Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Thursday 1st December 2022
Time: 12:15 am
Location: MS Teams

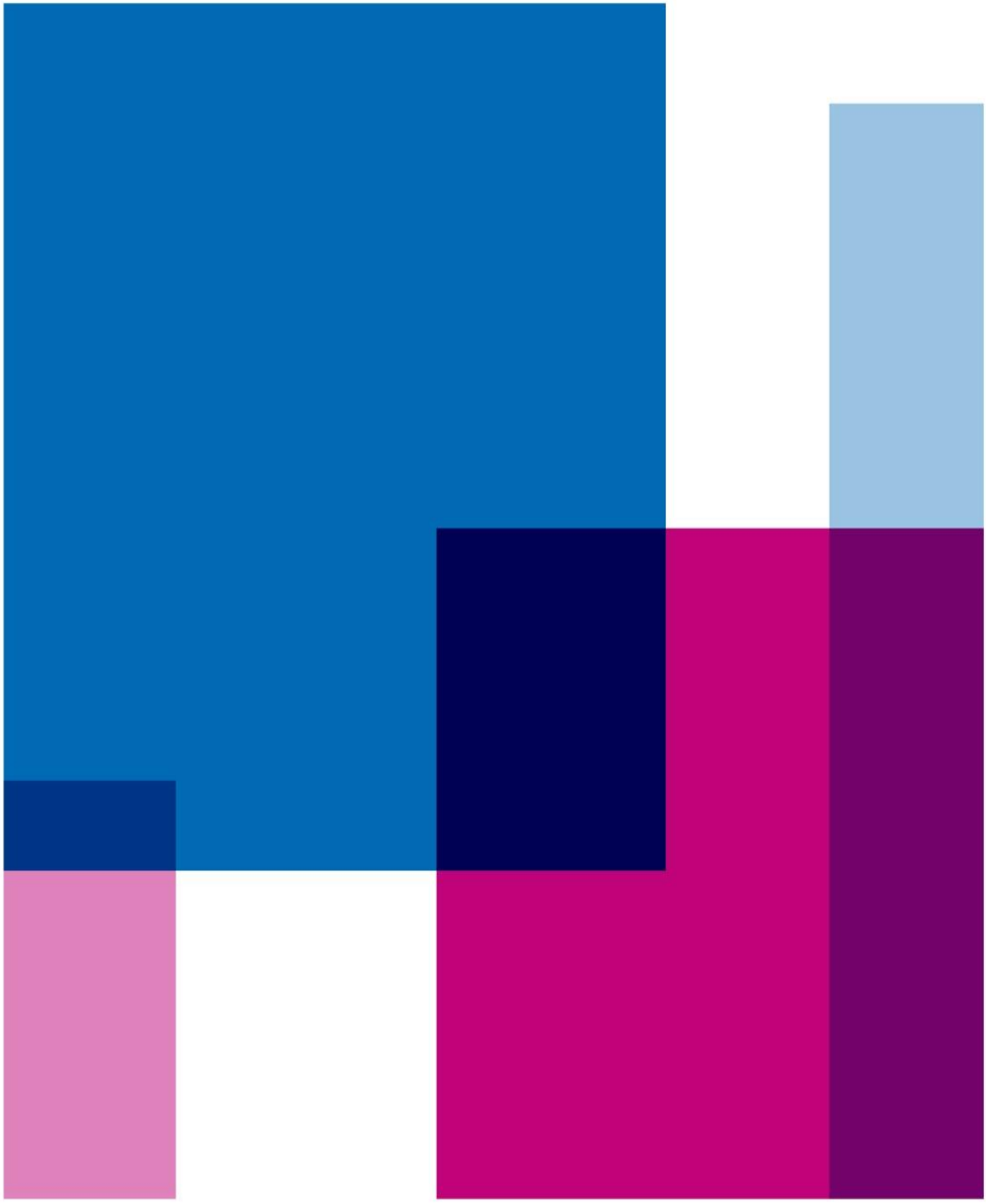
Agenda Number :	5	
Title:	Chief Executive Update – December 2022	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information		
Key Points for Discussion:		

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.
The main areas of discussion this month are;

- **Decision Making Framework**
- **ICB Organisational Structures**
- **Winter Planning**
- **NHS Oversight**
- **Integrated Care Strategy**

Recommendations:	To note the current position with regards to the Strategic Needs Assessment and to socialise widely To note the current winter planning position To note the position on the ICB Operational Structures
Previously Considered By and feedback :	No other groups
Management of Declared Interest:	No declared interest

Chief Executive Briefing – December 2022



Shaping better health

Purpose

The purpose of this paper is to provide the Integrated Care Board meeting with an update of key issues since the last board meeting, from the Chief Executive's perspective, of importance to the successful delivery of the ICB's aims and objectives.

The main areas of discussion this month are;

- **Decision Making Framework**
- **ICB Organisational Structures**
- **Winter Planning**

Decision Making Framework

For the Integrated System to be successful it is important that all members of the Board, and the Integrated Care System, have a full and agreed understanding as to how decisions will be made and enacted. Without a clear framework we introduce the possibility of ambiguity of roles and responsibilities and of crossing over existing decision and governance arrangements within existing partner organisations.

The decision making framework is fully presented as paper 6.3. This paper proposes a new model for decision-making in the ICB. The Decision-Making Framework sets out the role and functions of the unitary and partner organisations within the Integrated Care System (ICS) in relation to decision-making. It introduces the concept of multi-disciplinary Health and Care Improvement Groups as the surveillance architecture for the ICS responsible for achieving its system deliverables, supported by ICB enabler functions. The Decision-Making Framework also proposes a System Executive Group is established to make system decisions as required, and to ensure actions from the ICB Board are progressed.

The framework has been developed with key partners including chief executives and chairs from across the system.

ICB Organisation Structures

As was presented at the October ICB Board meeting the Senior Executive appointments have been completed with the exception of the Chief People Officer. This role was interviewed for on the 22nd November and a successful candidate has been offered the post. It is hopeful that the individual will take up post early next year.

In the meantime the Executive Team have been moving forward with the next stages of reorganisation. The team have now developed a proposed new operational structure, below executive level, and the details are in the process of being shared throughout the organisation. The changes have been designed on the basis of transitioning staff into new directorates and then transforming from within their new teams.

As the board are aware we have a timescale linked to different phases of the transition and transformation. We are currently on track and are in the middle of Phase 2.

Phase 1 happens in October 2022. This is where we will talk to individuals and teams about transitioning work areas, which need to move into their new directorate.

Phase 1 transition will take place on 1 November 2022.

Phase 2 is from November to the end of December. This is where executives, in discussion with their teams redesign their structures (if necessary). Not all directorates will need to do this. We will also carry out an analysis of the new structures to decide on the best change management approach, which causes the least disruption to teams and individuals.

Phase 3 starts in January 2023 and extends to the end of February. During this period, we will engage with everyone about the new structures and carryout any formal change management consultation with affected staff.

Phase 4 is when we implement the transformation. We expect this to last from the beginning March to the end of April.

By the end of April, we are expecting the transformation to be completed, with only evolutionary changes remaining which can be accommodated naturally as we grow and mature as an organisation.

Winter Planning

Since the last board meeting the executive team, in partnership with provider organisations, have refocussed the various workstreams to have a greater emphasis of the major system challenge of “no criteria to reside”

Within this programme there are a series of key outputs that will be delivered between November 2022 and March 2023 all galvanized around a single objective:

- The sentinel flow measure is proposed as the number of people with no criteria to reside in hospital. This is not the only improvement that is required across the health and care system, but it gives us a significant indicator of the extent to which flow is happening, restricted or blocked.

- This measure is impacted by a range of other capacity and demand mismatches (where demand exceeds capacity) that exist across our system. Each of these gaps impact the specific work each system partner can undertake and flag the risk and financial pressures of different parts of our system.

- These gaps are not at present fully understood and the interconnection between them is also not visible to help leaders and staff make the right decisions and understand the wider impacts. This level of collaborative and integrated working is essential if we are to effect

change and deploy the limited resources we collectively have at our disposal. For example, the impact of a person decompensating because of an extended hospital stay creates significant and long-term financial pressure on our social care budgets and care sector capacity.

Proposed change and scope

We currently have a series of projects that have been agreed as priorities and are run by different projects teams, with governance under a range of system oversight groups. The projects listed in figure 1 are proposed as Key Flow Improvement Projects and as part of our revised approach will now be managed under a single leadership group. It is agreed that the existing Winter Group performs this function and each of the oversight group delegate the responsibility for delivery to this group.

Many of the resources working with these projects also have busy day jobs therefore a dedicated and additional team of project resources have been identified to work to under the direction of the Winter Group to enable an acceleration of delivery of tasks and actions. This will means pausing some other areas of work for a period between November and March. A detailed impact assessment is in development.

Figure 1 – Flow Improvement programme scope

A system oversight and coordination function has been established to achieve the acceleration and pace needed to run and consider the dependencies and impacts of activity. This has been established as an incident control centre as identified during the active stages of the pandemic. The daily activity and progress will be tracked across all programme areas, with weekly impact updates to assess how the progress has influenced no criteria to reside. This approach will require commitment from the whole system to support. These key flow meetings will replace all other system meetings and oversight groups, releasing the time of key staff and creating a greater focus on outputs and outcomes that contribute to flow

A set of dedicated stretch objectives are proposed for each of the contributory programmes.

- High Impact Users in Primary Care
- Care Traffic Control Room
- Virtual Wards
- Community Falls response
- Ambulance Response

These are all included in the going further for winter actions log and we are developing Flow Improvement work the following stretch metrics are the focus of revised delivery plans. Proposal for governance to sit with the Winter Group meeting weekly with existing HT boards asked to delegate all flow related initiatives and delivery to Winter Group. A dedicated team of 10WTE are being released from other programme work to be led by the Winter Group and ICB CMO as the System SRO to drive to achieve the following stretch targets.

In addition to the flow improvement programme, on the 18 November 2022 there was an allocation to Bristol City Council, North Somerset Council, South Gloucestershire Council and BNSSG Integrated Care Board to accelerate discharges to the most appropriate setting. Partners are currently developing a process to ensure that the resources will be spent to have maximum impact for our population. This is further developed in paper 6.4.