

BOB ICB BOARD MEETING

Title	Chief Executive and Directors Report		
Paper Date:	9 May 2023	Meeting Date:	16 May 2023
Purpose:	Information	Agenda Item:	07
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Executive Summary			
<p>This report provides an update for the Board on key topics and items for escalation since the meeting in public on 21 March 2023 that are not covered in other items on the agenda. It ensures the breadth of Executive portfolios are covered.</p>			
Action Required			
<p>The board is asked to note this update.</p>			
Conflicts of Interest:	<p>Conflict noted: conflicted party can remain but not participate in discussion.</p>		
<p>This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.</p>			

Chief Executive and Directors' Report

Context

1. This report aims to update the Board on key topics of relevance in the Integrated Care System (ICS) and items for escalation. The main emphasis will be on areas that are not covered in other items on the agenda or those that focus on the importance of our work in convening partners.

System working – Overview

2. Industrial Action (IA) has affected services over the last two months as follows:
 - Junior Doctors participated in IA for four days from 7am on Tuesday 11 April until 7am on Saturday 15 April, which fell straight after a four-day bank holiday weekend. Non elective work and patient safety was prioritised which meant some inpatient surgeries, day case surgeries and outpatients' appointments have been cancelled / rescheduled. Trusts' operational plans were well executed, and I would particularly like to highlight Royal Berkshire NHS FT which also managed the casualties (about 30 Portuguese children) from the M4 crash on Tuesday.
 - RCN members took action from 8pm on Sunday 30 April to midnight on Monday 1 May over a bank holiday weekend. This affected Oxford University Hospitals NHS FT (OUH), Oxford Health NHS FT (OHFT) and South Central Ambulance Service (SCAS), however the latter was only minimally affected. Royal Berkshire NHS FT (RBFT) were exempted from the IA due to the ongoing internal critical incident (see below). This time there were no national derogations, so all services were affected, and the priority was to staff urgent and emergency services including EDs, ICU and tertiary work. Additional GP cover within out of hours and 111 was secured to manage the likely increase in demand over the bank holiday and increased signposting to 111 resulting from the public being advised not to attend EDs unless absolutely necessary.
 - The ICB has an agreed incident structure to provide coordination of the system, support providers and link with NHSE. All Trusts had a named ICB link for any updates/escalations in-hours with a single point of contact for all IA escalations out of hours. This approach was also used to support RBFT during their critical incident following a power outage which affected several clinical areas.
 - The ICB with partners increased media activity in relation to these more recent periods of IA to ensure residents were informed about how to access the services they needed during this time.

Partnerships

Local authority areas of focus

3. Council elections were held on 4 May in Cherwell, Reading, South Oxfordshire, Vale of White Horse, West Berkshire, West Oxfordshire and Wokingham. The results in some of these councils may lead to a change in administration.

Voluntary, Community and Social Enterprise (VCSE) partners

4. As part of our 2023/24 financial plan, we were pleased to confirm funding for the BOB VCSE Alliance and for Healthwatch at Place. This will help these important partners ensure that they have capacity to work with us across BOB and to deliver agreed priorities.
5. Since the successful joint workshop (attended by non-executive and executive members of the ICB and Trust representative) with members of the BOB VCSE Alliance in March, our Director of Governance and the Alliance Partnership manager have established a small working group to develop the partnership agreement between the BOB VCSE Health Alliance and the ICB. The agreement will set out our commitments as partners, identify the principles for joint working and establish the practical issues we will work on together. The group is planning to complete this work and present it to the Alliance Assembly at the end of June. In the ICB the agreement would be presented to the Population Health and Patient Experience Committee meeting in June, followed by ICB Board in July.

6. Each of our three Places has engaged with VCSE organisations in developing plans to use their 2-year allocated targeted funding to address health inequalities.

System convening role

7. There have been several examples over the last two months where the ICB has used its system convening role to bring partners together to work on our joint priorities.
8. The Integrated Care Strategy set the scene for the BOB Joint Forward Plan System Workshop on 24 March. I hosted the workshop with Stephen Chandler our local authority partner member. We were joined by representatives from NHS trusts, local government, primary care, voluntary organisations and charities, Healthwatch, the Academic Science Health Network regional colleagues from NHS England. Having considered the major challenges facing us, we then had breakout sessions to explore how the partners will achieve their integrated care ambitions together. The outcomes of this have informed the development of the Joint Forward Plan which is covered in more detail in Item 12.
9. We had a full house for our Urgent and Emergency Care (UEC) summit held on 29 March. The summit was hosted by our Chief Delivery, Medical and Nursing officers and opened by Professor Sir Keith Willetts, Chair of South Central Ambulance Service. Energetic breakout sessions on virtual wards and ED focused on how we can improve integration and services for our residents.
10. On 26 April, Rachel Shimmin OBE, the chief executive of Buckinghamshire Council, and I introduced the second Clinical and Care Professional Leadership across Health and Social Care in BOB Workshop that hosted by our Chief Medical and Nursing officers. The event welcomed senior leaders from across the BOB system and was facilitated by Sir David Pearson, a national local government and social care advisor working with NHSE. The aim of the day was to explore how best to integrate clinical and care professionals at every level to create a culture of shared learning, collaboration and innovation, working alongside patients and communities. The day featured some fascinating sessions, including examples of best practice from across the country and what we can draw from them. We also heard about local case studies across safeguarding, midwifery and public health which highlighted great examples of how we work well together across the system and the lessons we learn when things don't go as well as they should.
11. We will be holding a system-wide education forum on 15 June 2023 with the ICB, Health Education England, our education providers and key education and workforce leads. The inaugural forum will be hosted by the Vice Chancellor of Oxford Brookes University, in partnership with the Buckinghamshire Health and Care Academy, and will set out the education and learning priorities for our workforce and support our developing ICS People Plan.

ICB Partnership Governance review

12. Collaborative behaviours and leadership are the most important ingredients to ensure we are working with our partners to ensure we are all maximising our efforts to deliver against the four core ICS aims. These can be supported by partners having a shared understanding of where and how decisions are made, and by ensuring decisions are informed and owned by those who must take the actions to make them a success.
13. Every ICB has significant flexibility in how to involve ICS partners in its decision-making, going beyond the legal requirement to have local authority, general practice and Trust/FTs partner members on the board. At Item 14 we consider how the ICB can review its current arrangements with our partners to consider how our decision-making arrangements are including them and how arrangements might be improved to support integrated, systems-based working and, in turn, better care and outcomes for our population.

CQC assessment of integrated care systems

14. The CQC published interim guidance (available [here](#)) on the approach to assessing ICSs. This guidance is subject to the approval by the Secretary of State.
15. The reviews will take into consideration the core purpose of integrated care systems and will focus on three themes:
 - Quality and safety
 - Integration
 - Leadership
16. The CQC will form a national view of performance, initially focused on equity in access (one of the themes in the quality statement). This is designed to show whether systems are working together to support people to access the care, support and treatment they need when they need it. It includes how they are responding to inequalities of access across their populations. The findings will inform the CQC's annual 'State of Care' publication.
17. The CQC plans to pilot the approach with some integrated care systems before starting formal assessments. They will carry out further assessments of integrated care systems, taking the learning from the pilot approach and our national view of equity in access.
18. The role of the CQC and how this links with assurance and oversight will be covered in a future Board workshop.

Strategic system landscape

Hewitt Review

19. The Hewitt review was published on Tuesday 4 April and the full report is available [here](#).
20. The review outlines why a new approach is needed to address immediate pressures but also our long-term ambitions. The numbers of people living with complex (often multiple) long-term conditions is increasing, healthy life expectancy is decreasing, and health inequalities are worsening. While additional funding is part of the answer, we need to change our focus. If we continue to put all funding into treatment services, we will never have enough. ICSs have been created to address this, but they have not yet reached a state in which they can thrive and deliver.
21. There are six key principles:
 - Collaboration within and between systems and national bodies
 - Limited number of shared priorities
 - Drawing on local leaders' time and space to lead
 - Right support
 - Balance freedom and accountability
 - Enabling access to timely, transparent high-quality data.
22. To turn these principles into action we need to:
 - Move from a focus on illness to one of promoting health.
 - Deliver on the promise of systems.
 - Unlock the potential of primary and social care and their workforce.
 - Reset our approach to finance to embed change.
23. As the review was commissioned by the Government, we are awaiting their response to the recommendations. However, there are many areas where we can action now, and we have already picked up all the points summarised in paragraph 22 in our approach to the Joint Forward Plan and 2023/24 Operational Planning.

National NHS context for 2023/24 Operational and Financial planning

24. The period from the end of March has seen an increased overall focus and intensity regarding the 2023/24 NHS financial position. Initial planning submissions from systems across the country still presented a circa £2 billion+ deficit position. Within the Southeast region this was circa £500 million, of which the BOB system submitted a deficit of £86 million.
25. Final submissions were required by 4 May. In advance of this all ICBs/systems had their plans reviewed by the national leadership team (including Amanda Pritchard CEO and Julian Kelly CFO). There were external reviews of system financial positions; ours took place on 14 April and was led by the CFO from the Royal Marsden.
26. The outline of our submission and the current position is covered in Item 11, but it is important to highlight in this report our whole system approach to addressing our financial challenge. The work undertaken has been phenomenal and has included CEOs, CFOs, and COOs as well as the CMOS and CNOs in reviewing the potential impact of any changes we make to our submission. I would particularly like to thank Matthew Metcalfe, Matthew Tait, Rachael de Caux, Jason Dorsett (OUH CFO) and Julian Emms (Berkshire Healthcare NHS FT CEO) for their contributions to all the preparatory work and for being part of team that represented the system at the meeting on 28 April with national colleagues from NHS England.

Integrated Care Board (ICB): Director Updates

People and Organisational Development

27. We have been implementing the agreed ICB staffing structures ensuring all our current staff have a clear role in the organisation before we fill new roles subject to funding. The majority of staff in scope of the consultation have now been confirmed into roles.
28. Outputs from the Staff Survey, Consultation feedback and NHS Horizon Connection events are being used to help inform and develop the ICB Organisational Development plan, which will be co-ordinated and progressed by a newly established Transformation Programme with oversight from the ICB People Committee.
29. As announced by our Acting Chair we welcome Nick Broughton as the interim CEO to BOB ICB effective 3 July on a 1-year secondment. Nick joins from OHFT and his knowledge and expertise from within the ICS as a partner member of this Board and from his role at OHFT will be invaluable in maintaining stability and driving the ICB strategy throughout 2023/24 and 2024/25. I will be managing a transition with Nick as he joins the ICB and I return to RBFT.
30. Recruitment to our remaining executive positions (Chief Delivery Officer, Chief Digital and Information Officer, Chief People Officer and Director of Strategic Delivery and Partnerships) as well as the Director of Communications & Engagement is underway. The stakeholder events and panel interviews will take place in late May/June and were timed so that our incoming CEO would be able to participate in the appointments.
31. ICB Director personnel changes:
 - I would like to formally welcome Matthew Metcalfe who started in post as our permanent CFO on 1 April 2023.

Financial

32. Our agreed ICS outturn position for 2022/23 was a maximum deficit position of £36m. I would like to record my thanks to all our staff and system partners who worked hard to ensure that we exceeded this and managed to bring the end of year deficit down to £31m. More detail on our closing financial position for 2022/23 is covered in Item 9.

Quality and Safety

33. The Spring Covid booster campaign started in April 2023 and will continue to run to late June and be delivered by primary care, OHFT and community pharmacies. Our hospitals will provide opportunistic vaccinations for those aged over 75 discharged to a care home. People who are eligible for the booster have been contacted to let them know how to book and access the service. We have vaccinated over 30% of our eligible population which is on trajectory for our target of 83%.
34. On 30 March 2023 NHS England published the three-year Single Delivery Plan (SDP) for maternity and neonatal services that aims to make care safer, more personalised, and more equitable for women and families. Following several national plans and reports, including reports by Donna Ockenden and Dr Bill Kirkup, the Plan brings together the key objectives that services and commissioners of services, are asked to deliver over the next three years. The Local Maternity and Neonatal System (LMNS) has considered the plan and is working with partners to ensure we have adequate governance processes in place to oversee and monitor its requirements.
35. The quality and safety leads from across the ICS have co-designed a Quality Assurance and Improvement Framework that describes a new ambition, expectations, accountabilities and behaviours for system quality assurance and improvement. Reflecting the requirements set out by the National Quality Board, the System Framework supports the vision and ambition for delivering excellent quality services for our population. The Framework will be tested throughout quarter one and further refinements made. Patient safety specialists are engaged and supporting the development of the Framework and the ICS is working alongside national and regional quality leads ensure best practice is implemented.

Primary Care

36. Access remains a key priority in primary care and there have been activities this month including:
 - Webinars with general practice, Primary Care Networks and the Local Medical Committee to share knowledge about 2023/24 contract expectations, ICB plans for the future and support offers.
 - ICB guidance on the Practice and ICB co-designed primary care Capacity and Access plans which will enable improved access.
 - The introduction of the Support Level Framework which will enable struggling practices to work with the system and national team on key components of well-functioning general practice. There is, however, no sign yet of the National Primary Care Recovery Plan which is expected to act as a roadmap towards further improvement and integration in primary care.
37. In recognition of the system pressures due to industrial action and Easter and May Bank Holidays, additional sessions were commissioned to retain access in primary care. This equated to 140 sessions following Easter and 150 sessions in May between the consecutive Bank Holiday Mondays.
38. April saw a practice in Oxfordshire make the decision to discontinue its contract to provide general medical services. The ICB continues to work with patient representatives and the practice to find alternative provision within the notice period.