

## BOARD MEETING

<b>Date of Meeting:</b> 21 March 2023	<b>Agenda item:</b> 07
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<b>Title of Paper:</b> Chief Executive and Directors Report
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<b>Paper is for:</b>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<b>Executive Summary and Implications</b>
<p>This report provides an update for the Board on key topics and items for escalation since the meeting in public on 17 January 2023 and ensures the breadth of Executive portfolios are covered.</p>

<b>Action Required</b>
The Board is asked to note this update.

<b>Date and Name of Committee at which Paper Reviewed:</b>
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<b>Authors:</b> Steve McManus, Interim Chief Executive, and the Executive Team
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<b>Date of Paper:</b> 8 March 2023
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<b>Conflicts of Interest</b>	
<p>This report contains information relating organisations led by members of the Board. The perspective of these members is an important aspect for enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.</p>	
No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	✓
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g., pecuniary benefit	
Conflicted party is excluded from discussion	

## CHIEF EXECUTIVE AND DIRECTORS' REPORT

### Context

1. This report aims to update the Board on key topics of relevance in the Integrated Care System (ICS) and items for escalation across the breadth of Executive portfolios.

### System working - overview

2. When we last met our services had been under sustained operational pressure from increased demand and acuity with flu and COVID admissions to hospital peaking over the Christmas/New Year period. Pressures remain significant across the system despite a reduction in the Emergency Department (ED) attendance volumes and an improvement against the 4hr performance standard.
3. Industrial Action has affected services over the last two months as follows:
  - Action taken:
    - 26 January action by the Chartered Society of Physiotherapy at Berkshire Healthcare NHS Foundation Trust and Royal Berkshire Foundation Trust (RBFT)
    - The Royal College of Nursing (RCN) took action over two consecutive days on 6 and 7 February (each for 12 hours) affecting Royal Berkshire NHS Foundation Trust (RBFT), Oxford University Hospitals NHS Foundation Trust (OUH), Oxford Health NHS Foundation Trust (OH) and South Central Ambulance Service (SCAS).
    - GMB staff at SCAS also took strike action on 6 January.
  - We worked closely with the Trusts to ensure the safety of services ahead of and to support them during the strike action. Some outpatients' appointments and planned operations had to be cancelled.
  - Action announced but subsequently paused as unions started discussions with the Government:
    - 48 hours continuous industrial action by RCN planned to start at 6am on 1 March.
    - GMB, U'nite and Unison had all planned industrial action affecting SCAS on 6 and/or 8 March which has been paused.
  - The British Medical Association (BMA) announced that junior doctors will strike for 72 hours from 7am on 13 March to 7am on 16 March. This will have significant impact across all providers and as before we are working closely with the Trusts to ensure the safety of services ahead of and to support them during the strike action.
4. The Executive team took part in a Q3 ICB oversight meeting with the NHS England (NHSE) Regional team on Tuesday 7 March. Discussions focused on:
  - The progress made over the last quarter in system development and in some areas of performance such as reduction in long waiters and beginning to see sustained reduction in cancer 62 day waits.
  - The focus in Buckinghamshire, Oxfordshire, Berkshire (BOB) on working together with NHSE support to improve urgent and emergency care performance.
  - An overview of the work undertaken to deliver the 2022/23 financial plan and how this is being taken forward in financial planning for 2023/24.
  - The increasing maturity of the ICB as an organisation demonstrated through identifying and managing risks across the system and developing partnerships that both support the work we do and support the work of our partners.

## Partnerships

### *Local authority areas of focus*

5. LA partners have been finalising and approving through their individual council meetings the budgets for 2023.
6. Regulators are visiting and expected in a number of children's services within BOB and further details will be provided in due course.

### *Voluntary, Community and Social Enterprise (VCSE) partners*

7. We held a joint workshop (attended by non-executive and executive members of the ICB and Trust representative) with members of the BOB VCSE Alliance on 8 March to continue to build this relationship. This will support us to develop a signed partnership agreement between the BOB VCSE Health Alliance and the ICB and set out our commitments as partners, identify the principles for joint working and establish the practical issues we will work on together. The breakout sessions in the workshop provided us with lots of material to build on and our Director of Governance will work with the Alliance Partnership manager to progress this.
8. Each of our three Places has been allocated targeted funding to address health inequalities. We will engage with VCSE organisations in developing the Place plans to make best use of this funding to reduce inequalities among our population.
9. I continue to visit services and teams across our patch and since our last meeting have had excellent visits to services run by our VCSE partners, emphasising their important contribution to supporting our population. I would like to thank all the staff who spent time with me to describe and demonstrate the opportunities they are creating, and how our system is supporting them to provide services to the people who need them most. These visits have included:
  - The hospice at Florence Nightingale House (palliative and end of life inpatient care, hospice at home, outpatient, and day services)
  - South Oxfordshire Food and Education Alliance (SOFEA) which works with 14-24 year-olds to build their employability while providing nutritious food for those in need where socio-economic challenges and inequality have a profound effect on young people's lives.
  - Blackbird Leys Community Centre where Oxford City Council colleagues and residents showed us how the community works together to improve health by offering a diverse range of opportunities from parent-led services to support children and family wellbeing to badminton sessions to pop-up shops selling Halal food. Truly local, community managed services like these make a positive difference to people's health and wellbeing.

### *Development of provider collaboratives*

10. The Buckinghamshire, Oxfordshire, Berkshire West Mental Health Provider Collaborative (Oxford Health and Berkshire Healthcare) has been chosen as a national provider collaborative innovator. It will receive support from NSHE to help accelerate development and benefits for patients.

### *Our academic partners*

11. The Oxford Academic Health Science Network's (AHSN) remit is to advance innovation, transform clinical practice and improve outcomes, safety, and experience for everyone across our diverse geography, through collaboration between the NHS, the life sciences industry, and universities. The AHSN is also host to the Oxford Patient Safety Collaborative (PSC), which works to develop safety initiatives and quality improvements through networks of NHS and care staff, patients and families, national and local partners, academics, life science industries and voluntary organisations. In February, the PSC, together with our

chief medical officer Dr Rachael de Caux and chief nursing officer Rachael Corser, brought together colleagues from across all our health partner organisations to begin developing a system-wide approach to quality and assurance. We are also collaborating with the PSC to run a series of network events for colleagues working within the three emergency departments across our system to provide peer support - given the extraordinary challenges they have recently faced - and to look ahead at quality and safety improvement they can develop together over the coming year. This highlights the strength of our ICB role to facilitate and develop these opportunities for quality and safety improvement across the whole system, especially through innovation and technology.

12. We will be holding a system-wide education forum on 15 June 2023 with the ICB, Health Education England, our education providers and key education and workforce leads. The inaugural forum will be hosted by the Vice Chancellor of Oxford Brookes University, in partnership with the Buckinghamshire Health and Care Academy, and will set out the education and learning priorities for our workforce and support our developing ICS People Plan.

### **System Strategy Development**

13. The Integrated Care Partnership (ICP) has now held two meetings. At the most recent meeting on 1 March, the ICP considered the outcome of the engagement on the draft strategy and approved the first Integrated Care Strategy for BOB ICS. The ICP endorsed the need to focus on strengthening our partnership working as we can achieve more together and expressed a desire to become more ambitious.
14. We are developing the Joint Forward Plan (JFP) to show how we intend to deliver the ambitions of the BOB Integrated Care Strategy. Our plans will be structured around the same strategic themes as the Integrated Care Strategy, with a focus on how we will achieve our ambitions over five years.
15. The service delivery plans in the JFP will be supported by the ambitions for our system workforce, digital strategy, and other key enablers. Development and agreement of these will take place through the relevant committees; for example, Digital and Data through the Productivity Committee and the People Plan through the People Committee before publication as part of a 'strategy suite'.

### **Integrated Care Board (ICB): Director Updates**

#### *People and Organisational Development*

16. Following consultation with our staff, the proposed ICB structures have been finalised by the executive team and the response shared with staff on 7 March. The engagement and input of our staff was high in quality and quantity and all feedback has been used to inform final structures and has been responded to. We will now move to ensure all our current staff have a clear role in the organisation before we fill new roles subject to funding.
17. The results of the NHS Staff Survey were published on 9 March.
  - There are some very positive results from a couple of our providers (BHFT second best in the country re mental health providers and RBFT 7th best for acutes) with the SE overall having the highest response rate in England.
  - The ICB results were more mixed which is not surprising given the timing (September to November) of the Survey and the degree of change and uncertainty our staff have experienced.
  - Work will now take place to review the findings in more detail, along with a presentation from the Survey Provider to fully understand the responses, which will aid the development (with our staff) of our OD plan and work.

18. Recruitment to our remaining executive positions (Chief Delivery Officer, Chief Digital and Information Officer, Chief People Officer and Director of Strategic Delivery and Partnerships). The posts are currently being advertised and stakeholder sessions and panel interviews are planned to take place at the end of April/early May.
19. ICB Director personnel changes:
  - This is Jim Hayburn's last meeting as our Interim Chief Finance Officer (CFO) and I would like to thank him for all he has done in working with our partners to improve this year's financial position and reach agreement on our approach to 2023/24 financial planning. Matthew Metcalfe will start in post as our permanent CFO on 1 April 2023.
  - Sonya Wallbank, our Chief People Officer (CPO) left the ICB on 28 February. Karen Beech has taken on the role of Interim CPO.
  - The Director of Strategy and Partnerships post has been vacant since Amanda Lyons left. We have agreed that Rob Bowen will act up into the Director role until we make a permanent appointment.
  - Rob Beasley, Interim Director of Communications & Engagement also left on 28 February. While we are out to recruitment for a permanent appointment, Nick Samuels from Freshwater is covering this role.
20. All ICBs received a letter from NHSE to outline the approach to the running cost allocation (RCA) over the next two years. Baseline RCA has already been held flat in cash terms in 2023/24. The letter confirms that RCA will then be subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25. We will work through the implications of this for our 2023/24 baseline and overall allocation and finalisation of staffing structures.

#### *Financial*

21. The focus over the last two months has been to ensure we deliver our agreed ICS outturn of a maximum deficit position of £44m alongside working with our system partners on developing and agreeing our 2023/24 financial plan.

#### *Quality and Safety*

22. The Joint Committee on Vaccination and Immunisation (JCVI) has confirmed its advice for a 2023 spring coronavirus (COVID-19) booster programme. A spring dose will be offered to:
  - Adults aged 75 years and over.
  - Residents in a care home for older adults.
  - Individuals aged 5 years and over who are immunosuppressed.
23. The booster campaign will run from April to late June and be delivered by primary care, OHFT, community pharmacies, and our hospitals will provide opportunistic vaccinations for those over 75 discharged to a care home. People who are eligible for the booster will be contacted to let them know how to book and access the service.

#### *Delegated Commissioning*

24. NHSE approved a revised Primary Care and Delegation Agreement for 2023/24 at their Board on 1 December 2022. The changes are minor, predominantly intended to future-proof the agreement to accommodate additional NHSE functions (i.e. Specialised Commissioning). In line with the ICB Scheme of Reservation and Delegation the Chief Executive will sign the updated delegation agreement.

#### *Primary Care*

25. I have had some stimulating visits to some of the Primary Care Networks and practices in BOB. I would like to thank the staff at Berrycroft (Aylesbury), Leys (Oxford) and Manor

Surgery (Oxford) who spent time showing me round and highlighting key areas of their work. This has given me valuable insight into how primary care services continue to develop to support the increasing demands and increased complexity of their registered patients. GPs continually juggle oversight of multidisciplinary teams, clinical accountability, and their frontline patient-facing roles. The visits also highlighted the importance of the ICB in supporting General Practice to make best use of the funding for additional roles and access to funding for premises development.

26. This month the ICB completed our initial baseline assessment against the key components of the Fuller stocktake. Although it demonstrates we have a long way to go as a system to deliver the benefits of Integrated Neighbourhood Teams, we also have pockets of innovation and a real enthusiasm to start our journey.
27. The organisation has also signalled its intention to continue our commitment to the GP Leadership Groups (GPLGs) so that primary care providers can be enabled to have effective involvement, engagement, and voices in the ICS. The ICB has valued the input of the three GPLGs over the last year establishing a fortnightly group to drive forward primary care transformation as well as engagement and representation.
28. The 2023/24 GP contract has now been published. Main points include:
  - Naturally, there is a big focus on access for patients with patients to be offered an “assessment of need” at first contact or to be sign posted to this most appropriate service. This will lead to a simpler journey for patients and a much more streamlined process. Practices will be supported to help deliver the same day and 2 weeks access targets published in the operating plan and we await the National Access & Recovery plan that will be published shortly.
  - The improvement and investment framework has been significantly refocused on 5 national priorities. These are around access as above, flu vaccinations, learning disability health checks and continuing focus on early cancer diagnosis.
  - Quality Outcomes Framework (QOF) changes are to include focus on mental health and prevention of cardiovascular disease (cholesterol targets).
  - There is also greater flexibility in the use of additional primary care roles funding to be able to employ more mental health practitioners, apprentice physicians associates and advanced nurse practitioners.
29. The Board should note that the contract was not agreed in its entirety with the GP negotiating body the GPC so there may be a risk of further action.