

Notice of Meeting

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Health Scrutiny Committee

Tuesday, 5th April, 2022 at 1.30 pm
in Second Floor Meeting Area Council
Offices Market Street Newbury

This meeting can be streamed live here:

<https://westberks.gov.uk/hsclive>

Date of despatch of Agenda: Monday, 28 March 2022

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060
e-mail: vicky.phoenix1@westberks.gov.uk



WestBerkshire
C O U N C I L

Agenda - Health Scrutiny Committee to be held on Tuesday, 5 April 2022 *(continued)*

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

Agenda - Health Scrutiny Committee to be held on Tuesday, 5 April 2022 (continued)

To: Councillors Claire Rowles (Chairman), Alan Macro (Vice-Chairman),
Jeff Beck, Tony Linden and Andy Moore

Substitutes: Councillors Jeff Brooks, Gareth Hurley, Thomas Marino and Erik Pattenden

Agenda

Part I

| | | Page No. |
|---|--|-----------------|
| 5 | Children and Young People's Mental Health Services Purpose: To provide an update on Tier 4 services and an interim update on the local transformation plan. | 1 - 10 |
| 6 | Basingstoke and North Hampshire Hospitals Maternity Services Purpose: To provide an update on the response to the recent CQC report. | 11 - 30 |
| 8 | Berkshire West Clinical Commissioning Group Update Purpose: The Berkshire West Clinical Commissioning Group (CCG) to provide an update on activities and commissioning plans, including development of the Integrated Care System (ICS). | 31 - 40 |

Sarah Clarke
Service Director (Strategy and Governance)

If you require this information in a different format or translation, please contact Stephen Chard on telephone (01635) 519462.

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LOCAL TRANSFORMATION PLAN

FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

SEPTEMBER 2021

Berkshire West CCG area within Reading, West Berkshire and Wokingham Local Authorities

IMPROVING EMOTIONAL WELLBEING AND MENTAL HEALTH OF ALL CHILDREN AND YOUNG PEOPLE ACROSS BERKSHIRE WEST

This document builds on the 2019 plan and provides an update of:

- What we have achieved so far.
- Local need, trends and the voice of children and young people and their parent / carers.
- Our commitment to undertake the further work that is required.
- Resources required.

[children-and-young-people-s-mental-health-and-emotional-wellbeing-ltp_final.pdf \(berkshirewestccg.nhs.uk\)](#)

1.1 LOCAL CONTEXT INFOGRAPHIC



Established three mental health support teams (MHST) in our three local authority settings who have worked with 872 CYP since starting covering 32% of the pupil population.



Secured funding for two extra MHST's to launch in 2022 to cover 52% of the pupil population.



A children in care offer has been co-produced with our CYP, local authorities and BHFT.



An intensive community and home treatment offer that will build off and integrate with the existing rapid response offer.



Improved CYP access to help 24/7 with our NHS 111 provider, SCAS to ensure crisis support is available.



Increased the rapid response service offer which is now a seven day offer until 8pm and increasing both clinical and skill mix within the team.



Invested to increase the workforce in the Berkshire Eating Disordered service.



Improved CYP outcomes data flow onto MHSDS.



Launched the ASD / ADHD advice and guidance service run by the voluntary sector for CYP and their families and carers.



Digitalised 'The Little Blue Book of Sunshine' and made a hard copy available to each school pupil.



Completed a comprehensive review of CYP services to inform our next priorities.

2// OUR AMBITION

We will ensure promoting resilience and good mental health and wellbeing is a priority across all partners, with a commitment to helping every child and young person experience positive mental health and wellbeing by using the right help, when and where needed.

We strive towards individually tailoring help and support to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing. We continue to make good progress in this. We want to go further. Our Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity.

Our goal is to reduce the number of children, young people and their families whose needs escalate to require specialist intervention, a crisis response or in-patient admission. Our plan has been refreshed in line with the requirements of NHS 10-year LTP.

Successful delivery of the plan will mean that:

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible.
- Children, young people, their families and our communities are emotionally resilient.
- More children and young people with both an emerging emotional health needs and diagnosable mental health condition access evidence-based services in a range of settings.
- Fewer children and young people escalate into crisis, but for those that do; good quality care will be available quickly and will be delivered in a safe place enabling them to recover as quickly as possible.

REFRESHED TRANSFORMATIONAL PRIORITIES

Priority

1

Building a formal delivery partnership arrangement

Priority

2

Creating a single access and decision-making arrangement across the delivery partnership

Priority

3

Tackling the waiting times in both specialist / core CAMHs

Priority

4

Meeting the eating disorder waiting times for response to referrals

Priority

5

Mobilising a community home treatment offer 24/7 access standard for crisis cases

REFRESHED TRANSFORMATIONAL PRIORITIES

Priority

6

Mobilising two further Mental Health Support Teams (MHSTs)

Priority

7

Meeting the COVID-19 surge demand as it arises

Priority

8

Addressing gaps in access and service offer due to inequalities

Priority

9

Strengthening our adolescent to young adulthood offer (16 – 25)

Key progress areas - Overall **Green** Status

PARTNERSHIP and SINGLE POINT OF ACCESS

P1 (Partnership) and P2 (Single point of access) are progressing well;

Youth Conference (P1)

Networking and partnership meetings (P1)

System mapping (P2)

Desktop review (P2)

REDUCING WAITING TIMES

CAMHS Transformation Lead successfully recruited (P3a)

Detailed **clinical pathways and pathways on a page** are now complete and implementation being planned (P3a)

B8b & B8a for the CIC have been **recruited** pending checks (P3b)

CIC **commitment letters received** and implementation ongoing (P3b)

[Youth in Mind Berkshire Conference 2022 Tickets, Wed 18 May 2022 at 08:00 | Eventbrite](#)

Key progress areas - continued

Eating Disorder

BEAT training – dates set (acute); GP Webinar due end of March (P4)

Recruitment phase nearing end of completion (P4)

Creation of a **PEACE** pathway (P4)

Developing a South East **ARFID** strategy and locally, a model for service delivery (P4)

24/7 Crisis Response & Community Home Treatment

Recruitment underway (half team recruited) and service being mobilised (P5)

Seeking opportunities for **VCS** involvement (P5)

24/7 support via virtual/phone assessment piloted being planned (P5)

MHST New Teams

Recruitment almost completed for Reading **MHST Wave 5** (one PMHW outstanding, mitigations in place); (P6)

Covid Surge
P7 **completed**

•Inequalities

•**Inequality** scoping sent out for Expression of interests pending CCG governance approval (P8)

CAMHS and Eating Disorder | Challenges

Increase in demand

Unprecedented level of **increase in referrals** to CYP emotional wellbeing and specialist mental health services over the past 2 years.

Referrals to CAMH services increased by **60%** in the last 12 (locally 65%)

Acuity, complexity and risk of referrals **increased** with 30% now urgent at the point of referral compared to 13% in the previous year

Referrals to the Eating Disorder service (**BEDS**) are also increasing nationally and locally (average monthly referral rate is now 18 compared to 13 before the pandemic).

Workforce shortages

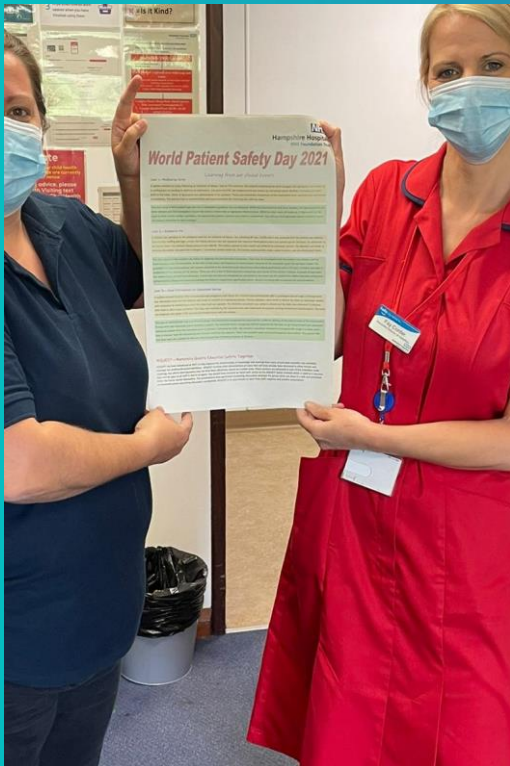
Higher turnover in the clinical workforce

Staff leaving the clinical specialty altogether

Plans for the future

- Local Transformation Plan
- CCG and BHFT **CAMHS services review**
- BW commitment to **review CAMHS service specification**

Hampshire Hospitals Maternity CQC presentation West Berkshire HASC meeting



Current maternity service provision from Hampshire Hospitals to West Berkshire women

Midwives in 2 surgeries: Falkland and Burdwood practice

86 women currently booked in to birth at Basingstoke (as of 25/3/22)

Thatcham practice (Antenatal and postnatal provided by RBH) 23 Out of Area women opt to birth at BNHH in Jan, 18 in Feb and 18 booked to birth at BNHH in March, over the year this total 236 annually.

Plans to recruit 2 out of area midwives, this would fit the 1:110 annually that we need to work towards.



West Berkshire Healthwatch report

March 2020

Basingstoke hospital - 67% 14/46 rated their overall maternity experience as excellent or good. A further 17% rated it ok, whilst 9% rated it poor (4/46) and another 6% traumatic (3/46)

Basingstoke Hospital - 63% of mothers got all or most of their physical needs met.

You said we did:



Updated our website to provide improved communications



Introduced electronic patient information leaflets on badgernet



Facebook and Instagram health promotion pages



Complex care plans are printed for women that are having their babies at Royal Berkshire to ensure good communication

Positive feedback from CQC

The service took account of the views of women through the Maternity Voices Partnership (MVP)

Multidisciplinary staff working well together

Medicines management

Culture change programme

No blame culture across the service

Inclusive culture – families and partners involved in pregnancy journey

Staff adhered to Infection control measures, specifically covid 19

100% compliance with Practical Obstetric Multi Professional Training (PROMPT)

Summary of improvements required

Must dos

Sepsis

Environment and cleaning

Emergency checks

Security

Domestic violence

Call bell on DAU RHCH

Red flag reporting and risk

Learning from incidents

Staffing levels

Should dos

COVID risk – BAME

Clinical guidelines

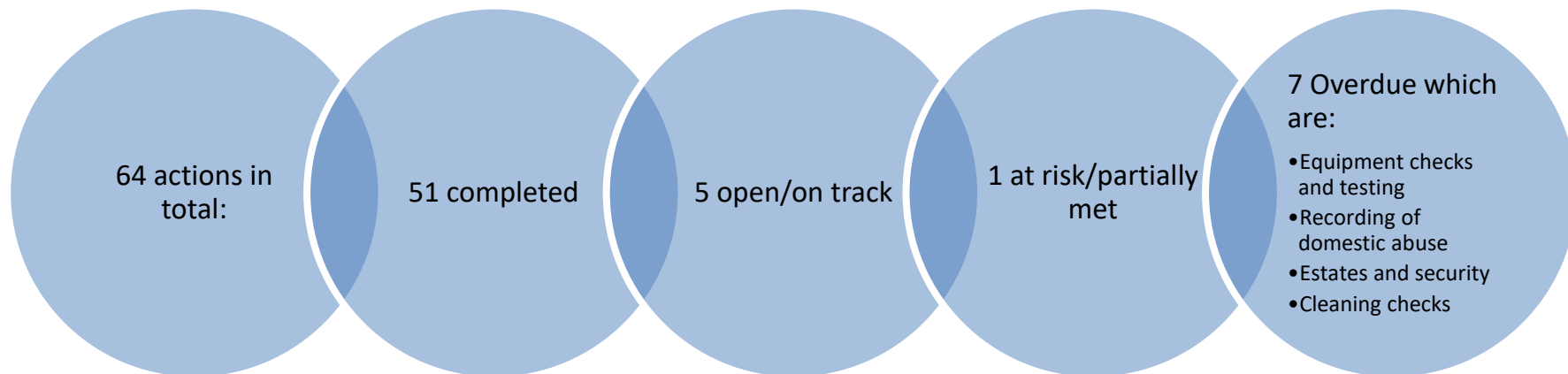
Appraisal

M&S training

Competencies



Latest CQC action plan status – as of 25/3/22



| | Jan 2022 | Feb 2022 | March 2022 | April 2022 |
|--------------------------------|----------|----------|------------|------------|
| Overdue | 6 | 8 | 7 | |
| At risk/partially met | 7 | 5 | 1 | |
| Open/On track | 22 | 11 | 5 | |
| Complete | 29 | 40 | 51 | |
| Total number of actions | 64 | 64 | 64 | |

Sepsis

Targeted month long education - training videos

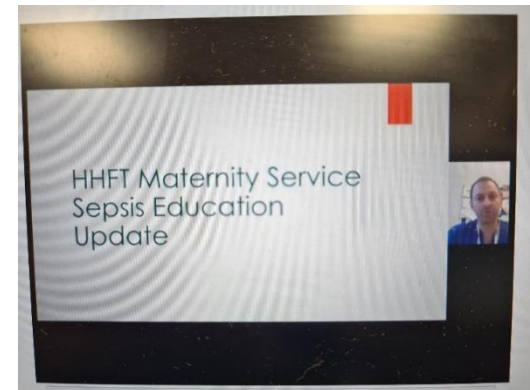
Newsletter, posters

Updated clinical drills

Facebook post

Sepsis audit template and plan

80% women had the appropriate sepsis care



Environment - Basingstoke



Floors replaced on delivery suite (before and after pictures)

Corridors have been painted and replastered

Awaiting contractors for sink and splashback replacement

Regular walkabouts with Estates and Infection prevention

Security

Reviewed security – access to Maternity (Sherborne) building, digi locks on staff changing rooms, staff doors, theatres corridor, notices to remind staff.

Infant abduction policy devised and ratified at December Maternity Governance



Live drills taken place for both acute sites

Maternity security spot checks – staff and visitors challenged every time



Emergency equipment

New Standard Operating Procedure to ensure the process for maternity daily equipment safety checks and staff briefings is robust

Individual check and stock list for each piece of equipment or trolley requiring daily, twice daily or weekly check

Matron sends weekly compliance report to be collated by Governance

Compliance report to continue until 12 weeks of continual 100% compliance has been achieved. To date we have achieved 8 weeks with 100% compliance



Domestic Abuse

Domestic abuse flowchart created, this includes how to ask, information gathering, referrals, follow up actions and useful contacts i.e out of hours Children's Services

New Domestic Abuse policy - Maternity guidelines have been updated

Review of electronic notes has been conducted every routine appointment has domestic abuse questions built in, all staff reminded to create opportunity to ask, ability to add as a reminder "to do" if staff are still unable to ask.

Written guide and training video produced for all colleagues.

90% forms are completed but of those forms, **35% could not ask**

Domestic Abuse Flowchart for Maternity

Domestic abuse screening: every contact is an opportunity for a person to disclose:

Use open questioning i.e. "how are things at home?" Never apologise for asking about domestic abuse. Talk to your patient only if safe to do so; not in front of others, or children over the age of 2. Assess immediate danger AND consider children in the home and the unborn.

Information:

Type of abuse? Types of abuse may include psychological, physical, sexual, financial, forced marriage, emotional abuse.

Pattern/frequency of admission? Have an honest conversation with your patient discussing the context, understanding, believe them and do not judge.

Where is the alleged abuser now? Is the woman safe where she is? Does she need immediate refuge? Encourage patient to consider if it is safe for them to return home. If not, can they stay with family?

Offer referral to the DA Advocates:(requires consent) Ask the woman how would be safest for them to be contacted i.e., certain time/location. If declined, offer contact details of support services i.e., Hampshire Integrated Domestic Abuse Service.
Complete Maternity Safeguarding Children Liaison form via Badgernet. Copy to HV, GP & named Midwife Safeguarding Children.
Contact Safeguarding Children's team/named midwife/community manager or matron of the day/night if supervision required.
Complete online Inter Agency Referral form. Copy Named Midwife Safeguarding Children. If out of hours and urgent call Hampshire Children's services out of hours team.
Ensure full documentation on Badgernet, go to social tab:

Is this a high-risk domestic situation? i.e. Threats to attempts to strangle, sexual assault, poisoning, or drown, sexual use of weapons, severe injury or assault?
If so, call community matron on-call (out of hours) discuss referral to police before the woman leaves setting or safe location.
If there is an immediate

Ensuring data is managed and up to date - Red flag reporting and risk

Red flag reporting revisited to include locally appropriate criteria (diversion of service, suspension of homebirths)

Red flag posters displayed throughout the unit

Monday message giving video instruction of how to complete the Datix red flags and what to report

Manual cross check process introduced to assure accurate data being reported via Safer Staffing report to Board

Weekly red flag reports reviewed

Red flag criteria included in matron on-call sitrep for added capture of triggers

DATIX RED FLAGS

| |
|---|
| Delay of 2 hours or more between admission for induction and beginning of process |
| Midwife unable to provide 1:1 care to a woman in established labour |
| Delay of 30 minutes or more between presentation and triage |
| Missed or delay of more than 30 mins for medication when admitted to hospital (for example diabetes medication) |
| Delay of 30 minutes or more in providing pain relief |
| Delayed recognition of and action on abnormal vital signs (for example sepsis or urine output) |
| Delayed or cancelled time critical activity |
| Missed or delayed care (for example delay of 60 minutes or more in washing or suturing) |
| Full clinical examination not performed when presenting in labour |
| Unable to provide out of hospital birth |
| Less than 9 midwives at start of shift |
| Specialist midwives required to support the service |
| Continuity of carer teams required to support the unit |
| Divert in place from RHCH to BNHH |
| Divert in place from BNHH to RHCH |

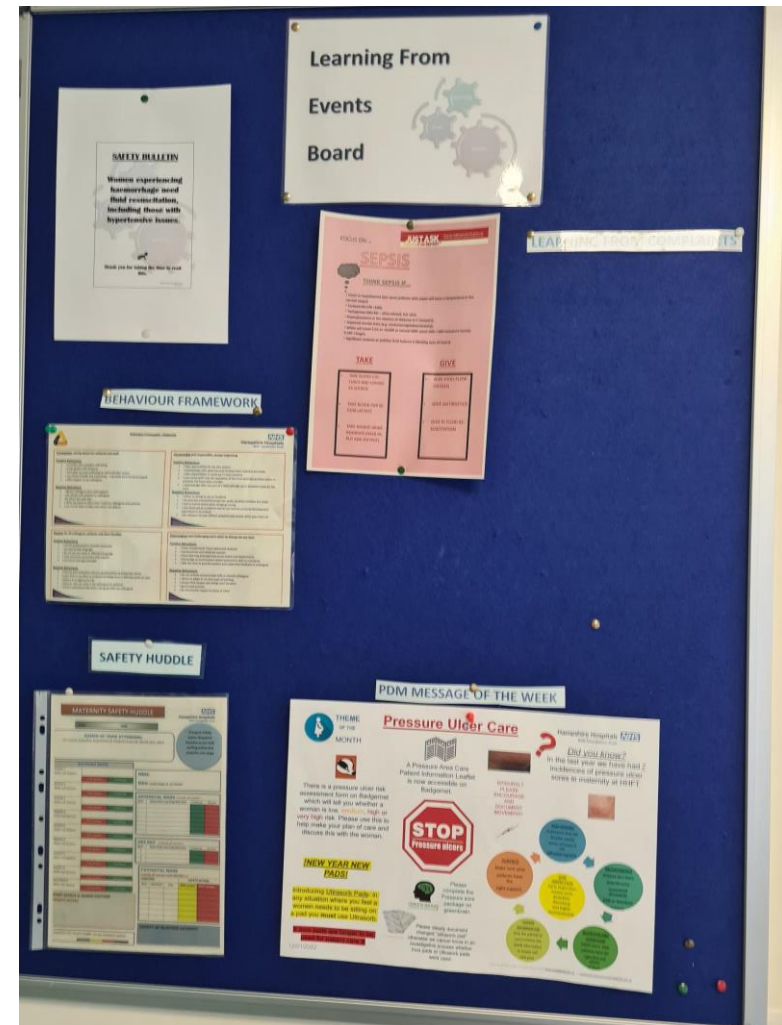
Learning from Events

Band 7 Training – safety huddle board posters

Monthly learning agreement devised for midwifery and medical staff highlighting three learning themes from incidents for the previous month and learn from SI's

Risk register displayed in all clinical areas

Band 7 midwives given 1:2:1 presentation on their responsibility to disseminate learning from incidents



Staffing levels

Current vacancies

| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total Funding Incl Add Posts | 191 | 203 | 203 | 203 | 203 | 203 | 219 | 219 | 219 | 219 | 219 |
| In Post FTE (contracted) | 188 | 187 | 188 | 189 | 189 | 191 | 196 | 197 | 199 | 200 | 195 |
| Vacancy Rate | 1.6% | 8.0% | 7.4% | 7.2% | 7.3% | 6.3% | 10.3% | 9.97% | 8.95% | 8.33% | 10.84% |

Recruitment plan

| |
|---|
| 9 x new starters in March |
| 4 x RTP midwives qualifying September |
| 10 x international midwives July |
| 1 x nurses on shorten conversion course 2 years |
| 20 students qualify end of September 2022 |
| Total of 42 midwives by end of October 2022. |

Daily and weekly compliance checks

Process for reviewing staffing gaps 24 hours ahead of shift

Birthrate plus table top review of all areas carried out

Updated health rosters to reflect staff allocations

Leadership and Culture

Improvement Director, Improvement Manager and NHSI/E to support with CQC improvements

Cultural change programme - Behavioural framework, cultural workshops and staff development programmes

Medical Leadership - job plans, coaching & workshops

Multi-disciplinary Team Governance meeting

Band 7/Midwife in charge focused leadership sessions and development programme

Q&A sessions, Listening events, regular walkabouts - 'temperature' checks with all maternity staff (multi-disciplinary)



Challenges

Covid, staffing challenges
(releasing staff for training,
appraisals, staff morale)

Joint engagement with
medical staffing

3 sites, ensuring consistent
change across all sites

Badgernet, local changes
not easily made, as change
requests needed through
ship (process can take
several months before
implementation).

Environment



Should Dos

Clinical guidelines - updated and approved at governance meetings

Competencies/uniform/badges/PD team reminder re: preceptorship what to wear when awaiting pin/handbook

Appraisals, change to 1 page appraisal – 79% - plan to 90% by April 2022

Covid 19 risk to ethnic minorities women, leaflet updated, vitamin D reminder, SOP, risk assessment

Mandatory training – 60% of our training is above 90% compliant

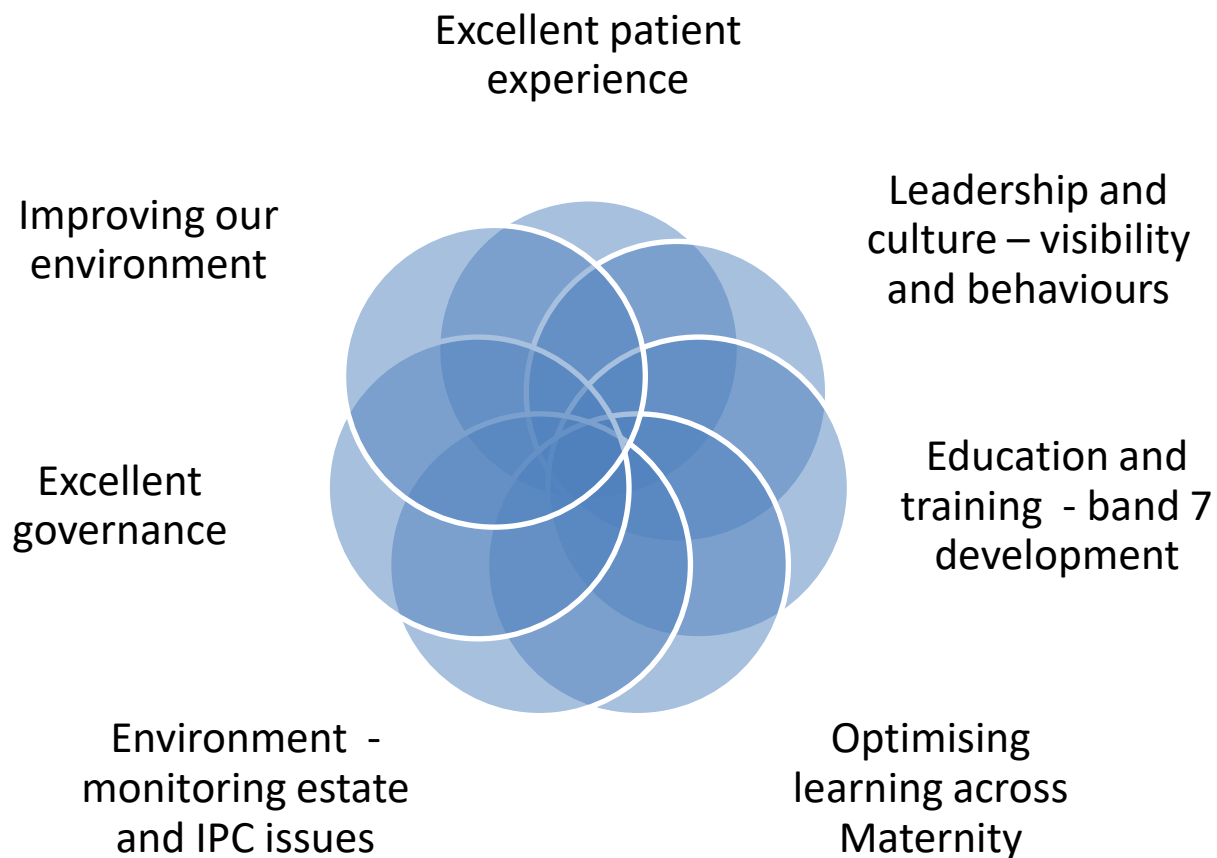


Ockenden compliance

Page 28

| Immediate and Essential Action | Compliance Level following initial evidence submission 28/6/21 | Progress in Compliance Level following appeal of evidence submission. 12/21 | Additional evidence available for submission to achieve 100% compliance April 22. |
|--|--|---|---|
| 1: Enhanced Safety | Partial 81% achieved 10 of 13 elements met | Partial 94% achieved 15 of 16 elements met | Evidence that all cases are referred to HSIB as per requirement |
| 2: Listening to Women and Families | Partial 88% achieved 15 of 17 elements met | Partial 94% achieved 16 of 17 elements met | Evidence of NED walkarounds available |
| 3: Staff Training and Working Together | Partial 83% achieved 15 of 18 elements met | Partial 88% achieved 16 of 18 elements met | Audit of Doctors ward round available, action required to achieve 100% implemented. |
| 4: Managing Complex Pregnancy | Partial 57% achieved 8 of 14 elements met | Partial 93% achieved 14 of 15 elements met | SOP written by Clinical director for use of Wessex pathways. |
| 5: Risk Assessment Throughout | Partial 93% achieved 14 of 15 elements met | 100% achieved 15 of 15 elements met | |
| 6: Monitoring Fetal Wellbeing | Partial 50% achieved 9 of 18 elements met | Partial 61% achieved 11 of 18 elements met | All evidence available: competency assessment document. Evidence of fetal monitoring midwife clinical presence. Agenda and evidence of attendance at FM meetings. |
| 7: Informed Consent | Partial 79% achieved 11 of 14 elements met | Partial 79% achieved 11 of 14 elements met | Both required audits now available to meet the criteria |
| 8: Maternity Workforce Planning | Partial 70% achieved 7 of 10 elements met | Partial 90% achieved 9 of 10 elements met | Work continues to bring all guidelines up to date. Our website is currently being updated. |

QI plan



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Defining the BOB ICS Development Roadmap

07 March 2022

Agenda Item 8

Defining the BOB ICS Development Roadmap



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)

Defining the BOB ICS Development Roadmap

Aims and underpinning principles

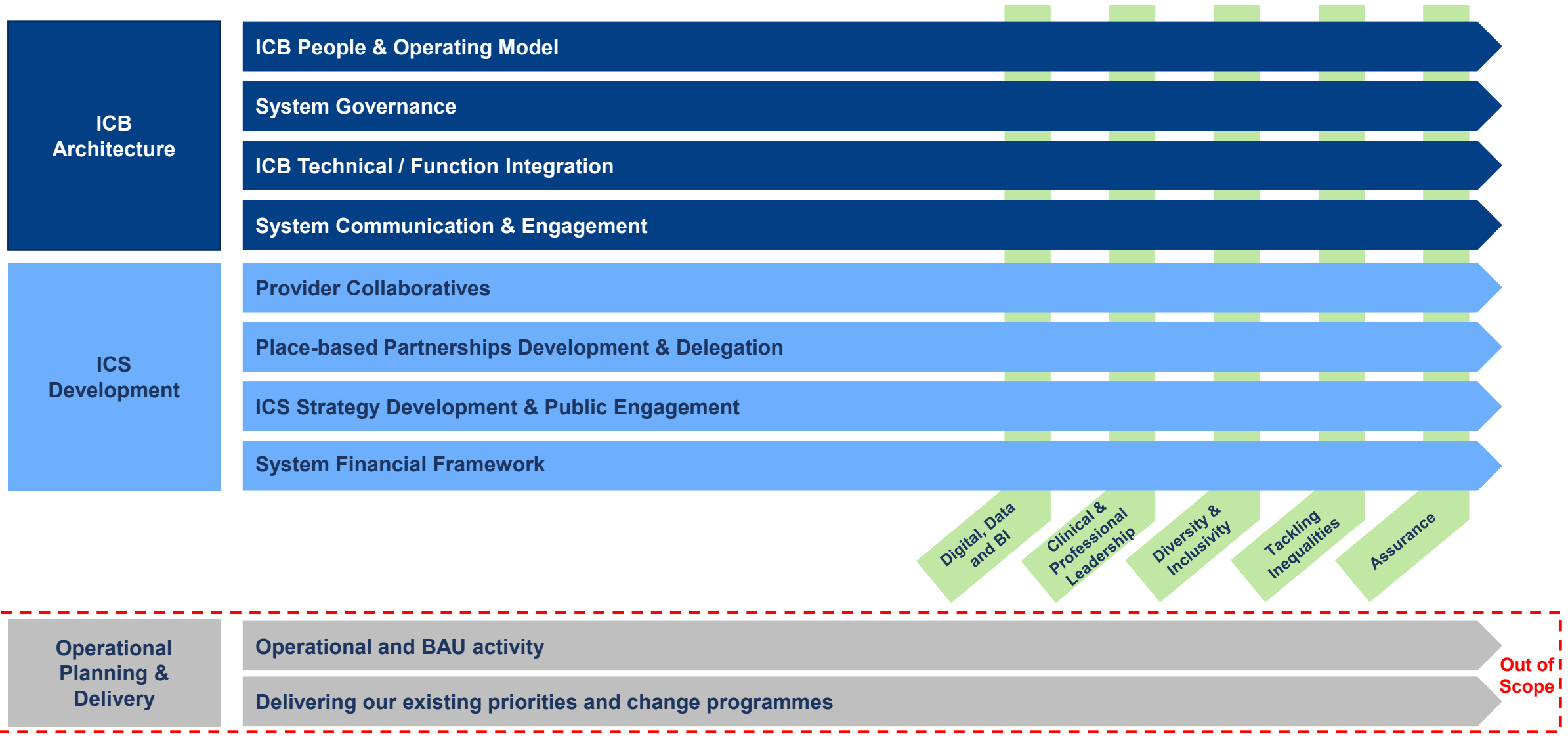
Ultimately, our changes should be focused on **enabling the ICS to deliver it's purpose:**



Defining the BOB ICS Development Roadmap

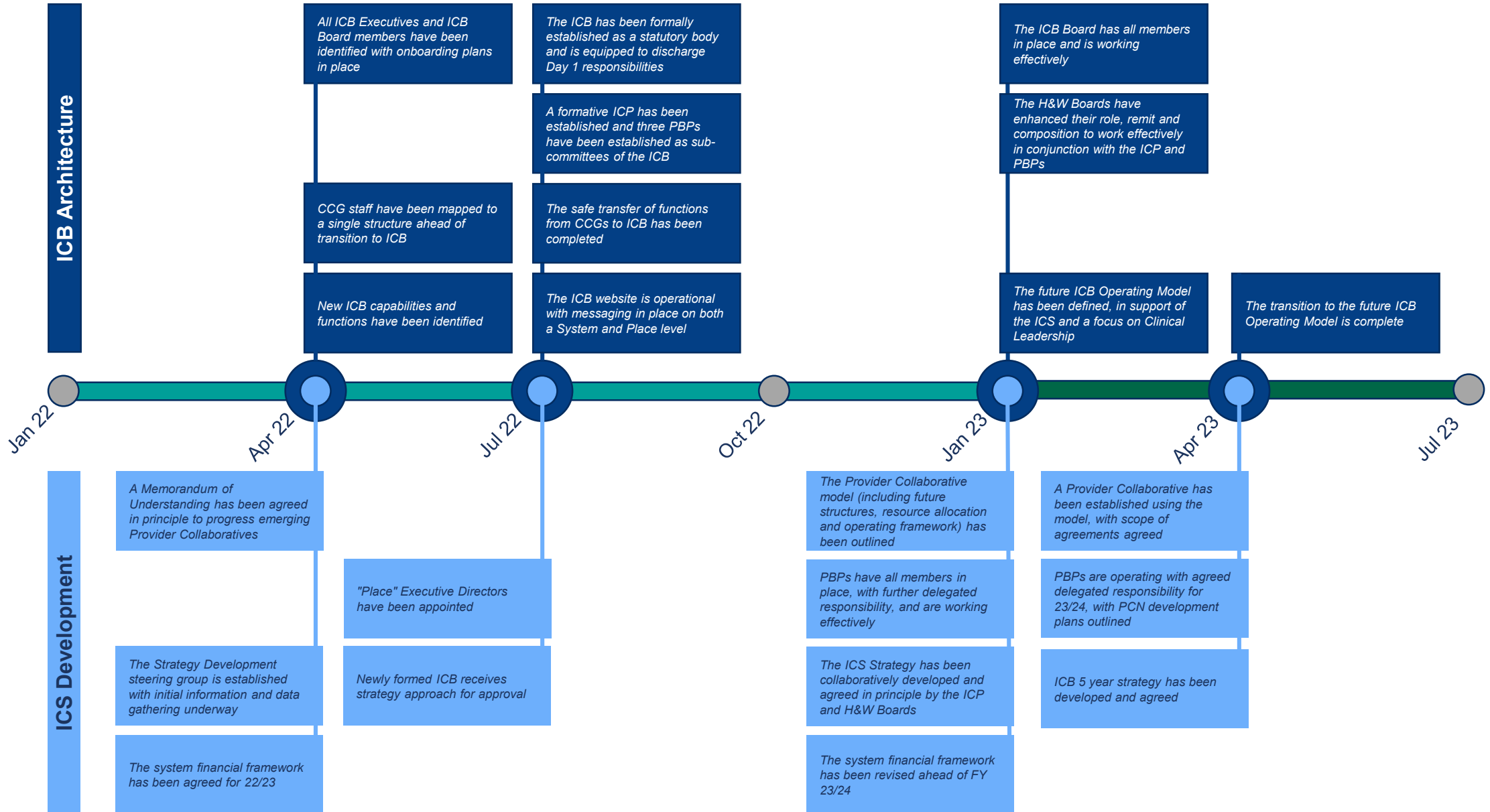


Key streams of work



Defining the BOB ICS Development Roadmap

Key outcomes over time



Defining the BOB ICS Development Roadmap

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.

Provider Collaboratives

- Our purpose is to **create a number of provider collaboratives across the system to facilitate delivery of higher quality, more efficient and more integrated care** for our patients and residents.
- We are **early in this journey and continue to work with our System Partners** to help:
 - 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
 - Understand the broader impact of Provider Collaboratives on the end to end patient pathways, ensuring the collaborative ultimately enables more integrated, effective care
 - Identify areas of health and care suitable for provider collaboration.
- Building off the existing Provider Collaboratives*, **the three acute providers will start to formalise a provider collaborative through the current BOB ICS Elective Care Programme.**
- The three providers are in the process of **agreeing a Memorandum of Understanding to support this ambition** and to drive the Elective Care agenda forward.

Place-based Partnerships Development & Delegation

- **“Places” will play a vital role going forward in:**
 - Supporting and developing primary care networks
 - Simplifying, modernising, and joining up health and care
 - Using population health management tools and other intelligence
 - Coordinating the local contribution to health, social and economic development to prevent future risks to ill health
 - Identifying and addressing health inequalities for population.
- **The formation of Place-based Partnerships (PBPs) is being driven through the System Governance activity**, where PBPs will be formally established, as committees of the Integrated Care Board, with initial delegated authority, by 1 July 2022.
- Establishing the governance groups is important but it's the **first step in mapping out how these groups will operate and importantly, what the role, remit and scope of PBP activities will cover**, from the 1 July, and then as the PBPs mature.
- There is **system leadership recognition that the Place-based development is key to making the ICS successful**, and the **ICB Chief Executive is working directly with place-based leadership to drive this work forward.**

ICS Strategy Development & Public Engagement

- **The ICS 5 year strategy will be built with our partners and in full, open dialogue with our citizens.** This is due by 31 Dec 2022.
- **The ICS strategy development approach will be data and fact driven**, it will build upon each **local authorities Joint Strategic Needs Assessment** and **we will work with our clinical leaders through the design of a clinical framework** before entering into a phase of **citizen and stakeholder engagement and deliberation to refine our strategic proposals.**
- The ICS approach to developing the strategy is in progress, with a view **to have a sound data and information platform in place in order to work with the Integrated Care Partnership (ICP)** when they are formally established from 1 July 2022.
- **Input and engagement on the strategy development approach will be sought from all partners** and where viable, **resources from our partners will be mapped to the team to support on a regular and ongoing basis.**

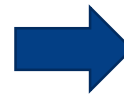
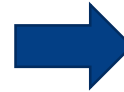
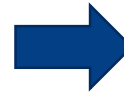
* Including Thames Valley in Mental Health (CAMHS Tier 4; Adult Secure provision; Adult Eating Disorder); pathology networks and the Thames Valley Cancer Alliance.

Defining the BOB ICS Development Roadmap

Key Risks and Mitigations

Risks

- 1 Balancing our change agenda and service responsibilities
- 2 Balancing the effort to set up PBP's 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 PBP's 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.

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| Agenda Item: |
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| Meeting: Buckinghamshire, Oxfordshire, and Berkshire CCGs Governing Bodies meetings in common (Workshop) |
|---|

| | |
|------------------------|---|
| Date of Meeting | 10 March 2022 |
| Title of Paper | Defining the BOB ICS Development Roadmap |
| Lead Director | Dr James Kent, Accountable Officer |
| Author(s) | ICS Development Board and Amanda Lyons, Interim Director of Strategy and Partnerships |
| Paper Type | Information / Assurance |
| Action Required | The Governing Body Members are asked to note the ICS Roadmap update |

Executive Summary

- The transition to an ICB statutory organisation, with existing CCG people and functions aligned to the new operating structure, is on track for delivery by 1 July 2022.
- The transition activity is supported by a detailed System Delivery Plan (SDP), which will be updated by the 31 March 22 to reflect the 3 month extension to the original ICB statutory operating date.
- Additionally:
 - We have a high-level ICS development roadmap which outlines the key activity and outcomes through to 1 April 23
 - We have outlined a set of risks, with mitigating actions
- Our focus to date has been laying the groundwork for the ICB (“the architecture”) including the safe transition of the CCG functions into the ICB, shaping the ICS Strategy development effort and capturing early activity to support the development of Place-based Partnerships and Provider Collaboratives.
- In the coming month will work with each of our Places to broaden our thinking on the Place-based Partnership Development with each partnership working on their local development plans. We will also focus on ICS Strategy Development including agreeing Executive leadership (where required) and how we harness the thinking now to accelerate our ICS priorities, to provide a level of confidence and detail well ahead of the formation of the ICB.
- Our aim is to use this as the basis for the updated System Development Plan (SDP) due to NHS England & Improvement by 31 March 2022. Furthermore, we will submit an updated Readiness to Operate Statement (ROS) on the 31 March 2022, which will complement the SDP, ahead of the legal ICB establishment on 1 July 2022.

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