NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB ICB BOARD MEETING

Title	Chief Executive and Directors Report		
Paper Date:	6 July 2023	**Meeting Date:**	18 July 2023
Purpose:	Information	**Agenda Item:**	07
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Executive Summary

This report provides an update for the Board on key topics and items for escalation since the meeting in public on 16 May 2023 that are not covered in other items on the agenda. It ensures the breadth of Executive portfolios are covered.

Action Required

The board is asked to note this update.

Conflicts of Interest:	Conflict noted: conflicted party can remain but not participate in discussion.

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.

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.
2. This is my first report to the Board since I took up the Chief Executive role on 3 July. I am delighted to have taken up this role and am looking forward to taking forward the work of the ICB and system. I would like to thank Steve for all his work in the role over the last eight months and to all the colleagues I have so far met who have made me feel so welcome.

System working – Overview

3. NHS England confirmed that the NHS response to COVID-19 had been stepped down from a NHS level 3 incident (which it had been operating under since May 2022). This is a step down from regional oversight and control of NHS assets in the incident response and means some reporting requirements have ceased. In recognition of the value of having a permanent operations structure to support the NHS, disseminate information and collect data during declared incidents and/or other periods of heightened risk or disruption, the National and Regional Operations Centres continue to operate.
4. Industrial Action (IA) has continued to affect services over the last two months with the following action taking place:
   - Junior Doctors participated in IA for four days from 7am on Wednesday 14 June until 7am on Saturday 17 June. This coincided with a period of significant pressure on our urgent care services with the highest number on record of attendances at the Emergency Departments (EDs) seen on Monday 12 June. Non elective work and patient safety was prioritised which meant some inpatient surgeries, day case surgeries and outpatients' appointments being cancelled and rescheduled. Trusts' operational plans were well executed.
   - The ICB has an agreed incident structure in order 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.
5. 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.
6. At the time of writing further industrial action is anticipated as follows:
   - Junior Doctors have announced a five-day period of IA from 7am on Thursday 13 July until 7am on Tuesday 18 July.
   - BMA Consultant members have announced a period of IA from 7am on Thursday 20 July until 7am on Saturday 22 July.
   - The Society of Radiographers have confirmed that they have a mandate in 40 organisations, this includes Berkshire Healthcare NHS Foundation Trust. They are planning to take IA from 0800 Tuesday 25 July until 0800 Thursday 27 July.

Partnerships

Integrated Care Partnership

7. Steve McManus as our CEO, Aidan Rave (Non-executive director), our Directors of Governance and Strategy and Partnerships attended an ICP workshop on 21 June. The focus of the workshop was for the ICP members to have time to think about the role of the ICP and how it is complementary to place/organisational working.
8. The session was facilitated by the Local Government Association, and we had a wide ranging and good discussion which will be written up by the facilitators as a proposal to put to the full ICP.

Much of the discussion focused on where working together as the ICP across BOB enhances the excellent work that is underway within each of our place/local authority areas and the importance of getting this balance right.

Academic Health Sciences Network (AHSN)

9. We have been developing closer working relationships with the Oxford AHSN. We have now formalised this partnership through the development of a Memorandum of Understanding (MOU) setting out opportunities for further collaboration. The MOU is attached as Annex 1. Our common areas of work will cover health inequalities, patient safety, life sciences and clinical service innovation.
10. I attended the Oxford AHSN board meeting on 7 July in my capacity as ICB CEO. It was confirmed that AHSNs will be relicensed for 5 years from October this year with a two-year break clause. They will also be rebranded as “Health Innovation Networks”.

Voluntary, Community and Social Enterprise (VCSE) partners

11. The relationship with our thriving BOB VCSE Alliance continues to develop. I attended the VCSE Alliance summer event at the end of June to reflect on the first year of the ICB and to talk about our future plans. It was a valuable opportunity to meet colleagues, if only virtually, and to restate the commitment of the ICB to work closely with this important sector.
12. As reported at the last Board meeting a small working group has met to develop the partnership agreement between the BOB VCSE Health Alliance and the ICB. The meetings have been productive and led to agreement that we wanted a short MOU highlighting key areas for building our relationship and that this should be supported by a delivery plan.
13. The MOU draft was widely supported at the Alliance summer event, and we now have an agreed final version which is attached at Annex 2. We will continue to work with the Alliance to ensure we are embedding this within our work at both system and place.

BOB Joint Health Overview and Scrutiny Committee (JHOSC)

14. The BOB JHOSC had its second meeting on 15 June. Our Directors of Governance and Strategy and Partnerships attended in person and our Interim Director of Communication and Engagement joined virtually.
15. The committee covered the Integrated Care Strategy, our Joint Forward Plan and the development of our engagement strategy.
16. We have been ensuring we build strong relationships with the Committee Chair. The ICB Chair and myself have arranged to meet the JHOSC Chair and colleagues on 12 July to ensure we continue to develop our working arrangements.

System leadership role

17. There have been several examples over the last two months where the ICB has used its system leadership role to bring partners together to work on our joint priorities.
18. On 14 June we hosted the Integrated Cardiovascular Delivery Network with system partners in Oxford. This was extremely well attended by Regional, Local Provider, Primary Care and Community partners and service users amongst others. There was an absolute focus on CVD prevention in BOB and alignment to national direction together with how we use our data in an intelligent way. There was also excellent shared learning from Community Pharmacy regarding Hypertension Case Finding and the impact of Staff Health checks in our Providers. The afternoon covered the vision and integrated approach for heart failure pathways. What was striking was the commitment and motivation to drive this forward as a system and with a BOB identity.

19. Over 70 colleagues, partners and leaders from across the health and care sector joined us at Oxford Brookes University (OBU) for a system-wide education forum on 15 June 2023. The event was hosted by Professor Alistair Fitt (Vice Chancellor OBU) and chaired by Juliet Anderson (Buckinghamshire Health and Social Care Academy). The summit was an important opportunity to develop our workforce priorities across the NHS BOB footprint for the next 5-10 years. We focused on recruitment & retention, collaborative working and on developing our leadership offers. Dr Navina Evans (CEO Health Education England) shared what the national workforce strategy was likely to include ahead of its recent publication and Ruth Monger (Regional Director for workforce, training and education) applied this to what we need to do regionally and locally. The event highlighted the considerable potential of the system reflecting the strength of both the VCSE and education sectors.

Strategic system landscape

Hewitt Review

20. The government has now published its joint response to the Hewitt review and to the Health and Social Care Select Committee's report on ICS autonomy and accountability.
21. Overall, the response is positive, with enthusiastic support for the review's central message, most recommendations supported, and only around six of the total 36 rejected. The response demonstrates significant continued support from within government for the ICS programme, their four core purposes and their role in the health and social care system. Ministerial backing from across government departments over in the long term will be crucial to success.
22. As highlighted at the Board in May we have already reflected the principles below in the Joint Forward Plan and 2023/24 Operational Plan.
    - 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.

NHS long term workforce plan

23. The national long term workforce plan was published on 30 June and is available here. This is the first time that the NHS has produced a comprehensive long term workforce plan and it sets out a clear direction for the long term. The certainty of confirmed funding up to 2028 allows action to be taken locally, regionally, and nationally to address the gaps we have in the current workforce and meet the challenge of a growing and ageing population.
24. These actions fall into three priority areas:
    - Train: significantly increasing education and training to record levels, as well as increasing apprenticeships and alternative routes into professional roles, to deliver more doctors, dentists, nurses and midwives and other professional groups, including new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.
    - Retain: ensuring that we keep more of the staff we have within the health service by better supporting people throughout their careers, boosting the flexibilities we offer our staff to enable them to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.
    - Reform: improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

25. We are considering the first People Plan for BOB ICS later in today's meeting. This was prepared before the national plan was published and as it makes clear it is an interim and dynamic plan to highlight the priorities, we are currently working on together. Our Chief People Officer will now work with wider system partners to consider the national plan as we develop a longer-term People Plan for April 2024.

Integrated Care Board (ICB): Director Updates

ICB oversight annual assessment meeting with NHSE Regional team

26. This took place on Tuesday 23 May. The feedback letter from this review is attached as Annex 3. This reflects what has been collectively delivered over the last year. As an overall summary it is a positive and fair reflection of the current state of the system.

Our People and Organisational Development

27. We held our first ICB "All Staff Event" at the Madjeski Stadium on 20 June. This was the first time that the entire ICB workforce has had an opportunity to come together and meet in person. In total over 300 colleagues were able to attend the event. The energy in the room and buzz of conversation were palpable. The feedback we have had from staff was that they found the event enjoyable and useful and really appreciated the time they had to catch up with colleagues. With feedback from this event and the formal launch of our OD programme we will continue to work with our staff to build on the momentum created. I would like to thank the members of the Communications and Engagement and People teams who worked so hard to make this a successful event.
28. We launched the National Quarter Two Pulse Staff Survey on Monday 3 July. The survey is confidential, and staff are invited to share their experiences of working in the organisation by completing the survey. The responses to the survey will be used to improve staff experiences and further shape the OD programme. This is part of the 'Building a Better BOB ICB' programme that was shared at the All-Staff Event.
29. Interviews for the ICB Chief Delivery Officer position are due to take place on 14 July. These will be followed by interviews for the Director of Communications & Engagement on 20 July. In addition, we should soon be able to confirm the appointment of the ICB's new Chief Digital and Information Officer and Chief Strategy Officer.
30. On 1 July 2023, the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) took over the provision of All Age Continuing Care (AACC) across the BOB area. Before the establishment of BOB ICB in July 2022, Buckinghamshire Clinical Commissioning Group (CCG) and Oxfordshire CCG contracted Oxford Health NHS Foundation Trust (OHFT) to assess patient eligibility for Continuing Healthcare and manage placements for those people who were deemed eligible. The AACC service was already run in-house by Berkshire West CCG, so it remained in-house when the ICB was established. As AACC is a statutory service of the ICB, it was agreed between OHFT and the ICB that it would be more efficient to bring the whole service in-house and directly manage it across the BOB geography. Oxfordshire-based AACC staff have moved to Sandford Gate near Littlemore, Oxford, while Buckinghamshire-based staff at Saffron House in High Wycombe will remain in their current location. Staff in Berkshire West will continue to be based at Bath Road in Reading.

2023/24 System Financial Plan

31. As verbally reported to the Board at its meeting in May the system financial plan for 2023/24 has now been agreed with NHSE. The ICB plan is projected to be break even, while the system plan shows a deficit of £20m with a two-year horizon for achieving break-even.

2022/23 CCG and ICB Annual reports and accounts

32. We should acknowledge the phenomenal achievement from across our teams (involving many staff but particularly communications and engagement, finance, governance and people) in supporting the production, response to NHSE review and audit of four annual reports and sets of accounts (one for Q1 each predecessor CCG and one for the ICB).

33. All our submissions were completed and signed on Wednesday and submitted to the auditors for final sign off before national submission. All the CCG reports were submitted on Friday 30 June and the ICB report was submitted on Wednesday 5 July. All reports and accounts are available here.

34. Our external auditors highlighted that BOB had done incredibly well to have been in this position as other ICBs were struggling to complete, and they commended us on achieving this.

Primary Care

35. Extending the theme of access from May, June has seen us respond to the national Delivery Plan for Recovering Access to Primary Care (published in May). This sets out key actions to build capacity, reduce bureaucracy, implement modern models of general practice access and empower patients to engage with services in new ways. Many of these build on existing areas of work such as digitising telephony and online access, diversifying the primary care workforce and more actively managing demand and capacity. ICBs are required to develop an Access Improvement Plan to be considered at public board meetings in the Autumn and Spring. The plan is underpinned by new contractual obligations on general practice including a requirement to offer patients an assessment of need or appropriate signposting to another service at their first contact with the practice.

36. Linked to the above our Primary Care Networks (PCNs) have submitted plans setting out how they will improve online and telephone access, enhance patient experience and ensure accuracy of appointment reporting, linked to a further payment to be made to them at the end of the year. These plans are currently being reviewed. The primary care team is also liaising with practices and PCNs to ensure they take advantage of the various national support offers available to them including facilitated programmes to support them in introducing new models of access and training for care navigators.

37. The ICB carried out a rapid procurement process to identify and appoint a consultancy to work with us on the Primary care Strategy and associated implementation plan. The successful bidders have been notified subject to standstill and work will commence on 11 July to take this forward with a series of mapping and engagement activities.

38. ICB staff joined Buckinghamshire GP Alliance for a productive half day event to outline the priorities for primary care at Buckinghamshire place. This was the first event of its kind for BOB and was very valuable, demonstrating the leadership of the GP Alliance as one of the system partners.

39. After a robust and positive process through June the ICB will be in a position in the next couple of weeks to announce the name of the provider taking over provision of a practice in Oxfordshire. The practice gave notice to cease provision of general medical services after a number of challenging years.

Memorandum of Understanding

The Parties to this Memorandum of Understanding are:

(a) The Integrated Care Board (ICB) of Buckinghamshire, Oxfordshire and Berkshire West (BOB) on behalf of the NHS in BOB.

(b) The Buckinghamshire, Oxfordshire and Berkshire West Voluntary, Community and Social Enterprise Health (VCSE) Alliance.[1]

This agreement takes effect on XX.XX.XXXX and shall be reviewed within two years by the parties. It is supported by an annexe identifying initial areas in which we will put the principles into practice in 2023/24.

Background

The ICB and the VCSE Health Alliance are working within the Integrated Care Partnership to build an integrated care system in Buckinghamshire, Oxfordshire and Berkshire West.

There is a long, shared history of integration and partnership between the VCSE and NHS, especially within Buckinghamshire, Oxfordshire and Berkshire West – including Wokingham, Reading and West Berkshire districts.

We want to build on these current local partnerships, and those between the NHS and VCSE on specific aspects of delivery.

We will learn honestly from our experiences of partnership and the different perspectives we bring. Our focus is on how we can improve outcomes and reduce health inequalities by working better together. We are not starting from a blank page, but we are working in the new context of the Health & Care Act 2022, which brings new partnership opportunities we want to grasp.

About the parties in Buckinghamshire, Oxfordshire and Berkshire West ICS

The VCSE in BOB comprises 7,500 registered organisations, driven by 44,500 full-time equivalent employees and 162,000 regular volunteers, attracting over £2bn of income[2]. We acknowledge that the VCSE is made up of a very large number of mainly small community-based organisations as well as well as medium- and large-sized charities providing significant public services.

The NHS belongs to the people.[3] In BOB, it is made up of a small number of very large Trusts with significant legal duties and a substantial public budget, as well as 182 dental practices, 160 pharmacies and 157 GP surgeries organised into 50 primary care networks.

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[1] Membership includes Oxfordshire Community and Voluntary Action; Involve Community Services; Community First Oxfordshire; Volunteer Centre West Berkshire; Reading Voluntary Action; Connecting Communities in Berkshire; Community Impact Bucks; Bucks in Mind, Connection-Support, One-Eighty; Autism Family Support Oxfordshire, Autism Berkshire; Age UK Berkshire. These organisations are the steering group and those whose CEOs are at time of signature involved in chairing our action groups on mental health; learning disability & autism; and ageing well.

[2] Chapman, T. & Wistow, J. (forthcoming 2023), Local health and social wellbeing: the contribution of the VCSE sector in BOB

[3] NHS Constitution: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

Collectively the NHS in BOB spends around £3bn per year and employs around 60,000 people.

System vision and strategy

> **"Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed."**

This is our system vision and the parties to this agreement believe that good partnership working between the VCSE sector and the NHS is fundamental to realising it. We could better address the identified system challenges (inequalities, model of care, experience and sustainability) in partnership built on shared values than working alone in siloes. These four challenges are transformed into outcomes in the JFP:

1. A reduction in inequalities in outcomes and experience
2. People are better supported in their communities to live healthier lives
3. Improved accessibility of our services and elimination of long waits
4. A sustainable model of delivery across the BOB system (money and people)

The VCSE Alliance has engaged in the development of the Integrated Care Strategy and in the development of the NHS Joint Forward Plan (JFP). We want to work to apply our principles in system strategies and plans.

Our Partnership Principles

We recognise the differing professional, regulatory and cultural contexts of the VCSE and the NHS and consider them to be complementary. We know that we have more in common as we are all committed to improving the health and wellbeing of the population of Buckinghamshire, Oxfordshire and Berkshire West.

As we work towards a truly integrated care system that will improve the health and wellbeing of people and communities, we need to consider:

- How we work towards becoming stronger NHS-VCSE partners
- How we as NHS-VCSE partners work with the population, people and communities

The four primary shared principles which we want to drive behaviours in our partnership work to are:

Princ Our Part	Growing Trust
	Being Purposeful
	Building Inclusivity
	Fostering Community

We will apply these principles to developing our partnership as well as to how we in partnership work with people and communities. We as a partnership are agreeing to adopt

behaviours that will demonstrate these principles in our work together and consciously avoid those behaviours that could get in the way.

1. Growing Trust

People and communities across Buckinghamshire, Oxfordshire and Berkshire West depend on the quality of our interactions. We want to grow trust between our sectors, organisations and people so that our collective assets are used to best effect, our partnership is strengthened, and health and wellbeing is improved.

What we can do:

- Begin on the basis that we all have good intentions.
- Air concerns and difficulties early.
- Take risk in innovation and learn what works well and what does not.
- Allow time to iterate and scale in service development.
- Talk to each other before anything is written down.

Things we might need to address:

- Resourcing challenges around engagement.
- Impatience with the pace of change.
- Lack of transparency in decision-making.
- Competitive instincts arising from financial insecurity.
- The different funding models within the NHS (short term annual budgets) and VCSE (complex mix of different funders and types of funding).

2. Being Purposeful

Whenever we work together, from an individual case to a major transformation challenge, we will take decisions together on the best way forward and follow through with agreed actions that will bring about change and be better for people and communities.

What we can do:

- Assess honestly our starting point so that we measure progress.
- Value each other's time and input, ensuring productive use of people's time.
- Consider and articulate what impact our proposals will have on whom.
- Recognise where we may have different purposes, seek to understand those and articulate a purpose in shared language.
- Take a deliberate and planned approach.

Things we might need to address:

- Never-ending meetings that do not have decision-making power.
- Rebranding things that were already going to happen.
- Doing things only to tick a box in formal guidance.
- Doing things because we've always done them a certain way.
- Over-specifying requirements in tenders.

3. Building Inclusivity

We are working together towards becoming open to everyone in our communities, especially for those experiencing inequalities in access, outcomes, and quality. We will prioritise including people and communities who are marginalised or excluded and meet people where they are, as they are.

What we can do:

- Co-produce services so they maximise accessibility and effectiveness.
- Promote inclusivity according to all protected characteristics.
- Recognise and commit the time required for genuine inclusivity.
- Value and involve the expertise of people with lived experience.
- Engage with existing representative groups but also identify where there are gaps and how we might reach those people and communities.
- Think about the geographic accessibility of services across our patch, including in rural areas.
- Increase our diversity as a leadership group, actively seeking to develop and recruit representatives from minority groups to participate.
- Proportionate funding processes that are inclusive for smaller and minoritized groups to access.

Things we might need to address:

- Tight timetables for funding agreement and disbursement.
- Lack of resources/time to reach groups we have not traditionally reached.
- Lack of trust in our support and services in those communities not traditionally reached.
- People being disadvantaged in accessing appropriate care as a result of where they live, e.g. rural areas with poor transport links.
- Regulatory and financial barriers to co-production.

4 Fostering Community Life

We are working together to further strengthen community life because we recognise that vibrant and resilient communities are essential for health and wellbeing.

What we can do:

- Clarify what we mean by ‘community’ whenever we talk about it, whether it’s about shared interests, identity or geography.
- Foster the agility to respond to emerging needs.
- Value quantitative and experiential data to target inequalities.
- See VCSE organisations as community anchors and providers of physical and virtual meeting points around geography, shared interests, and shared identity.

Things we might need to address:

- Seeing VCSE organisations only as providers of services.

- Allowing population-level averages to mask inequalities and exclusion.
- Making broad-brush assumptions about diverse communities and groups.
- Only listening to the loudest voices.
- Making the assumption that charities will find a way to survive: charities do fold under pressure, losing community capital as well as specific services

Our Ambition

This MoU has been developed and agreed at the level of the Buckinghamshire, Oxfordshire and Berkshire West system by a mixed group of NHS and VCSE leaders within the first year of the new integrated care system. To be meaningful, it will have to live and breathe within the many layers of the system and at the many meeting points of VCSE and NHS organisations, at system, ICS place, districts, primary care networks, neighbourhoods and villages.

In June 2023, a sample of 77 VCSE Health Alliance members rated the quality of their relationship with the NHS at 5.7 out of 10[4]. We want to raise this to 7.5 out of 10 by summer 2025 when this MoU will be reviewed and developed an equivalent measure by a sample of NHS organisations.

Signatories

William Butler Chair of the BOB VCSE Health Alliance	
Katie Higginson Deputy Chair of the BOB VCSE Health Alliance	
Sim Scavazza Acting Chair of the Integrated Care Board	
Nick Broughton CEO of the Integrated Care Board	

Acronyms Explainer

ICB	Integrated Care Board, the NHS authority over budgets and services across Buckinghamshire, Oxfordshire and Berkshire West
ICP	Integrated Care Partnership, the board of NHS, VCSE and local government organisations responsible for developing integrated care
ICS	Integrated Care System, the
VCSE	Voluntary, Community and Social Enterprise; the large family of organisations working who bring people together to help each other in our towns, villages and counties
BOB	Buckinghamshire, Oxfordshire and Berkshire West
JFP	Joint Forward Plan: the NHS delivery plan on how to achieve the goals of integrated care
NHS	National Health Service

[4] This has increased from 5.2 in the members' survey of July-August 2022.

GP	General Practitioner
MoU	Memorandum of Understanding

Annexe: Putting the partnership principles into practice in 2023/24

We want to put the partnership principles into practice in these indicative areas in 2023/24 and to build on and expand from these in 2024/25:

1. Agree routes by which to share the present MoU and the key findings on the scale and value of the VCSE to local health and wellbeing through the ICS.
2. Deepen ongoing engagement in BOB ICS Mental Health Governance and the development of the Provider Collaborative with the ICB, Oxford Health and Berkshire Healthcare Trusts, with a particular role for the Alliance mental health action group.
3. Identify appropriate ICS engagement forums for the Alliance action groups on ageing well and learning disability & autism.
4. Work through how to organise and connect the VCSE's experience in reducing health inequalities with the ICB's strategic approach.
5. Develop together a Vision for Primary and Community Care as announced in the Joint Forward Plan, with the VCSE Alliance bringing in its insights on co-production and lived experience from its action groups.
6. Commit to being part of the collaborative development of a long-term BOB ICS People Plan as set out in the Joint Forward Plan, with the VCSE Alliance bringing its research about the VCSE professional and volunteer workforce.
7. Work together on how to enhance the transparency and accessibility of funding to the full range of sizes and types of VCSE organisations.

These are all areas in which we want to grow trust, be purposeful, build inclusivity and nurture community.

Next steps: the parties will review the delivery of these commitments and the application of the shared principles in Q4 of 2023/24 and from Q3 onwards make plans for a new set of commitments to form an action plan 2024/25.

Oxford Academic Health Science Network

NHS

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

BOB ICB Board 18 July 2023
Item 13, Annex 2

Memorandum of Understanding

Purpose of the MOU

The document sets out the shared aims of the Oxford Academic Health Science Network (AHSN) and Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) to improve patient outcomes, safety and experience, and, reduce inequity of access. The MOU describes how the parties will work together to support adoption and spread of innovation and service transformation in Buckinghamshire, Oxfordshire and Berkshire West.

The MOU builds on 10 years of successful system wide working by the AHSN to support uptake of innovation to improve patient outcomes and safety in the Thames Valley. The AHSN has established strong links with academic and industry innovators and with local clinical leaders.

The AHSN and the ICB will work in partnership to develop and oversee a pipeline of innovations to address the health and care priorities in the BOB ICB region.

The AHSN and the ICB are already committed to a joint appointment for patient safety, reconvening the urgent and emergency care network, and evaluating the BOB virtual ward programme.

We operate in a dynamic and challenging operating environment and both parties will be open, flexible and responsive to new priorities and opportunities as they present themselves. BOB ICB and the AHSN will agree strategies to address barriers to innovation adoption and governance structures to support uptake of innovation in the region.

Part One: Our Organisations

Oxford Academic Health Science Network (AHSN)

All AHSNs are commissioned by NHS England and the Office for Life Sciences through a Master Licence Agreement (MLA). The current five-year MLA has been extended by one year to March 2024. It was confirmed on the 26 May the Academic Health Science Networks will be relicensed by NHS England. This will come into effect on 1 October 2023.

In 2013 Oxford AHSN was initially commissioned by NHS England to collaborate with NHS, industry and academic partners in the Thames Valley to deliver their Research and Innovation strategies, speed up spread and adoption of innovation into clinical practice, improve patient safety, and support economic growth.

Oxford AHSN is working with Bedfordshire, Luton and Milton Keynes (BLMK), Buckinghamshire Oxfordshire and Berkshire West (BOB), and Frimley ICBs and their providers in primary, secondary care and social care.

The AHSN is seeking to increase uptake of evidence-based innovation across all 3 systems and share best practice to deliver more service transformation across the region.

With system wide partners the AHSN is addressing inequity of access for patients to innovation.

The AHSN has established relationships with the local NHS providers, social care providers and the research and innovation community. It supports deep networks into the clinical community and into care homes.

The AHSN is already supporting important areas that align with the BOB Integrated Care Strategy including:

- a portfolio of projects in CVD, Mental Health, Maternity and Respiratory which align with Core20Plus 5 and the ICB's priorities and challenges, especially prevention and management of long-term conditions.
- elective recovery and UEC, eg supporting BOB ICS to implement and evaluate its virtual wards programme.
- Innovation for Health Inequalities programme; for BOB this is tackling severe asthma in PCNs in deprived areas.
- Rollout of RESTORE2 to detect deterioration in care home residents.

Additionally, the AHSN supports service transformation through its Patient Safety Collaborative and industry engagement and economic growth of life sciences through its Office for Life Sciences (OLS) commission. The AHSN also undertakes needs assessments, horizon scanning, (eg CAMHS digital solutions for BOB ICS), real world evaluation (eg AI solutions for stroke and Virtual Wards) and pathway re-design.

The AHSN also delivers cross cutting themes: patient safety, community involvement, net zero, workforce, health equity, digital, grant and bid support.

BOB Integrated Care Board (ICB)

The BOB ICB is an NHS Organisation that was formally constituted in July 2022. Working together across the integrated Care System and placed based partnerships the ICB has four main aims, to :

1. improve outcomes in population health
2. tackle inequalities in health outcomes, experience and patient access
3. enhance productivity and value for money
4. help the NHS support broader social and economic development

The BOB Integrated Care Partnership, which includes the ICB local authority members, VCSE sector and the AHSN, has set out priorities for the system in the Integrated Care Strategy, published on 01 March 2023. This will inform delivery planning across all partners. For the ICB and partner NHS Trusts this is the BOB five-year Joint Forward Plan (published at the end of June 2023). Five priority areas have been identified in the strategy with corresponding delivery plans developed in the Joint Forward Plan:

1. Promoting and protecting health – keeping people healthy and well
2. Start well – helping all children and young people achieve the best start in life
3. Live Well – supporting people and communities to live healthy and happier lives

4. Age Well – staying healthy and independent for longer
5. Improving quality and access – accessing the right care in the next place

Building on the ambition of the JFP, the ICB is also developing a long term approach and plan for Research and Innovation to ensure that local health and care services maximise the benefits and learning from across the sector for the people and communities of BOB. This ambition links closely with ensuring that collectively we develop a culture across the whole system of continuous learning and improvement.

Regular meetings between the AHSN and ICB teams means there is close alignment in the priorities across our respective organisations.

Part Two: Ways of working

Governance

Oxford AHSN's Board includes leaders from all the local NHS providers. The CEO of BOB ICB is a Board member (Annex 1).

The AHSN COO and other members of the AHSN leadership team meet with the BOB ICB Acting Director of Strategy and Partnerships and the ICB Clinical Lead for Strategy, Research and Innovation for joint planning, to align priorities and explore opportunities which may support delivery of BOB's strategies.

Joint planning with the AHSN and Frimley ICB ensures each ICB may benefit from a wider portfolio of projects.

The MLA sets out the requirements for each AHSN to provide a range of services to deliver improvement and adoption of spread of innovation in the region. The services include the provision of a Patient Safety Collaborative and the National Innovation Service.

AHSNs undertake programmes in collaboration with other AHSNs and supports local projects agreed locally with the relevant stakeholders.

Where possible the AHSN will encourage collaboration between the three ICBs it supports to foster shared learning and derive scaled benefits. For some projects this will involve collaboration with neighbouring AHSNs in the southeast or at a national level, eg polypharmacy.

The AHSN CEO is a member of the BOB Integrated Care Partnership.

BOB ICB will continue ensure that AHSN leaders are involved in relevant groups that set strategy and plans for service transformation and innovation in key priority areas, eg CVD, Mat/Neo, Mental Health and Respiratory (Annex 1).

Each organisation will share changes to structures, committees and key roles to facilitate positive engagement.

This MOU will be reviewed by both parties and refreshed annually.

Strategy

The AHSN will provide expertise and input to the development and update the BOB ICB/ICP strategy.

BOB ICB will support the AHSN when it refreshes its strategy.

Planning

Both parties will work together on the BOB Joint Forward Plan and annual refreshes. Both parties will work together on the annual AHSN plan. BOB ICB will integrate the AHSN's portfolio of projects into its own planning. Both parties will work to ensure the projects are integrated in Place and provider plans too.

Data

BOB ICB will help and support the AHSN in gaining access to data to support its programmes. BOB ICB will help with data governance and data sharing agreements between the partners within the ICS to support AHSN programmes. The AHSN will share data to support BOB ICB prioritisation and decision making at all relevant levels in the health and care system.

Needs identification

Working with Partners, BOB ICB will clearly identify its population's health and care needs. The AHSN will support BOB ICB in this and to identify innovation needs and solutions. The AHSN will also signpost the ICB towards research organisations, eg the NIHR Oxford and Thames Valley Applied Research Collaboration to undertake academic research, where relevant.

BOB ICB representatives will join Innovation and Insight Panels which the AHSN will convene to receive presentations from innovators in priority clinical areas, eg. chronic respiratory illness or mental ill-health.

Pipeline

The AHSN and the ICB will work together to develop a pipeline of evidence based innovations to improve patient outcomes, safety, experience and productivity. By innovations we mean medicines, diagnostics, medical devices and digital and AI solutions.

There is a proliferation of digital/AI solutions with the potential to improve, eg, population health, patient activation, self-care, diagnosis, workflow, medicine compliance. The AHSN will work with BOB to identify and evaluate digital and AI solutions that meet the system's needs.

The AHSN will support a portfolio of projects aligned to the population needs of BOB ICB. The portfolio will include innovation at different stages on the innovation pathway:

Discover Under the OLS commission Oxford AHSN provides a front door to industry innovators – continuing to provide the Universal Offer to innovators, and internal review of technologies, followed by system engagement including the innovation

review panel which provides an opportunity for innovations to be reviewed by external panel of experts, decision makers and wider stakeholders from our ICBs.

Develop: Demonstrating and evidencing the value of an innovation in the real world is a critical step to supporting adoption decisions. Oxford AHSN has an experienced team focussed on evaluation. We work with the most promising innovations to evaluate impact and benefits to our system partners. These activities require significant resource and so we would seek a commission from the ICB or work with the ICB to secure external funding.

Pathway redesign - Critical to innovation adoption is ensuring the clinical pathway is optimised to support the desired outcomes. Oxford AHSN has supported successful pathway transformation in many clinical and patient pathways. Opportunities to support specific pathway transformations, as required by ICB partners are not covered by core commissioned work, resourcing would be required.

Patient safety - NHS England commissions the Patient Safety Collaborative which will continue to deliver the Implementation of the Patient Safety Incident Response Framework (PSIRF), and projects under Maternity and Neonatal, Mental Health and Deterioration. Oxford AHSN has expertise to support quality improvement and service transformation.

Adoption and spread: For AHSN innovation projects at the “Deploy” stage, BOB ICB will use its governance and influence to support uptake of innovations in the system and help the AHSN to overcome local barriers to adoption.

Cross cutting themes

- Community and workforce innovation with access to a wide network of patient and public groups. We can discuss needs and opportunities for community and patient involvement, eg in co-creation, and how these can be resourced.
- Health equity. Oxford AHSN will continue to build on the existing suite of inequalities dashboards that cover BOB, BLMK and Frimley ICBs; eg Maternity, CVD, Respiratory, Smoking. Development of new dashboards would need to be commissioned by the ICB
- Net Zero. Net Zero support to industry innovators through OLS commission. Measuring impact on Net Zero of major programmes. We can support ICB's with Net Zero strategy.

Development and training

Oxford AHSN supports these learning and development needs through establishing communities of practice, action learning sets, training events and courses such as the Adopting Innovation and Managing Change in Healthcare course (more than 300 clinical and management leaders from the Thames Valley trained in innovation adoption and change management over the last 7 years).

The course requires funding to continue.

Progress reporting

AHSNs report quarterly to the national commissioners and NHS England South East Regional team.

Oxford AHSN collates metrics and reports to its commissioners and Board each quarter. The AHSN produces a comprehensive quarterly report for its Board and stakeholders which is published in its website. https://www.oxfordahsn.org/about-us/documents/quarterly-reports/

Each AHSN collates economic growth measures of life science companies (eg jobs created, jobs secured and new investment) as part of its annual report to the OLS. This information can be used by BOB to demonstrate successful growth in UK life sciences resulting from AHSN/BOB activity in the Thames Valley. The AHSN will report to the BOB ICB Place and System Delivery Committee and annually to the BOB ICB Executive Team.

AHSN Services

The AHSN is commissioned by NHS England and the Office for Life Sciences to provide services to the local health and care system. These include the Patient Safety Collaborative and the industry engagement work. Spread and adoption and service improvement programmes such as polypharmacy, transforming wound care and cardiovascular disease prevention are included it he commission.

The AHSN's service offer is summarised in Annex 3.

Funding for projects and commissioning of AHSN services

The AHSN can support the ICB in funding applications to NHS England (eg InHIP) or industry (eg Novartis to support Inclisiran uptake) to bring additional resource to programmes such as the Innovation for Health Inequalities programme and lipid management.

In the last five years the AHSN relies more on attracting local commissions from ICBs, grants (eg Innovate UK) and commissions from industry.

Services such as Horizon Scanning, Real World Evaluation and large service transformation and spread and adoption programmes take up a lot of AHSN resource. The ICB and the AHSN will discuss the ICB's requirements for additional large scale projects from time to time and agree on how they will be resourced by the AHSN and funded by the ICB or from third parties.

Communications

The AHSN will provide material for the BOB ICB's electronic newsletters and website. The AHSN Head of Communications and the BOB ICB Communication and Engagement leads will work together on regular content including innovation evaluation and adoption, service transformation, community involvement and industry engagement.

Signed by

Paul Durrands, COO, Oxford AHSN

Steve McManus, CEO, BOB ICB

Annex 1 Governance

The Oxford AHSN Board Members:

- Nigel Keen - Chair
- Professor Gary Ford - AHSN Network Chair
- Dr Paul Durrands - COO, Oxford AHSN
- Steve McManus - CEO BOB ICB
- Neil Dardis - CEO, Frimley Health
- Professor Joe Harrison - CEO Milton Keynes University Hospital
- Dr Minoo Irani - Medical Director, Berkshire Healthcare
- Professor Meghana Pandit, CEO Oxford University Hospitals
- Neil Macdonald - CEO Buckinghamshire Healthcare
- Professor Keith Channon - Director Oxford Academic Health Partners
- Dr Nick Broughton - CEO, Oxford Health
- Peter Ellingworth - CEO, Association of British HealthTech Industries

NB Oxford AHSN has also asked Frimley ICB CEO to join the Board.

The AHSN is represented on the following BOB ICB/ICP committees:

1. ICP Board, ASHN CEO
2. TBC

Annex 2 Oxford AHSN portfolio 23/24

Portfolio of projects for 23/24 (1)

Clinical / Programme Name	BOB	Frimley	BLMK	Opportunities for further discussion (click through for
Cardiovascular/Stroke	**Adoption in progress**			Cardiovascular Disease
AffeX-CT (Discover)				- Develop new patient-centric programmes aimed at tackling cardiometabo
Aisentia (Develop) *New Project*				risk factors (including HTN, AF, cholesterol, CKD and diabetes)
Blood pressure optimisation programme (Deploy)	•	•	•	
Brainomix AI Stroke Imaging Technology Evaluation (Develop)	•			
Cardiosignal (Develop)	•	•		
EchoGo Pro (Develop)				
Innovation for Healthcare Inequalities Programme (InHIB) BLMK (Deploy)			•	
Lipid Management (Deploy)	•	•	•	
Stroke Rehabilitation (Develop)	•	•		
Maternity				Maternity and Neonatal
Intelligent Intermittent Auscultation (Deploy)	•	•	•	- Identification of fetal and maternal risk at all points during the
Maternity and Neonatal Safety - Deterioration (Deploy)	•	•	•	pregnancy and birth continuum, pathway review and risk reduction
Maternity and Neonatal Safety - Preterm Optimisation (Develop)	•	•	•	- Addressing heath inequalities and inequity
OxSys (Discover) *New Project*				- System wide working to maximise resources and impact of improveme
Threatened preterm labour (Deploy)	•	•		- Addressing service requirements as a result of Ockenden and Kirkup reviews
Medicines Optimisation				Medicines Optimisation
AMR-UTI (Develop)				- To establish cross ICB working to explore innovation and establish a cli
Medicines Safety Improvement Programme (Develop and deploy)		•	•	panel to review AI technology to improve opioid use.
Polypharmacy (Develop and deploy)	•	•	•	
Mental Health				Mental Health
Bracknell Forest CYP Self-Harm Workforce Project (Develop)		•		- Further discussion on how to support patients awaiting diagnosis/treat
Digital Children and Young People (CYP) Project (Develop)	•			- Support for digital solution evaluation and implementation
Personality Disorder Positive Outcomes Programme (PDPOP) (Develop)	•			- Evaluation of improvements and innovations appropriate to setting
Reducing restrictive practice (Deploy)	•			- Capacity to do more in mental health to understand local needs
Respirato				Respiratory
Albus Home (Discover)				- Supporting access to diagnostics in asthma pathways.
BreathOx home monitoring for asthma in CYP (Develop)	•			- Establishing Innovation and Insight Panels in Respiratory to
Innovation for Healthcare Inequalities Programme (InHIB) BOB (Deploy)	•			support selection of promising innovations with strong
Innovation for Healthcare Inequalities Programme (InHIB) Frimley (Deploy)		•		potential to impact partner's priorities.
MyAsthmaBiologics App (Develop)				
Sentinel Plus - Improving asthma control and reducing environmental impacts of (Develop)			•	
Turbu - Improving Adherence with Smart Inhal (Develop)		•		

Oxford Academic Health Science Network

Annex 2 continued Oxford AHSN portfolio 23/24

Portfolio of projects for 23/24 (2)

Clinical Area	Programme Name	BOB	Frimle	BLMK	Opportunities for further discussion (click thro
Urgent and Emergency Care		**Adoption in pro**			Urgent and Emergency Care
	Elastomeric Devices (Develop)	•	•		- Ongoing conversations with Frimley about the Virtual Wards programme
	Virtual Wards/Virtual Care (Develop and deploy)	•			
Development and Learning					
	Developing NHS Health and Wellbeing Leads (Develop)				
Elective Recov					
	Peri-operative Innovation (Develop)	•			
Frailty					Frailty
	Bone Health (Deploy)	•			
	Transforming Wound Care (Deploy)	•	•		
Other					
	Dementia- digital approach (Develop)				
	FSL- Brain imaging (Develop) *New Project*				
	GaitQ (Devlop) *New Project*				
	MedTech Funding Mandate to increase uptake of NICE approved products (Deploy)	•	•	•	
	Supporting the development of transparent use of patient data (Develop)	•	•	•	

Oxford Academic Health Science Network

Annex 3 Oxford AHSN Service Offer

Service offer – current offer and opportunities

Service	Current Offer	Opportunities
Industry innovator support	Under the OLS commission Oxford AHSN provides a front door to industry innovators continuing to provide the Universal Offer to innovators, and internal review of technologies, followed by system engagement including the innovation review panel which provides an opportunity for innovations to be reviewed by external panel of experts, decision makers and wider stakeholders from our ICB's.	We would welcome discussions with ICB's that wish to do horizon scanning of technolog to address specific health and care challenges, undertake real world evaluation of service changes and technologies or accelerate spread and adoption. These activities usually require significant resource and so we would seek a commission from the ICB or work with the ICB to secure external funding.
Real world evaluation	Demonstrating and evidencing the value of an innovation in the real world is a critical step to supporting adoption decisions. Oxford AHSN has an experienced team focussed on evaluation. We work with the most promising innovations to evaluate impact and benefits to our system partners	We can undertake real world evaluation of innovations and service transformations for ICB' to support decisions for optimisation or increasing spread and adoption. We use evaluatio approaches such as rapid cycle, formative process improvement, interrupted time series. We can continue to support through to spread and adoption. All these activities require significant resource and so we would seek a commission from the ICB or work with the ICI to secure external funding.
Pathway redesign	Critical to innovation adoption is ensuring the clinical pathway is optimised to support the desired outcomes. Oxford AHSN has supported successful pathway transformation in many clinical and patient pathways.	Opportunities to support specific pathway transformations, as required by ICB partners not covered by core commissioned work, resourcing would be required.
Patient safety	NHS England commissions the Patient Safety Collaborative which will continue to deliver, the Implementation of the Patient Safety Incident Response Framework (PSIRF), projects under Maternity and Neonatal, Mental Health and Deterioration (see next slides).	Oxford AHSN has expertise to support quality improvement and service transformation
Development and training	Oxford AHSN supports these learning and development needs through establishing communities of practice, action learning sets, training events and courses	Adopting Innovation and Managing Change in Healthcare course requires funding
Community and workforce	Access a wide network of patient and public groups.	We can discuss needs and opportunities for patient involvement and how these can be resourced.
Net Zero	Net Zero support to industry innovators through OLS commission. Measuring impact on Net Zero of major programmes.	We can support ICB's with Net Zero strategy.
Health Equity	Oxford AHSN will continue to build on the existing suite of inequalities dashboards; Maternity, CVD, Respiratory, Smoking	Further dashboards can be commissioned

Oxford Academic Health Science Network

To: Steve McManus
Chief Executive, NHS Buckinghamshire,
Oxfordshire and Berkshire West ICB

cc. Sim Scavazza
Interim Chair, NHS Buckinghamshire,
Oxfordshire and Berkshire West ICB

David Radbourne
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

7 June 2023

Dear Steve,

Annual Assessment of NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's performance in 2022-23

Thank you for attending the meeting at Wellington House on 23 May with your ICB executive colleagues for the annual assessment of the ICB.

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (hereafter referred to as *"The Act"*), as amended by the Health and Care Act 2022. Under the Act NHS England (NHSE) is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making my assessment I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2022/23 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your Integrated Care System (ICS) as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment, I have summarised those areas in which I believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. I have also included any areas in which I feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have sought to take in to account the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year. I am also mindful of the developing local strategic aims of ICS' set out in the Integrated Care Strategy for your system and articulated through your recently published Joint Forward Plan.

I thank you and your team for all of your work over the 2022/23 financial year in what remains challenging times for the health and care sector and I look forward to continuing to work with you in the year ahead.

Yours Sincerely,

David Radbourne
Regional Director Strategy & Transformation
South East

Section 1: System leadership

Since you commenced in post as Interim Chief Executive Officer (CEO) in October 2022 we have witnessed the ICB developing at pace. The ICB feels palpably different under your leadership, more purposeful and with a strengthened and cohesive executive team.

The region has been impressed by the ICB's smooth transition from three CCGs into one ICB. This has involved structural changes as well as relationship building across the system, and the ICB has improved relationships with key system partners in the NHS, local government, voluntary sector, education sector, academic partners, and community partners. The ICB have achieved this transition whilst at the same time successfully dealing with significant challenges during the year such as the 22/23winter pressures and industrial action.

You have led the ICB through staff consultation (January 2023) and are in the process of establishing the new ICB structure. This includes reducing the ICB reliance on interim leadership by recruiting to the remaining unfilled executive posts. However. It is important to note that the current exec team, although part substantive and part interim, have demonstrated cohesiveness, strong leadership with a significantly improved grip. We also recognise that the ICB is the biggest employer in the region of BAME staff, which is to be commended.

The ICB governance arrangements demonstrate how the organisation has built the triple aim into the decision-making process. It is pleasing to note the ICB has been rated as the most improved ICB in the staff survey undertaken last year and it is important to note how the Board and partnership arrangements are impacting positively on decision making.

It is also important that we recognise the progress made at Place. We noted the strength of the system is based on the strength of the three places and how the ICB supports their development. You are realising the benefits of the three place-based partnerships and the provider collaboratives which are growing in confidence, purpose, structure and focus. The ICB are also working with the acute provider collaborative on their programme of work.

This substantial progress made at Place is acknowledged by Health and Wellbeing Boards in their feedback to the ICB and NHSE Regional Team in April.

We feel confident that the ICB is in a stronger place and, like you, are keen to move on from the legacy perceptions from CCG days, taking a more positive position, which recognises the progress you have made and the strength of the ICB foundations. The ICB has demonstrated strong commitment and drive to develop, nurture and sustain effective collaborative partnerships across the system and this will need to continue. There is also a need to further progress the development of Provider Collaboratives over the next year.

In addition, completing the restructure, finalising the exec team appointments and ensuring the new leadership team can embed and continue to progress the visible improvements will be essential.

Section 2: Improving population health and healthcare

Demand for services has been extremely high over the last year, with the residual impact of Covid-19, alongside the objective of delivering recovery against quality and performance standards. We are also aware that other delivery constraints, including discharge are further contributors to pressure and challenge in the system and discussed the impact of this on patient flow through UEC.

The ICB Risk Summits were a powerful tool which embraced system working, exploring where outcomes were not where they needed to be and identifying triggers in place to do things differently. These were enhanced by several other workshops which have helped build relationships across the clinical care professional and Local Authority (LA) and enabled you to drive programmes around risk. The Pre-winter Risk Summit which discussed UEC priorities helped you to deliver not only on UEC priorities but also some of your Elective work. The summit brought partners together from across health, LAs, and internal teams and looked at developing what risk looked like going into winter and how you could ensure triggers were in place to enable change and transformation. As examples, you mentioned changing the way you looked at 111 disposition and different ways to signpost your population. This had a positive impact on demand including the out-of-hours 111. A follow-up UEC summit at the end of March reviewed what was in place before winter and whether the revised measures had delivered the anticipated changes and should be continued.

The ICB has made progress in the shift to a different dialogue with partners on Quality Improvement and has co-designed a new assurance and improvement framework which reflects the CQC ambitions for their new KLOEs around system improvement and NHSE revised improvement framework. These practices have helped to establish a different tone with partners about how the ICB want to work and engage collaboratively. This is demonstrated through the work you have completed on UEC, reviewing "never events" and more specific pathways around ophthalmology to improve care pathways.

You are building strong foundations with partners, changing the dialogue and engaging broadly across social care. This has been further supported by workshops held with partners in the voluntary and care sectors, which has strengthened relationships and enabled you to explore workforce models using health and social care to reflect the ambitions of the Joint Forward Plan (JFP).

We can see the positive impact your work is having on the quality overview across the system. The clinically led and operationally enabled approach is enabling you to understand the detail of some of the variation you have identified. It was positive to hear about work in respect of Bucks UEC as well as virtual wards and we endorse the overall approach. We also noted the work across the system in improving mental health UEC with establishment of the Mental Health Partnership Board. You noted that you have commissioned the Oxford Academic Health Science Network (AHSN) to undertake work within mental health with the aim of reducing variation and you are also signing a MoU with the AHSN to give clarity on the way of working. It was good to hear you have a Winter Planning Summit arranged for July, the first time you have proactively prepared as a System.

We recognise your ambitions and there is much more to do but it is clear you have developed a stable foundation on which to build your delivery. The ICB is to be commended for its tripartite leadership on performance in relation to ED activity and ambulance waits with delivery of the 76% ED standard, reduction in elective 52 week waits and reduction in 62d cancer waits. In addition, the ICB was the highest performing in several diagnostic areas including imaging.

The JFP needs to be kept central to all partnership work and improvement delivery which you are very conscious of and the fact that we are almost one quarter through the first year of the plan.

Section 3: Tackling unequal outcomes, access and experience

The ICB has progressed significantly in the prevention and inequalities space. Your Chief Nursing Officer co-chairs the Prevention and Inequalities Group with the Director of Public

health, and this is attended by stake holders from Providers, Primary Care, Voluntary Sector, Healthwatch, and the AHSN. You have found this to be an excellent forum for challenge and shared learning across the Places as they develop their single population health management dataset with the support of the Digital workstream. The data is used to support deep dives into core 20+5 work. For example, the Royal Berkshire Foundation Trust have a programme to reduce DNAs in the travelling community, recognising there is a high degree of illiteracy and traditional means of communication via letter or text have not been shown to work. It is important to note that the Trust will be sharing their learning with other providers and this could also be extended across region as well.

We noted that you have also:

- Completed work on culture and communications in maternity to reduce the maternal and neonatal harm/death rate of the black population which you believe is unacceptably higher than other populations.
- Worked with Primary Care networks to improve bowel screening take up amongst the Muslim communities in Buckinghamshire (High Wycombe) where you know there is a 20% less chance of them coming forward for screening and consequently being diagnosed later with poorer outcomes.
- Established a cardiovascular network identifying and treating hypertension. Evidence from a trailblazer programme looking at deprived areas in the 65-74 age group shows over 90% of people are regularly monitoring blood pressure and maintaining healthy readings. The improved outcomes at 70% include preventing approximately 80 heart attacks and upwards of 100 strokes in a year – the associated costs of which are £2.5m to the system. This is a significant impact in terms of outcomes and value.

We recognise that tackling unequal outcomes, access and experience is a golden thread that runs through all the Exec portfolios and through the Joint Forward Plan. A Board development session has been arranged for 20 June which will be expanded to include attendance by the Directors of Public Health and other stakeholders to discuss further. It will be helpful to understand the outputs of this session and how they will be taken forward. You are clear that it is important to make health inequalities and prevention mainstream and will need to ensure that there is sufficient investment and change resource available.

It is positive that a robust governance framework has been established for health inequalities and that strong, collaborative relationships are being developed with system partners, including Directors of Public Health. The JFP sets out an ambitious agenda for addressing health inequalities across BOB and it is important that implementation plans are realistic and the expected impact of interventions is clearly identified.

Section 4: Enhancing productivity and value for money

BOB ICB managed expenditure and delivered on the revised forecast agreed with NHSE in the 2022/23 financial year. We are aware that this achievement required not only careful management of the finances but also strong internal control mechanisms to ensure the resources of the ICB were handled in accordance with public standards and can be sustained year on year.

The ICB have pushed hard on the activity challenge and you are aware of the work to be completed. In addition, a suite of strategies is being developed to support the Joint Forward Plan and take forward Provider Collaborative development. We were pleased to hear that

Oxford Health were chosen as one of six Provider Collaborative Innovator Schemes nationally and will be getting additional support from the NHSE National Team.

We recognise that the 2023/24 financial planning round has been challenging. The commitment of the system to improve the planned deficit position to £20m is recognised as is the level of risk that will need to be managed within this plan. You are committed to working across the system and with NHSE to navigate solutions. The ICB is confident it can achieve a level of balance between quality/performance and financial delivery and recognises the need to do this from Q1.

You have worked with the Thames Valley Cancer Alliance (TVCA) on cancer performance, which has shown some improvement from a difficult place. We noted you are in a good place on elective performance with the Elective Care Board providing effective peer to peer challenge. You know the risks you are holding and how to balance, recognising the need to focus on areas such as neurodiversity, ADHD, protecting the Mental Health Investment Standard (MHIS), working with Primary Care colleagues in terms of the Additional Roles Reimbursement Scheme (ARRS) investment and putting funding into the GP leadership group.

The System Level Productivity Committee (which reports to the ICB Board) and an ICS Efficiency Collaboration Group led by a provider Chief Finance Officer will help you to deliver the efficiencies required, whilst maintaining the balance between quality/performance and financial delivery. It is good to see that the committee has a resource to support development of efficiencies across six areas.

The ICB is working collaboratively with neighbouring systems to implement a temporary staffing programme. The work includes the review of bank staffing, payment of common rates across the Trusts in the systems and better usage of agency staff etc.

We discussed the ICB digital/data strategy, a headline and enabling strategy connecting with the 23-24 Operating Plan, which reflects the positive changes made by the ICB over the last 12 months. This is a genuine ICS wide strategy with partners from all the providers and has clear principles, objectives, deliverables, and a costed plan. It was interesting to hear about system strengths which the Digital workstream has identified; spending time in understanding world leading data/analytics, and virtual wards. The virtual wards summit brought together the relevant clinicians so that all patients could be considered for digitally enabled care. The workstream will draw on learning from RBFT work looking at their Patient Treatment List (PTL) to reduce the backlog. You are also working with local authority partners and have a better understanding of the adult social care digitisation agenda.

We heard about DORA (an AI solution for outpatients in ophthalmology being piloted at RBFT) which offers further opportunities for a technological approach to some of the higher throughput lower complexity outpatients.

We are confident the ICB is moving in the right direction to deliver enhanced productivity whilst ensuring value for money for your population. We noted your comments on the risk around Elective Recovery Fund (ERF) flow through and that help to establish a mechanism around weighted value activity would be welcomed. In addition, you also requested some support with clinical leadership pay benchmarking in other ICBs which we committed to help you with.

Section 5: Helping the NHS support broader social and economic development

There is a mixed economy across the five local authorities in BOB and the ICB is exploring ways of sharing learning to improve productivity and support the broader social and economic development across BOB.

The ICB is, rightly, proud of its achievements in 2022/23 navigating the successful transition from three CCGs into one ICB. This involved both structural changes and relationship building – which was key. The ICB is in a much-improved position with respect to the relationships with the system - with partners in the NHS, Local Government, Voluntary Sector, Education Sector, Academic Partners, and Community Partners. This will leave you in a more positive position to commence your joint work to support broader social and economic development.

There is clear evidence that the ICB is working hard to develop effective collaborative relationships with system partners to support broader social and economic development. The ICB is encouraged to share the strategic priorities and associated implementation plans for each of the three HCPs within BOB at the end of Q1.

Conclusions

2022/23 has been a year of transition and in making our assessment of BOB ICB performance we have sought to fairly balance our evaluation of how successfully the ICB has delivered against the demands of establishing a new organisation.

The ICB has made significant progress in the first nine months since it became a legal body, setting firm foundations of governance and oversight, establishing a strong executive team (albeit with some interims) and partnership working across the system. You and your partners recognise this is the start of a journey and there is much that you can achieve to improve the health and well being of your population. None of us are in any doubt that 2023/24 will bring many challenges but the ICB is in a good position to face them, you are geared up to do the right things and serve the patient population.

During the annual assessment, we noted the following areas of improvement for 23/24

- Financial delivery against stretch target
- Finalising the Executive and broader ICB structures
- Urgent and Emergency Care Pathways (including discharge)
- Elective Recovery
- Mental Health

The ICB recognises these areas for improvement. We are assured that these will be underpinned by a focus on reducing inequalities, improving access and outcomes and productivity. We look forward to continuing to work with you, supporting the system to achieve our shared ambitions for improvement.

We also discussed the potential transition to segment 2 of the NOF and are aligned with a review during Q2 for recommendation to SERET/RSG.

We ask that you share our assessment with your leadership team and consider publishing this alongside your annual report at your Annual General Meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

Yours sincerely

David Radbourne
Regional Director Strategy & Transformation
NHS England South East

Cc: Anne Eden, Regional Director NHSE
Jackie Huddleston, Locality Director NHSE
Nick Broughton, Incoming CEO BOB ICB
Acosia Nyanin, Regional Chief Nurse NHSE
Steve Gooch, Regional Finance Director NHSE
Bernard Quinn, Regional Director Performance & Improvement NHSE
Lawrence Tyler, Deputy Director Strategy & Transformation NHSE
Sheila Lakey, Deputy Director Strategy & Transformation NHSE