

# Defining the BOB ICS Development Roadmap

07 March 2022

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## *Aims and underpinning principles*

The **aims** of the roadmap are:

- To set out, through a number of integrated workstreams, the key **ICS development changes** and associated outcomes we are aiming to deliver over the next 18 months, giving greater line of sight on the required work to support more detailed planning;
- To highlight the key interdependencies and areas of risk across the plan and also with other key stakeholder activities (e.g. local elections);
- To provide the continuum of the current System Delivery Plan i.e. the foundations around which to write the next SDP due by the end of March 2022.
- To create the baseline to manage delivery against.

The **scope** of the roadmap includes:

- Establishing the building blocks of the BOB ICS over the next 18 months (including the ICB architecture, Place-based Partnerships, Provider Collaboratives, new/strengthened ICB capabilities to support the ICS);
- Defining the ICS strategy over that period.

The roadmap **does not include**:

- Delivery of the strategy (it only includes the development phase of the strategy);
- Delivery of all the service and system changes underway (apart from the agreed ICS priorities);
- Delivery of operational plans;
- Details of “cross cutting” workstreams (yet to be completed)

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*Aims and underpinning principles*



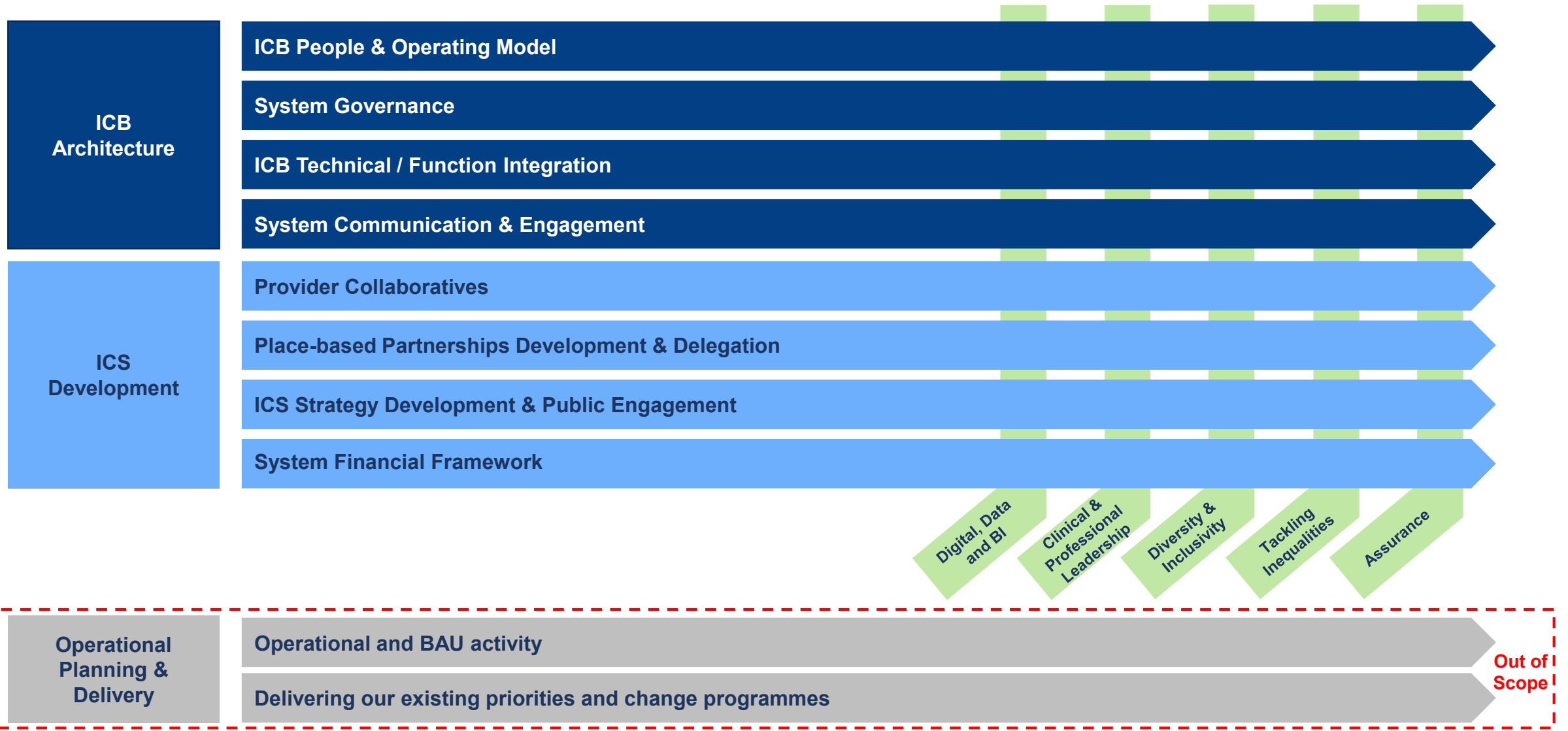
Ultimately, our changes should be focused on **enabling the ICS to deliver it's purpose:**



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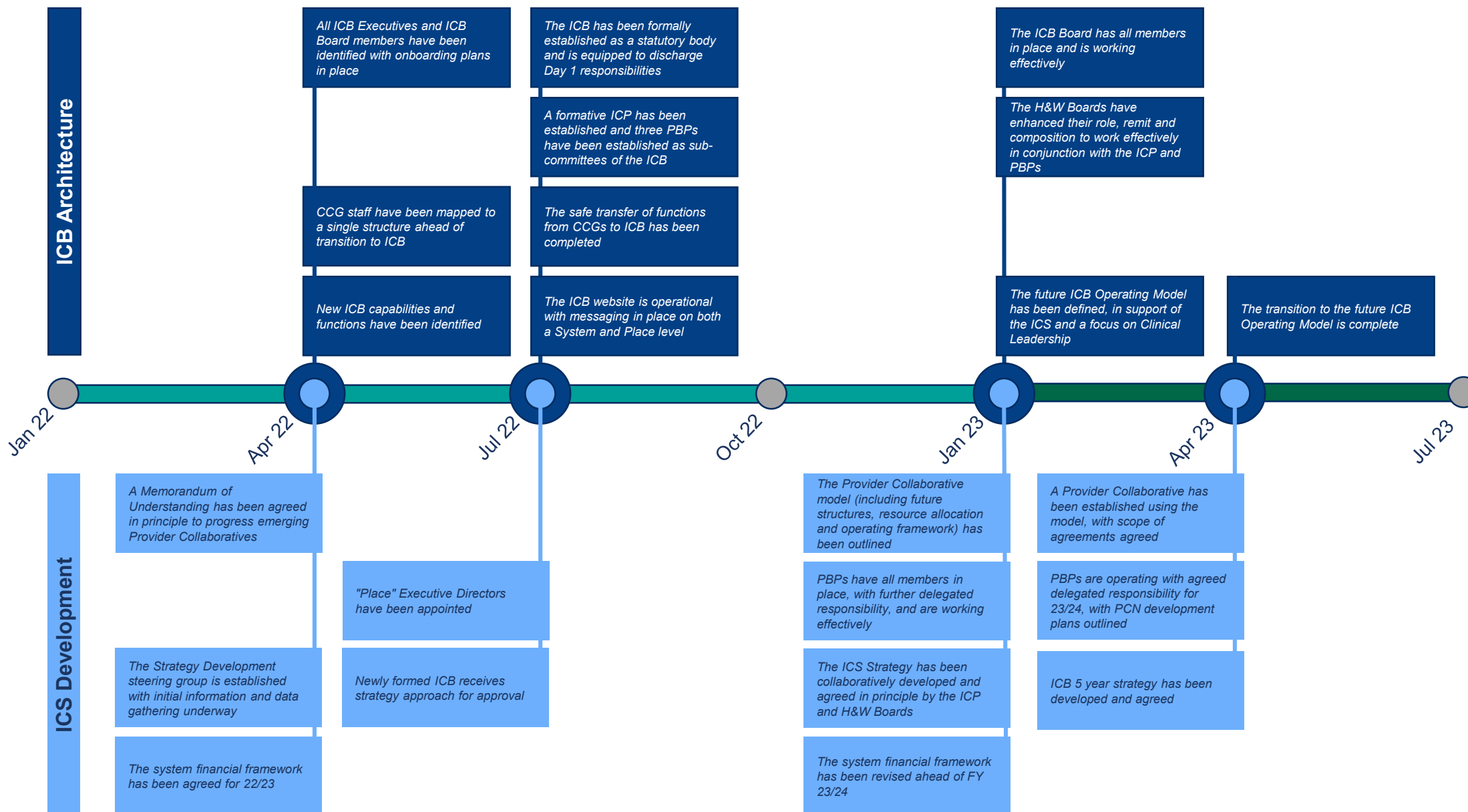


Key streams of work



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Key outcomes over time



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## ICS Development - Progress so far



Whilst the focus has been on establishing the ICB architecture, progress has been made on key elements of ICS development activity. This activity will continue to “ramp up” as the statutory commitments are met and Executive leadership roles are established and filled.

<b>Provider Collaboratives</b>	<b>Place-based Partnerships Development &amp; Delegation</b>	<b>ICS Strategy Development &amp; Public Engagement</b>
<ul style="list-style-type: none"><li>• Our purpose is to <b>create a number of provider collaboratives across the system to facilitate delivery of higher quality, more efficient and more integrated care</b> for our patients and residents.</li><li>• We are <b>early in this journey and continue to work with our System Partners</b> to help:<ul style="list-style-type: none"><li>• build out an overarching framework which will inform a position on the level of delegated authority, leadership, oversight, funding allocation and associated risk management, for each collaborative</li><li>• Understand the broader impact of Provider Collaboratives on the end to end patient pathways, ensuring the collaborative ultimately enables more integrated, effective care</li><li>• Identify areas of health and care suitable for provider collaboration.</li></ul></li><li>• Building off the existing Provider Collaboratives*, <b>the three acute providers will start to formalise a provider collaborative through the current BOB ICS Elective Care Programme.</b></li><li>• The three providers are in the process of <b>agreeing a Memorandum of Understanding to support this ambition</b> and to drive the Elective Care agenda forward.</li></ul>	<ul style="list-style-type: none"><li>• <b>“Places” will play a vital role going forward in:</b><ul style="list-style-type: none"><li>• Supporting and developing primary care networks</li><li>• Simplifying, modernising, and joining up health and care</li><li>• Using population health management tools and other intelligence</li><li>• Coordinating the local contribution to health, social and economic development to prevent future risks to ill health</li><li>• Identifying and addressing health inequalities for population.</li></ul></li><li>• <b>The formation of Place-based Partnerships (PBPs) is being driven through the System Governance activity</b>, where PBPs will be formally established, as committees of the Integrated Care Board, with initial delegated authority, by 1 July 2022.</li><li>• Establishing the governance groups is important but it’s the <b>first step in mapping out how these groups will operate and importantly, what the role, remit and scope of PBP activities will cover</b>, from the 1 July, and then as the PBPs mature.</li><li>• There is <b>system leadership recognition that the Place-based development is key to making the ICS successful</b>, and the <b>ICB Chief Executive is working directly with place-based leadership to drive this work forward.</b></li></ul>	<ul style="list-style-type: none"><li>• <b>The ICS 5 year strategy will be built with our partners and in full, open dialogue with our citizens.</b> This is due by 31 Dec 2022.</li><li>• <b>The ICS strategy development approach will be data and fact driven</b>, it will build upon each <b>local authorities Joint Strategic Needs Assessment</b> and <b>we will work with our clinical leaders through the design of a clinical framework</b> before entering into a phase of <b>citizen and stakeholder engagement and deliberation to refine our strategic proposals.</b></li><li>• The ICS approach to developing the strategy is in progress, with a view <b>to have a sound data and information platform in place in order to work with the Integrated Care Partnership (ICP)</b> when they are formally established from 1 July 2022.</li><li>• <b>Input and engagement on the strategy development approach will be sought from all partners</b> and where viable, <b>resources from our partners will be mapped to the team to support on a regular and ongoing basis.</b></li></ul>

\* Including Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); pathology networks and the Thames Valley Cancer Alliance.

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## Key Risks and Mitigations

### Risks

- 1 Balancing our change agenda and service responsibilities
- 2 Balancing the effort to set up PBP and provider collaboratives with operational pressures
- 3 Level of effort required to establish the ICB and required capabilities
- 4 Securing the right level of engagement on the ICS Strategy and forward looking SDP
- 5 Supporting the “Cultural Shift” required



### Mitigations

- Recognise the right capacity level required to deliver
  - Ensure rigour in planning
  - Maintain the right oversight capability to mitigate against service failure
- 
- Ensure that the development of provider collaboratives and PBPs is anchored in enabling and accelerating delivery of ICS priorities
- 
- Establish interim ICB operating model quickly (ahead of 1 July), bringing three CCGs into working as one
  - Identifying and prioritising new ICB capabilities where required
- 
- Ensure approach to developing the strategy and forward looking System Delivery Plan is shaped and owned by partners and stakeholders, with relevant early engagement
- 
- Ensure OD and culture is prioritised as part of the ICS development roadmap activity
  - Ensure that suitable and specific activities are executed in line with the ICB launch on 1 July 2022

# Developing the BOB ICS Development Roadmap

*Next steps ahead of the System Delivery Plan submission*



- Continue to work with the assigned ICS development leads to **process any feedback received and refine the System Delivery Plan (SDP) through March, ahead of final submission** due to NHS England & Improvement by 31 March 2022
- Confirm **SDP submission requirements and delivery plan.**
- Define the **mechanisms to manage and deliver the ICS Development roadmap going forward**, including how best to report on progress against specific workstreams.
- Accelerating **work with key individuals to develop thinking on critical areas ahead of the SDP submission** including Place-based Partnerships and Provider Collaboratives.