developing strategic partnerships with the voluntary sector, public sector partners, such as local authorities, public health teams and schools, and across our communities. In BOB we also have a rich landscape of world leading research & innovation capabilities including five universities, the Oxford and Thames Valley Applied Research Collaboration, two Biomedical Research Centres, Oxford and Thames Valley Health Innovation Network and multiple other partnerships, collaboration, departments covering the academic organisations, the statutory sector and private and commercial innovators. We want to work better with these organisations across our partnerships to ensure we maximise the potential they can bring to improving our population's health and help us establish a more efficient and effective use of our resources.

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Our Operating Model

Transforming how we work

Leading the NHS locally, for fairness, sustainability & improvement

Updated version: September 2024

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Introduction

At Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) we are a statutory organisation, responsible for providing leadership of the NHS in our area. We do this by planning, funding and overseeing services for our population of 1.8 million people and making decisions about the best use of our £3.6bn budget to meet our residents' needs. Our Integrated Care Strategy and Joint Forward Plan set out our high-level ambition of how we want to do this.

Over the last few years, as our organisation has been established, we have been through a lot of change. This has created uncertainty and sometimes a lack of clarity as to our purpose, how we work and how we can best add value. We have therefore reviewed and refreshed our operating model so that we are able to:

- Focus on what we are **uniquely placed** to do as a system leadership organisation
- Deliver our core functions **effectively** and **efficiently**
- Build the right **culture and behaviours** to work well across our teams and in collaboration with our partners.

What is an Operating Model?

An operating model defines how an organisation structures its teams, functions, activities and processes to achieve its objectives and deliver value.

This document defines our purpose, the roles and responsibilities within our organisation, and how we will work collaboratively with our partners across the health and care system.

How was our Operating Model developed?

Our operating model was developed through extensive consultation, collaboration and engagement with both our staff and partner organisations. Feedback helped shape the final Operating Model and refined our approach to service delivery.

Our context: our population

Nearly 2 million people live and work across BOB. The health and care needs of our residents vary considerably, depending on circumstances, ability to access support when required and experience of using NHS services:

Inequalities

- **Life expectancy gap** of over **10 years** between least and most deprived areas
- 58,000 people live in areas in the **20% most deprived areas** nationally
- People in deprived areas within BOB develop poor health **10-15 years earlier**

Health conditions

- 12% of adults have **depression**
- 6 out of 10 people are **obese or overweight**
- It is estimated that **3 in 5** people over 60 years have a **long-term condition**

Demographics

- The number of people aged 65 and over will **increase by 1/3** in 10 years
- Nearly **1 in 5 people** are **over 65** years old and 1 in 4 people are under 19
- People from **ethnic minority groups** are more likely to live in deprived areas

Our context: our ICS partners

We are part of BOB Integrated Care System (BOB ICS) working together with partners to deliver our 4 shared aims:

- 8000+ voluntary organisations
- 150+ GP practices
- 5 Healthwatch organisations
- 5 universities
- 68,000 health and care staff
- 250 care homes
- 800+ schools
- 200+ dental practices
- 250+ pharmacies
- 3 acute/integrated hospital trusts
- 5 unitary/upper tier local authorities
- 2 mental health trusts
- 1 ambulance trust
- 5 district councils

1. **Improve outcomes** for our population health and healthcare
2. **Tackle inequalities** in outcomes, experience and access
3. Enhance **productivity** and **value for money**
4. Support broader **social and economic development**

Our context: our places

The majority of the health, care and other public and voluntary services people use are delivered within the community or 'places' where they live or work

We believe that place partnerships are critical to the success of the ICB and our wider integrated care system.

- Our system is made up of three places, which are smaller geographies that align closely to **local authority** footprints and provide the foundation for much of our work on a larger scale.
- Each of our places has an established **place-based partnership** that collaborates across different organisational boundaries to integrate services based on people's needs.
- In addition to our teams who work at system level, we have **ICB place-facing teams** who work closely with our place partners (see page 18).
- The ICB, in line with national policy, fully supports the **delegation of service and budget responsibility** to place based partnerships and we continue to work with local partners to achieve this.

Buckinghamshire

Oxfordshire

Berkshire West

Our context: provider collaboratives

Within our system, we have two provider collaboratives, focused on driving collaboration across our acute and mental health NHS trusts to deliver greater impact together:

Provider collaboratives are partnership arrangements between NHS Trusts focused on:

- Reducing **unwarranted variation** and **inequality**
- Ensuring **efficiencies** and **economies of scale**
- Improving the **resilience of services**, for example, through mutual aid

Acute Provider Collaborative

- Royal Berkshire NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust

Mental Health Provider Collaborative*

- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust

Provider collaboratives are a critical part of how we will continue to work together across our system to help us achieve the best outcomes for our patients and communities.

*Our mental health trusts are also members of other provider collaboratives that operate beyond the BOB ICB geography focused on the coordinated delivery of specialised services.

Our purpose and role

"Leading the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is fairer, more sustainable & improves people's lives"

ICB as a system leader

We have a statutory responsibility to arrange health services for our population by setting direction, allocating the NHS budget, overseeing delivery and driving transformation, integration and improvement.

ICB as delivery organisation

We arrange and manage certain services on behalf of the wider system, including All Age Complex Continuing Care; Primary Care Operations; GP IT; Prescribing and High-Cost Drugs.

ICB as a system partner

We work in partnership with local organisations including the Integrated Care Partnership (ICP), the provider collaboratives, and place partnerships amongst others.

How we work to deliver our purpose

Our purpose

We exist to:

"Lead the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is **fairer, more sustainable** and **improves people's lives**"

Our role and functions

We deliver our purpose through:

Our **system leadership** role

Our **delivery** role

Our **system partnership** role

Our teams

We are organised into:

Six directorates, each led by a Chief Officer, reporting to the Chief Executive Officer (CEO).

Each team contributes to delivering our roles and enabling us to achieve our purpose.

- Delivery, Performance & Oversight
- Finance
- Medical
- Nursing
- People
- Strategy, Digital & Transformation

Delivery, Performance & Oversight

The Delivery, Performance & Oversight directorate is responsible for:

- **Oversight of provider operational performance** including delivery of constitutional standards.
- Partnership working with our three places through a dedicated **place-facing team.**
- ICB and **system resilience and emergency planning** to ensure robust and resilient responses to incidents or disruptive events.

Core Functions

- Performance, delivery and oversight of:
  - Community NHS and integrated services
  - Urgent and Emergency Care
  - Planned Care
  - Mental Health, Community, Learning Disability & Autism and Special Education Needs and Disabilities
- Place partnerships and joint commissioning
- Emergency planning, resilience and response (EPRR) and System Co-Coordination Centre (SCC)
- Thames Valley Cancer Alliance (hosting)

Delivery, Performance & Oversight

Finance

Medical

Nursing

People

Strategy, Digital & Transformation

Finance

The Finance directorate is responsible for:

- Developing and reporting on **annual and long-term system financial plans** to support delivery of high-quality NHS services
- **Oversight, control and management** of system and ICB finances
- **Contract management and procurement** to ensure alignment with finance controls and value for money.
- System and ICB **capital planning**

Core Functions

- System financial strategy and planning, including long term planning, transformation and efficiencies
- Financial management for the ICB
- Finance business partnering – empowering budget holders and managers
- Management accounting and reporting for the ICB and reporting for the system
- Capital and estates planning and reporting
- Contracting and contract management
- Procurement

Delivery, Performance & Oversight

Finance

Medical

Nursing

People

Strategy, Digital & Transformation

Medical

The Medical directorate is responsible for:

- Providing **medical clinical leadership** across the ICB.
- Delegated **commissioning of primary care** – GP services, community pharmacy, optometry and dentistry.
- **Clinical effectiveness** and Individual Funding Requests.
- **System-wide programmes** which include Medicines optimisation; health inequalities and Long-Term Conditions.

Core Functions

- Primary Care Operations
- Primary Care Transformation
- Primary Care Infrastructure & Pharmacy, Optometry & Dentistry (POD)
- Medicines Optimisation
- Clinical Effectiveness
- Health Inequalities & Prevention
- Long-Term Conditions (LTC) including LTC networks
- Medical Clinical Leadership

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Nursing

The Nursing directorate is responsible for:

- Providing **strategic and clinical leadership** to nursing and Allied Health Professional staff, ensuring that nursing practices are evidence-based and aligned with national standards.
- Overseeing the **quality and safety of care** across the system, ensuring implementation of the ICB Quality Assurance Framework and delivering the statutory quality functions.
- Leadership and oversight of **All-Age Complex & Continuing Care (AACCC).**
- Delivering ICB statutory duties on **children and adult safeguarding.**

Core Functions

- Safeguarding
- Maternity, Women's and Young People services
- Quality – including Infection Prevention Control (IPC), Clinical Standards and Vaccinations
- Allied Health Professions and Clinical Leadership
- All-Age Complex Continuing Care (AACCC)
- Clinical Placements

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People

The People directorate is responsible for:

- **Our people's experience** - relationships with staff, including engagement, wellbeing, and addressing any employment issues.
- Developing and implementing **HR policies** that align with NHS standards and regulations and support our culture and behaviours
- Providing **strategic workforce leadership** across the BOB system and support to shape the workforce to adapt to changing healthcare demands.

Core Functions

- ICB HR services and staff wellbeing
- ICB organisational development
- ICS workforce strategy and leadership
- Workforce Planning, Training and Education
- Equality , Diversity and Inclusion

Delivery, Performance & Oversight
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Strategy, Digital & Transformation

Strategy, Digital and Transformation

The Strategy, Digital and Transformation directorate is responsible for:

- **Strategic commissioning and system planning** to inform the allocation of resources.
- System **development and transformation** to create a more resilient and sustainable system harnessing local **research and innovation** capabilities and expertise.
- Leading delivery of system **digital, data and technology** strategy, managing digital / data services and providing digital support.
- Ensuring organisational and statutory functions are supported by effective **governance** to enable the smooth running of the ICB.
- **Public involvement, communications and engagement** activities, working with system partners to inform and engage with our local population.

Core Functions

- Strategic commissioning and coordination of system planning (including specialised commissioning)
- System development, transformation and improvement, research & innovation
- ICS digital and data strategy, transformation and service delivery
- Governance
- Communications, engagement and public involvement

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How we work: aligning to deliver our purpose

- **Our purpose –** "Leading the NHS in BOB so that it is fairer, more sustainable and improves people's lives"
- **Our teams –** Organising our teams to deliver our core roles – system leader; delivery organisation & system partner
- **Our processes –** Developing effective and efficient processes to enable us to execute our roles and have an impact

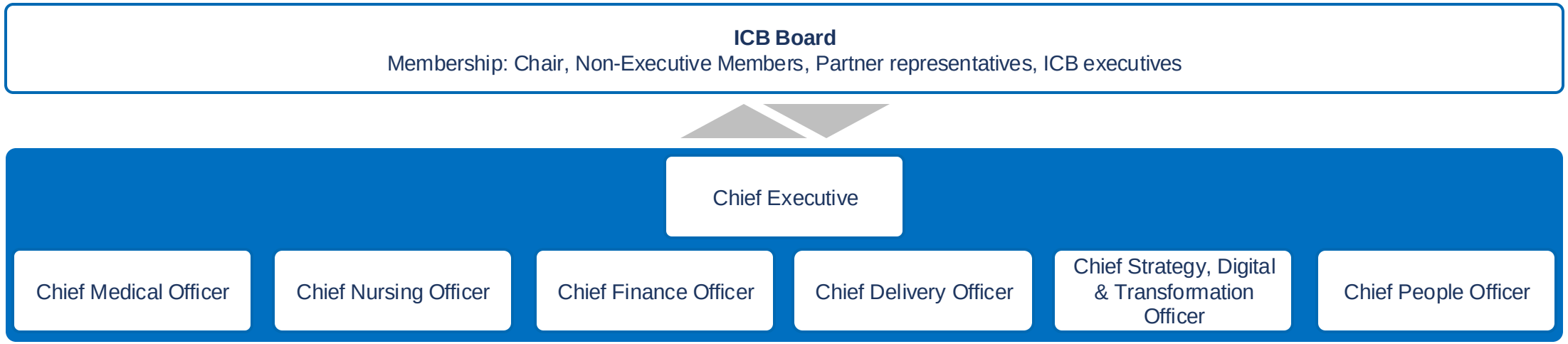
- **Our culture –** Embedding our values in all we do: Respectful, Integrity, Collaborative, Leadership, Impactful
- **Working with our places –** Working in partnership with our three places, alongside our system work at scale across BOB
- **Learning and improving –** Working with our people, communities & partners to understand how we can improve to strengthen our impact

How we work: our Board and executive team

The ICB Chair is accountable for the ICBs strategic direction and ensuring the organisation remains continuously able to discharge its duties and responsibilities as set out in the ICB constitution. The ICB Board is responsible for agreeing the ICB's plan and holding the organisation to account for delivery. The Board is supported by a number of assurance sub-committees, chaired by non-executive members and attended by the relevant directorate leads and functional experts from the ICB and the BOB system.

The Chief Executive is responsible for running and overseeing the ICB organisation and is accountable to the ICB Board.

The ICB Chief Executive is supported to deliver the commitments of the ICB through the leadership of the six ICB Chief Officers (executives), who each lead a directorate team to deliver their agreed set of responsibilities.



17 – **BOB ICB: our operating model**

How we work: system & place

The ICB, in line with national policy, is completely committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships mature.

Place partnerships and Integrated Care Boards have defined and complementary roles, as set out in law & national guidance.

ICB [1]	Place partnerships[2]
• **Set direction** – agree a plan to meet population health needs. • **Allocate the NHS budget** – arrange the provision of healthcare services to secure improvements in population health, prevention, diagnosis and treatment of illness. • **Oversight and assurance** – first line oversight of provider performance. • **Drive transformation and improvement** – duty to secure continuous improvements in effectiveness, safety and quality of services.	• **Shared plan** – Work together to agree shared plans to address needs of local population. • **Coordinate delivery** – collaborate to improve health outcomes, prevent ill-health and reduce inequalities. • **Build partnerships** – bring together partners to meet the needs of local people and communities. • **Influence improvements** – in the wider determinants of health and social and economic development.

Buckinghamshire Oxfordshire Berkshire West

- Place partnerships are critical to the success of the ICB and our wider integrated care system.
- We want to continue the connection between our place teams and the wider ICB, so are retaining a Director level post to oversee and coordinate our place-based activities and place focussed teams through the ICB structures
- This shift will support our teams to be both part of driving improvement at local neighbourhood and community level, whilst also supporting and better informing our ambition to tackle inequality at scale and improve outcomes across the system.

1. Health and Care Act 2022 & NHS England Operating Framework

2. Thriving Places Guidance

How we work: ICB Place Leadership

The Integrated Care Board is committed to seeing each of our places and place partnerships thrive and is committed to working collaboratively with local teams to support ongoing development. This will be achieved through:

ICB resource

Consistent Leadership across our three Places

- The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing.
- They will be supported by three place focussed Associate Directors and the relevant joint commissioning leads.
- This approach aims to provide consistent and balanced support across our place partnerships.

ICB Executive Sponsor for each Place

- A named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership.
- This will create a direct connection between each place and the ICB Board.
- It will ensure the place voice, patient experience and work is more widely represented and integrated with the ICB Board, Executive and wider teams.

Place focused ICB teams

- Many of the ICB's functional teams have dedicated place focused roles and responsibilities.
- These aim to ensure local teams are appropriately supported and the ICB is active in shaping, delivering and improving local services with partners.
- Services with a consistent local presence include SEND, Health inequalities, AACCC, and others.

Place Convenor - Place partnerships are responsible for establishing their leadership model which may include a place convenor. The ICB is supportive of this approach. The place partnership will agree if the Place Convenor role is required and define and appoint to the role where necessary.

The Place Convenor role will promote and develop place-based partnerships, facilitate priority-setting and strategic alignment and support decision-making between organisations across sectors.

How we work: Strategic commissioning

A critical function of the ICB is to arrange the provision of services, through the efficient allocation of resources to meet the needs of our population.

The Strategic Commissioning team will lead and coordinate this activity, working with teams across the ICB. The team will:

- **Set direction** - Develop long-term frameworks for service areas that will inform the planning, delivery and transformation activities, promote sustainable pathways of care, reduce inequity and shift of investment into areas such as prevention and primary and community services.
- **Evidence based** - Ensure commissioning decisions are evidence-based, intelligence led and provide the best means for the delivery of our purpose and strategic aims within the resources available.
- **Clinically led** - Be led by subject matter experts, including clinicians, from across service areas to ensure the ICB is equipped with the right skills, knowledge and experience.
- **Collaborative** - work closely with external and internal system partners, including NHS trusts, place partnerships, local service leaders, and other ICB functional teams who remain critical to delivering the activities of the commissioning cycle.

[1]NHS England commissioning cycle

How we work: commissioning cycle

All our teams play an important role in helping us fulfil our statutory role of arranging healthcare services for our population:

Directorate	Strategic Planning	Procuring services	Monitoring & evaluation
Strategy, Digital & Transformation	• Gathers data, evidence and analysis to ensure insight-based commissioning • Sets overall direction and runs prioritisation and allocation process as part of annual and in-year planning	• Collaboratively designs the service including the outcomes and transformation required, working with partners and ICB colleagues • Defines the service specification	• Seeks public and patient views to inform service improvements • Uses business intelligence and analytics to support better decision making
Delivery, Performance & Oversight	• Provides subject matter expertise on operational performance and delivery • Understands pathway specific challenges, provider capabilities and capacity	• Inputs to specification development and performance requirements • Feeds back on delivery opportunities and potential risks/constraints	• Coordinates provider interactions, oversight and assurance • Monitors, reports and assures delivery of planning guidance and other related commitments
Finance	• Financial framework and analysis incl. impact of local controls • Support prioritisation process	• Lead on putting service design and specification in the relevant contract. • Technical liaison with providers	• Support delivery and integrated performance reporting (finance, performance and quality)
Nursing	• Oversight of service quality and safety; ensuring clinical standards are maintained and included in the commissioning detail where required; advising on service improvements; patient experience.		
Medical	• Subject matter expertise for the end-to-end planning and management of primary care service provision as per delegated commissioning arrangements (general medical, pharmacy, optometry and dental services)		
People	• Coordinating workforce planning for NHS service provision to support delivery of the strategic priorities. Plan developed collaboratively in the context of wider ICS workforce strategy.		

21 – BOB ICB: our operating model

How we work: our people and communities

As we implement our operating model, we will be strengthening our approach to working with our local people and communities, putting more dedicated resource and focus to support this aim:

We will be guided by the principles in our engagement strategy:

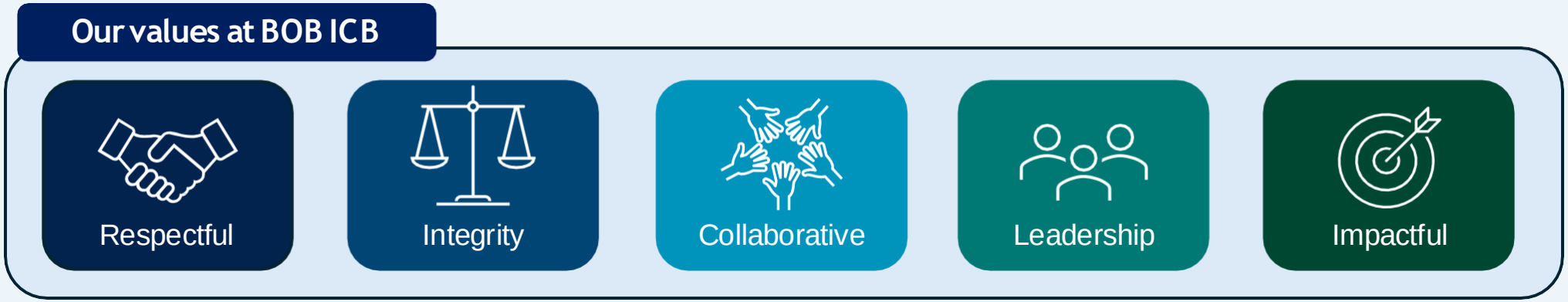
- **Listen** – active listening to learn from the knowledge and experience of others.
- **Understanding** – continually build our understanding by reaching out to communities, inviting input and showing how that input contributes to our work.
- **Engaging** – ensure our engagement activity is always meaningful and tailored to the people and organisations we are engaging with.
- **Informing** – meaningful engagement can only take place when people are adequately informed.
- **Enabling & co-producing** – build and foster effective relationships to allow for genuine co-production wherever possible.
- **Embracing diversity, equality, and inclusion** - BOB ICB will champion diversity, equality, and inclusion and we will ensure that representation is visible. We will constructively challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

1. Communications & Engagement Strategy

2. NHS England guidance on working with people and communities

How we work: our culture, values and behaviours

Our values were developed by our teams when the ICB was formed in 2022. As we implement our operating model, we will continue to develop our culture and behaviours, being clear about what our values look like in practice across all our teams and interactions.



Working with all our teams and staff networks, we will also continue to implement the **NHS People Promise** ensuring we are compassionate and inclusive, everyone feels they have a voice, we work as a team and are always learning and improving together.

Thank you for reading our Operating Model

More information can be found at: bobicb.nhs.uk

Leading the NHS locally, for fairness, sustainability & improvement