Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Thursday 2 November 2023
Time: 12:30
Location: Somerset Hall, Portishead, BS20 6AH

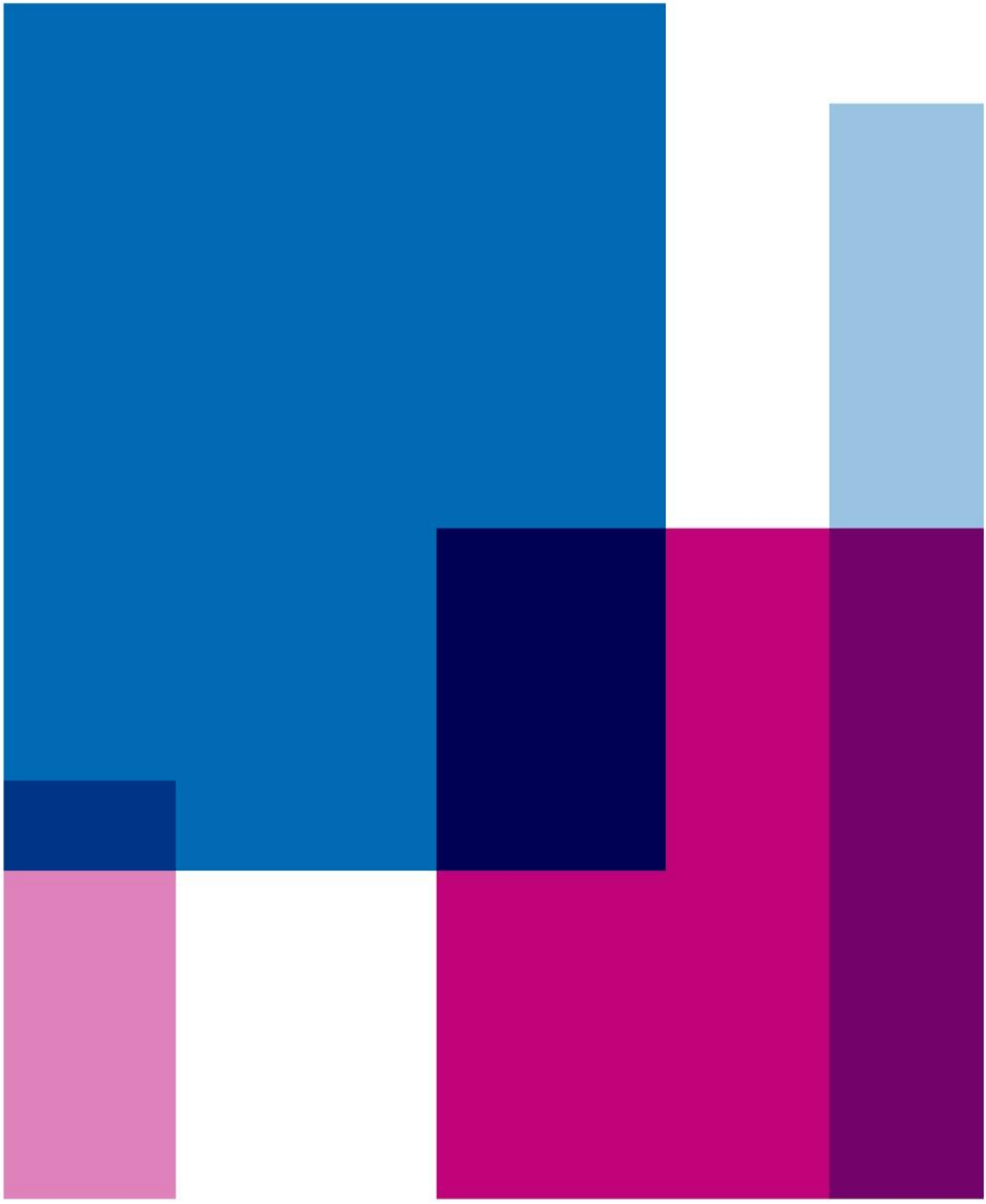
Agenda Number :	5	
Title:	Chief Executive Update – July	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	Yes/No
Purpose: For Information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

- **ICB Organisational Structures**
- **Innovation Hub**
- **Neurodiversity Improvement Project**

Recommendations:	To note the current position
Previously Considered By and feedback :	No other groups
Management of Declared Interest:	No declared interest

Chief Executive Briefing – November 2023



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;

- **ICB Organisational Structures**
- **Innovation Hub**
- **Neurodiversity Improvement Project**

ICB Organisation Structures

As agreed at the May 2023 Board Meeting we are taking an engaged approach to the reorganisation of the ICB as is required by NHS England to ensure that running cost reductions are achieved.

In March 2023 NHS England wrote to all ICB's to advise us that we needed to reduce our running costs by 30%; the formal request is for this to be delivered in two stages - 20% to be delivered by the end of 2024/25 and 10% to be delivered by the end of 2025/26.

We are approaching this as a single stage process of restructuring the ICB to achieve the required savings – this is to create the headroom to plan and balance the books in the second year. NHSE require us to have an agreed final plan by March 2024 to achieve the whole of the 30% reduction.

NHSE have confirmed, that whilst they will seek assurance from ICBs that plans are on track on a regular reporting basis, the governance and decision making for how the RCA efficiencies are achieved sit within the ICB.

It is proposed that our new operating model will go to the ICB Board in early December. As was agreed at the October board meeting, in advance of the full model, we would develop a senior executive level model and consultation document. The consultation closed on the 20th October and a preferred model was agreed and communicated back to the senior executive team. The outcome of the consultation and the new operating model will be communicated to all ICB staff on Monday 6th November.

A Voluntary Redundancy/Exit Scheme was formally launched at the end of September within the ICB. This was open to all ICB staff for applications for three weeks in October. The requests are currently being reviewed by a panel which is a subset of the Executive Team and the outcomes will be known later in November. Leaving dates for successful applications would be in the spring.

These are very challenging times for all of us and whilst we review and revise our operating model, our staff are continuing to do the day job and deliver on key pieces of work to improve the lives of the population.

If we are to meet the challenges of improving population health, reducing health inequalities, ensuring value for money and driving economic social change then doing the same things, in the same way, cannot be an option. To generate real and meaningful change we are embarking on an exciting path to create an innovation hub and to shift the innovation mindset.

1 Why do we need an innovation hub and innovation mindset?

1.1. National policy and research

The NHS Operating Plan says that "Improving NHS patient care, outcomes and experience can only be achieved by embedding innovation and research in everyday practice." ICBs consequently have a statutory duty to facilitate and promote the use of innovation and research to prevent ill-health and reduce health inequalities. The plan looks to capitalise on the success of innovative solutions and partnership working such as that seen in the COVID vaccination programme and virtual wards rollout.

Furthermore, reports such as the Kings Fund adoption and spread of innovation in the NHS, The Health Foundations Spread Challenge, and Nuffield Trust Achieving scale and spread, all recognise the challenges of achieving greater scale and spread of Innovation. That said, all these reports cite that good innovation adoption equals better integrated care and services. They often identify need for a recognised innovation cycle for new practices, processes, and pathways, such as those that already exist for new drugs. They further identify the challenges of institutional silos and the critical role leaders play in not only breaking down these silos, but actively supporting and encouraging innovation.

Endorsed by the AHSN Network, the NHS Confederation Report found that innovation is happening in pockets across healthcare systems; that innovation can bring great benefits around effectiveness and efficiencies in care delivery; and that integrated care systems require an ability to scale proven innovations in order to unlock the full potential of innovations within the healthcare system.

The Health Foundation Spread Challenge highlights how adopting the complex changes required in health and care is much harder than traditionally assumed. Doing it well requires resources, skills and headspace, with the capacity and capability involved often underestimated. Furthermore, without good implementation, innovation activities frequently result in very limited positive impact and are often unable to realise the full benefits. This is because it isn't the technology itself that produces the gains, but the effective use of technology, which depends on the people using it and can require new roles, processes, and ways of working.

As highlighted in the extensive research and examples set out above, the need for a co-ordinated approach across our ICB system has never been greater. Innovation is no longer an optional side line activity it is essential if we are to achieve our goals and so we need a clear approach to better facilitate the selection and uptake of innovation to meet shared needs, priorities as a standard across our system.

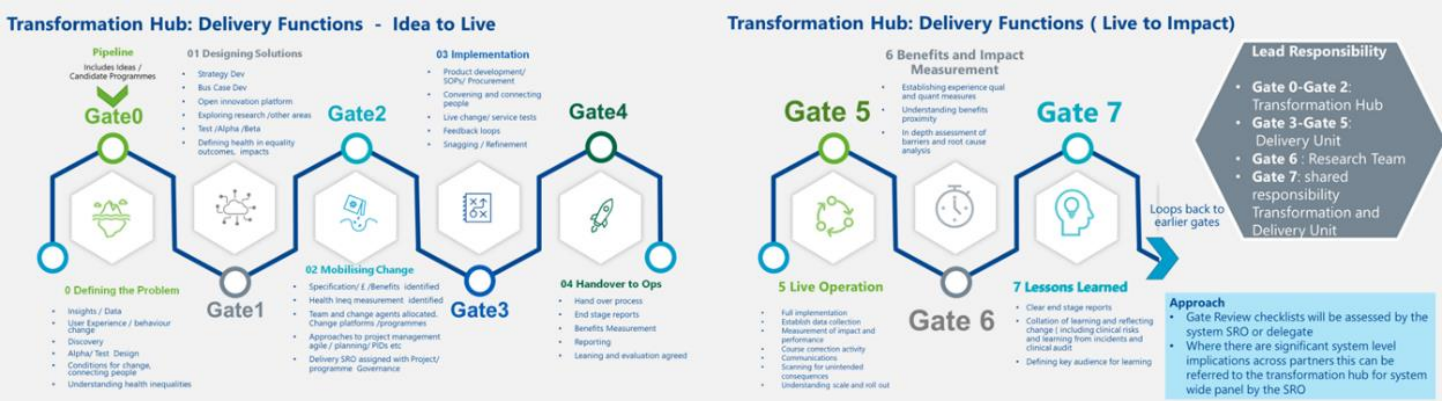
1.2 NHS Impact

With the emergence of NHS IMPACT (Improving Patient Care Together) the new, single, shared NHS improvement approach. Five core components form the 'DNA' of all evidence-based improvement methods and it is felt that by creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients, and give better outcomes for communities. Integrated Care Board and provider leaders are being asked to submit a self-assessment in Autumn 2023 which seeks to identify strengths and development opportunities (in NHS acute and mental health trust initially). Many of these opportunities will be met by adoption of innovation be that a revised care pathway, adoption of a proven drug, medtech solution or other innovative way of doing something differently.

2 Where are we and what do we have in BNSSG already?

The national ICS strategy guidance highlighted a requirement to consider and promote innovation when developing local strategies. With input from the Integrated Care Partnership, as well as people who use our services, the BNSSG strategy made a firm commitment and plan to implement and scale innovation with clear goals helping drive priorities for where innovation is needed. Alongside this, there are a number of opportunities for innovation referenced in the BNSSG Joint forward Plan, including linkages through the Research and Innovation Steering Group provided by Bristol Health Partners, the Academic Health Science Centre, AHSN, and other member organisations. The BNSSG system has significant resources in areas such as the Bristol Robotic Lab, Future Space the Smart internet Lab and a series of Living labs designs for health and care developments. We are due to host the Primary Care Lab for the SW region and have a wealth or resources and opportunities that are currently underutilised.

A BNSSG Transformation Hub gateway process has been established, which takes an idea or problem statement through the process of definition and testing before handing over to operational delivery. The gateway process adds rigour to system transformation by providing a standardised infrastructure for system-wide projects, providing oversight and quality assurance.



3 What are the problems we are trying to solve?

1) **Fragmentation and the absence of a clear approach to innovation**:
We have great examples of innovative practice in our organisations and partners but the spread and scale is often left unachieved. There has been frustration expressed by key stakeholders in the system that there is no clear systematic and coordinated approach to innovation and people don't know where to go with ideas and opportunities.

2) **Fostering an Innovation Mindset**:
A cultural mindset around innovation is at times considered counter to the standard NHS and government investment approach of business cases and forecasting benefits and savings to be yielded by change before investment and allocation of resource can be considered. For innovation to thrive we need a cultural mindset that encourages creativity, exploration, and innovation. This means we cannot accurately predict the outcome of an innovative approach but that we focus on learning and understanding that contributes to transformative change. This approach requires a risk appetite for innovation and an agreed intent to prioritise innovation.

3) **The commercial constraints of tests, pilots, spread and adoption opportunities:**

The way our commercial approaches are defined do not lend themselves to driving forward innovation. We often ask clinical and care teams to test and explore products only to find ourselves in complex commercial programmes if we want to take these forward at any level of scale. We have to adhere to procurement law and policies set out for the NHS; however we need a more creative adaptive approach. For example, this could be aligned to the Warwick Business School Innovation Hub approach that enables the commercial consideration of the innovation upfront selecting partners to work in active collaboration to solve the challenges faced by health and care settings.

4 The Opportunity - Developing a system wide Innovation Hub

Having been a key partner since 2013, our colleagues in the West of England AHSN have significant experience working with innovators and driving improvements within and across the system. They are uniquely placed to understand and map the eco-system within which we all work and support our ambition to develop and adopt innovation at scale; directly meeting the four ICS aims and our system outcomes. In addition to the pipeline of innovations held by the AHSN Network, this approach will enable us to make best use of strong local research through the AHSN, AHSC, ARC West, and two local universities. Our partnership for this project therefore looks to capitalise on their knowledge and our successful historic relationships to date.

The AHSN have mapped our current innovation ecosystem in **appendix 1**. This is a starter for 10 and shows us our current state including known innovators in our system. Our gaps include understanding the key innovation contacts and the breadth of innovations occurring across our organisations. To be successful, and avoid the pitfalls outlined above, we need to identify these key stakeholders and further understand the innovations that are being developed; putting a structured and supportive process in place to enable us to deliver on our strategy and maximise benefits across the system.

The AHSN has a strong track record of innovation discovery, development, and deployment over the last 10 years. Discovery expertise can be seen by the Voices for Change project with Bristol Health Partners' Bladder and Bowel Confidence Health Integration team (BABCON) exploring the lived experiences and needs of people living with bladder and bowel continence issues. This has gained interest in parliament and has stimulated further work supporting the needs of children with continence issues. Led by the AHSN, our partnering on the real-world evaluation project exploring the value of the Zio cardiac patch within the cardiology pathway with North Bristol Trust is an example of the development and evaluation of innovations to identify impact and support commissioning decision making. Expertise in successful deployment has been demonstrated by projects such as the PReCePT Programme which was initiated by the AHSN within the West of England region and, using a Quality Improvement (QI) approach, was successfully rolled out to all five acute trusts, before becoming a national programme across England.

5 Taking Action Getting started with an initial workplan

To support and facilitate our ambitions, BNSSG will implement an Innovation Hub (IHub), in partnership with the West of England Academic Health Science Network. We will develop a shared vision and supportive culture for adoption and development of innovation at scale that will help us meet the four ICS aims, and our system priorities and strategic commitments all focused on improving outcomes for patients and users. A joint statement of works has been designed reflecting four key workstreams (W/S) outlined below:

Workstream 1 – Developing Innovation Mindsets & Supporting Culture at all staff levels
The development of an updated/real time eco-system to support the uptake of exciting new innovations, within a system wide culture that encourages and nurtures mindsets for working innovatively to continually improve services.
Addressing the challenges of adopting innovation through facilitated Executive Leadership sessions to better understand key elements of innovation and how to encourage and best support innovation activities (including ambition, appropriate attitudes to risk, learning from others (ICS & industry) etc).

Workstream 2 – Innovation Push
At least one innovation in existence with known evidence base adopted to address a significant system challenge.

Workstream 3 – Innovation Pull
At least one innovation to address a significant system challenge which follows the BNSSG gateway process from initial needs identification and problem definition through to planning and testing. This assumes a potential innovation with limited evidence (or a call to industry) and a project cycle taking more than the commissioned 12 months.

Workstream 4 – Create an infrastructure that will enable the fast-track adoption and spread of new innovations and improvements
An infrastructure that enables the fast-track adoption and spread of innovations through:

- Education and training in the use of QI, project management, facilitation, and innovation tools and techniques.

- Procurement Framework to ensure slick and rapid procurement of innovations with a sufficiently sound evidence base.
- Harnessing innovation through partnership with our front-line staff to promote and share key information regarding the range of innovations being developed and deployed nationally, regionally and across the ICS through an established network and collaboration of innovators across the system.
- A Blueprint methodology to support sustaining the IHub beyond this commission period.

Linking with the BNSSG Innovator Accelerator Unit evaluation, a further evaluation to understand how the system has continued to grow to support innovation will be provided by the West of England AHSN and ARC West in partnership with BNSSG colleagues. This evaluation will aim to explore what makes a successful innovation ecosystem, what tools have been put in place, and what training or leadership behaviours enable this.

Neurodiversity Improvement Project

Background

Education, health, and social care services have a responsibility to actively identify and respond to the needs of children and young people, including those needs reported by their families. This responsibility aligns with relevant legislation, such as the Special Educational Needs and Disabilities (SEND) Code of Practice and the SEND Area Inspection Framework. If a family or young person seek an autism diagnosis, it should be delivered within three months of referral, following the guidelines set forth by the National Institute for Health and Care Excellence (NICE).

Once a diagnosis is made information, advice and guidance is provided, including signposting access to education support. Early diagnosis and intervention can greatly improve outcomes for children with autism and other neurodiverse conditions, so it is important children receive prompt assessment and support. However, the number of children referred for an autism assessment in BNSSG has increased 350% since April 2020, with 40% of people being on the waiting list for over a year (as of March 2023).

Families commonly share experiences that reveal a lack of support until their child or young person receives a diagnosis, or until the child or young person's needs reach a critical stage. The delay in accessing support can lead to the emergence of serious mental health issues, school placement breakdown, and conflicts within the family, amongst other issues.

The limited support available without a diagnosis creates a dual challenge:

1. As more families are referred, the waiting list exceeds service capacity, intensifying service challenges.
2. Some families with the means to do so seek private diagnoses to address their children's needs before they escalate to a critical stage. This disparity creates inequality within the system.

The ICB has established a gateway process for major change and transformation programmes, which consists of a number of gateways that provides the infrastructure and grip to support and prioritise projects. Through this process the ICB have committed a Design Lead within the newly formed Transformation Hub to undertake an exploratory and discovery piece of work which focuses on autism and the increase in demand for a diagnosis, this in turn will inform a future model to supporting children and young people with neurodiverse needs.

Gateway 0 – discovery process

The benefit of the gateway 0 discovery process is that it generates new data and insights, analyses themes in the data which informs the design of solutions and supports an inclusive ideation and design process generating a number of models for improvement to be tested in gateway 1.

The gateway 0 discovery process involves;

- Understanding user needs – gaining a deep understanding of the users, their families and their needs. This will involve reviewing and consolidating existing evidence and insights and conducting bespoke user research which lead to a deeper understanding of issues and opportunities for improvement.

- Engagement is key within this work to not only understand the impact of the current pathway but also the experience for children and young people and parent carers as well as professionals who support this cohort, such as schools and teachers. We will explore how we can capture the presenting needs for support and a diagnosis as well as the current barriers our partners and population face.

- Conducting a deep dive into the cause of increase referrals to the autism pathway and increased presentation of needs, and literature review about the evidence.

- We will firstly explore what we already know across the system, pulling in system partners and the valuable insights they have, this will not only focus on activity and performance but also insights and engagement into CYP and family's needs, wants and experiences. There has been a significant amount of work already undertaken through various workstreams in this area which will form a basis to identify gaps and further engagement requirements.

- Confirming the problem definition – iterating the problem definition during the discovery phase will help to define the problem to be solved in the design phase. It provides clarity on the issues with the current pathway for users which the design must address. This ensures subsequent phases are aligned to user need.

- Ideating effectively – involving a variety of partners including patients and carers to review the evidence collated and focus on the problem to generate a series of options for improvement, to be tested in gateway 1.

Progress and next steps

It is more important than ever to create a sustainable system that meets the needs of families, children and young people while also considering the resources of organisations linked to these pathway changes. The project aims to co-design what a sustainable offer might be and has just concluded an early planning stage as to how this work will be delivered, including the key people who need to be part of the planning process, especially as engagement and co-production will be key within this project and drawing on people with lived experience will be vital to providing a root cause analysis through to designing a new model.

With co-production and engagement at the heart of understanding the problem and designing a sustainable solution, we have been discussing the problem with the three Parent Carers Forums leads across BNSSG to identify how we can have a co-led project with them, ensuring the child,

parent or carer is at the heart of designing a future solution that takes a neurodiverse approach and identifies needs and provides support earlier, rather than waiting for a diagnosis.

There has been other workstreams that have already taken place, which the project will capture the learning from such as:

- Community paediatrician recruitment
- A sustained waiting list initiative
- User experience digital project
- Changing the assessment criteria
- Development and introduction of a Keyworker Team
- The testing of new or expanded “needs-led” neuro support projects
- The BNSSG Autism Hub

The project has been agreed to enter into gateway zero of the ICB process which solely focuses on discovery and understanding the problem. We have wrote out to each local authority and other system partners who work in this area to invite them to be part of the project group, with the first meeting having taken place on 19 September.

This group will oversee the delivery of the project and facilitate any information/ data requests, as well as any future decision-making requirements. The project group will also be responsible for ensuring we capture the views and experience of our delivery partners, CYP and parent carers, key to this will be engagement with our local authority partners and schools, to ensure we create a systemwide approach. We have nominated leads from the local authorities who will support this work and there are several education forums that we will engage with.

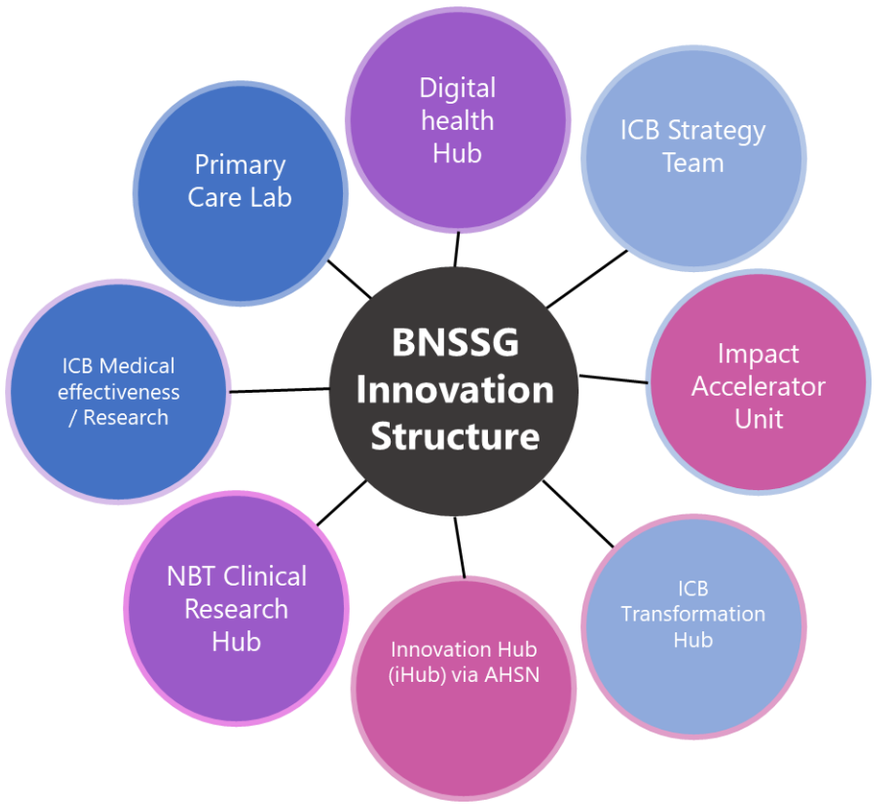
From the initial discovery phase, we will bring together all the insights work done to date which will highlight any gaps in information and what further engagement is needed within our education partners. The group will also oversee two conferences with wider stakeholders and the public, the first one will focus on understanding and evidencing the problem through a mixture of organisational data as well as insights and engagement work previously carried out, the stakeholders will also be able to identify if any further engagement or data collection is required to fully understand the problem and people’s views. The second will bring everyone together again to focus on “ideation”, taking into consideration the outputs from 4 the discovery phase and identifying potential options to explore a “Test & Learn” pilot in gateway one.

Bristol, North Somerset and South Gloucestershire health innovation infrastructure

West of England Academic Health Science Network

Healthcare providers and relevant partner or voluntary organisations

NHS England South West
NHS South Western Ambulance Service NHS Foundation Trust
NHS North Bristol NHS Trust
Sirona care & health
NHS University Hospitals Bristol and Weston NHS Foundation Trust
the care forum
NHS Avon and Wiltshire Mental Health Partnership NHS Trust
West of England Academic Health Science Network
AHSC Bristol Health Partners
Bristol City Council
North Somerset Council
South Gloucestershire Council
Voscur
SBES South Bristol Enterprise Support
University of Bristol
People in Health West of England
Voluntary Action North Somerset
WERN West of England Rural Network
healthwatch
North & East Bristol Enterprise Support
UWE Bristol University of the West of England
wesport Inspiring Active Lives
cvs south gloucestershire supporting developing representing
Invest Bristol + Bath
Bristol & Bath Science Park
NIHR Applied Research Collaboration West
NIHR Clinical Research Network West of England
West of England Combined Authority
BusinessWest
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board
Healthier Together Improving health and care in Bristol, North Somerset and South Gloucestershire
West of England Local Enterprise Partnership
RiHN
HealthTech Hub
NIHR Research Design Service South West
NIHR Bristol Biomedical Research Centre



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ENGINESHED
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Research Innovation and universities (in system and wider system partners)

Technology and Innovation partners