



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Our Operating Model

Transforming how we work

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Introduction

At Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) we are a statutory organisation, responsible for providing leadership of the NHS in our area. We do this by planning, funding and overseeing services for our population of 1.8 million people and making decisions about the best use of our £3.6bn budget to meet our residents' needs. Our Integrated Care Strategy and Joint Forward Plan set out our high-level ambition of how we want to do this.

Over the last few years, as our organisation has been established, we have been through a lot of change. This has created uncertainty and sometimes a lack of clarity as to our purpose, how we work and how we can best add value. We have therefore reviewed and refreshed our operating model so that we are able to:

- Focus on what we are **uniquely placed** to do as a system leadership organisation
- Deliver our core functions **effectively** and **efficiently**
- Build the right **culture and behaviours** to work well across our teams and in collaboration with our partners.

What is an Operating Model?

An operating model defines how an organisation structures its teams, functions, activities and processes to achieve its objectives and deliver value.

This document defines our purpose, the roles and responsibilities within our organisation, and how we will work collaboratively with our partners across the health and care system.

How was our Operating Model developed?

Our operating model was developed through extensive consultation, collaboration and engagement with both our staff and partner organisations. Feedback helped shape the final Operating Model and refined our approach to service delivery.

Our context: our population

Nearly 2 million people live and work across BOB. The health and care needs of our residents vary considerably, depending on circumstances, ability to access support when required and experience of using NHS services:

Inequalities



Life expectancy gap of over **10 years** between least and most deprived areas



58,000 people live in areas in the **20% most deprived areas** nationally



People in deprived areas within BOB develop poor health **10-15 years earlier**

Health conditions



12% of adults have **depression**



6 out of 10 people are **obese or overweight**



It is estimated that **3 in 5** people over 60 years have a **long-term condition**

Demographics



The number of people aged 65 and over will **increase by 1/3** in 10 years



Nearly **1 in 5 people** are **over 65** years old and 1 in 4 people are under 19



People from **ethnic minority groups** are more likely to live in deprived areas

Our context: our ICS partners

We are part of BOB Integrated Care System (BOB ICS) working together with partners to deliver our 4 shared aims:



8000+ voluntary organisations



150+ GP practices



5 Healthwatch organisations



5 universities



68,000 health and care staff



250 care homes



800+ schools



200+ dental practices



250+ pharmacies



3 acute/integrated hospital trusts



5 unitary/upper tier local authorities



2 mental health trusts



1 ambulance trust



5 district councils

1



Improve outcomes for our population health and healthcare

2



Tackle inequalities in outcomes, experience and access

3



Enhance productivity and value for money

4



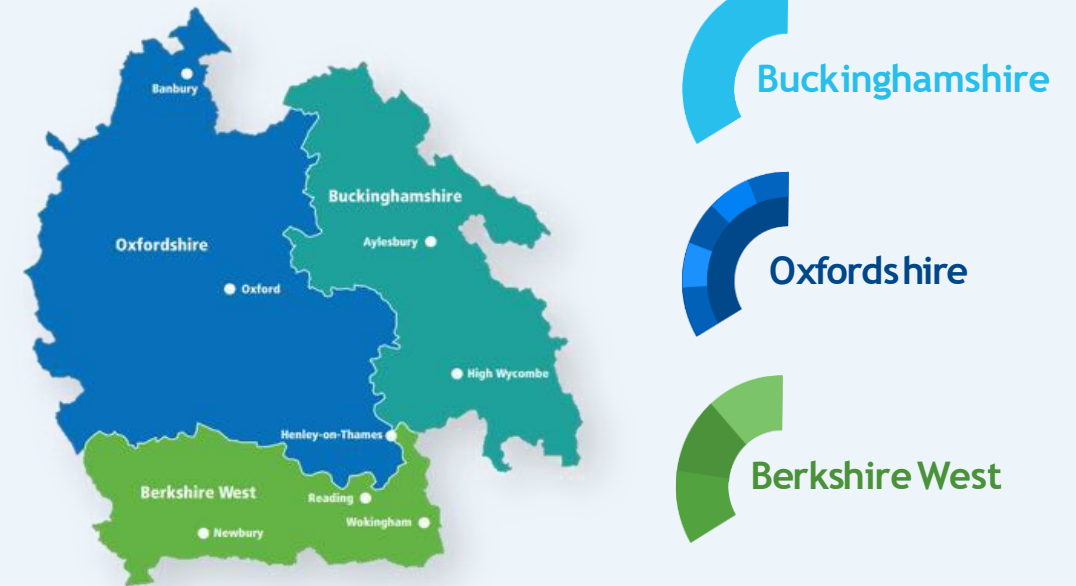
Support broader social and economic development

Our context: our places

The majority of the health, care and other public and voluntary services people use are delivered within the community or 'places' where they live or work

We believe that place partnerships are critical to the success of the ICB and our wider integrated care system.

- Our system is made up of three places, which are smaller geographies that align closely to **local authority** footprints and provide the foundation for much of our work on a larger scale.
- Each of our places has an established **place-based partnership** that collaborates across different organisational boundaries to integrate services based on people's needs.
- In addition to our teams who work at system level, we have **ICB place-facing teams** who work closely with our place partners (see page 18).
- The ICB, in line with national policy, fully supports the **delegation of service and budget responsibility** to place based partnerships and we continue to work with local partners to achieve this.



Our context: provider collaboratives

Within our system, we have two provider collaboratives, focused on driving collaboration across our acute and mental health NHS trusts to deliver greater impact together:

Provider collaboratives are partnership arrangements between NHS Trusts focused on:



Reducing **unwarranted variation** and **inequality**



Ensuring **efficiencies** and **economies of scale**



Improving the **resilience of services**, for example, through mutual aid

Acute Provider Collaborative

- Royal Berkshire NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust

Mental Health Provider Collaborative*

- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust

Provider collaboratives are a critical part of how we will continue to work together across our system to help us achieve the best outcomes for our patients and communities.

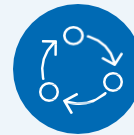
Our purpose and role

“Leading the NHS in Buckinghamshire, Oxfordshire and Berkshire West so that it is fairer, more sustainable & improves people’s lives”



ICB as a system leader

We have a statutory responsibility to arrange health services for our population by setting direction, allocating the NHS budget, overseeing delivery and driving transformation, integration and improvement.



ICB as delivery organisation

We arrange and manage certain services on behalf of the wider system, including All Age Complex Continuing Care; Primary Care Operations; GP IT; Prescribing and High-Cost Drugs.



ICB as a system partner

We work in partnership with local organisations including the Integrated Care Partnership (ICP), the provider collaboratives, and place partnerships amongst others.

How we work to deliver our purpose



Delivery, Performance & Oversight

The Delivery, Performance & Oversight directorate is responsible for:

- **Oversight of provider operational performance** including delivery of constitutional standards.
- Partnership working with our three places through a dedicated **place-facing team**.
- ICB and **system resilience and emergency planning** to ensure robust and resilient responses to incidents or disruptive events.

Core Functions

- Performance, delivery and oversight of:
 - Community NHS and integrated services
 - Urgent and Emergency Care
 - Planned Care
 - Mental Health, Community, Learning Disability & Autism and Special Education Needs and Disabilities
- Place partnerships and joint commissioning
- Emergency planning, resilience and response (EPRR) and System Co-Coordination Centre (SCC)
- Thames Valley Cancer Alliance (hosting)

[Delivery, Performance & Oversight](#)

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Finance

The Finance directorate is responsible for:

- Developing and reporting on **annual and long-term system financial plans** to support delivery of high-quality NHS services
- **Oversight, control and management** of system and ICB finances
- **Contract management and procurement** to ensure alignment with finance controls and value for money.
- System and ICB **capital planning**

Core Functions

- System financial strategy and planning, including long term planning, transformation and efficiencies
- Financial management for the ICB
- Finance business partnering – empowering budget holders and managers
- Management accounting and reporting for the ICB and reporting for the system
- Capital and estates planning and reporting
- Contracting and contract management
- Procurement

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Medical

The Medical directorate is responsible for:

- Providing **medical clinical leadership** across the ICB.
- Delegated **commissioning of primary care** – GP services, community pharmacy, optometry and dentistry.
- **Clinical effectiveness** and Individual Funding Requests.
- **System-wide programmes** which include Medicines optimisation; health inequalities and Long-Term Conditions.

Core Functions

- | | |
|---|---|
| • Primary Care Operations | • Clinical Effectiveness |
| • Primary Care Transformation | • Health Inequalities & Prevention |
| • Primary Care Infrastructure & Pharmacy, Optometry & Dentistry (POD) | • Long-Term Conditions (LTC) including LTC networks |
| • Medicines Optimisation | • Medical Clinical Leadership |

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Nursing

The Nursing directorate is responsible for:

- Providing **strategic and clinical leadership** to nursing and Allied Health Professional staff, ensuring that nursing practices are evidence-based and aligned with national standards.
- Overseeing the **quality and safety of care** across the system, ensuring implementation of the ICB Quality Assurance Framework and delivering the statutory quality functions.
- Leadership and oversight of **All-Age Complex & Continuing Care (AACCC)**.
- Delivering ICB statutory duties on **children and adult safeguarding**.

Core Functions

- | | |
|---|---|
| <ul style="list-style-type: none"> • Safeguarding • Maternity, Women’s and Young People services • Quality – including Infection Prevention Control (IPC), Clinical Standards and Vaccinations | <ul style="list-style-type: none"> • Allied Health Professions and Clinical Leadership • All-Age Complex Continuing Care (AACCC) • Clinical Placements |
|---|---|

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People

The People directorate is responsible for:

- **Our people's experience** - relationships with staff, including engagement, wellbeing, and addressing any employment issues.
- Developing and implementing **HR policies** that align with NHS standards and regulations and support our culture and behaviours
- Providing **strategic workforce leadership** across the BOB system and support to shape the workforce to adapt to changing healthcare demands.

Core Functions

- ICB HR services and staff wellbeing
- ICB organisational development
- ICS workforce strategy and leadership
- Workforce Planning, Training and Education
- Equality , Diversity and Inclusion

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Strategy, Digital and Transformation

The Strategy, Digital and Transformation directorate is responsible for:

- **Strategic commissioning and system planning** to inform the allocation of resources.
- System **development and transformation** to create a more resilient and sustainable system harnessing local **research and innovation** capabilities and expertise.
- Leading delivery of system **digital, data and technology** strategy, managing digital / data services and providing digital support.
- Ensuring organisational and statutory functions are supported by effective **governance** to enable the smooth running of the ICB.
- **Public involvement, communications and engagement** activities, working with system partners to inform and engage with our local population.

Core Functions

- | | |
|--|---|
| <ul style="list-style-type: none"> • Strategic commissioning and coordination of system planning (including specialised commissioning) • System development, transformation and improvement, research & innovation | <ul style="list-style-type: none"> • ICS digital and data strategy, transformation and service delivery • Governance • Communications, engagement and public involvement |
|--|---|

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How we work: aligning to deliver our purpose

- **Our purpose** – “Leading the NHS in BOB so that it is fairer, more sustainable and improves people’s lives”
- **Our teams** – Organising our teams to deliver our core roles – system leader; delivery organisation & system partner
- **Our processes** – Developing effective and efficient processes to enable us to execute our roles and have an impact



- **Our culture** – Embedding our values in all we do: Respectful, Integrity, Collaborative, Leadership, Impactful
- **Working with our places** – Working in partnership with our three places, alongside our system work at scale across BOB
- **Learning and improving** – Working with our people, communities & partners to understand how we can improve to strengthen our impact

How we work: our Board and executive team

The ICB Chair is accountable for the ICBs strategic direction and ensuring the organisation remains continuously able to discharge its duties and responsibilities as set out in the ICB constitution. The ICB Board is responsible for agreeing the ICB's plan and holding the organisation to account for delivery. The Board is supported by a number of assurance sub-committees, chaired by non-executive members and attended by the relevant directorate leads and functional experts from the ICB and the BOB system.

The Chief Executive is responsible for running and overseeing the ICB organisation and is accountable to the ICB Board.

The ICB Chief Executive is supported to deliver the commitments of the ICB through the leadership of the six ICB Chief Officers (executives), who each lead a directorate team to deliver their agreed set of responsibilities.



How we work: system & place

The ICB, in line with national policy, is completely committed to Place development, Place partnerships and over time, the delegation of responsibilities to Place for service delivery, allocating and managing resource, as the local partnerships mature.

Place partnerships and Integrated Care Boards have defined and complementary roles, as set out in law & national guidance.

ICB ¹	Place partnerships ²
<ul style="list-style-type: none"> • Set direction – agree a plan to meet population health needs. • Allocate the NHS budget – arrange the provision of healthcare services to secure improvements in population health, prevention, diagnosis and treatment of illness. • Oversight and assurance – first line oversight of provider performance. • Drive transformation and improvement – duty to secure continuous improvements in effectiveness, safety and quality of services. 	<ul style="list-style-type: none"> • Shared plan – Work together to agree shared plans to address needs of local population. • Coordinate delivery – collaborate to improve health outcomes, prevent ill-health and reduce inequalities. • Build partnerships – bring together partners to meet the needs of local people and communities. • Influence improvements – in the wider determinants of health and social and economic development.



- Place partnerships are critical to the success of the ICB and our wider integrated care system.
- We want to continue the connection between our place teams and the wider ICB, so are retaining a Director level post to oversee and coordinate our place-based activities and place focussed teams through the ICB structures
- This shift will support our teams to be both part of driving improvement at local neighbourhood and community level, whilst also supporting and better informing our ambition to tackle inequality at scale and improve outcomes across the system.

How we work: ICB Place Leadership

The Integrated Care Board is committed to seeing each of our places and place partnerships thrive and is committed to working collaboratively with local teams to support ongoing development. This will be achieved through:

ICB resource	<p>Consistent Leadership across our three Places</p> <ul style="list-style-type: none"> The Director of Place and Communities will be responsible for overseeing and leading the ICB's activity at place including budgets and resourcing. They will be supported by three place focussed Associate Directors and the relevant joint commissioning leads. This approach aims to provide consistent and balanced support across our place partnerships. 	<p>ICB Executive Sponsor for each Place</p> <ul style="list-style-type: none"> A named member of the ICB executive team will have responsibility for strengthening relationships and collaboration between the ICB and each Place Partnership. This will create a direct connection between each place and the ICB Board. It will ensure the place voice, patient experience and work is more widely represented and integrated with the ICB Board, Executive and wider teams. 	<p>Place focused ICB teams</p> <ul style="list-style-type: none"> Many of the ICB's functional teams have dedicated place focused roles and responsibilities. These aim to ensure local teams are appropriately supported and the ICB is active in shaping, delivering and improving local services with partners. Services with a consistent local presence include SEND, Health inequalities, AACCC, and others.
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Place Convenor - Place partnerships are responsible for establishing their leadership model which may include a place convenor. The ICB is supportive of this approach. The place partnership will agree if the Place Convenor role is required and define and appoint to the role where necessary.

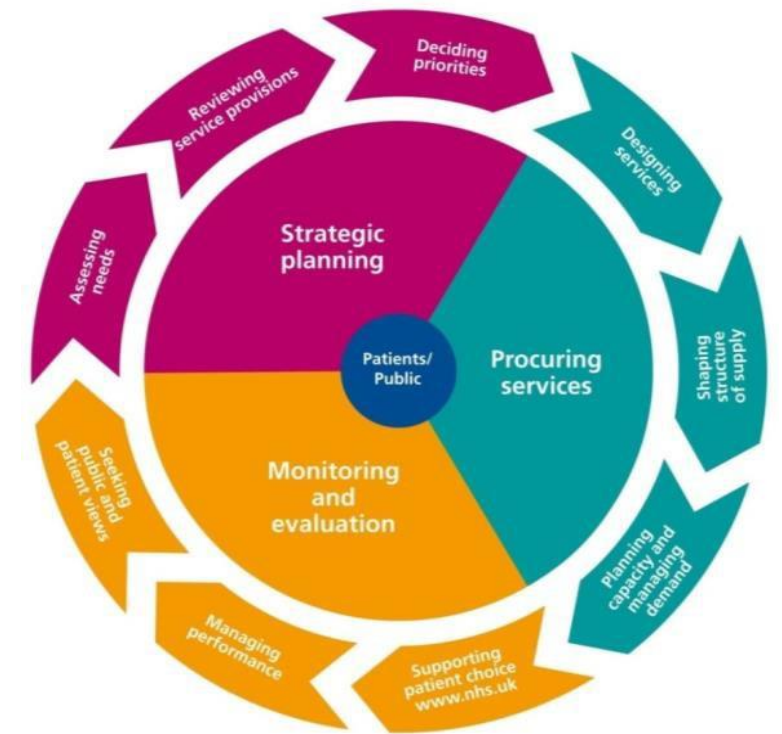
The Place Convenor role will promote and develop place-based partnerships, facilitate priority-setting and strategic alignment and support decision-making between organisations across sectors.

How we work: Strategic commissioning

A critical function of the ICB is to arrange the provision of services, through the efficient allocation of resources to meet the needs of our population.

The Strategic Commissioning team will lead and coordinate this activity, working with teams across the ICB. The team will:

- **Set direction** - Develop long-term frameworks for service areas that will inform the planning, delivery and transformation activities, promote sustainable pathways of care, reduce inequity and shift of investment into areas such as prevention and primary and community services.
- **Evidence based** - Ensure commissioning decisions are evidence-based, intelligence led and provide the best means for the delivery of our purpose and strategic aims within the resources available.
- **Clinically led** - Be led by subject matter experts, including clinicians, from across service areas to ensure the ICB is equipped with the right skills, knowledge and experience.
- **Collaborative** - work closely with external and internal system partners, including NHS trusts, place partnerships, local service leaders, and other ICB functional teams who remain critical to delivering the activities of the commissioning cycle.



¹[NHS England commissioning cycle](#)

How we work: commissioning cycle

All our teams play an important role in helping us fulfil our statutory role of arranging healthcare services for our population:

Directorate	Strategic Planning	Procuring services	Monitoring & evaluation
Strategy, Digital & Transformation	<ul style="list-style-type: none"> Gathers data, evidence and analysis to ensure insight-based commissioning Sets overall direction and runs prioritisation and allocation process as part of annual and in-year planning 	<ul style="list-style-type: none"> Collaboratively designs the service including the outcomes and transformation required, working with partners and ICB colleagues Defines the service specification 	<ul style="list-style-type: none"> Seeks public and patient views to inform service improvements Uses business intelligence and analytics to support better decision making
Delivery, Performance & Oversight	<ul style="list-style-type: none"> Provides subject matter expertise on operational performance and delivery Understands pathway specific challenges, provider capabilities and capacity 	<ul style="list-style-type: none"> Inputs to specification development and performance requirements Feeds back on delivery opportunities and potential risks/constraints 	<ul style="list-style-type: none"> Coordinates provider interactions, oversight and assurance Monitors, reports and assures delivery of planning guidance and other related commitments
Finance	<ul style="list-style-type: none"> Financial framework and analysis incl. impact of local controls Support prioritisation process 	<ul style="list-style-type: none"> Lead on putting service design and specification in the relevant contract. Technical liaison with providers 	<ul style="list-style-type: none"> Support delivery and integrated performance reporting (finance, performance and quality)
Nursing	<ul style="list-style-type: none"> Oversight of service quality and safety; ensuring clinical standards are maintained and included in the commissioning detail where required; advising on service improvements; patient experience. 		
Medical	<ul style="list-style-type: none"> Subject matter expertise for the end-to-end planning and management of primary care service provision as per delegated commissioning arrangements (general medical, pharmacy, optometry and dental services) 		
People	<ul style="list-style-type: none"> Coordinating workforce planning for NHS service provision to support delivery of the strategic priorities. Plan developed collaboratively in the context of wider ICS workforce strategy. 		

How we work: our people and communities

As we implement our operating model, we will be strengthening our approach to working with our local people and communities, putting more dedicated resource and focus to support this aim:

We will be guided by the principles in our engagement strategy:

- **Listen** – active listening to learn from the knowledge and experience of others.
- **Understanding** – continually build our understanding by reaching out to communities, inviting input and showing how that input contributes to our work.
- **Engaging** – ensure our engagement activity is always meaningful and tailored to the people and organisations we are engaging with.
- **Informing** – meaningful engagement can only take place when people are adequately informed.
- **Enabling & co-producing** – build and foster effective relationships to allow for genuine co-production wherever possible.
- **Embracing diversity, equality, and inclusion** - BOB ICB will champion diversity, equality, and inclusion and we will ensure that representation is visible. We will constructively challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.



How we work: our culture, values and behaviours

Our values were developed by our teams when the ICB was formed in 2022. As we implement our operating model, we will continue to develop our culture and behaviours, being clear about what our values look like in practice across all our teams and interactions.

Our values at BOB ICB



Respectful



Integrity



Collaborative



Leadership



Impactful

Working with all our teams and staff networks, we will also continue to implement the **NHS People Promise** ensuring we are compassionate and inclusive, everyone feels they have a voice, we work as a team and are always learning and improving together.

Thank you for reading our Operating Model

More information can be found at: bobicb.nhs.uk

Leading the NHS locally, for fairness, sustainability & improvement