

ICS Development

Update for Oxfordshire Joint Health Overview and Scrutiny Committee

July 2022

ICS Development update

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

ICS Development

Key ICS development activities completed April-June 2022

- Focus on activities required for safe transfer of CCGs functions and staff and establishment of the Integrated Care Board as the new statutory NHS organisation
- All required actions completed by CCGs and assured by Internal Audit and Regional Office to support safe handover
- ICB Constitution approved by NHS England and forms part of establishment order
- ICB formally established (and CCGs dissolved) 1 July 2022
- ICP working group led by ICB Chair Designate Javed Khan OBE work up proposals for consideration by Strategic Leaders Oversight Group

The Act creates ICPs, ICBs and PBPs, all of which involve local authorities who manage social care

Integrated Care Partnerships (ICPs)

Joint committee between local authorities who manage social care and ICBs

Place Based Partnerships (PBPs)

Includes local authorities

Integrated care boards (ICBs)

NHS Statutory Body

Includes local authority partner member

Provider collaboratives

Providers coming together to deliver joined up services (may include local authorities)

ICB Establishment 1 July 2022

- Board meeting held
 - Governance arrangements agreed
 - 2022/23 Operational and Finance Plan, BOB Green Plan and System Delivery Plan received
- Website for the ICB (www.bucksoxonberksw.icb.nhs.uk) still in development, currently contains core information including
 - Information about the Board and board members
 - Board members
 - Governance documents/arrangements
 - Contact information

ICB Board Members

Role	Post holder
Chair	Javed Khan OBE
Chief Executive	Dr James Kent
Partner Member – NHS Trusts	Steve McManus
Partner Member – Primary Care	Dr Shaheen Jinah
Partner Member – Local Authorities	Stephen Chandler
Non-executives (minimum two)	Saqhib Ali Margaret Batty Tim Nolan Aidan Rave Sim Scavazza
Chief Finance Officer	Richard Eley (interim)
Chief Medical Officer	Dr Rachael De Caux
Chief Nursing Officer	Debbie Simmons (interim)
Member for Mental Health	Dr Nick Broughton
Associate NED (Digital)	Haider Hussain

Working with people and communities strategy

- ICB wants effective engagement and partnership at the heart of its thinking, planning and delivery
- Developed our first draft through a range of engagement activities
- Feedback indicated support for principles and outlined approach but more detail required on how it would work in practice
- Draft submitted to NHSE presented to ICB Board on 1 July to note progress
- ICB to work with wider partners to develop approach prior to adoption by ICB Board in September

Development of Place Based Partnerships

- ICB wants delegation to place to support subsidiarity
- ICB has shared some early thinking on potential scope of delegation of its function/decision making powers to place
- For place to thrive other organisation will need to delegate some authority for joint decision making
- We will build on the existing collaborative partnership governance arrangements
- Further guidance is expected on the new legislative options available to the ICB

System Delivery Plan

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 as one of the Board papers [here](#)
- To date the focus has been the establishment of the ICB 1 July, now moves to wider ICS development

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:**



Deliver the NHS Long Term Plan – Go further and faster



Improve collaboration between providers and commissioners



Deliver agreed outcomes for the population by providers coming together around pathways



Make better use of our collective but finite resources

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

ICB goals



Tackle inequalities in outcomes, experience and access



Enhance productivity and value for money



To improve population health and healthcare



Help the NHS to support broader social and economic development

ICB roles – what we need to do to deliver the goals



Set the system priorities, with partners and the public



Allocate our finite funding, in line with the strategy



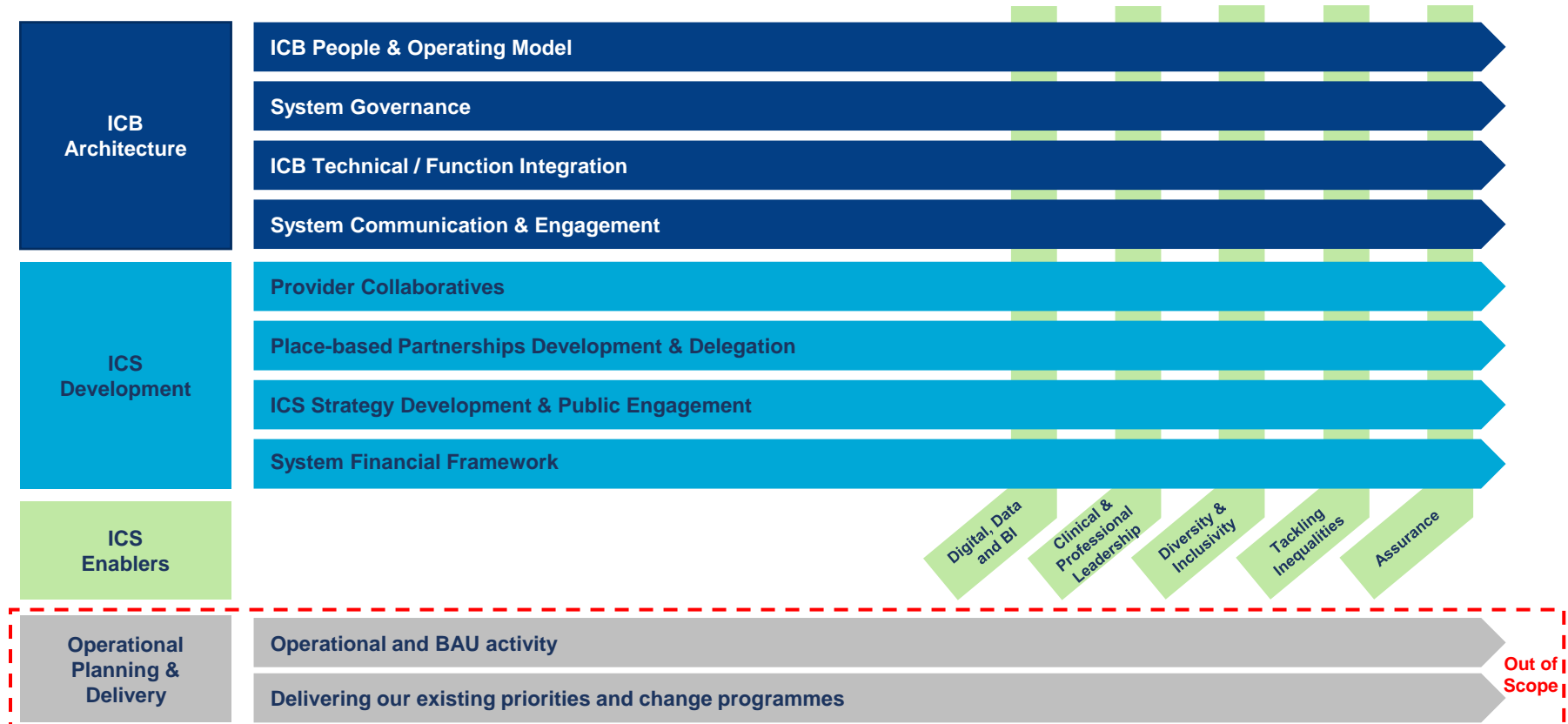
Orchestrate system working along whole patient pathways



Earn our seat at the table by focusing on where we add value

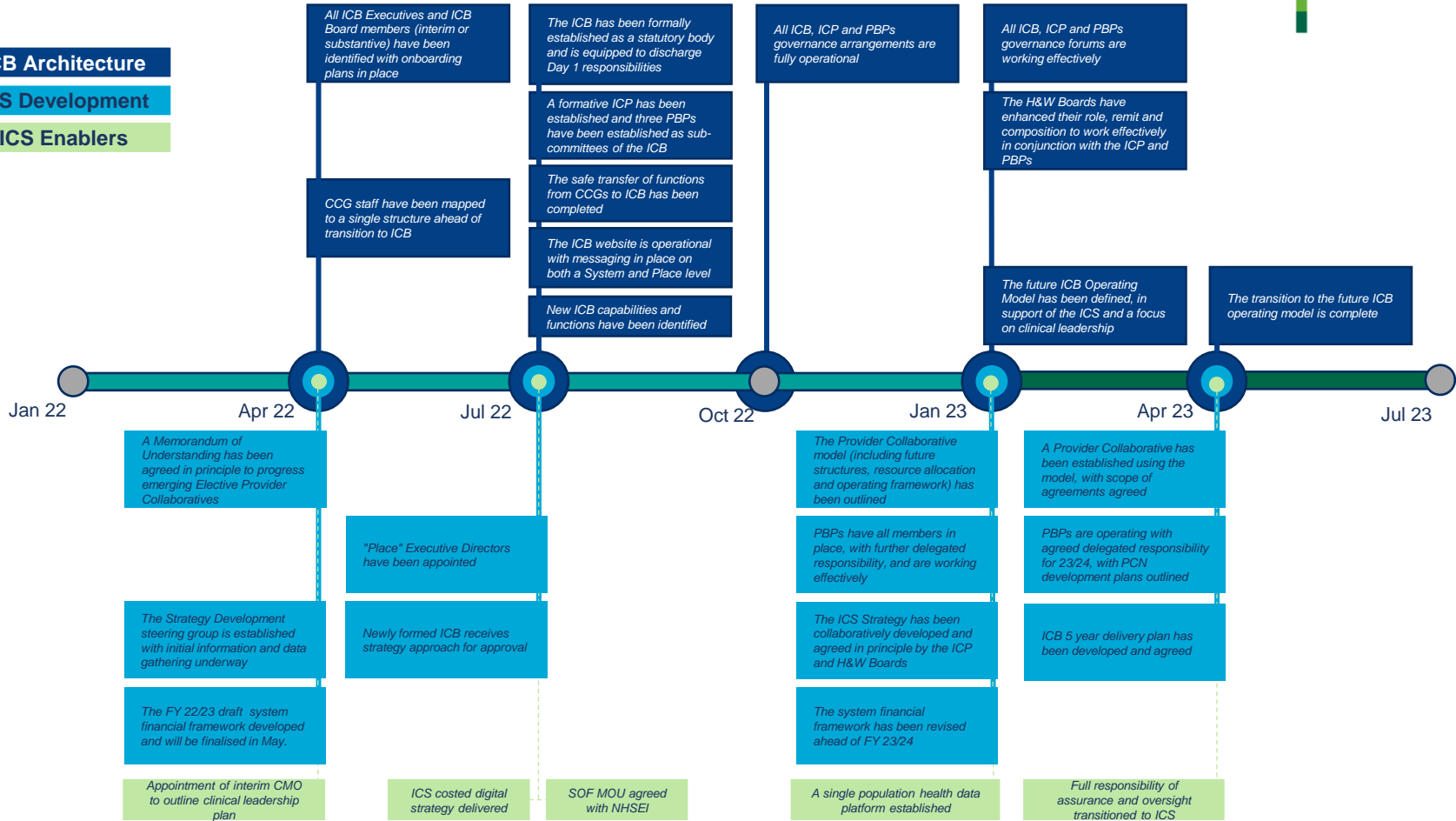
Defining our ICS development roadmap

Key streams of work



Key outcomes over time

- ICB Architecture
- ICS Development
- ICS Enablers

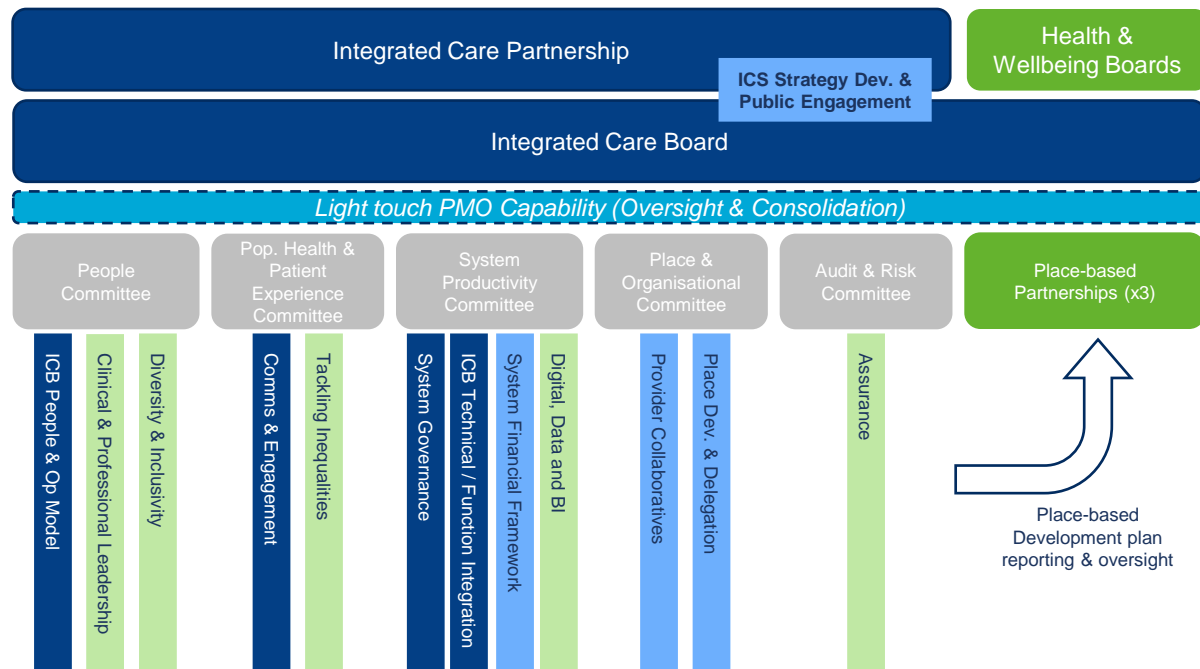


Managing our ICS development programme

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

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.

Progress

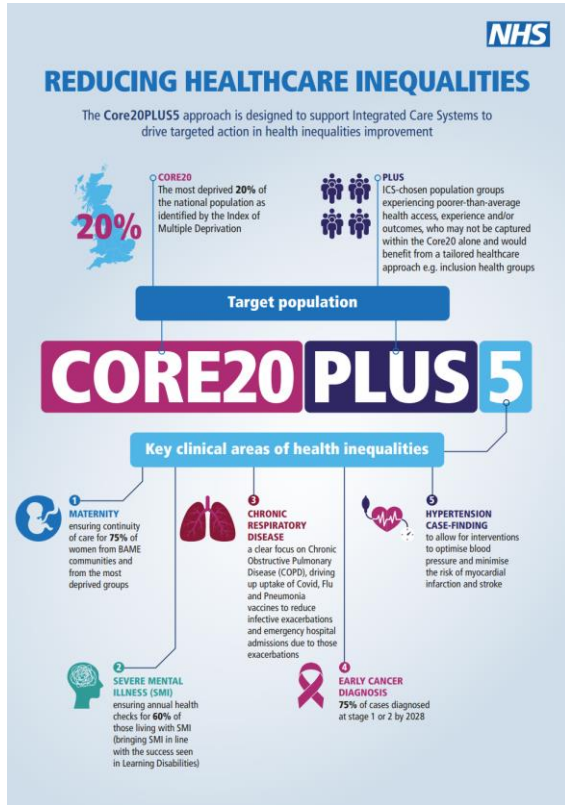
- ✓ *DPHs provided updated HWB overviews and outlining level of synergies.*
- ✓ *Cadence of key engagement groups outlined including elected members, AHSN and Healthwatch.*
- ✓ *Two Strategy development steering groups held with membership spanning Local Authority, AHSN, Healthwatch, SCAS, ICB leadership and Trust representatives.*
- ✓ *Initial approach for public engagement outlined including initial scan of existing channels, groups and public forums.*
- ✓ *Broad strategy development “fact pack” creation underway and progressing as planned.*
- ✓ *Initial strategic framework drafted with key resources identified for input on structure and content.*

Looking forward

- *Define strategy development principles with ICP*
- *Refine strategy development “fact pack”.*
- *Work with specific health and care owners to validate strategic framework structure and develop suitable content and hypotheses.*
- *Align communication and engagement approach with broader ICB approach including:*
 - *validate engagement going forward*
 - *align to existing forums and groups*
 - *Align to new thinking including the ICB Working with People and Communities strategy.*
- *Develop more detail on the public engagement approach including purpose, outcomes, key questions and where existing channels do not suffice*
- *Prepare for initial strategy development day (Date TBC) in the context of a delivery plan through to 31 December 2022.*

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

ICP strategy – Guidance

- Guidance due from Department of Health and Social Care week commencing 18 July
- ICP strategy need to consider Population Joint strategic needs assessment, HWB strategy and NHS Mandate
- Initial review of the 2022 Health and Care Act has highlighted areas for inclusion in the ICP strategy

Areas covered in HWB Strategies	New areas
Shared vision and purpose	Integrated commissioning
Integrated health and care services	Integrated budgets
Integrated strategic plans	Integrated data sets
	Integrated health and care records