

Agenda Item 12

Meeting: Buckinghamshire, Oxfordshire and Berkshire West CCGs Governing Bodies Meeting in common (in public)

Date of Meeting	13 January 2022
Title of Paper	Integrated Care System Development Programme Update
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Paper Type	For Discussion and Assurance
Action Required	The Members of the Governing Bodies are asked to note the progress of the ICS Development programme

Executive Summary

This paper sets out the summary progress position for the programme.

The members of the Governing Bodies are invited to review the updates and next steps for the programme.

Key areas of update included in the paper are:

- ICB CEO recruitment progress
- System Development Plan and Implementation Plan review
- Progress Highlights
- Communications and engagement
- Next steps and look forward

INTEGRATED CARE SYSTEM DEVELOPMENT UPDATE

1. Introduction

This report is provided to the Governing Bodies as a summary highlight of key aspects of progress and delivery.

2. Context

The immediate priority for the Integrated Care System (ICS) development programme is ensuring a safe and effective transfer of functions to the new Integrated Care Board (ICB), as well as continuing to deliver our present health and care services. Whilst this naturally means there is a focus on the development of governance, supporting our staff and the transactional elements of setting a new organisation it is important to remember that the purpose of these changes are to make it easier for health and care organisations to come together to plan and deliver joined up services – integrated care – and to improve the health and wellbeing of people who live and work in their area.

The four main aims for the ICS are

- **improve outcomes** in population health
- **tackle inequalities** in health outcomes, experience, and patient access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**

Importantly for our residents this does not change the way care is delivered and accessed on 1 April 2022. Patients and service users will continue to access these services in the same way as at present, typically, in the first instance, through their GP.

3. Recruitment Position

The national recruitment campaign for all 42 Integrated Care Board Chief Executive designates began on 1 September. During November announcements of appointments were made in a number of ICS areas in the Country. On 3 December it was confirmed that James Kent had been appointed Chief Executive Designate for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB). The delay in the national appointments process has posed a risk to some of the key timelines for aspects of delivery that require clear direction and leadership from both the Chair and Chief Executive Designates. Now that both appointments have been confirmed we will be able to mitigate these risks.

Sonya Wallbank has been appointed as ICB People Director on a substantive basis and commenced in post on 29 November which will give additional capacity and leadership to securing a safe transfer of staff into the ICB and the recruitment process.

4. NHSEI Regional Feedback

The ICS lead and development team had a formal review with NHSEI on 18 November. The Service Development Plan (SDP) submitted by the ICS was praised with the clear approach to milestones and risk identified as good practice. The debate touched on progress on ICS establishment work, delegated commissioning functions and the more development areas around vision, place-based partnerships, and provider collaboration. The additional technical workload for BOB around moving from three to one organisation was acknowledged and further assurance work to understand these challenges better was taken as a specific action. This included the risk around fragmented service provision across CSU service lines.

The region supported our focus on critical path activities and agreed to review the developmental work on specialist commissioning delegation to minimise the impact on ICS resource at this stage.

5. Progress Highlights

5.1. Finance work stream

Two key milestones have been achieved in the finance workstream, these both relate to a single supplier and approach to key staff support systems. Given the importance of these systems and to ensure a smooth transition some changes are taking place in the next 2 months.

With effect from 1 December 2021 a new system will be introduced to replace the existing expenses system in Buckinghamshire and Oxfordshire CCGs. The system links with our Electronic Staff System and is funded by NHSEI.

With effect from 1 January 2022 the Berkshire West CCG payroll provider will change to the same provider as the Buckinghamshire and Oxfordshire CCGs. Staff and managers have been briefed on actions that need to be taken in the lead up to these changes. Pay dates remain the same for all staff.

5.2. ICB Board Membership submission

Following engagement with partners (including Local Authorities CEOs, NHS Trusts, Healthwatches, primary care and Place Based partnerships) we have reached understanding and agreement for the submission of the proposed ICB Board. The principle agreed is that the Board of the ICB will have the statutory/ mandatory required membership (below); only the established organisation should approve additional members. The membership of the ICB Board can be adjusted over time if required.

Proposed ICB Board membership for 1 April 2022

1. 1 x Chair
2. 2 x Independent Non-Executive Directors
3. 1 x Chief Executive
4. 1 x Director of Finance
5. 1 x Medical Director
6. 1 x Director of Nursing
7. 3 x Partner Members
 1. 1 x Local Authority
 2. 1 x Primary Care
 3. 1 x NHS Provider

Total: 10

5.3. Delegated Commissioning

Subject to the successful passage of the Health and Social Care Bill, NHSE National Moderation Panel has endorsed all Expression of Interest applications expressed by the Southeast region to take on delegated responsibility for Pharmacy, Optometry and Dental (POD) commissioning as of 1 April 2022.

A regional POD Oversight Group has been established with 5 workstreams identified to undertake 'deep dives' into key areas, with quality oversight yet to be established:

1. Finance (and contracting & performance)- working group in place
2. Communications
3. People
4. Governance
5. Primary Medical Care Transfer – to be done at ICS monthly meetings reporting back into workstream

There is a Direct Commissioning scope and approach framework that has been drafted for proposal to the ICS shortly. This sets out the framework and timeline to meet ICS sign off. Discussions are ongoing in relation to the use of additionally commissioned capacity to draft framework and support 'deep dive' process. We have identified key areas of focus as clarity of governance arrangements support around communication and engagement and understanding any financial risk. Indicative allocations have been received based on historic spend and budgets that have not highlighted significant issues but further debates about risk, growth rates and funding formulas will be required.

Initial work has also commenced around specialist commissioning with a broad ambition to establish more structured involvement of ICB from the 1 April 2022 and delegation from April 2023.

5.4. Working with South Central West Commissioning Support Unit

South, Central and West Commissioning Support Unit (SCWCSU) provide a wide range of services to the three CCGs (value circa £14m) and are embedded in the project arrangements. The CSU are directly involved in several transition workstreams and have committed significant additional resource to manage the

technical elements. In addition, we are working through how the service level agreement should be structured from the 1 April 2022 focusing on a core consistent specification, clearly identify areas at service line level where consistency decisions need to be made, outlining the service development areas for 2022/23 and describing the operating model in terms of working arrangements. In terms of risk the most complex are those services lines which are not presently delivered to all CCGs therefore creating a fragmented model. The largest service areas where this is the case is Finance and Contracting support. We will continue to discuss with regional and CSU colleagues the best arrangements to respond to these risks during establishment.

The ICS now sits on a wider regional partnership board across the Southeast Region and are actively contributing to an external review to shape the development of SCWCSU in the context of Integrated Care Systems and the creation of Integrated Care Boards. This work is now established as a more formal workstream within the transition and programme structure.

6. Communications and Engagement

We know that it is important for us to keep our system partners updated during this time of transition. We will produce an ICS development update which can be shared with Trusts and Health and Wellbeing boards across the system. It will outline the wider context of ICSs and the key priorities. The immediate priority is to safely transfer current CCG functions to the Integrated Care Board by April 2022. So far, we have focused on working with partners on the development of the governance arrangements and constitution for the ICB.

The longer-term ambition is to develop the Integrated Care System strategy through extensive engagement and development work with system partners. Over the next few weeks, we will increase engagement opportunities through:

- developing a website presence that enables sharing of more information with the public and will form the foundation of the ICB website.
- Developing, in conjunction with Healthwatch, VCSE, public our approaches to working with local communities building on current good practice

7. Next steps and look forward

An updated Readiness to Operate Statement (ROS) will be required by 17 December and an updated SDP focusing on the development of the ICB for 2022/23 is likely to be required in February.

We expect there to be more detailed guidance from the NHSEI regional team as to what evidence will be required to support content and self-assessments in future submissions of the ROS.

With less than 100 working days to the establishment of the Integrated Care Board there is a need for the programme team to be focused on those deliverables and milestones that are critical to the technical establishment. A critical path will be populated with the content of the implementation plans of the functional workstreams. SROs will then review these deliverables and milestones to ensure that the content is comprehensive.

The deliverables for the more permissive aspects of the programme – that are not fundamental requirements of the technical transition to, and creation of, the Integrated Care Board will not be included in the critical path.

Time will be dedicated in each weekly Transition Group meeting to the progress of the critical path. This will monitor progress, dependencies and work through challenges and escalations.