Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: 6th July 2023
Time: 12:15
Location: Virtual meeting, to be held via MS Teams

Agenda Number :	6.2
Title:	BNSSG ICS Operating & Decision-Making Framework, Oversight Framework and Risk Management
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)**: N/A
Purpose: For discussion and decision	
Key Points for Discussion:	
The intention of this paper is to refine and develop the BNSSG ICS Decision-Making Framework which was approved by the ICB Board in December 2022. This paper proposes the establishment of two complementary and co-dependent Frameworks: An Operating & Decision-Making Framework and an Oversight Framework. These Frameworks are bound together by the principles of risk management and oversight. This paper proposes Risk Appetite statements to set the context of ICS decisions, and an ICS risk management principle that requires the input of the functions of the groups in the Oversight Framework to support the groups in the Operating & Decision-Making Framework actively manage that risk. This paper proposes that the establishment of these Frameworks is accompanied by an engagement and communications plan to ensure a shared and common understanding of 'how we do things around here' across all ICS partners, staff and our population.	
Recommendations:	• To review and debate the content of this paper. • To provide a response against each of the recommendations in the summary table in Section 7.
Previously Considered By and feedback :	• BNSSG ICS Decision-Making Framework: Approved by the ICB Board in December 2022. • BNSSG ICS Risk-Management Framework: Approved by the ICB Board in March 2023. • BNSSG ICS Strategic Risk Register Development Paper: Reviewed by Audit & Risk Committee in April 2023 and the ICB Board in May 2023. • Proposed Risk Appetite Statements presented in this paper reviewed by Audit & Risk Committee in June 2023.

	• The principles of the Frameworks presented in this paper have been shared with Health & Care Improvement Groups and ICB Executives as they have been developed.
Management of Declared Interest:	There are no declared interests in the development of these Frameworks or ICS risk management principles.
Risk and Assurance:	The purpose of this paper is to establish the principles of the management and oversight of ICS risks. See section 4 for further detail.
Financial / Resource Implications:	The proposed Frameworks in this paper will need resourcing across all ICS Partners. See section 5.1 for further detail.
Legal, Policy and Regulatory Requirements:	The Health & Care Act 2022 includes (but is not limited to) duties on ICBs to improve the quality of services, reduce inequality of access and outcome and take appropriate advice. The proposed Frameworks set out mechanisms for achieving these duties. In addition, it is a regulatory requirement that ICBs have a robust plan for the management of operational and strategic risk. This paper proposes risk management principles in section 4.
How does this reduce Health Inequalities:	The purpose of this paper is to propose mechanisms for shared delivery and accountability of the ICSs core purpose and strategic objectives. Front and centre of these is the requirement to reduce health inequalities. However, it is noted that while the architecture of these proposed frameworks is being established, there is a risk that the ICS is not focussed on these aims and objectives and decisions could be being made in isolation that could inadvertently widen health inequalities. To reduce this risk, the recommendations presented in this paper should be acted on with pace.
How does this impact on Equality & diversity	The proposed Frameworks and risk management principles in this paper should provide the opportunity for the ICS and its constituent partners to organise themselves to enhance equitable access to health and care services in BNSSG. However, until these Frameworks are put into action, there is a risk that there is an inadvertent impact on equality and diversity due to an absence of standardised ICS operational improvement delivery or oversight.
Patient and Public Involvement:	There has been no patient or public involvement in the development of these Frameworks or risk management principles. See section 5.5 for further detail.
Communications and Engagement:	See section 6 for further detail.
Author(s):	Ellie Wetz, ICS Development Programme Manager
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Deputy Chief Executive and Director of Finance

Agenda item: 6.2

Report title: BNSSG ICS Operating & Decision-Making Framework, Oversight Framework and Risk Management

1. Background

This paper proposes the establishment of two Frameworks to set out how BNSSG Integrated Care System (ICS) Partners will organise themselves to achieve the ICSs core purpose:

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

These Frameworks are:

- ICS Operating & Decision-Making Framework
- ICS Oversight Framework

These Frameworks are complementary and co-dependent: the Operating & Decision-Making Framework proposes an architecture that is responsible and accountable for driving operational improvements in health and care services. The Oversight Framework proposes an architecture of pan-ICS oversight – ensuring ICS partners are working effectively, collaboratively and symbiotically.

The two Frameworks are bound together by the principles of risk management and oversight. This paper proposes ICS Risk Appetite statements to establish a shared and common understanding of the amount of risk ICS partners are willing to take in pursuit of their shared objectives. It also proposes a risk management principle that requires the input of the functions of the groups in the Oversight Framework to support the groups in the Operating & Decision-Making Framework actively manage that risk.

2. BNSSG ICS Risk Appetite

The ICB Board and its partner organisations should determine and regularly assess the nature and extent of the risks that the ICS is exposed to and is willing to take to achieve its objectives, and to ensure that planning and decision-making reflects this assessment.

Setting a risk appetite is a statement of intent on how open and innovative the ICS will be in considering alternative delivery options. An overly risk adverse culture can stifle innovation and the system may fail to take full advantage of opportunities available. Risk appetite should be discussed as part of decision-making processes; therefore, a consensus and shared understanding of risk appetite needs to be agreed.

Whilst risk tolerance is about limiting risk and ensuring mitigation is identified for when risks reach a certain level, risk appetite is about doing things differently and maximizing resources within limits

(i.e., our attitude towards doing things differently and taking certain risks). A range of appetites exist, and these may change over time.

Risk Appetite Definition:
The amount of risk that the ICS is willing to take in order to achieve its objectives.

It should be noted that the proposed ICS risk appetite statements are not an aggregation or average of all ICS partner risk appetites rather they are from a collective system view. It is recognised there may be alignment or tension between the risk appetites of the ICS and the individual organisations operating within it. Where tensions exist, these will need to be considered and worked through on a decision-by-decision basis. The ICS risk appetites proposed in this paper are intended to articulate the collective view of how we will make decisions in the context of working collaboratively and sharing accountability for risks to the delivery of health and care services in the ICS.

Risk Appetite Definitions:	
None	Totally risk averse, no risk taking will be considered.
Minimal	Ultra safe or traditional approaches only.
Cautious	Preference is for options with a low degree of risk.
Open	Options that provide adequate benefits to justify the risk.
Seek	Eager to innovative and challenge traditional approaches.
Significant	Highly adventurous and willing to taking high levels of risk, investing in new and untested delivery options.

Risk Appetite Domains:	
Financial	Impact of system finances.
Regulatory	Impact on regulatory compliance.
Quality	Impact on delivery of quality of services.
Reputation	Impact of the systems reputation.
People	Impact on the systems workforce

The Good Governance Institute has produced Board guidance on risk appetite which includes the following matrix. The analysis that follows uses the suggested wording from this matrix.

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RISK APPETITE LEVEL / TYPES	0 NONE	1 MINIMAL	2 CAUTIOUS	3 OPEN	4 SEEK	5 SIGNIFICANT
	Avoidance of risk is a key organisational objective.	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
FINANCIAL How will we use our resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently investfor the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator?	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATIONAL How will we be perceived by the public and our partners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risksrelating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive chan.

As reported to the ICB Board at the meeting on the 04 May 2023, ICS partner/multi-disciplinary workshops were held on 25 April and 03 May 2023 to consider a collective attitude to risk against the domains set out above. The output of these workshops was a survey to gain participants perspectives on their attitude to risk (delivered via a Menti Survey). The same survey was sent via Survey Monkey to ICB Board members.

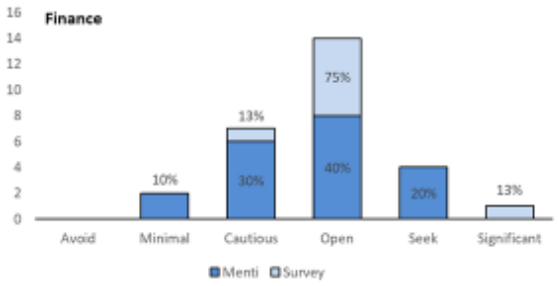
The results have been analysed, and the following Risk Appetite Statements are proposed based the highest number of respondents from the combined survey participants (noting the limitations of the results due to low numbers of responders). However, the analysis in this paper provides an opportunity for ICB Board members to consider the risk appetite statements which were also popular in the survey. The ICB Board can consider a combination of these risk appetite statements if it is felt that they better reflect the attitudes of BNSSG ICS partners.

2.1 Proposed Risk Appetite Statements:

Domain	Risk Appetite	Proposed Risk Appetite Statement
Finance How will we use our resources? Value for money	Open	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of Value For Money with price not the overriding factor
Regulatory How will we be perceived by our regulators? Compliance	Open	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.
Quality How will we delivery safe services? Quality of services Outcomes	Cautious	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes and appropriate controls are in place.
Reputational How will we be perceived by the public and our partners?	Open	We are prepared to accept the possibility of some reputational risk as long as there is a potential for improved outcomes for our stakeholders.
People How will we be perceived by our workforce?	Open	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and development opportunities for staff.

Finance

Survey	Respondents
Menti	20
Survey Monkey	8

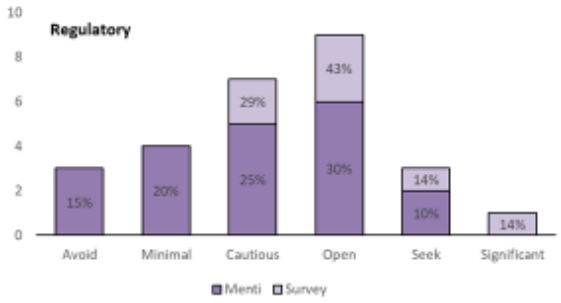


Proposed BNSSG ICS Risk Appetite Statement:

LEVEL	0 - NONE	1 – MINIMAL	2 - CAUTIOUS	3 – OPEN	4 – SEEK	5 – SIGNIFICANT
Finances. Value for Money. How we use resources.	We have no appetite for decisions or actions that may result in financial loss	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks

Regulatory

Survey	Respondents
Menti	20
Survey Monkey	7

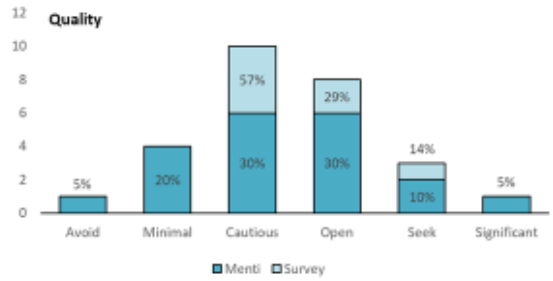


Proposed BNSSG ICS Risk Appetite Statement:

LEVEL	0 - NONE	1 – MINIMAL	2 - CAUTIOUS	3 – OPEN	4 – SEEK	5 – SIGNIFICANT
Compliance Regulations	We have no appetite for decisions that may compromise compliance with statutory, regulatory of policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders

Quality

Survey	Respondents
Menti	20
Survey Monkey	7

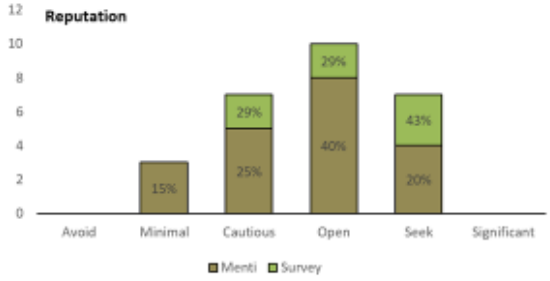


Proposed BNSSG ICS Risk Appetite Statement:

LEVEL	0 - NONE	1 – MINIMAL	2 - CAUTIOUS	3 – OPEN	4 – SEEK	5 – SIGNIFICANT
Innovation Quality of Services Outcomes	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.

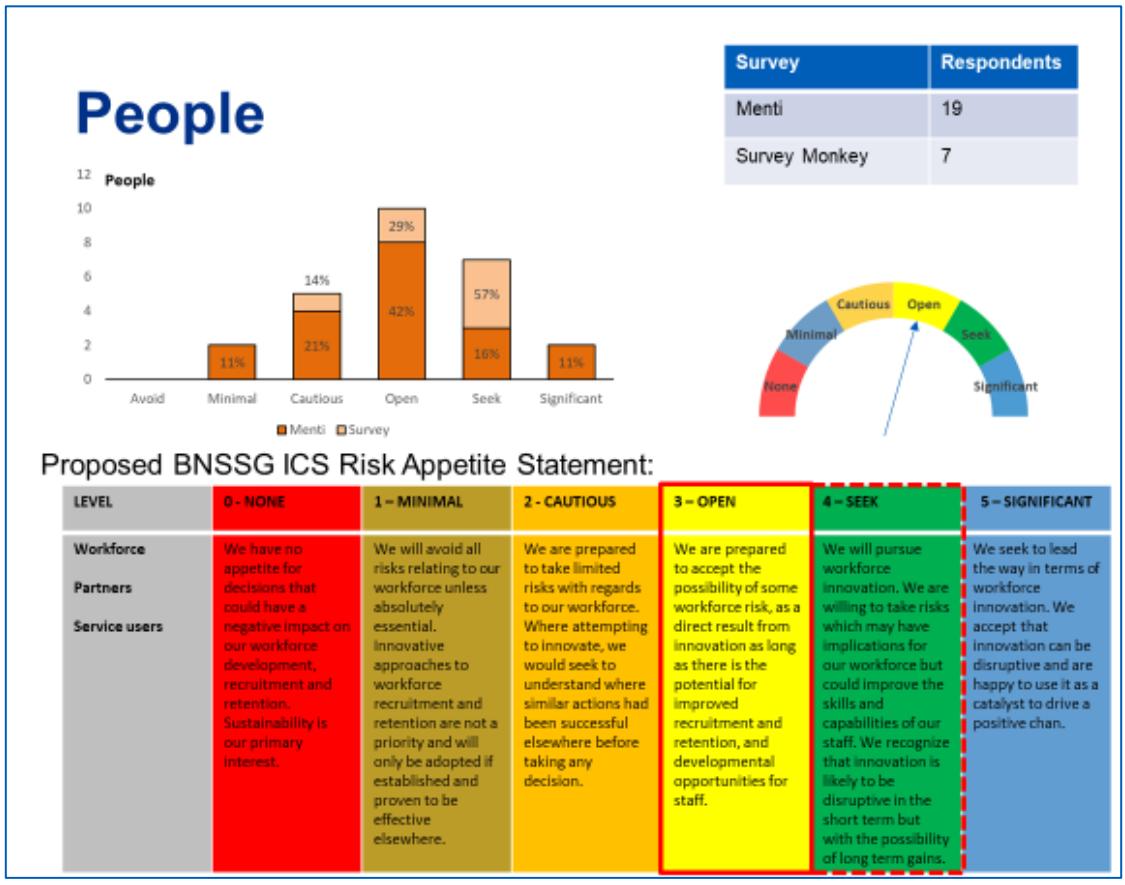
Reputational

Survey	Respondents
Menti	20
Survey Monkey	7



Proposed BNSSG ICS Risk Appetite Statement:

LEVEL	0 - NONE	1 – MINIMAL	2 - CAUTIOUS	3 – OPEN	4 – SEEK	5 – SIGNIFICANT
Reputation Perception of system	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.



Recommendation:

1. **The ICB Board consider and agree the proposed ICS Risk Appetites presented in this paper.**

3. Proposed BNSSG ICS Operating & Decision-Making Framework and Oversight Framework

When defining the ICS partner organisations collective attitudes to risk when they make decisions on health and care service provision, the ICB Board also needs to define how those decisions will be made. NHS England describes its Operating Framework as “how we do things around here”[1]. The ICB Board need to do the same for BNSSG ICS.

In December 2022, the ICB Board approved the first iteration of the Decision-Making Framework. Since then, ICS partners have been transitioning to organising themselves into the structures proposed. Health & Care Improvement Groups (HCIGs) are being established with standardised Terms of Reference and membership being developed and refined.

The four HCIGs are:

- Improving lives of people in our community

[1] https://www.england.nhs.uk/wp-content/uploads/2022/10/B2068-NHS-England-Operating-Framework.pdf

- Improving lives of our children
- Improving lives of people with mental health, learning disabilities and autism
- Improving the efficiency and effectiveness of our hospitals

The **purpose** of HCIGs is currently[2] articulated in the draft Terms of Reference as:

- Agreeing and delivering the **ICS Strategic Objectives**[3] and **Joint Forward Plan**
- Instructing and overseeing **Transformational and Continuous Improvement activity** to achieve delivery of the ICS Strategic Objectives and Joint Forward Plan.
- **ICS Oversight**:
  - Ensuring ICS partners are working together effectively, collaboratively and symbiotically.
  - ICS Enabling Resource co-ordination and management.
- **ICS risk management**

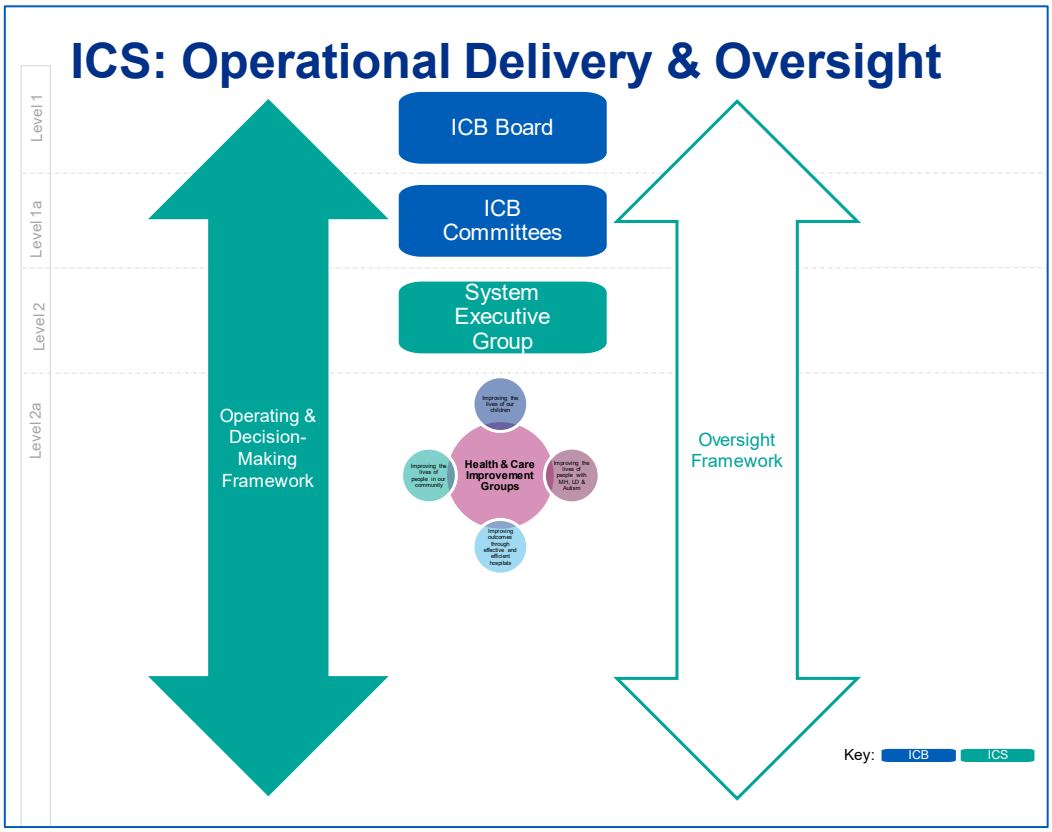
It is recognised that the 'domains' of the HCIGs are broad. If they are going to achieve their purpose, their domains need disaggregating into a supporting sub-architecture that has responsibility for ICS operational delivery, filtering up to the HCIGs when improvement activity, or risk escalation is required. These are defined below in the proposed **Operating & Decision-Making Framework.**

However, the ICB Board, the ICB Board Committees, System Executive Group and the HCIGs all have been delegated responsibility for ICS oversight. NHS England[4] describes ICS oversight as:

a) bringing system partners together to identify risks, issues and support needs and facilitate collective action to tackle performance challenges.
b) leading oversight and support of individual organisations and partnership arrangements within their systems.

This paper proposes the establishment of an **Oversight Framework** that supports and complements the active deployment of improvement activity across all tiers of the Operating & Decision-Making Framework.

[22] Note: subject to the recommendations of this paper being agreed, this purpose may need to be amended to reflect the role of the HCIG in the context of Operational and Decision-Making Framework and the Oversight Framework.
[3] Assumes the inclusion of the Outcomes Framework.
[4] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0693-nhs-system-oversight-framework-2021-22.pdf



3.1 Proposed ICS Operating & Decision-Making Framework

The table below sets out a proposal for standardising the way BNSSG ICS partners organise themselves to collaboratively ensure delivery of the ICS strategic objectives and the joint forward plan.

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Proposed BNSSG ICS Operating & Decision-Making Framework:

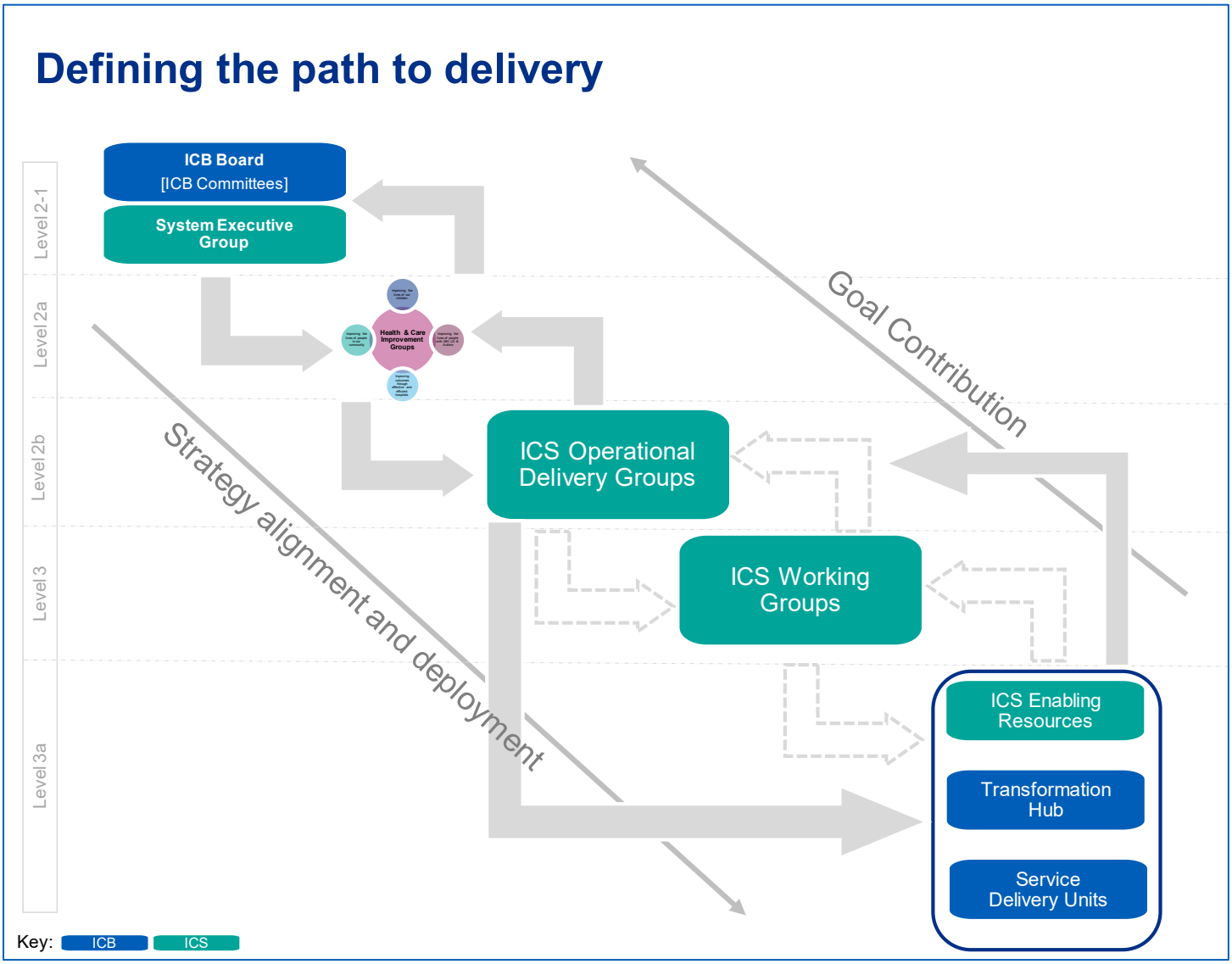
		ICS Purpose	Membership	ICS Examples
Level 2	System Executive Group	- A forum to ensure the ICS is operating collectively and symbiotically to achieve its core purpose. - **The group will progress the intent of the ICB Board, make operational decisions required to achieve the BNSSG population health outcomes, quality standards, all legislative responsibilities and mitigate system risk.**	Chaired by ICB CEO. Attended by all ICS Partner CEOs	

Level 2a		- Agreeing and delivering the ICS Strategic Objectives and Joint Forward Plan
		- **Instructing and overseeing Transformational and Continuous Improvement activity to achieve delivery of the ICS Strategic Objectives and Joint Forward Plan.**
		- ICS Oversight:
		  - Ensuring ICS partners are working together effectively, collaboratively and symbiotically.
		  - ICS Enabling Resource co-ordination and management.
		- ICS risk management (when escalated)
			Chaired by ICS Partner CEOs. Attended by Executive level ICS Partners or their nominated deputies.	- Improving the lives of people in our community
				- Improving the lives of our children
				- Improving the lives of people with MH, LD&A
				- Improving the efficiency an effectiveness of our hospitals

Level 2b	ICS Operational Delivery Groups	- Connecting programmes of work, matrix working between groups - ICS wide accountability and resolution of issues or escalations - Risks, issues and mitigations requiring executive action escalated to relevant HCIG - Forum for shared accountability against agreed performance, quality, patient safety and safeguarding indicators, receiving actions plans where required, monitoring progress, identifying risks, coordinating actions across the ICS, sharing learning, successes and best practice; escalation of issues as required. - Established on a standardised Terms of Reference	Attended by ICS Partner Directors or their Deputies, operational leads and Health & Care Professional leaders	- Integrated Primary Care Operational Delivery Group - Elective Recovery Operational Delivery Group
Level 3	ICS Working Groups	- Task &Finish groups for specific workstream areas - Workstream areas include implementation of projects against milestones, where further performance improvement is required with more than one provider, mobilisation of a project through the gateway process. - Directly responsible and accountable for the delivery of HCIG commissioned improvement activity.	Attended by ICS Partner Operational leads, Managers and where appropriate Health & Care Professionals/others	- Community Mental Health Framework Working Group
Level 3a	ICS Enabling Resources	ICS Enabling Resources will facilitate and enable the functions of the ICS to achieve their agreed objectives.	ICS Enabling Resources are not limited to ICB teams but may be coordinated by them on behalf of ICS Partners.	- Design & Discovery Enabling Resources e.g., Insights, Research, Evidence Review - Planning & Delivery Enabling Resources e.g., System Planning, Finance, Estates
	Transformation Hub	Coordinates development of Transformational Improvement Coordinates activity in the Pipeline plus Gates 0-2	ICB Team	- CVD Heart Failure Service Redesign - ADHD new model of care - Outpatients – Advice & Guidance
	Service Delivery Units	Coordinates ICS Enabling Resources. Coordinates activity Gates 3-5 Signals opportunities for continuous improvements	ICB Team	- Primary Care SDU - Urgent Care SDU - Elective Care SDU - Childrens & Families SDU - MH, LD&A SDU

Key: ICB ICS

The Operating & Decision-Making Framework is structured on the principle that ICS Partners are organised into ICS groups with a shared purpose – the delivery of integrated care strategy and the delegation of activity set out in the Joint Forward Plan.



Below are examples of ICS Operational Delivery Groups. These are not exhaustive but illustrative. It is proposed that these groups are a reconciliation and rationalisation of existing Steering Groups or Programme Boards within the ICS. These may change over time in accordance with the needs of the ICS to deliver the shared objectives of all partner organisations.

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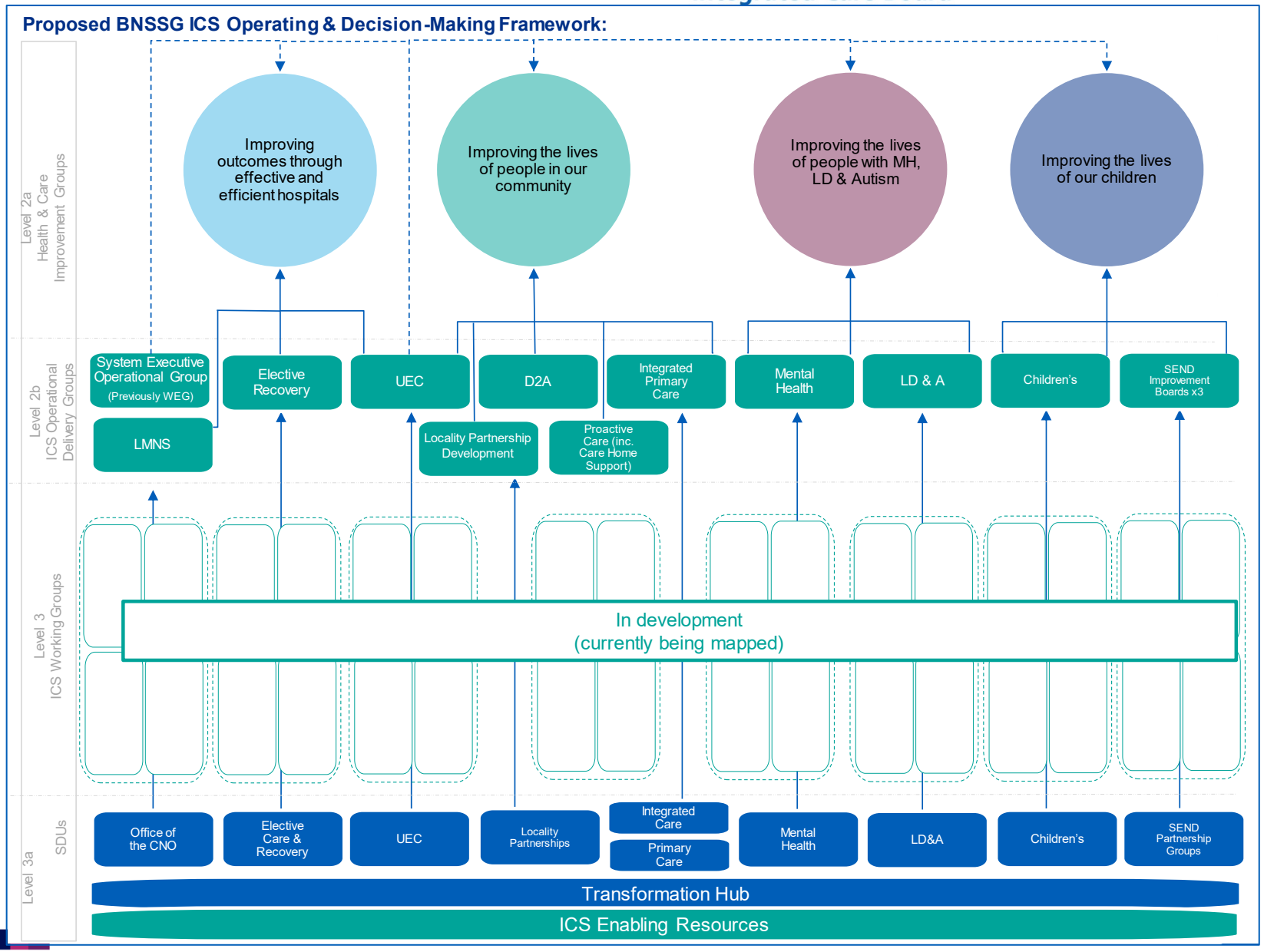
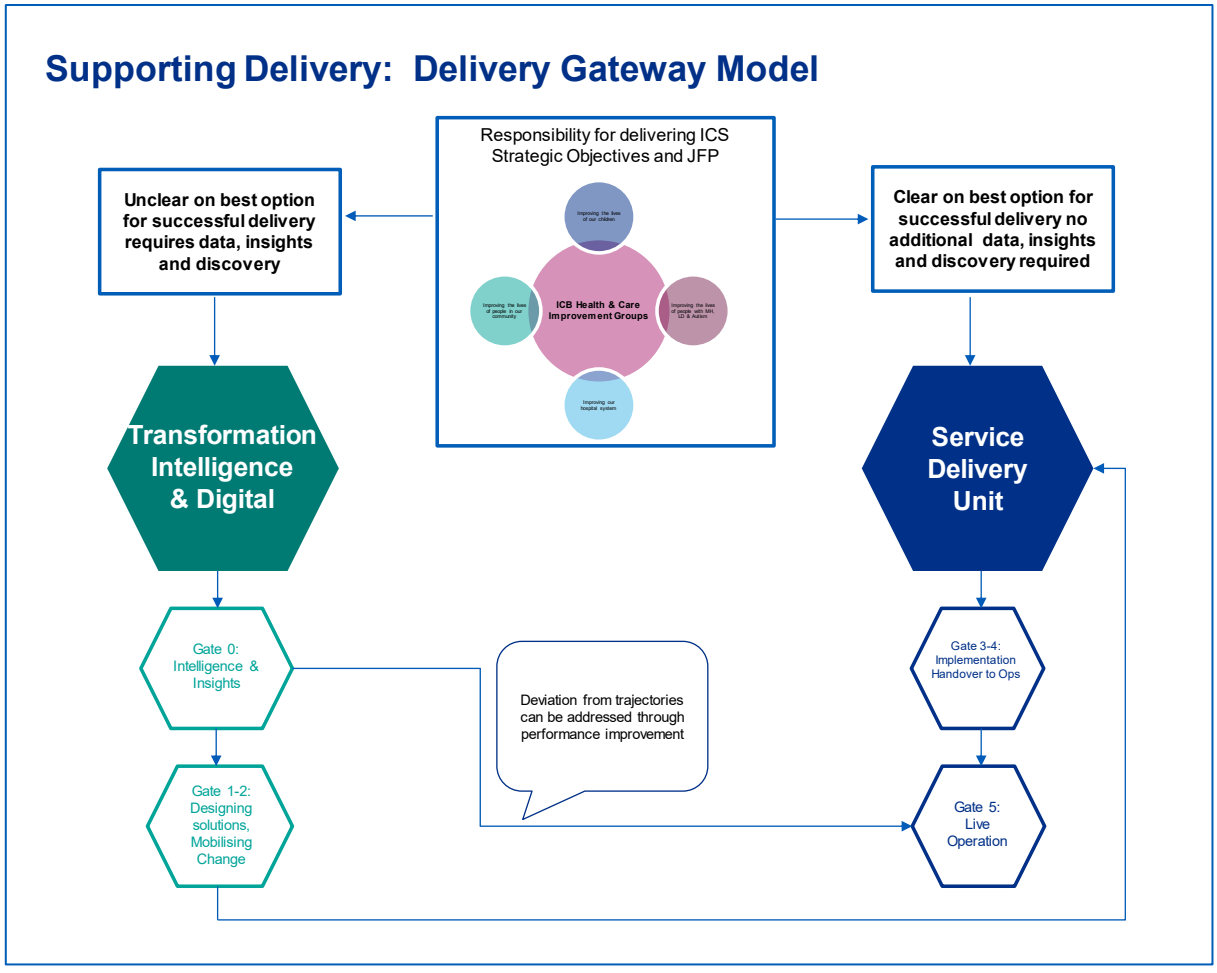
Proposed BNSSG ICS Operating & Decision-Making Framework:

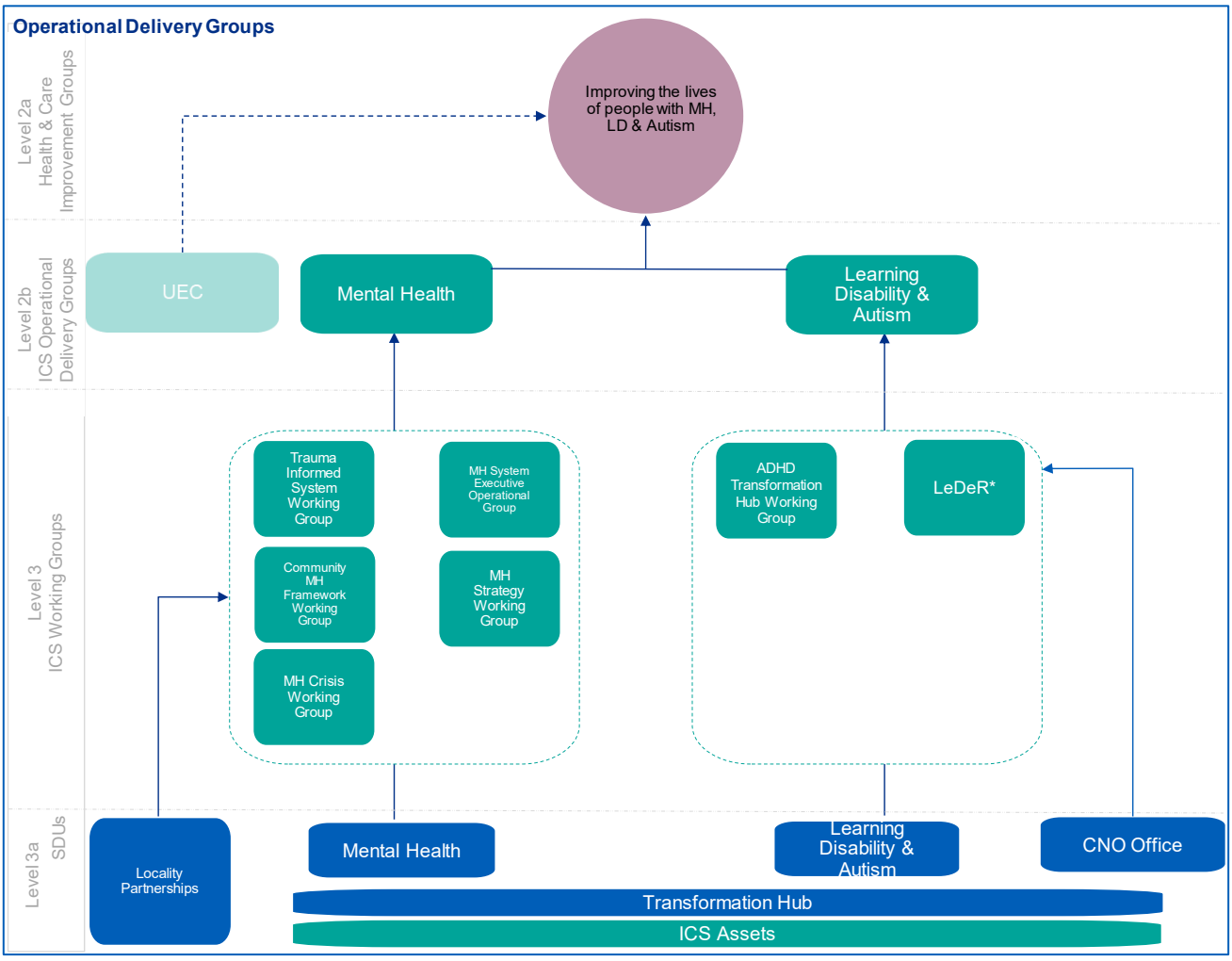


The HCIGs should be signalled when improvement activity is required from the operational architecture that feeds into them. **All improvement activity commissioned should align to the agreed ICS Risk Appetites.**

The improvement activity may be commissioned through several channels including ICS partner transformation teams if they are the lead partner with capacity. The other channels supported by the ICB are the Transformation Hub for transformative improvements, or the Service Delivery Unit (SDU) for continuous (immediate) improvements. The Transformation Hub and SDU interface through a Gateway process with the Transformation Hub being responsible for Gates 0 – 2 and the SDU responsible for Gates 3 – 5. See process below:



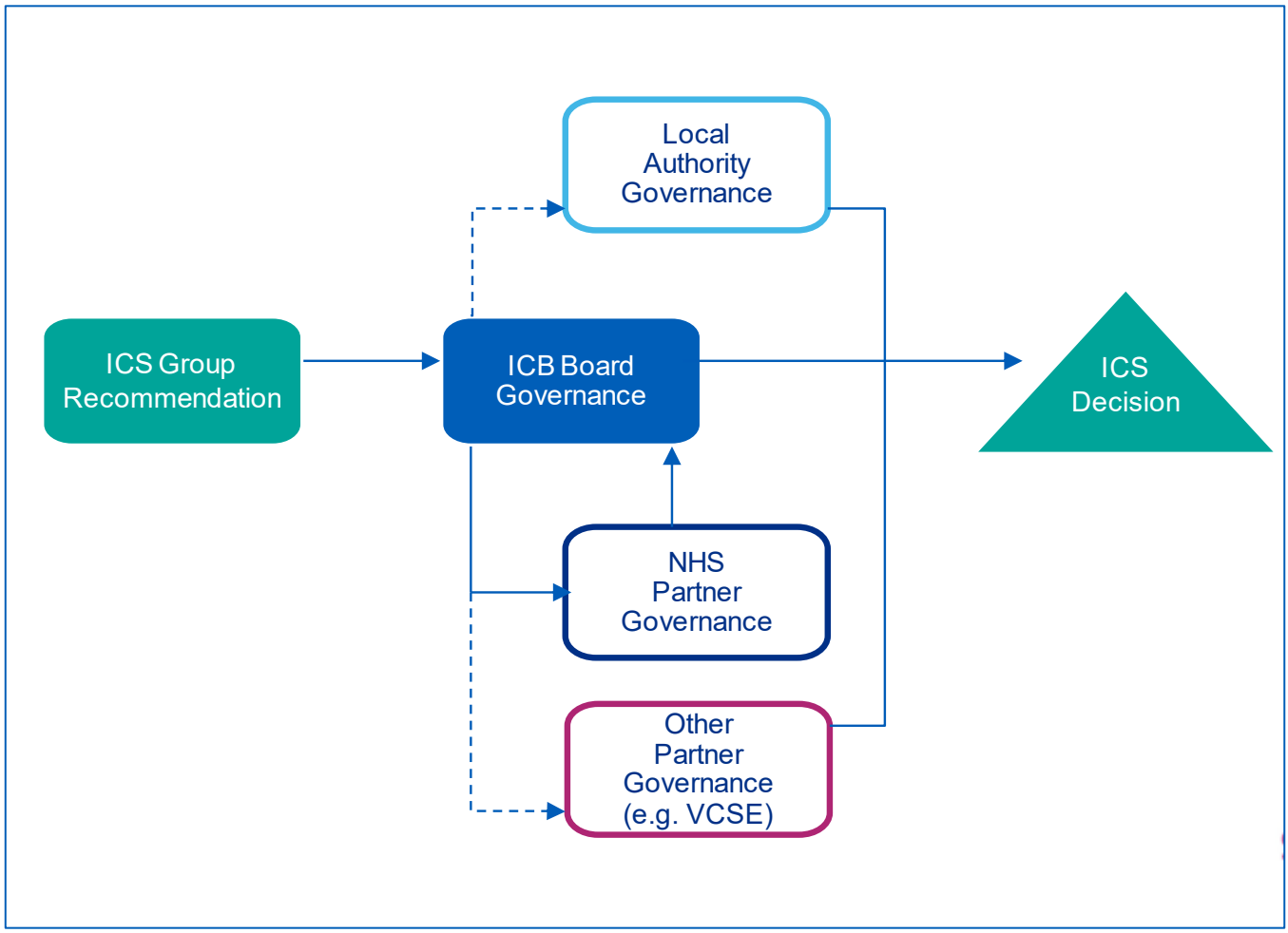
The vehicle for improvement activity will be **ICS Working Groups** proposed in the Operating & Decision-Making Framework. These are task-and-finish, time-bound groups of ICS partners working collectively to achieve the delegated improvements. Below are examples (illustrative – still in development) within the domain of the 'Improving lives of people with mental health, learning disabilities and autism HCIG'.



It is recognised that not all groups operating within the ICS conform to this model. For instance, LeDeR is a statutory programme board with a national governance arrangement. It is not an ICS working group as defined in this proposed Framework. However, it will report into the Learning Disability and Autism Operational Delivery Group so is included in this illustration. As groups in the proposed Operating & Decision-Making Framework are established, there may be other groups or functions that need to be considered uniquely. The Framework should be interpreted in this spirit.

This proposed Operating & Decision-Making Framework is founded on the principle that improvements in health and care services are delivered in partnership with health and care professionals from across ICS Partners in line with the Clinical and Care Professional Leadership Framework and action plan being developed by the ICBs Chief Medical Officer and Chief Nursing Officer.

Improvement activity driven by the ICS groups in the Operating & Decision-Making Framework may require input and approval of contributing sovereign ICS partner organisations own governance systems if the organisations representative in attendance does not have the appropriate delegated authority conferred on them to make that decision. The proposed process for this is set out below:


Local Authority Governance
ICS Group Recommendation
ICB Board Governance
ICS Decision
NHS Partner Governance
Other Partner Governance (e.g. VCSE)

Case Study 1: Procurement of a Dynamic Advice and Guidance Solution
A transformation improvement requirement has been identified through the **Proactive Care Operational Delivery Group** reporting into the **Improving Lives of People in our Community HCIG** to re-specify and procure a dynamic advice and guidance solution that may be utilised by NHS and Local Authority ICS partners to enable dynamic triaging via enhanced interconnectivity between health and care services in BNSSG. This will require investment from the ICB Board on behalf of NHS providers as well as each of the three Local Authorities. The life-time value of the contract, change costs and operating costs is likely to be >£1million.

The Proactive Care Operational Delivery Group makes an application to the **Transformation Hub** to allocate resources to manage this procurement process. This application is approved by the Transformation Hub panel and a **Dynamic Advice and Guidance Working Group** is established, led by the ICB Digital team (an **ICS Enabling Resource**) working in collaboration with all other digital leads from ICS Partner organisations. This group collectively complete the planning, ideation and design in Gateway 0 and develop a **Strategic Business Case** which is recommended for approval by the HCIG to the ICB Board (due to the strategic nature of the approach and likely value of the contract).

When approving the Strategic Business Case, ICB Board members representing communities (the Local Authority Chief Executives) suggest the **Outline Business Case** that will inform the Invitation To Tender (ITT) should be shared via Local Authority officer level internal governance procedures prior to market testing. This is to provide assurance on elements such as the proposed split or funding and financial matters in the event that a contract commits Local Authority resources over and above the delegated authority of the officers participating in the Working Group or the executive member of the ICB Board. The Outline Business Case is approved by the ICB Board once assurance has been received from Local Authority officers.

This process is then repeated for the **Full Business Case** but may require additional (S151 or elected member) levels of governance within the local authority, depending on the financial commitment required.

Recommendation:

2. **The ICB Board consider and agree the proposed ICS Operating & Decision-Making Framework.**
3. **The ICB Board tasks HCIGs with establishing ICS Operational Groups which will require:**
    a. **The identification of ICS Operational Group Chairs**
    b. **The development of standardised Terms of Reference to articulate the common purpose of these groups.**

3.2 Proposed BNSSG ICS Oversight Framework

The Framework below sets out a proposal for standardising the way BNSSG ICS subject matter experts organise themselves to provide pan-ICS oversight to ensure ICS partners are working together effectively, collaboratively and symbiotically.

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

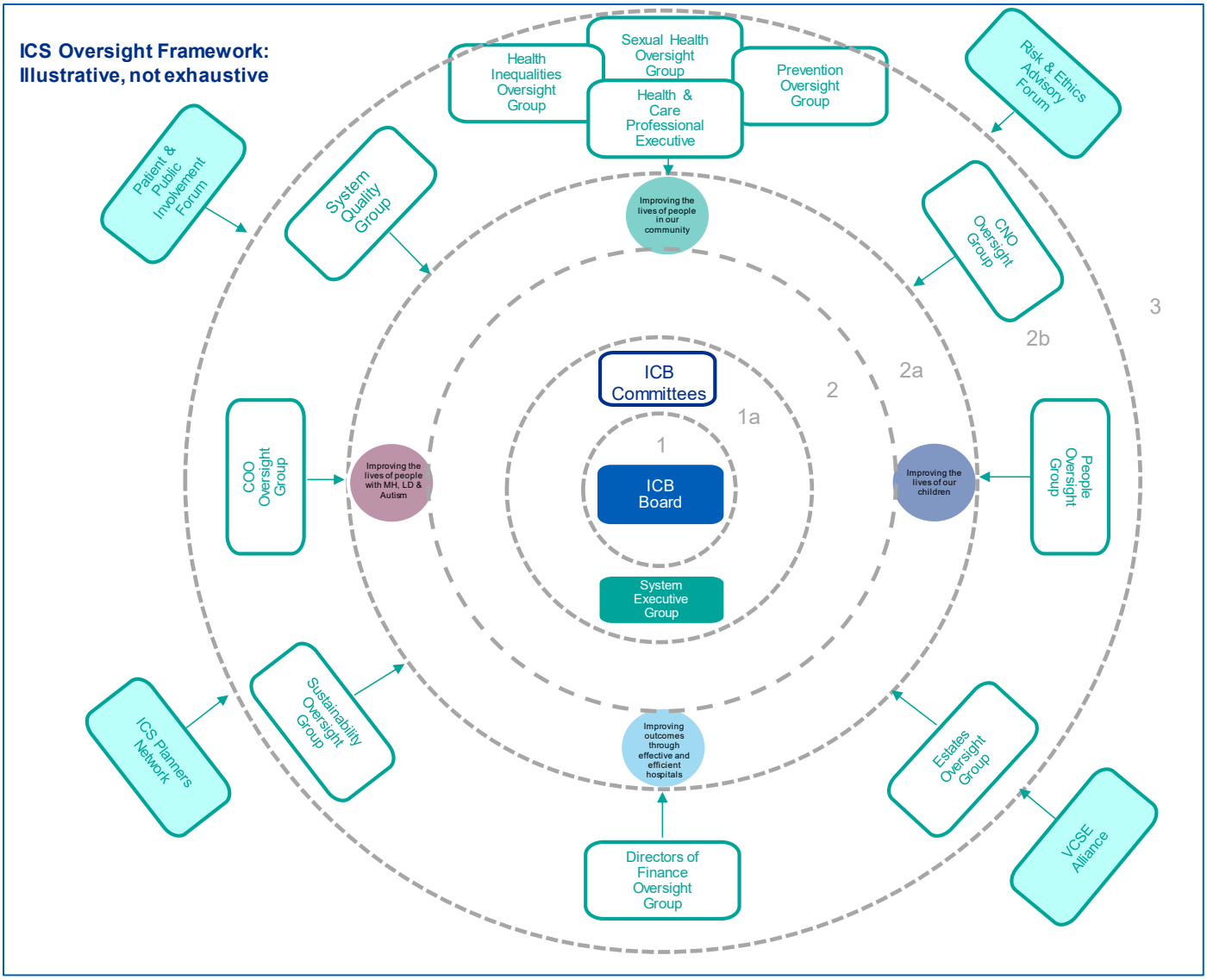
ICS Oversight Framework:

		ICS Purpose	Membership	ICS Examples
	ICB Board	- Responsible for working with partners to ensure effective arrangements are in place across the ICS for joint working to deliver plans, performance outcomes and transformation. - First line of oversight of health providers across the ICS to oversee performance and contribution to overarching plan.	Chaired by ICB Independent Chair. Attended by Partner Members representing service/population cohorts plus invited participants.	
	ICB Committees	- Assurance committees of the ICB Board. - Seek assurance on the operational delivery of the ICS strategic objectives and Joint Forward Plan. - Seek assurance that operational delivery is being appropriately supported by ICS oversight functions.	Chaired by ICB Independent Non-Executive Members. Attended by relevant ICS partner organisation executives.	- Outcomes, Performance & Quality Committee. - Primary Care Committee. - Finance, Estates & Digital Committee - Audit & Risk Committee - People Committee
Level 2	System Executive Group	- **A forum to ensure the ICS is operating collectively and symbiotically to achieve its core purpose.** - The group will progress the intent of the ICB Board, make operational decisions required to achieve the BNSSG population health outcomes, quality standards, all legislative responsibilities and mitigate system risk.	Chaired by ICB CEO. Attended by all ICS Partner CEOs	

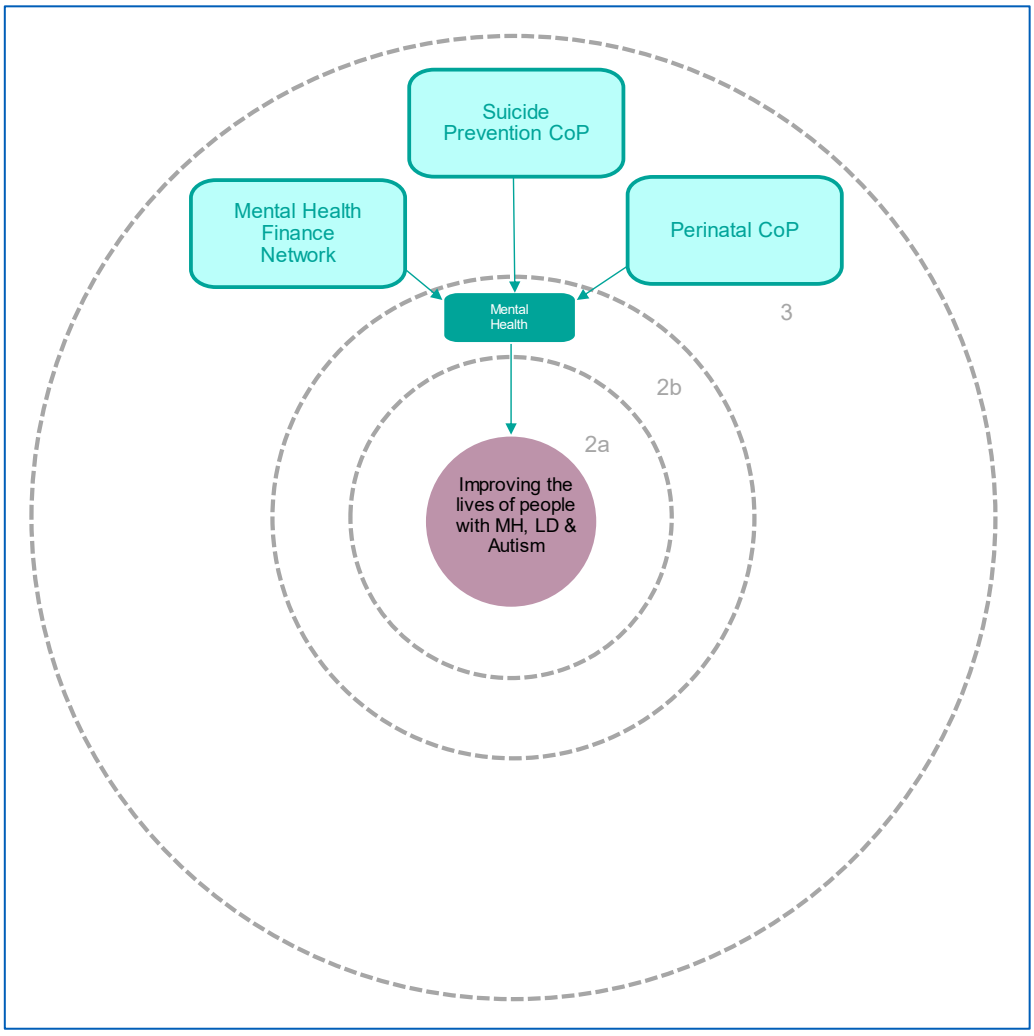
Level 2a		- Agreeing and delivering the ICS Strategic Objectives and Joint Forward Plan
		- Instructing and overseeing Transformational and Continuous Improvement activity to achieve delivery of the ICS Strategic Objectives and Joint Forward Plan.
		- **ICS Oversight:**
		  - **Ensuring ICS partners are working together effectively, collaboratively and symbiotically.**
		  - **ICS Enabling Resource co-ordination and management.**
		- ICS risk management (when escalated from ICS Operational Groups and/or ICS Oversight Groups)
			Chaired by ICS Partner CEOs. Attended by Executive level ICS Partners or their nominated deputies.	- Improving the lives of people in our community
				- Improving the lives of our children
				- Improving the lives of people with MH, LD&A
				- Improving the efficiency ar effectiveness of our hospitals

Level 2b	ICS Oversight Groups	- Subject matter experts providing ICS oversight to all levels of the ICS Operating & Decision-Making Framework (Level 1 to Level 3). - Advising HCIGs when improvement activity is required. - Identifying ICS risks ensuring they are being actively mitigated through the ICS Operational Delivery Groups.	Attended by ICS Partner Directors or their Deputies	- Directors of Finance Oversight Group - Estates Oversight Group - Prevention Oversight Group - People Oversight Group - System Quality Group - Health & Care Professional Executive
Level 3	ICS Networks or Communities of Practice	- Thematic groups that meet to share learning, knowledge and risks to health and care services to specific cohorts of the population. - Not responsible or accountable for delivery of improvement activity. - Provide insights, knowledge and expertise to the **Operational Delivery Groups**	Attended by ICS Partner Health & Care Professionals and Operational leads from ICS Enabling Resources.	- Suicide Prevention Community of Practice - Planners Network

The above Oversight Framework is presented hierarchically when in practice oversight is pan-ICS. The presentation below gives some illustrative examples of existing groups that fulfil these oversight functions.



In addition, some Oversight Groups, particularly those in level 3, may have a tighter area of focus informing the functions of Operational Delivery Groups and/or HCIGs. For example:



Many of the Enabler Resources in the ICS are already networked across partners. These networks are currently being mapped and will be included in a Resource Pack that will be developed as part of these ICS Frameworks Communication and Engagement plan (see section 6 below).

Recommendation:

4. **The ICB Board consider and agree the proposed ICS Oversight Framework.**
5. **ICS Oversight Groups are mapped and detailed in an ICS Resource Pack which will be shared in accordance with the ICS Operating & Decision-Making and Oversight Frameworks Communication and Engagement plan.**

4. ICS Risk Management and the Impact on Decision-Making

When making decisions that affect the provision of health and care services there is always an assessment of the impact, or the risk, of that decision. For low value, low impact decisions risk assessments are often dynamic and instinctive. However, this assessment becomes increasingly more important as the value and impact of the decision increases, especially in a resource limited

environment: a decision taken in one part of the ICS may limit the resources available in another or may impact on the quality of other/interfacing services. This principle is recognised in the Health and Care Act 2022 and the inclusion of a duty on NHS/Foundation Trusts to have due regard to the wider effect of decisions – the "triple aim" obliges NHS bodies that plan and commission services (NHS England and ICBs) and that provide services (Foundation/Trusts) to consider the effects of their decisions on:

- the health and wellbeing of the people of England (including inequalities in that health and wellbeing)
- the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)
- the sustainable and efficient use of resources by both themselves and other relevant bodies[5]

An ICS risk is a risk **held in common** between health and/or care partner organisations which cannot be controlled or mitigated by sovereign partners in isolation.

ICS risks will be managed through the collective identification, assessment and mitigation of risks where improved outcomes can be achieved by ICS partners working together through shared accountability arrangements.

This paper offers an algorithm for the consideration of ICS risk in decision-making which connects the tenets of ICS Operational Delivery and ICS Oversight and the two Frameworks proposed. To do this, there first needs to be a shared understanding of ICS Risk Management – reporting, tolerances and thresholds.

4.1 ICS Risk Reporting

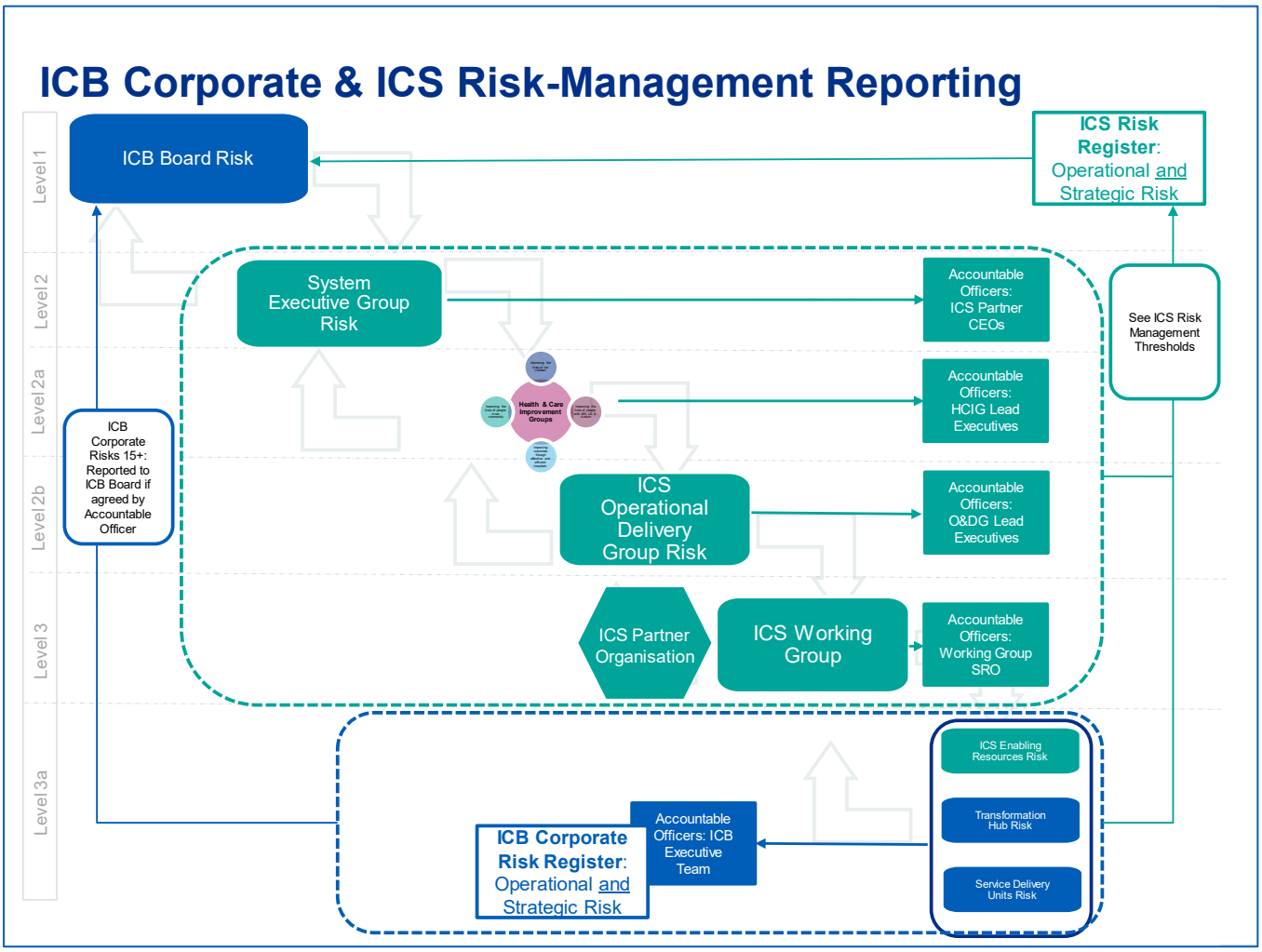
In May 2023 a paper was presented to the ICB Board providing an update on the development of a Strategic Risk Register. That paper proposed several products for recording and managing risk: An ICB Corporate Risk Register, an ICS Risk Register and a Strategic Risk Register.

This paper proposes a refinement and reconciliation of these products which would record both **Operational and Strategic Risks** set within the context of the proposed Operating & Decision-Making Framework.

- **ICB Corporate Risk Register**
- **ICS Risk Register**

The Risk Registers presented to the ICB Board will be managed by the ICBs Chief of Staff and Corporate Secretary.

[5] https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-integration-measures



ICS Partner Organisations may identify their own Corporate Risks that may have an impact on the ICS and should be included on the ICS Risk Register, so are shown here at Level 3 (as per the previously approved Decision-Making Framework).

ICS Oversight Groups will not have Accountable Officers. However, they will provide valuable intelligence on the risks to the ICS achieving its strategic objectives, commitments set out in the joint forward plan or new and emerging risks. Any ICS Risks identified by ICS Oversight Groups should be escalated directly to the appropriate group within the ICS Oversight & Delivery Framework.

Recommendation:

6. **The ICB Board consider and agree to establishing and managing an ICB Board Corporate Risk Register plus an ICS Risk Register. Both registers to capture strategic and operational risks.**

4.2 ICS Risk Tolerances and Thresholds

Section 2 above sets out proposed risk appetites for ICS decisions.

Risk Appetite: The pursuit of risk to achieve objectives.

ICS Risks will always exist. We cannot eliminate them; only mitigate them to a tolerable level. If this tolerable level is breached, a Management Plan is required to bring the risk score down to within accepted levels.

Risk Tolerance: The thresholds at which we are willing and able to 'tolerate or accept' individual ICS risks.

This paper proposes that:

- **Risk Tolerances** for the domains below are considered by ICS Groups once ICS Risks are identified and collated in the **ICS Risk Register**.
- An objective review of these ICS Risks is undertaken to assess whether they are accepted risks once all mitigating action has been taken.
- This exercise will generate ICS Risk Tolerances. These can then be used to benchmark ICS Risk Assessments and action plans in a codified, standardised way across all ICS partnership working.

Proposed ICS Risk Tolerance Domain	Definition
Safety	Impact on the safety of patients, staff or public. Includes Health & Safety.
Quality	Impact on the quality of our services and patient experience.
People	Impact upon our workforce, organisational development, staffing levels, competence and training.
Statutory	Impact upon on our statutory obligations, regulatory compliance, assessments and inspections.
Environmental	Impact upon our environment, including chemical spills, building on green field sites, our carbon footprint.
Reputation	Impact upon our reputation through adverse publicity.
Business	Impact upon our business and project objectives. Service delivery and business interruption.
Finance	Impact upon our finances and savings delivery.
Health Inequalities	Impact on access to, experience of, and outcomes from services on different groups of the population.

Recommendation:

7. **The ICB Board agrees to delegate responsibility for proposing Risk Tolerances to HCIGs once they have identified ICS Risks within their domain.**
8. **HCIGs to collaborate and recommend Risk Tolerances to the ICB Board.**

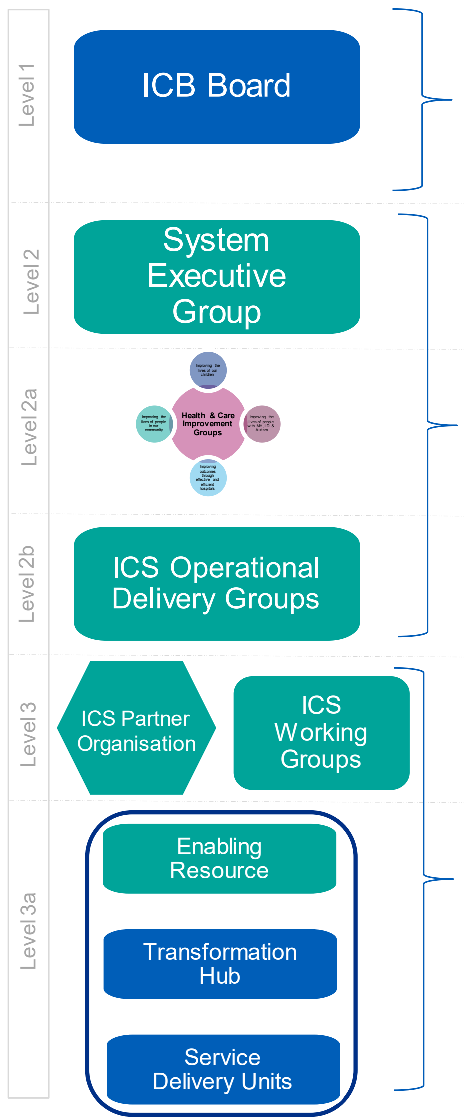
In the absence of agreed ICS Risk Tolerances, ICS Groups proposed in the Operating & Decision-Making Framework will be responsible for the management of activity required to control or mitigate ICS Risks. **ICS Risk Management Thresholds** will be stratified in accordance with ICS Risk Assessment Scores (scored using 5x5 matrix).

Consequence / Impact	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
Catastrophic = 5	5	10	15	20	25
Major = 4	4	8	12	16	20
Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

If mitigating action does not reduce ICS Risk Assessment Scores and thresholds are breached, ICS Risks must be escalated to the appropriate ICS Group that has oversight and management responsibility for that Risk Score in the Framework. In summary:

Operating & Decision-Making Framework Level	**Proposed ICS Risk Management Threshold**
1	>15
2	<12
3	<6

Proposed ICS Risk Management Thresholds:



Consequence / Impact	Likelihood				
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Catastrophic = 5	5	10	15	20	25
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Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

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Negligible = 1	1	2	3	4	5

Consequence / Impact	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
Catastrophic = 5	5	10	15	20	25
Major = 4	4	8	12	16	20
Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

Recommendation:

9. **The ICB Board approves the proposed ICS Risk Management Thresholds**
10. **The ICB Board instructs the proposed ICS Groups within the Operating & Decision-Making Framework to establish ICS Risk Registers, escalating ICS Risks in accordance with these proposed ICS Risk Management Thresholds.**

4.3 Risk Assessment in Decision Making: The interface between ICS Operational Delivery and ICS Oversight

The proposed **ICS Operating & Decision-Making Framework** and **ICS Oversight Framework** align and complement each other through the **impact, or risk assessment, of decisions.**

When decisions are being considered by ICS partner organisations or groups in the ICS Operating & Decision-Making Framework that may impact other ICS Partners or jointly delivered services, they should be tested against the **ICS Risk Appetite Statements.**

If the impact of the proposed decision could **result in an ICS risk**, they should be assessed in the context of the domains of ICS Risk Tolerances and be considered by the appropriate **ICS Oversight Group(s)** whose perspective should inform the decision being taken and any subsequent ICS Risk Management Plans**.** These include:

- **Planned Transformational or Continuous Improvement Decisions**
- **New and emergent ICS Risks and Management Plans**

Proposed ICS Risk Tolerance Domain	ICS Oversight Group(s) to be consulted in Decision-Making. (Indicative, not exhaustive)
Safety	System Quality Group Health & Care Professional Executive (and appropriate sub-oversight groups)
Quality	System Quality Group Health & Care Professional Executive (and appropriate sub-oversight groups)
People	People Oversight Group
Statutory	Governance Leads Oversight Group System Quality Group
Environmental	Estates Oversight Group Sustainability Oversight Group
Reputation	Governance Leads Oversight Group Communication Oversight Group
Business	Chief Operating Officer Oversight Group
Finance	Directors of Finance Oversight Group
Health Inequalities	System Quality Group Health & Care Professional Executive (and appropriate sub-oversight groups)

NHS
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Integrated Care Board

Level 1

ICB Board

Consequence / Impact	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
Catastrophic = 5	5	10	15	20	25
Major = 4	4	8	12	16	20
Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

Level 2

System Executive Group

Level 2a

Consequence / Impact	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
Catastrophic = 5	5	10	15	20	25
Major = 4	4	8	12	16	20
Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

Level 2b

ICS Operational Delivery Groups

Level 3

ICS Partner Organisation

ICS Working Groups

Level 3a

Enabling Resource

Transformation Hub

Service Delivery Units

Consequence / Impact	Likelihood				
	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5
Catastrophic = 5	5	10	15	20	25
Major = 4	4	8	12	16	20
Moderate = 3	3	6	9	12	15
Minor = 2	2	4	6	8	10
Negligible = 1	1	2	3	4	5

ICS Oversight Group:

- Review of proposed Decision
- Contribute to ICS Risk Management Plan

Broadly, the Clinical and Care professional oversight of decisions or subsequent ICS Risk Management Plans should be provided by:

Planned Transformational or Continuous Improvement Decisions	Health & Care Professional Executive (and appropriate sub-oversight groups)
New and emergent ICS Risks and Management Plans	System Quality Group

In specific cases, the Health & Care Professional Executive and the System Quality Group may choose to have a meeting in common to debate specific decisions or emerging risks.

See **Case Study 2** below.

To support the collaborative approach to the oversight, identification, management and control of ICS Risks, this paper proposes establishing an ICS Partner Risk Managers Network (as part of the Oversight Framework).

The purpose of this network is to:

- Share insights and learning.
- Develop and embed mechanisms for assessing ICS Risks to enable greater consistency across ICS partners.
- Evaluate the progress made in addressing ICS Risks collaboratively to demonstrate the benefits of this approach.

The network will be coordinated and supported by the ICBs Chief of Staff and Corporate Secretary. Proposed to meet quarterly.

Recommendation:

11. **The ICB Board considers and approves the requirement for ICS Oversight Groups input into decisions made by ICS Groups in the Operating & Decision-Making Framework that may impact, or cause risk, to the ICS or ICS partners.**

Case Study 2: Tier 3 Weight Management Support

The newly published NICE technology appraisal TA875 semaglutide in weight loss and obesity recommends use in a wider patient group and longer duration of weight management support than is already commissioned for Tier 3 services. Implementation discussions have highlighted a significant increase in patient numbers that would require expansion of the multidisciplinary team in the Tier 3 service in order to be able to implement to be NICE compliant. Current waiting list is already 1-2 years. North Bristol NHS Trust (NBT) who manage Tier 3 services in BNSSG is considering temporarily closing the waiting list to new referrals until a resource plan has been agreed.

The **Elective Care Operational Delivery Group** considers the impact of this proposed decision and concludes:

ICS Risk Tolerance Domain (Impact Assessment)	ICS Risk Score	Explanation:
Quality	15	Impact on the quality of care to patients referred to Tier 3 services. Impact on Tier 1 and 2 service providers (Primary Care)
Finance	16	Compliance with the NICE technology appraisal will increase the Tier 3 cohort and create un-funded financial pressure within NBTs and the ICBs operating budget.
Statutory Compliance	16	Non-compliance with a NICE technology appraisal exposes the ICB to legal challenge.
Reputation	16	Non-compliance with a NICE technology appraisal exposes the ICB to reputational damage.

The Elective Care Operational Delivery Group makes a recommendation to the **'Improving outcomes through efficient and effective hospitals' HCIG** that this decision is escalated to the ICB Board due to the ICS Risk scores and the proposed ICS Risk Management Thresholds.

The HCIG asks the Elective Care Operational Delivery Group to propose an **ICS Risk Management Plan** to support the ICB Boards decision. This will require input from the following **ICS Oversight Groups**:

- Health & Care Professional Executive (with possible referral to the Risk & Ethics Advisory Forum (REAF))
- Directors of Finance Oversight Group
- Governance Leads Oversight Group
- Communications Oversight Group

5. Limitations

5.1 Operating & Decision-Making and Oversight Framework Resourcing

Attempts have been made to design these Frameworks in way that is pragmatic and proportionate for the delivery of health and care services in partnership. It is recognised that these Frameworks are still complex and will require a significant investment from ICS Partners to participate in the proposed structures if approved. It must also be noted that the establishment of the groups in these Frameworks land at a time when the ICB has to significantly reduce its operating costs. It cannot be assumed that management and secretariat support will be provided by the ICB – the load will need to be spread across ICS partners in the spirit of collaboration.

Recommendation:

12. **HCIG Co-Chairs closely consider the Operational Delivery Group and Working Group structures that support them and establish them based on a lean resource model that is reflective of the capacity of the participating ICS partners.**

5.2 Delegated Authority

The Health & Care Act 2022 duty to collaborate does not supersede sovereign organisations own governance structures, as demonstrated in section 3.1. The ICS Groups proposed in the Operating & Decision-Making Framework are established on the basis that decisions can be made in accordance with the delegated authority conferred on the Groups members by their own organisations. This does limit the decision-making capacity and capability of the groups which may frustrate timely, effective and decisive decisions. These proposed Frameworks are designed in the spirit of distributed leadership and decision-making aligned to the ICS Risk Appetite statements; escalating up by exception when there are limitations in those delegations, when issues cannot be resolved, or in accordance with the ICS Risk Management Thresholds proposed in section 4.2.

To expedite the challenges of timely, effective and decisive decision-making, the ICB Board could exercise its constitutional authority to delegate Decision-Making responsibility to the proposed groups within the Operating & Decision-Making Framework. This would require a revision to the ICBs Scheme of Reservation and Delegation (SORD) and may impact the SORDs of ICS partner members.

5.3 Supra-ICS Collaboration and Specialised Commissioning

It is noted that the proposed Frameworks in this paper do not articulate the relationships or collaborative work at regional or supra-ICS level. They also do not cover the impact of specialised commissioning delegation and how improvements in these services will be driven through the proposed architecture of these Frameworks. It is proposed that these are considered as the ICS Groups in these Frameworks are established, subject to approval.

5.4 Acute Provider Collaborative

It is recognised that the relationship between the Acute Provider Collaborate and the ‘Improving outcomes through efficient and effective hospitals’ HCIG is not presented or articulated in either of

the proposed Frameworks. The planned soft launch of this HCIG is on 17 July 2023 where this relationship will be considered in more detail.

5.5 Citizen Involvement

It is recognised that the proposed Frameworks do not specifically reference the involvement of our citizens in making decisions or observing or guiding how the ICS is operating. Colleagues in the ICBs Strategy, Partnerships and Population directorate are working with members of the existing Patient & Public Involvement Forum (PPIF) to co-produce a citizen engagement model that will embed our citizens at the heart of these Frameworks.

6. Operating & Decision-Making Framework and Oversight Framework Engagement and Communications Plan

The proposals set out in this paper are complex. Attempts have been made to reconcile the plethora of existing groups and governance arrangements into two codified frameworks; to standardise the purposes of groups that bring ICS partners together to improve health and care services for the population of BNSSG and linking these frameworks through the principles of ICS risk oversight and management.

If these Frameworks are approved for adoption by the ICB Board and all ICS Partner organisations, it is clear we need to rapidly develop an accessible engagement and communications plan to explain **'how we do things around here'** considering how we share this information with our population and staff across all ICS Partner organisations. This will include the ICS Resource Pack (as detailed in recommendation 5 of this paper). This plan will not be limited to covering the launch of the Frameworks but will set out plans for ongoing engagement and communication strategies as these Frameworks are embedded and become business as usual.

Recommendation:

13. **The ICB Board agrees to the development of an Engagement and Communications plan.**

7. Summary of Recommendations

1.	The ICB Board consider and agree the proposed ICS Risk Appetites presented in this paper.
2.	The ICB Board consider and agree the proposed ICS Operating & Decision-Making Framework.
3.	The ICB Board tasks HCIGs with establishing ICS Operational Groups which will require: a. The identification of ICS Operational Group Chairs b. The development of standardised Terms of Reference to articulate the common purpose of these groups.
4.	The ICB Board consider and agree the proposed ICS Oversight Framework.

5.	ICS Oversight Groups are mapped and detailed in an ICS Resource Pack which will be shared in accordance with the ICS Operating & Decision-Making and Oversight Frameworks Communication and Engagement plan.
6.	The ICB Board consider and agree to establishing and managing an ICB Board Corporate Risk Register plus an ICS Risk Register. Both registers to capture strategic and operational risks.
7.	The ICB Board agrees to delegate responsibility for proposing Risk Tolerances to HCIGs once they have identified ICS Risks within their domain.
8.	HCIGs to collaborate and recommend Risk Tolerances to the ICB Board.
9.	The ICB Board approves the proposed ICS Risk Management Thresholds
10.	The ICB Board instructs the proposed ICS Groups within the Operating & Decision-Making Framework to establish ICS Risk Registers, escalating ICS Risks in accordance with these proposed ICS Risk Management Thresholds.
11.	The ICB Board considers and approves the requirement for ICS Oversight Groups input into decisions made by ICS Groups in the Operating & Decision-Making Framework that may impact, or cause risk, to the ICS or ICS partners.
12.	HCIG Co-Chairs closely consider the Operational Delivery Group and Working Group structures that support them and establish them based on a lean resource model that is reflective of the capacity of the participating ICS partners.
13.	The ICB Board agrees to the development of an Engagement and Communications plan.

8. Financial resource implications

See Section 5.1 for further detail.

9. Legal implications

The Health & Care Act 2022 includes (but is not limited to) duties on ICBs to improve the quality of services, reduce inequality of access and outcome and take appropriate advice. The proposed Frameworks set out mechanisms for achieving these duties. In addition, it is a regulatory requirement that ICBs have a robust plan for the management of operational and strategic risk. This paper proposes risk management principles in section 4.

10. Risk implications

The purpose of this paper is to establish the principles of the management and oversight of ICS risks. See section 4 for further detail.

11. How does this reduce health inequalities?

The purpose of this paper is to propose mechanisms for shared delivery and accountability of the ICSs core purpose and strategic objectives. Front and centre of these is the requirement to reduce health inequalities. However, it is noted that while the architecture of these proposed frameworks is being established, there is a risk that the ICS is not focussed on these aims and objectives and decisions could be being made in isolation that could inadvertently widen health inequalities. To reduce this risk, the recommendations presented in this paper should be acted on with pace.

12. How does this impact on Equality and Diversity?

The proposed Frameworks and risk management principles in this paper should provide the opportunity for the ICS and its constituent partners to organise themselves to enhance equitable access to health and care services in BNSSG. However, until these Frameworks are put into action, there is a risk that there is an inadvertent impact on equality and diversity due to an absence of standardised ICS operational improvement delivery or oversight.

13. Consultation and Communication including Public Involvement

There has been no patient or public involvement in the development of these Frameworks or risk management principles. See section 5.5 for further detail.

See section 6 for further detail on plans for engagement and communication.