

BOB ICB Revised Operating Model – July 2024

Additional briefing on the changes we are proposing

Context:

1. On 29th April 2024, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) launched staff consultation on a proposed new structure and operating model to meet the 30% running cost reduction target. 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.
2. During the consultation period with staff, we received significant feedback that the ICB's proposed operating model and ways of working were not clear and did not demonstrate how the ICB adds value across the BOB Integrated Care System. It also became apparent that some aspects of the merger to bring the three Clinical Commissioning Groups together had not been fully completed. As a result, some parts of the ICB are still working in historical ways rather than as one organisation, causing duplication, inefficiency and inequity.
3. In parallel with this feedback, the financial challenge facing the ICB became clearer and the ICB took the decision to move into turnaround. The ambition of the turnaround 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 were strongly supportive of the move into turnaround and 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.
4. In response to these challenges, the ICB committed to review its core ways of working and ensure the alignment of our teams to the delivery of its 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, improve health and services and ensure effective, economic and efficient use of our £3.6bn budget¹.
5. This briefing:
 - Outlines the more significant shifts in resources we are making and why we believe this will allow for more effective delivery of our core, statutory responsibilities.
 - Sets out the key changes for the Place and system model (with further detail in Appendix 1)
 - Reinstates our hope to meet with all partners to discuss how we best implement these proposals and move to a more sustainable and equitable system.

¹ [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

The ICB's revised operating model

6. 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.*"
7. It proposes that the purpose will be delivered through three strategic roles:
 - a. the ICB as a system leader
 - b. the ICB as a delivery organisation
 - c. running the ICB.
8. 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 give greater strategic emphasis to the 'system' role of the ICB, strengthening 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.

The ICB as a system leader

9. The ICB must fulfil its primary duty to arrange health services for the population. This will be achieved through setting direction, planning and allocating the NHS budget, overseeing delivery and driving transformation and improvement.

How is this reflected in the operating model?

- *Strategic commissioning and planning* – A dedicated team will provide the capability to ensure we allocate our resources and commission services based on a robust understanding of our populations' needs, using data and evidence to help us tackle unwarranted variation, inequity in access, experience and outcome, improve performance and spread best practice. A newly formed team in the ICB will pool knowledge and experience from across our current teams. This team will also include the resource and capability to lead and coordinate system-wide NHS planning across our different providers. It will involve matrix working with the finance and contracting function, and with the delivery elements of the ICB.
- *Performance* – The ICB has a responsibility for the performance and oversight of NHS services across BOB. To support this, the new operating model proposes a Performance and Delivery team, with subject matter experts leading the oversight of different service delivery areas.
- *Transformation* – Given the need for ongoing improvement and reduced variation and inequity, our operating model proposes a small team to provide skilled support to lead and oversee change across BOB, with support from delivery teams.

The ICB as Delivery Organisation:

10. As an organisation, we have 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).

How is this reflected in the operating model?

- *All Age Continuing Care (AACC)* – This £250m service is not sustainable in its current form and needs to be better planned and managed to reduce variation and inequities, demand and cost pressures. The revised operating model proposes a

more robust management for the AACC team which includes a Director-level appointment, more substantive clinical assessors (currently largely temporary) and a more substantial operational and financial enabling team. This is expected to reduce variation across our three Places, lead to a more sustainable model of service delivery and more consistent and effective ways of working with our partner organisations.

- *Digital, Data and Technology* – This function is proposed to join as a part of a newly consolidated directorate, the Strategy, Digital and Transformation directorate to align with system strategy and the delivery of system transformation and improvement.

Running the ICB

11. The ICB was formed through the merger of three Clinical Commissioning Groups – however, in some areas a fully integrated way of working is yet to be achieved. Our operating model aims to create a stronger and more consistent operating approach within the ICB, and how we work with our partners.
12. There is a need to revise operational and financial management and processes and controls in all areas to ensure that we consistently achieve best practice standards. There is also a short term need to more tightly grip all expenditure and ensure it is consistently aligned with what is necessary to deliver our core priorities and reduce inequity across the system.

How is this reflected in the operating model?

The core functional responsibilities of the Finance and Contracting Directorate need to be restructured to focus more clearly on the ICB's responsibilities:

- *Finance strategy and planning* – a better resourced team that will allow the ICB to be proactive, alongside the Strategic Commissioning team in designing and enabling a system financial strategy that is equitable and sustainable.
- *Finance operations* – delivering consistent ways of working, with pro-active finance business partners across the ICB, adapted to support each area of the organisation (e.g. including strong contract finance capability and capacity where necessary). This will enable delivery teams to better manage and control their budgets.
- *Financial accounting* – the existing team will remain substantially the same but will drive new ways of working such as “no-PO no-pay” and also any changes in practice associated with the new version of the enterprise reporting and planning (ERP) system in 2025.
- *Contracting* – the contracting team will be more integrated within the finance function, supporting the implementation of provider contract envelopes and working alongside finance and delivery colleagues as part of the integrated provider oversight function in the Delivery Directorate.

Working with our Place partners

13. For these changes to be both affordable and effective in their implementation, we have had to consider other aspects of our ways of working, including the way we resource our partnership working at Place. We recognise the central importance of Place partnerships in the effective delivery of NHS services and other services provided by partners across the Integrated Care System.

14. To date, our support for Place based working has been provided through three separate Place based structures (Buckinghamshire, Oxfordshire, Berkshire West). This model has clearly progressed this way of working. It has established defined work and delivery programmes and supports our vision for the development of partnership structures and accountabilities.
15. We remain absolutely committed to supporting the development and strengthening of Place partnerships including our work with statutory and Voluntary, Community, Social Enterprise (VCSE) organisations. Our revised operating model retains dedicated resource focussed on each of our three Places. However, we also need to balance this with the need to effectively deliver our core, system level responsibilities.
16. As we explore this new model, we are very keen to work with partners within our places to discuss options for further strengthening Place based leadership within our system including through greater partner representation in key forums.

How is this reflected in the operating model?

- *Place focussed resource* - In the revised ICB structures, we retain resources that have a dedicated focus on each of our three Places through the Associate Director and Deputy Director roles. These teams will support the co-ordination of Place based programmes and priorities, the effective running of Place based governance and engagement structures.
- *Place leadership* – We want our teams to be better connected both with each other and with other ICB teams. To achieve this, we will have one Director level post that oversees and coordinates both the dedicated local leadership posts and the joint commissioning structures. The role will be responsible for continuing the effective development of Place based governance models, play an active role in decision making required to support Place partnerships and ensure the partnerships are supported by the enabling and statutory functions discharged by the ICB.
- *Urgent and Emergency Care teams* – In the operating model our urgent emergency care (UEC) teams will be consolidated at system level. They will work in a matrix model to deliver and support local improvement programmes and oversee Place based operational delivery. They will also provide a more system-wide approach to UEC transformation and change.
- *Place based partnerships* – will continue to be supported from teams within the ICB with Place facing roles and / or capacity such as within primary care, health inequalities, long term conditions and safeguarding. The ICB will also ensure access to the necessary corporate support functions in terms of finance, business intelligence. Through this approach we aim to achieve a better sharing of skills, capabilities and experience.
- *Joint commissioning* (including mental health and learning disabilities services, special educational needs and disabilities (SEND) provision, children’s services and the Better Care Fund) – recognising the differences in the existing joint commissioning structures, the joint commissioning teams will report through the Director of Place and Communities who will work closely with the dedicated place facing roles to ensure effective joint commissioning. Elements of the Berkshire West team are integrated into the system Mental Health /Learning Disability team to support resilience as no formal joint commissioning structures are in place outside of the Better Care Fund (BCF).

- The ICB will continue to support the development of *oversight models* for partnerships (incorporating quality, performance and resource management) as they develop alongside our oversight role and responsibilities with NHS partners.

Opportunity to provide feedback

17. Through these changes we expect to be able to support each of our three Places to thrive and strengthen. However, we acknowledge these new approaches will take time to refine and to establish new ways of working. We want to continue to explore with our partners where there might be opportunities to improve how we deliver effectively together.
18. We continue to invite feedback from our partners on the revised model and would welcome feedback from you or colleagues. Please respond through our engagement email address (bobicb.opmodel@nhs.net). Alternatively, ICB colleagues would be very happy to attend or arrange a meeting to discuss these proposals in more detail.

APPENDIX 1: Changes in ICB structure to support the revised operating model

Current ICB structure:

- Service leadership at system level is split across Executive Director portfolios e.g. Elective care (Chief Delivery Officer), Primary Care (Chief Medical Officer), Mental Health (Chief Nursing Officer)
- The ICB strategy capability is limited by capacity to targeted interventions
- Operational planning is led through the Delivery directorate
- Place Directors are supported by Assistant Director / Deputy with direct line management of joint commissioning structures and local UEC team.
- Place teams are supported by a matrix model from system-based team for primary care, health inequalities etc

Proposed ICB structure (April 2024)

- Removal of vacancies and streamlining all structures to reduce overall cost base
- Place model retained with some additional partner funding identified to support structures and a proposal to discuss whether Place based partnerships could host Place based resource in the future.
- Creation of a strategic commissioning function in Chief Delivery Officer portfolio focused on supporting partnership models (Place based partnership and Provider Collaboratives) and strengthening the join-up between performance, planning and contracting
- Support the Acute Provider Collaborative with a possible transfer of staff to a host organisation.
- Creation of system transformation team within strategy.
- The consolidation of governance, communication and engagement and Digital, Data and Technology (DDAT) team into a new strategy, transformation and digital directorate.
- System service leadership, split across executive portfolios, remain largely unchanged

Revised operating model (July 2024)

- Continue with the removal of vacancies and streamlining all structures to reduce overall cost base.
- The strategic commissioning function is transitioned into the strategy directorate and will include a system planning function, partnered with finance and strong matrix working with the delivery teams of the ICB.
- A single VSM Director of Communities and Partnerships is created to provide leadership across all three Place teams.
- Place Assistant Director/ Deputy roles remain – dedicated to specific Places.
- Joint commissioning functions will report through to the Director of Communities and Partnerships.
- The urgent and emergency care (UEC) team is centralised with a matrix model providing ICB delivery support to [system and] Place based UEC delivery and programmes.

- The contracting function is transferred to be integrated with finance.
- Mental health and learning disabilities programmes and performance oversight will move from the Chief Nursing Officer to the Chief Delivery Officer.
- All other performance oversight capabilities remain as part of the Delivery Directorate.
- Additional investment in All Age Continuing Healthcare (AAHC) and finance functions are proposed to strengthen the capacity and capability of these teams.
- The consolidation of governance, communication and engagement and Digital, Data and Technology (DDAT) team into a new strategy, transformation and digital directorate.
- Consideration is being given to the development of an integrated reporting function.