

BOB ICB BOARD MEETING

Title	Local Government Authority / NHS Confederation / NHS Providers Peer Review		
Paper Date:	1 June 2023	Meeting Date:	18 July 2023
Purpose:	Information	Agenda Item:	14
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Executive Summary

- The Integrated Care Board (ICB), through the Chief Medical Officer, approached the Leading Integration Peer Support Programme in July 2022 to explore the opportunity of a peer review approach involving Local Government Authority / NHS Providers and NHS Confederation to strengthen the clinical and care professional and System leadership arrangements. The support offer is delivered as a partnership between the Local Government Association, NHS Providers and NHS Confederation. The Leading Integration Peer Support Programme works with system and place leaders across health and local government to strengthen collaboration and progress their transformation ambitions. It is independent, 'from and of the sector' and includes peer reviews, workshops, critical friend support, mentoring and best practice sharing, all delivered by peers with extensive expertise leading health and care. The ICB welcomed an objective view of what is working well and where there are opportunities to improve.
- The aim of the review was to capture a breadth of perspectives, build on work already done and identify a set of recommendations to help drive a programme of work forward.
- A significant engagement exercise was conducted over two days with over 90 professionals spoken to as part of the review. A series of clear recommendations were identified to help the system develop and mature, recognising the significant churn in system leadership in recent months and the interim arrangements for the Chief Executive post. Over the two-day review, the peer team spoke to representatives from the following professions across BOB: Primary Care; Nursing and Midwifery; Allied Health Professionals; Pharmacy, Dentistry, Optometry; Directors of Public Health; Children's and Adult Social Care and Acute Health.
- The peer team have made six recommendations on the system leadership issues that emerged. Namely, the urgent need for system leaders, who make up the ICS, to clarify the added value the ICS will bring; the need for the ICB to facilitate greater collaboration, develop a clear vision, shared ownership of priorities and shared clarity on responsibilities and delegation for Local Authorities, Places and Trusts within the system. This will provide greater clarity for professions within the system, building and celebrating work and relationships already developed locally.
- The findings have been shared with System partners and clinical and care leaders through appropriate fora.
- The ICB, with System stakeholders have been working hard to address the findings since December 2022 aligning with existing and planned programmes of work.
- Progress is detailed in the full paper.
- Peers from the review have joined ICS workshops with leaders from a range of disciplines since the final report received in April 2023.
- Partnership working is critical to achieving the core objectives of BOB ICS, including reducing health inequalities and it is clear that as work has evolved e.g., Integrated Care Partnership Strategy and development of the Joint Forward Plan that relationships between stakeholders in health and local authorities continue to strengthen.

Action Required

The board are asked to:

- Note the note the six key themes and actions taken System wide to address the recommendations of the Peer Review.

Conflicts of Interest:	No conflict identified
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Date/Name of Committee/ Meeting, Where Last Reviewed:	BOB ICB Board workshop, 15 May 2023
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Local Government / NHS Confederation and NHS Providers Peer Review: Buckinghamshire / Oxfordshire and Berkshire West Integrated Care Board

Context

1. The ICB (through the Chief Medical Officer (CMO)) approached the Leading Integration Peer Support Programme in July 2022 to explore the opportunity of a peer review approach involving Local Government Authority / NHS Providers and NHS Confederation to strengthen the clinical and care professional and System leadership arrangements. The support offer is delivered as a partnership between the Local Government Association, NHS Providers and NHS Confederation. The Leading Integration Peer Support Programme works with system and place leaders across health and local government to strengthen collaboration and progress their transformation ambitions. It is independent, 'from and of the sector' and includes peer reviews, workshops, critical friend support, mentoring and best practice sharing, all delivered by peers with extensive expertise leading health and care.
2. The aim of the review was to capture a breadth of perspectives, build on work already done and identify a set of recommendations to help drive a programme of work forward.
3. A significant engagement exercise was conducted over two days with over 90 professionals spoken to as part of the review. A series of clear recommendations were identified to help the system develop and mature, recognising the significant churn in system leadership in recent months and the interim arrangements that remain for the Chief Executive post. Over the two-day review, the peer team spoke to representatives from the following professions across BOB: Primary Care; Nursing and Midwifery; Allied Health Professionals; Pharmacy, Dentistry, Optometry; Directors of Public Health; Children's and Adult Social Care and Acute Health.
4. The Peer team involved in the review included the following:
 - Sarah Mitchell - Lead Peer, LGA Associate, ex Director Adult Social Services, National Improvement Adviser
 - Rebecca Gale - Programme Manager, Leading Integration Peer Support Programme
 - Angela Dempsey - Former Chief Nurse and Quality Officer at Northamptonshire CCG/ICS and LGA Associate
 - Cathy Elliot - ICB Chair, West Yorkshire
 - Cheryl Coppel - LGA Associate, ex London Council Chief Executive
 - Ian Sturgess - National Clinical Adviser on Discharge
 - Matthew Taylor - Chief Executive, NHS Confederation
 - Nicola Turnball - PCN Manager, Rutland
 - Dr Ragu Rajan - GP Partner & Trainer Mid Downs Medical Practice, PCN Clinical Director and NHS Sussex ICB GP partner member
 - Riki Moody - Chief Executive, Gloucestershire Care Provider Association
 - Sarah Morton - Chief Allied Health Professional (AHP) Lead, Gloucestershire ICS

Peer Review Recommendations and ICB Progress

(1) Communication & Engagement

- I. There is significant work to be done to ensure staff across the system are aware and engaged in the developments that are taking place and understand how it all fits together. The peer team repeatedly heard staff describing the system as ‘bitty’, ‘a jigsaw’ and there was a sense of frustration at the sheer volume of meetings taking place with no clarity around their purpose.
- II. Some professions felt more engaged than others in the concept of the ICS. Pharmacy, Optometry and Dentistry colleagues felt more involved and engaged than ever before, whereas others felt they did not have a voice, or it had diminished. Allied Health Professionals would welcome a dedicated and resourced leadership capacity to be able to have a more strategic approach and General Practice colleagues felt they are called upon to be subject matter experts but are no longer considered clinical or strategic leaders as they were in the CCGs.
- III. Colleagues may find it helpful to draw on the insights and expertise of the Good Governance Institute, specifically their Integrated Care System series and ‘How to support an integrated workforce’. West Yorkshire ICB have also offered to share examples of their approach to communications and engagement.

ICB progress against recommendation (1)

5. The review’s look at communications and engagement was within the ICB and how connected staff felt to each other, the organisation, and its mission. The report echoed and reinforced the staff survey findings that staff felt the organisation’s mission and vision were poorly understood and positioned and that their role and contribution with the ICB and with its objectives were weak and unclear. The review understandably found this was causing significant frustration and disengagement. This was all within the context of the period of establishing the ICB from three legacy organisations and during one of the most stressful times the NHS has faced in its history as it began to emerge from the pandemic period and move towards recovery and sustainability.
6. The ICB has moved quickly in the months following the review to strengthen both its narrative and how it is shared, and staff are engaged and involved in the organisation’s progression.
7. A core narrative has focussed connecting people to the key objectives:
 - Improve the health and wellbeing of people in our area.
 - Tackle health inequalities.
 - Improve productivity.
 - Support broader social and economic development.
8. Staff and teams have been involved in developing their areas of the Joint Forward Plan and Integrated Care Partnership Strategy and events, meetings and communications have focussed on involvement of staff with stakeholders. Staff communication activities have also created ‘deep dives’ on subject areas to grow understanding of and connection to a range of ICB topic areas.
9. A new role of Head of Internal Communications has been created and appointed to, to grow the internal engagement channels which are also maturing. The BOB Buzz staff newsletter, fortnightly All Staff Briefing, weekly CEO blog and leadership visits to locations and teams form a core of internal communication and engagement activities to enable staff to engage, be informed and contribute their experience to the progress of the ICB.
10. In June, as the ICB approached its first anniversary, it held the first of what it plans to be a regular event, an all staff, in-person away day to grow connectivity, enable coproduction of ICB programmes, celebrate achievement, champion shared values, and promote the ICB’s mission.

(2) Programme management

- I. The appointment of the three Place Directors has been generally positively received, and the efforts they have made to engage and build relationships locally acknowledged. Concerns remain about whether their position in the ICB hierarchy will allow them sufficient autonomy and authority to act at Place level – but they are broadly respected, and colleagues would like to build on the success they have had to date. Their role in connecting place and system will be vital in the coming months and we suggest they would be best placed to coordinate the work between the ICS and the Places, to review and rationalise the governance and related meeting requests, identifying who is best suited to attend and overseeing any corresponding engagement. These are senior roles which need resource and delegated authority if they are to have an impact.
- II. Delegation to Places from the ICB came across as an action that would take some time, but no clear timeframe. A co-designed, phased plan would help to enable leaders. Resolving levels of autonomy, action and decision making at Place, Trust and ICB level requires urgent clarification.

ICB Progress against recommendation (2)

11. The CCGs working together prioritised ensuring a safe transition of staff and functions from the three predecessor organisations to the new statutory NHS body (BOB ICB). From 1 July the priority was on establishing the governance arrangements within the ICB (Board, assurance committees and executive functions). The ICB agreed to initially manage responsibility for the delivery of any agreed Place-based functions through the Place Directors. The Place Directors are accountable to the ICB for the discharge of delegated authority through the Chief Delivery Officer and CEO in line with the formal ICB scheme of delegation. Through our Place Directors there are already many areas of work delivered at place, examples include:
 - Oversight and management of s75 arrangements (Better Care Fund/pooled budgets)
 - Joint commissioning arrangements between ICB and local authorities
 - Responsibility for oversight and improvement in delivery of urgent care services
 - Partnership working to support reduction in health inequalities; this has recently been supported by allocation of ICB funds to each place to target to meet their local population needs.
12. A comprehensive paper on place development was presented to the ICB Board in March ([here](#)). The contents of this paper had been informed by wide discussion with our partners in place and show the considerable progress that has been made over the last year.
13. A key proposal was that we take a “form follows function approach” with individual programmes of work determining the most appropriate formal delegation arrangements (if required) that will result in the best outcomes for our population and the best use of resources. These arrangements may be at Place, through Provider Collaboratives, or delivered at a system level. Included in the paper are some examples of the possible remit for system or place for various programmes and it is apparent that it is a spectrum of responsibility and not an either/or.
14. The ICB through the Place Directors and establishing Place Partnerships will ensure that authority and formal delegation (if required) for ICB functions supports delivery. The ICB is only one of the partners in Place and for these partnerships to thrive then all partners need to consider what they can do better together, what change they could already make if they wanted (e.g., how to better integrate hospital, community and primary care services across a pathway such as diabetes) and what authority they need to cede to the partnership to make joint decisions deliver improved outcomes for our residents .

(3) Strategy & Vision

- I. The peer team did not hear a compelling vision for BOB that could be articulated across all levels of the system; some colleagues we spoke with were not sure what the ICS was or what it meant for them or the people they serve, “No one feels they can touch it or feel it”.
- II. The ICB has worked in partnership with colleagues across the system to develop a co-produced strategic vision building up from the current Place and Health and Wellbeing Board (HWB) priorities. However, whilst the strategy brings together existing HWB strategies, it could benefit from greater granularity about priorities for the system, clearly articulating the added value of the ICS and the priorities which will be taken forwards at Place. Development of the strategy to date has not led to a clear understanding of common purpose.
- III. Given current pressures, the peer team feel it important to emphasise this is not about publishing a comprehensive strategy but identifying two or three key priorities where coming together, working differently and establishing a flexible, at-scale workforce can deliver real improvements for people. Considering how to build community resilience to current demand creates an opportunity to engage professionals from across the system to innovate, empower Places and realise the benefit of the ICS.

ICB Progress against recommendation (3)

15. Since the Peer Review took place, the Integrated Care Partnership (ICP) has worked with all partners across the system to develop an agreed Integrated Care Strategy for Buckinghamshire, Oxfordshire and Berkshire West (BOB). The Strategy sets out a clear and agreed vision:
 - *Everyone who lives in BOB to have the best possible start in life, to live happier, healthier lives for longer and to be able to access the right support when they need it.*
16. The [Strategy](#) also sets out a clear description of BOB ICP:
 - *A group of organisations which plans and provides health and social care services for the nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire, West Berkshire, Reading and Wokingham.*
17. Public and partner engagement was extensive in December 2022 and January 2023 when we developed our Strategic Priorities. We sought feedback on the proposed priorities from wider partners, local communities and with people who live and work in BOB areas. The strategy was approved by the ICP in March 2023.
18. Building on the strategy, the ICB and partner NHS Trusts in BOB have developed our [Joint Forward Plan](#) (JFP) which describes our delivery plans for each of the five Strategic Priorities - promoting and protecting health, start well, live well, age well, and better access to quality services.
19. In March we held a system wide workshop with more than 60 leaders from across the system including from the voluntary and social care sectors, local authorities and patient representatives to consider how we address our biggest system challenges - inequalities in outcomes and experience, supporting people in their communities to live healthier lives, improved accessibility of our services and elimination of long waits, and a sustainable model of delivery across the BOB system.
20. Participants agreed on two or three key interventions for each challenge, based on the biggest impact and ability to deliver in the coming year. We also considered how we would make these a reality by identifying the specific actions needed to create impact and deliver on their proposed interventions. Finally, participants reflected on how we are going to work together across our system partners to deliver each outcome, maximizing the opportunity of our partnership, as well as defining what success looks like.
21. At the end of March, we produced our initial version of the JFP which we have shared with the public via our website and multiple system partners – including each of our six NHS Providers,

our five local authorities and Health and Wellbeing Boards – to give as many people as possible an opportunity to review content and provide feedback ahead of finalising the JFP by the end of June 2023. The feedback has helped us to strengthen many areas of the JFP including the access, patient experience, primary care, public health, finance and governance sections.

22. We are now planning a series of working sessions over the next 6 months which will focus on developing longer term transformational plans, building on the plans already detailed for 2023/24. This process will be inclusive to ensure the plans developed are well understood by our partner organisations and relevant for their staff and the people and communities of BOB.

(4) Trusted Relationships

- I. It was widely recognised that relationships within the system have been strained at times, and the effect of some legacy tensions continue to be felt. There has been significant churn within the ICB Executive and there are further changes in key posts in 2023 which will have an impact.
- II. We would encourage senior leaders from across health and local government to come together to build mutual understanding, develop a set of principles and establish an environment of trust and respect to set the cultural tone for the whole system. Colleagues may find some external facilitation beneficial, which could be arranged through the Leading Integration Peer Support programme. Resolving the level of disenfranchisement felt by some local authorities and Places should be a priority.

ICB Progress against recommendation (4)

23. The System has moved forward significantly in the last 8 months in developing trusting and collaborative relationships between Local Authority and NHS Providers but also at the Primary and Secondary care interface as well as the VCSE, academic and education sectors. In addition, the ICB has actively developed the relationship with public representative bodies such as Local Authority Health Overview & Scrutiny committees (HOSCs), the BOB ICS joint HOSC and Healthwatch bodies (the ICB continues to provide funding support for Healthwatch across the BOB system). This has been demonstrated by working successfully through challenging operational and industrial action pressures in Winter months, developing the Integrated Care Partnership Strategy and ensuring a seamless read through to the JFP.
24. All partners are keen to move forward with renewed focus into ensuring the System is a success and recognise their roles in contributing to this. NHS partners have formally taken the JFP through their board structures and engaged their council of governors where relevant. The ICB has increasingly demonstrated its convening role drawing together partners from across the system regarding the development of the JFP, urgent & emergency care programme, expansion of virtual wards, workforce development, consistent approach to quality improvement etc.
25. The NHS financial environment is challenging however through the ICB's co-ordinating role and effective working relationships with partners the revised 2022/23 financial plan was achieved and a system financial plan for 2023/24 has been agreed between NHS partners in BOB and supported by regional/national colleagues.
26. The ICB board has matured in the way that it operates including the way that the board sub committees' function and the level to which the board has invested in building relationships with system partners and with internal ICB teams. The ICB will undertake a formal governance and partnership review following its first year as a statutory entity. This will provide a further opportunity to engage with system partners around the function and form of the ICB board and board sub committees in terms of the continued development of the ICB regarding its role within the system.

27. There has been stable Interim CEO leadership throughout winter and continuity is ensured as the inbound Interim CEO for the ICB was already a Partner member (Mental Health and Community Provider) on the ICB board and an existing CEO within the System. Substantive Executive recruitment has progressed well with recent appointments to the Executive Director of Strategy & Partnerships and the Chief Digital Information Officer. The ICB Executive is a cohesive team that has invested in its own development with a focus on the development of peer-to-peer relationships with system partners.
28. We have taken the ICB team through a formal consultation process to re structure the way the ICB operates to provide capacity and capabilities aligned to executive portfolios. This has included the development of capability both at corporate ICB level and for the ICB at Place to ensure the ICB supports place-based partnerships. Through the place directors we have seen increasing maturity regarding the place-based partnerships with agreed ways of working and areas of common focus e.g., deployment of health inequalities funding.
29. The two main provider collaboratives (acute provider collaborative, mental health collaborative) have increased in maturity regarding their formal oversight arrangements supported by the ICB.
30. The ICB has developed a formal Memorandum of Understanding with the Oxford AHSN in terms of how the two organisations will work together including the ICB's utilisation of AHSN resources particularly regarding the AHSN's Patient Safety Collaborative.
31. The CEO has a monthly meeting with all CEOs from across NHS and LA partners as well as maintaining relationships through individual contact with CEOs and LA leaders. The interim Chair has also developed a regular forum to meet with NHS Chairs from across the system and has been actively developing relationships with LA leaderships.

(5) Getting to know each Place

- I. In the context of the ICS, there are three defined 'Places'. In fact, there are five upper tier local authorities with strong identities, different administrations and their own Health and Wellbeing Boards with statutory responsibility for addressing inequalities and setting the strategic direction for their place. The tension between the three and the five as concepts of place remain and this needs resolving - the peer team would encourage the ICB leadership to engage with leadership (political and officer) of each of the five councils to understand locally-specific priorities and sensitivities. Facilitation of these conversations may be helpful, and we would suggest the involvement of Cheryl Coppell (ex-Council chief executive) who was part of the peer team.
- II. The Local Government Association has a mirroring workshop offer to health and local government colleagues – When Worlds Collaborate- aimed at building a shared understanding of the differences between how the NHS and local government operate and are governed. Cheryl Coppell is familiar with the materials, and colleagues may wish to consider how this could be used across the five places.

ICB Progress against recommendation (5)

32. Our three strong places working with our five local authorities have both delivered and developed over the last six months.
33. Working together at place has supported our response to the operational pressures facing the system including developing additional services to support discharges, developing transfers of care hubs and additional urgent care centres. Place partnerships have worked together to:
 - Prioritise investment of £40m in the broader urgent care pathways through the 2023/24 planning round operating with delegated authority to shape and define the best model to reflect local needs.

- Produce plans for the Health inequalities funding of £4m delegated to place based partnership ensuring plans reflects broader partnership priorities and builds on existing work programme around areas of deprivation.
 - Develop two-year Better Care Fund plans with partners in an inclusive and transparent way.
34. We have secured support from a System Leadership and ICS Development Programme provided by the Local Government Association, NHS Providers and NHS Confederation. This programme has provided facilitation to Place Based Partnership development workshops in all three Places. The workshops have focused on learning about each other's organisations, establishing common purpose and priorities, and establishing agreed ways of working in partnership at Place to best deliver against these priorities. Each Place Partnership is also engaging in ongoing leadership development work.
- In Berkshire West “the place of places” has held specific workshops to identify and understand how we build a common programme to ensure we identify work programmes that operate at neighbourhood, local authority and place partnership level.
 - In Buckinghamshire three priorities have been identified: Transforming Special Educational Needs and Disabilities (SEND), Joining Up Care and Tackling Health Inequalities, and a Forward Plan for the Partnership will ensure that these priorities are tracked and reviewed alongside key enablers like workforce.
 - In Oxfordshire plans are focusing on the following four service areas: Children and Young People, Working Age Adults Mental Health and Wellbeing including Learning Disability and neurodiversity, People with Urgent Care Needs, Health Inequalities and Prevention.
35. All of our place-based partnerships are now meeting in a clear structure and systematic manner and can articulate local priorities and programme that are important locally and align with the Integrated Care Partnership strategy and JFP.

(6) Professional leadership

- I. Sir David Pearson recently facilitated a workshop in November (on behalf of NHS England) for the BOB system around professional leadership. Those that attended welcomed the opportunity to come together with other colleagues and to begin to think about what good professional leadership would look like in BOB. It was reported that it felt ‘medically heavy’ and we would encourage some targeted engagement to ensure there is greater representation from other professions.
- II. We spoke with a number of energetic, enthusiastic and committed staff and that energy should be capitalised on; development of professional leadership could provide an ideal common purpose to collaborate on.

ICB Progress against recommendation 6

36. One key feature of the recently formed ICB is to develop effective clinical and care professional leadership (CCPL), with a focus on enabling partners within the system to collaborate and concentrate on the complex health and care challenges faced. NHSE developed [guidance](#) on this in September 2021, highlighting 5 core principles for CCPL development.

37. These 5 core principles are:
- Principle 1: Integrating clinical and care professionals in decision-making at every level of the ICB.
 - Principle 2: Creating a culture of shared learning, collaboration, and innovation, working alongside patients and local communities to deliver safe, caring, effective and responsive health and social care.
 - Principle 3: Ensuring clinical and care professional leaders have appropriate resources to carry out their system role(s)
 - Principle 4: Providing dedicated integrated leadership development for all clinical and care professional leaders.
 - Principle 5: Identifying, recruiting, and creating a pipeline of clinical and care professional leaders.
38. In order to implement the above, a rigorous programme approach with clear governance through the CCPL Steering Group co-chaired by the CMO and Chief Nursing Officer (CNO) has been instigated. This group is inclusive of a full range of clinical and social care professional leaders from across BOB ICS and has met monthly since July 2022. The steering group has workstreams that reflect the five key principles outlined above. This framework is also included within the emerging Education and Workforce Partnership, which has senior representation from the system.
39. We are choosing to evaluate our current position with feedback from key stakeholders, benchmark with an external peer review and co-create our model with clinical leaders through a series of regionally facilitated workshops that will be shaped by both internal and external reviews.
40. Reporting through the Education and Workforce Partnership with associated key performance indicators will focus partners and assist in promoting engagement. Oversight of any commissioned activity through Health Education England/NHS Leadership Academy to ensure that commissioned programmes continue to meet need.
41. The leadership workstream within CCPL has identified multiple opportunities to develop our clinical and care leaders, with some dedicated funding coming through the ICS from NHSE, enabling the programme to progress at pace, with the aim of developing our CCPL framework. Further opportunities for funding could come from the BOB workforce development fund and link in with Continuous Professional Development budgets available to NHS trusts and local authority to support a system and place based collaborative leadership programme.
42. Identifying required leadership development opportunities and needs on any new clinician appointment or changes to role should be considered. Focusing on an individual's objectives this could support more effective on boarding and engagement with a range of colleagues across the clinical and care pathway.
43. Members of the team participate in the monthly national CCPL community webinar and their recently launched 5-part podcast series.
44. A regional workshop for CCPL was held in Oxford on the 10 November 2022, facilitated by Sir David Pearson and members of the NHS England regional team. There was excellent engagement with over 90 people attending from across the BOB system and wide-ranging representation with colleagues from primary care, secondary care, community services, social care, AHPs, nursing, midwifery, and pharmacy. The outputs of this were discussed at the CCPL steering group in January 2023, which generated great discussion amongst the group. Themes discussed at the event included a vision for what professional leadership will look like for our workforce and our population, embedding a culture of collaboration from a multi-disciplinary team, who are valued and supported to work in an integrated way. Building on good examples of clinical practice, taking advantage of local existing networks such as AHSN and PCNs.

45. From January to May 2023, an online webinar learning series with Mike Farrar was offered with an emphasis on clinical and professional leadership for the BOB system. There were 10 individual sessions delivered on a fortnightly basis, with recordings made available after each event. Fantastic engagement and wide-ranging interest in the programme have been achieved through local contacts and networking.
46. An opportunity to participate in the Kings Fund Building Collaborative Leadership programme was identified and 3 delegates from BOB were funded to attend. One of our GPs, an AHP and Nursing / Safeguarding lead were successful in securing a place on the programme. The first module of this 4-part programme was held on the in December 2022 with a plan to bring back learning from this to the BOB ICS with a rolling cohort of clinical leaders completing the programme.
47. There is also access to and promotion of offers from SE Region NHS Leadership Academy that are distributed to colleagues within the system. Further support has been offered to clinical leaders to apply for the Fundamentals of Evidence-Based Health Care Leadership, at the University of Oxford. Local authorities use RIPFA (Research in Practice for Adults) for their evidenced based training.
48. In addition, the ICB has recognised the need to hold a repository where primary care clinicians and their teams can be signposted to, to search for courses and opportunities for training, the 3 training hubs from across BOB have come together to develop a single [website](#) for this
49. The BOB ICB has developed a Clinical Advisory Group (CAG) with wide stakeholder representation from health and care, who are able to shape recommendations to the ICB, for example when considering the overall strategy and focus of the system and in the development of winter plans. This group is co-chaired by the ICB CMO and CNO.
50. Developing the voice, and presence, of nursing, midwifery, AHP and Healthcare Scientist (HCS) professional leadership is well recognised as a priority across the integrated health and care system. Extensive engagement across these professional communities has continued with a focus on developing relationships at a board level but also into the direct care community of practitioners.
51. Orchestrated by the ICB CNO, the CNOs and adult and children's social care directors from across the system meet monthly and have agreed priorities that have a system wide focus, recognising the value that this group play in role modelling this collective community of practice. International nurses and midwives' day celebrations are an example of where the profile of the profession has been recognised and valued. System wide celebration events for professional nursing advocates and general practice nursing leaders has been a further commitment made by the ICB CNO which will continue.
52. Appointing substantively to a chief of allied health professions, the post holder will continue to build on the success of the allied health care professional (AHP) faculty across the system. With a personal commitment to supporting the faculty, the CNO has been an active and visible presence promoting the voice of this professional community, highlighting the fundamental role this profession plays in system transformation. The AHP faculty has commissioned two cohorts of a bespoke systems leadership course for 40 aspirational clinical leaders from providers across the system, connecting them to the work and priorities of the system. This has been very well evaluated and will be run again in January 2024. The system chief Healthcare Scientist (HCS) has been instrumental in raising the profile of the community of HCSs, working through key programmes of work that not only raise but bring the community of professions together, coupled with demonstrating the value that this workforce has on delivering against the system transformation priorities, including technological transformation in the virtual wards and community diagnostics.

53. Harnessing the two active and vibrant, nursing ‘councils’ across Buckinghamshire Oxfordshire and Berkshire West the CNO for the ICB has direct access to the student nurse community and our social care nursing workforce. Both Councils are affecting change locally, regionally and nationally and raising the profile of the profession across the system in a facilitated and structured way.
54. The inaugural general practice nurse conference launched in April 2023, signalling the value and importance that this community of our valuable workforce plays in being part of the system wide transformation of community and primary care.
55. BOB is the first system to signal the importance that the nursing, midwifery and AHP professions play in accelerating digital and data transformation. Recruiting a chief nursing information officer, jointly with the region, BOB recognises the role that data science, digital transformation and information plays in enhancing population health and service transformation; seeing this as a further opportunity to strengthen the influence of this community of practitioners, aligning against the priorities of the system with the voice of the clinical profession.
56. Building a framework that recognises and rewards nursing and midwifery excellence that will attract and retain excellent nurses and midwives across BOB. Working with internationally recognised programmes of excellence, aligned to the system-wide improvement ambition, will give a mandate and framework for the professional community to work to.
57. Continued focus on developing the profile of less visible communities of nursing and midwifery practice, with a particular focus on the social care, community (physical and mental health) and general practice nursing workforce. Committing to investment in programmes that will develop advance practice, shared recruitment and retention programmes and shared leadership programmes to maximise on the potential of this focus and support.
58. Working with partners on nursing and midwifery research and development programmes; building on the reputation that key academic partners have, harnessing the positive impact that research and development has on improving outcomes for our community and increases the satisfaction of working across the system for this professional body.
59. Collectively agreeing on priorities for education, leadership development and investment in these professional groups will be fundamental. Building on the relationships made with colleagues and partners across academic and higher education institutes, and maximising on the successful model in place Buckinghamshire Health and Social Care Academy (BHSCA) will allow further development across this professional community.
60. In aligning the People Principles with the People Plan, the following considerations are included in underpinning the new CCPL model. These include:
 - Values and Behaviours should be aligned with BOB ICB and the People Promise.
 - Leadership roles should be recruited in a way that enhances diversity and inclusivity & supports innovation.
 - ICS leadership roles at place and in BOB-wide programmes should be open to the full range of clinical and care professional leaders from the breadth of professional backgrounds, rather than the previous more traditional medical model.
 - Clinical and Care Professional leadership Job Descriptions (JD) and Person Specifications (PS) should include clear lines of accountability for clinical and care professionals regarding leadership, management direction and competency.
61. The BOB ICB is on track in developing its CCPL framework, with the aim of building this into the BOB ICS joint forward plan and the ICP strategy from April 2023. There have been significant amounts of work in engaging with and speaking to clinicians and care professionals from across the system, and this needs to be maintained, developed and supported to ensure that clinical and care leaders are at the heart of our organisation.

62. Through this, we will better evaluate the multidisciplinary leadership roles needed in the system, that align to the strategic objectives of BOB ICB, and the support needed to enable these leaders to be successful and deliver for our population.
63. The Clinical and Care Professional Leadership Agenda is a key component of the People Plan. There is a recognition that BOB needs to establish a more comprehensive, inclusive clinical and care professional contribution to leadership function.

Conclusion

64. The ICB welcomes all recommendations from the external peer review and recognises that although conducted early in the formation of the Integrated Care System, there is valuable feedback which has already been incorporated into the development of Place, investment in growing relationships across Health and Care, co-creation of Strategy and the Clinical and Care Professional Leadership Agenda. This work is ongoing and iterative and the ICB looks forward to continuing to build a truly collaborative and integrated way of working with all our Partners to serve our population and improve health outcomes.

Asks of the Board or of members present

65. The Board is asked to note the paper and progress to date.

Next Steps

66. Progress against recommendations to be tracked through relevant Board Committees e.g., System and Place, and People Committee.