ICB Update and System Priorities

1. BOB ICB Operating Model – next steps

We have now transitioned to our new Operating Model and associated structure. Our operating model was developed through consultation, collaboration and engagement with both our staff and partner organisations. The work we have done will allow the ICB:

- 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.

Our commitment to strongly support Place development and Place partnerships is reflected in our new operating model, with an ICB senior executive sponsor for each Place. Rachael Corser, Chief Nursing Officer, is the executive sponsor for Buckinghamshire, Matthew Tait, Chief Delivery Officer, for Oxfordshire, and Dr Ben Riley, Chief Medical Officer, for Berkshire West.

The executive sponsors will work closely with the Dan Leveson, Director of Place and Communities and through the Place-based partnerships to enhance integration and efficiency by supporting the alignment of the NHS, local authorities, and voluntary organisations. This partnership working is crucial to support proactive and preventative care at a local level to help address health inequalities and improve overall population health.

The executive sponsors will join key discussions with partners at local meetings including Health and Wellbeing Boards, Health Overview and Scrutiny Committee and Place based partnership meetings to ensure an effective senior connection with the ICB's executive team and Board and raising the profile of Place and its long-term development.

2. Working with local people and communities

As we implement our new operating model, we are strengthening and improving our approach to working with our local people and communities, putting more dedicated resource and focus to support this aim.

BOB ICB wants to ensure we are embedding a public involvement approach across the organisation and drawing insights from our partners and communities to inform our work as we commission services for our population.

We aim to create more meaningful and inclusive opportunities for public involvement, ensuring that our residents' voices are heard and valued in our decision-making processes.

3. 10-Year Health plan for the NHS

In October 2024, the Government launched a public engagement initiative to shape the 10-Year Health Plan for the NHS, which aims to address the challenges facing the NHS and ensure it is fit for the future. The final plan, expected in Spring 2025, will respond to the findings of the Darzi review and aims to deliver three main shifts:

- Hospital to community: Moving more care from hospitals to communities
- Analogue to digital: Making better use of technology in health and care
- Treatment to prevention: Focusing on preventing sickness, not just treating it

The Government introduced an online platform, Change NHS, where the public, NHS staff, NHS partners and stakeholders can share their experiences, views and ideas on these proposed shifts. The online engagement platform will be live until the end of February. A series of regional engagement events are also taking place, led by the NHS national and regional teams, to facilitate in-depth discussions with the public and NHS staff. A public deliberative event was held in Folkestone earlier in December for the South East region and an NHS staff event for the South East Region was held on 25 February 2025 in Reading.

All ICBs have been asked to support the national engagement at a local level. For BOB, we have taken the following approach:

- **Summarising existing insights** – in BOB we already have a lot of insight from local people so, we will summarise existing insight from our engagement work including focus groups with refugees, people experiencing homelessness, asylum seekers, young people and people experiencing alcohol or drug problems.
- **Working with our partners** – we are working with BOB Voluntary, Community and Social Enterprise Health Alliance (BOB VCSE) to facilitate workshops with voluntary organisations and community groups. We have engaged with our Healthwatch partners to spread awareness of the engagement and have offered to facilitate workshops with their members.
- **Delivering workshops / focus group** – identifying and delivering workshop sessions across the BOB geography. We are running 10 workshops sessions with different community groups including young people with SEND, people experiencing homelessness, people with ADHD, 70+ women living in rural communities, people who are using community larders / food banks and with community champions in areas of deprivation across BOB.
- **Staff workshops / events** - we have run three sessions for ICB staff and NHS Trust colleagues are also running staff sessions across their organisations.

4. New provider for BOB non-emergency patient transport services

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board has appointed EMED Group to provide NHS non-emergency patient transport services after a thorough and competitive procurement process, with the new service starting on 1 April 2025.

EMED is working with South Central Ambulance Service NHS FT and other subcontracted providers to ensure affected staff are transferred to EMED in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006. There are no redundancies resulting from this change.

The contract has been awarded for an initial five-year period with the option to extend for a further five years – 10 years in total. A range of quality indicators are detailed in the contract, linked to delivery of the service specification which will be reviewed and managed through regular contract management meetings. Non delivery of the quality/performance indicators will be managed via this mechanism and in accordance with the NHS National Standard Contract as necessary.

More information is available on the Buckinghamshire, Oxfordshire, Berkshire West and Frimley - EMED Group website and will be updated regularly as the launch date approaches.

5. BOB planning process update

5.1 Priorities and operational planning guidance 2024/25

Each year, the ICB and NHS Trusts go through an annual planning cycle, which involves the process of setting budgets and planning and prioritising our activities and investments, as we seek to meet national standards and priorities across our organisations.

To support this, the ICB and NHS Trusts are required to submit specific operational and financial information to NHS England as part of the nationally co-ordinated NHS planning process. This process is informed by the publication of national annual planning guidance, which for 2025/26 was published at the end of January 2025.

This year there are fewer national priorities – 18 headline targets (**Appendix 1**), which is a reduction from 31 last year and 133 as recently as 2022/23. Operational priorities include:

- Reducing the time people wait for Elective Care
- Improving patients access to General Practice and urgent dental care
- Improving A&E waiting times and Ambulance response times
- Improving patient flow through mental health crisis and acute pathways
- Improving access to children and young people's (CYP) mental health services

The financial ask of systems in challenging. All systems are required to submit a first draft plan that is breakeven with a plan for all partners to live within that envelope. Planning guidance is clear on the ask of all systems:

- Systems have **greater financial flexibility** to manage constrained budgets
- Providers will need to **reduce their cost base** by at least 1% and achieve 4% improvement in productivity to deal with demand growth
- **All parts of the NHS must now live within their means.**
- **Difficult decisions will be needed** – the NHS will need to reduce or stop spending on some services and functions, reduce waste and tackle unwarranted variation.

The ICB has been co-ordinating the discussions on how we achieve this with our NHS partners. Our final plan for 2025/26 will be submitted to NHSE on the 27 March.

5.2 Developing our medium-term plan

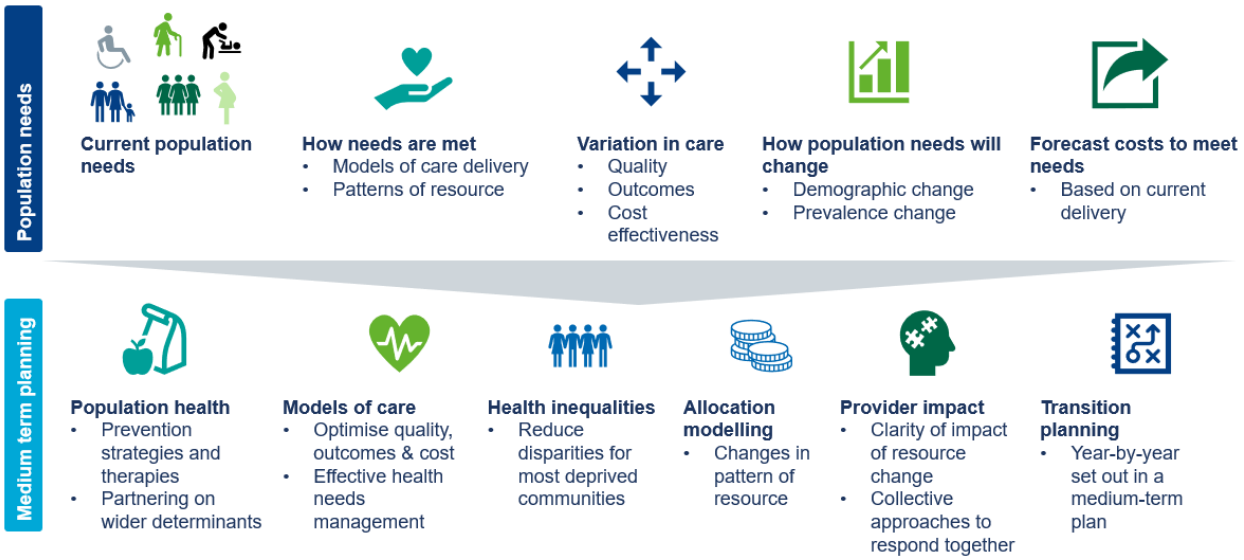
In addition to the work ongoing to meet our statutory requirement to develop a joint plan across NHS partners in BOB for 2025/26, we have also recognised the need for our system to have a clearer strategy to ensure we have a collective plan towards system sustainability, transformation and improvement. This is supported by the findings of multiple recent system diagnostic reviews, which have identified the need for unified strategic framework to align financial and clinical priorities across BOB, address commissioning variation and support alignment about how we use our collective resources. The medium-term plan responds to the challenges presented by our forecasts if we were to take no action.

Our approach to this plan has started with development of a new analytical baseline for the system, which seeks to align partners around a common understanding of the most significant health challenges affecting our population and the key opportunities to work together to make improvements. It focuses on:

- **An analysis of our population's needs** – building an analytical baseline of our population health needs and how our services are accessed to inform prioritisation of focus and resource.

- **Agreeing a clear medium term system plan** – developing a clear medium-term plan for sustainability, transformation and improvement, based on a shared understanding of our population.

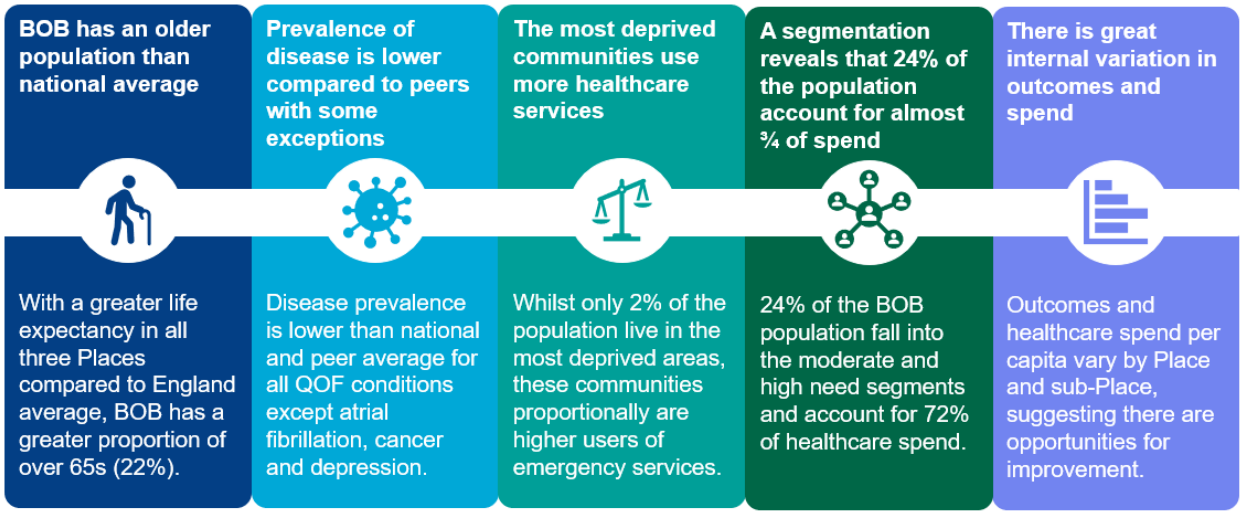
Figure 1: Our approach to developing the medium term plan



To understand population needs and how they will change over time, we have looked at a number of sources of data.

The initial analysis shows some of the specific challenges facing our population now.

Figure 2: A high level summary of BOB population and opportunities for improvement



A "do-nothing" scenario has been developed to reflect the expected change in the health requirements of the population if there is no major transformation. To support this analysis, the population has been categorised into different segments, according to age and acuity of health need.

Findings from this work indicate that:

- In 2023/24, 24% of the population of BOB fell into moderate and high need segments but account for 72% of the overall healthcare costs. This is set to grow to 80% by 2029/30 if no major transformation is delivered.

- People in this 72% have higher rates of chronic conditions and experience deteriorating health, resulting in higher ongoing usage of primary care to manage conditions and emergency resources when experiencing crisis.

- People with more significant health needs use considerably more resource than the low needs groups, equal to up to 20-times more A&E attendances and 72-times more primary care contacts per year. Activity pressure is expected to increase by 18% for both these areas by 2029/30, placing greater strain on the providers across the system, in terms of operational deliverability and financial sustainability in the do-nothing scenario

- The population segment relating to people with dominant psychiatric conditions is the only segment that is projected to grow across all age bands, which means that community and mental health providers in BOB are also projected to see their positions worsen given the increased need for out of hospital care for this group.

- The system (NHS organisations only) deficit is projected to grow to £722m by 2029/30 if no action is taken. This is driven by increasing costs of care, the number of people requiring care and support and the complexity of the population need increasing.

The emerging medium-term plan will respond to the challenges presented by the do-nothing scenario, from a quality perspective, aiming to keep people in health for longer, and a financial perspective that drives the system towards a more sustainable position. Opportunities to address the challenges in the 'do-nothing' scenario are derived from

multiple sources and the impact will be refined and tested with stakeholders, which includes:

- Benchmarking to peers and against identified internal variation – to understand potential opportunity size
- Best practice case study impact analysis – to understand and quantify the potential impact of specific interventions on activity
- Return on investment analysis – to understand potential investment dependencies and requirements

Four opportunity areas have been identified for transformation BOB:

Opportunity 1: Reducing the growth in progression of ill health

This focuses on keeping people in good health and enabling people to manage long term conditions more effectively, which makes the shift from reactive to proactive care. The opportunities identified are based on the extent of prevalence, expected growth, and pathways where innovation can significantly change disease progression. In BOB, it is recommended that four areas should be considered include **cardiovascular disease, diabetes, obesity and dementia** for primary and secondary prevention initiatives.

Opportunity 2: Transforming models of care

This focusses on making the shift from acute to community and analogue to digital care, to deliver more consistent proactive care to support effective population health management. Priority segments and interventions in BOB for care model transformation are **frailty, multi-morbidity high complexity, lower complexity segments and dominant psychiatric conditions**. The opportunity is broadly realised and set by national expectations of a Neighbourhood Health model, which will provide the building blocks for a more proactive and anticipatory model of care that delivers improvements in quality and outcomes.

Opportunity 3: Improving care for the most disadvantaged communities

In BOB, a small proportion of people live in the Core20, but they experience disproportional inequalities especially with respect to life expectancy. Per capita costs for the Core20 cohort are consistently higher than the non-Core20 populations. This is driven by Core20 communities using health care resources at a higher rate – this is particularly evident for acute emergency, community and mental health services. Opportunities to improve outcomes and health inequalities involve **mobilising assets within local communities to increase participation and improve outcomes**.

Opportunity 4: Optimising the efficiency of care delivery

This opportunity considers the impact of provider productivity gains and making better use of existing resources as well as opportunities for providers in BOB to work together. These opportunities cover **clinical and non-clinical areas for all points of delivery** where data quality allowed for data analysis to be undertaken.

Refining the opportunities and system involvement

We will now work with system stakeholders to support the development of opportunities, prioritise high impact actions and start to set out the medium-term plan for the system for the next 3-5 years. Work is now required to:

- Stocktake existing programmes: for example Long Term Conditions, against identified opportunities areas
- Align existing programmes behind opportunities and initiatives identified
- Develop implementation plans for programmes where plans do not already exist

6. Joint Forward Plan Refresh 2025/26

ICBs and their partner trusts have a duty to prepare a plan setting out how they propose to exercise their functions in the next five years (the 'Joint Forward Plan' (JFP)). JFPs should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population.

In 2025/26 it is expected that ICBs and trusts will undertake a limited refresh of existing plans before the beginning of the new financial year given the anticipated publication of the 10 Year Health Plan in Spring 2025 and a multi-year financial settlement for the public sector as part of the Spending Review 2025. NHSE is planning to work with systems to develop a shared set of expectations and a timetable for more extensive revision of JFPs. al This will include a shift from single to multi-year operational and financial planning.

The analytical work, described above, and the operational planning priorities will form a part of the 2025/26 refresh of the JFP, alongside triangulation with local strategies and engagement with system stakeholders, including Health and Wellbeing Boards. An engagement plan will be developed as part of the refresh which will be shared with partner organisations. Further information on our proposed approach to engagement will be provided following the release of national expectations on the development of a revised plan.

Asks of the Board or of members present

The Board is recommended to note the update and provide any views or feedback into the ongoing planning process and development of the medium-term plan.

Appendix 1: National Guidance -Operational Planning priorities 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement*
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement*
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019

	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three-year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance