

# Meeting of ICB Board

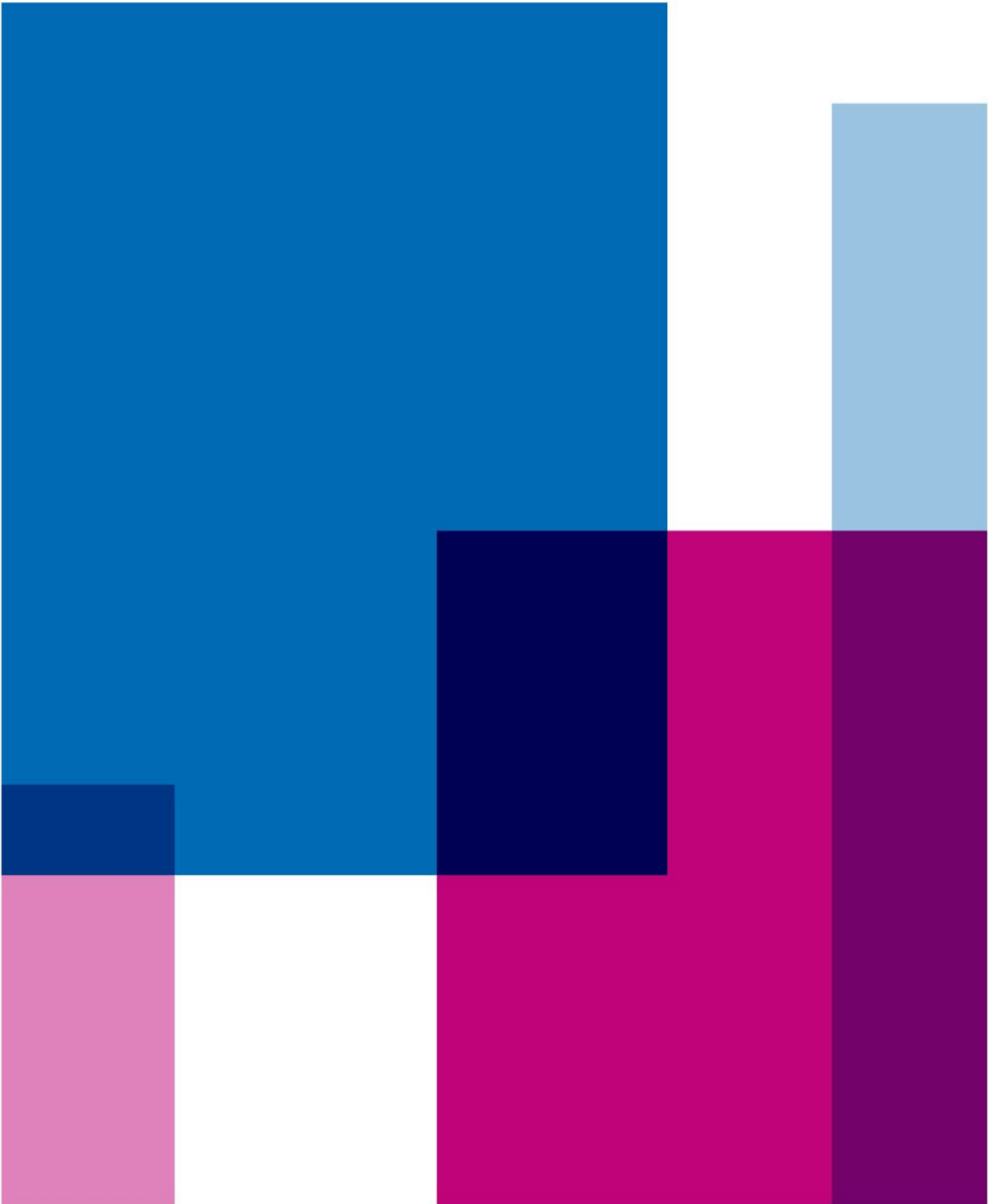
Date: Thursday 2<sup>nd</sup> May 2024

Time: 12:30

Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, BS34 8QZ

<b>Agenda Number :</b>	5	
<b>Title:</b>	Chief Executive Update – December	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	Yes/No
<b>Purpose: For Information</b>		
<b>Key Points for Discussion:</b>		
<p>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.</p> <p>The main areas of discussion this month are;</p> <ul style="list-style-type: none"> <li>• <b>ICB Organisational Structures</b></li> <li>• <b>General Practice Risk</b></li> <li>• <b>The Future of Locality Partnerships</b></li> </ul>		
<b>Recommendations:</b>	To note the current position	
<b>Previously Considered By and feedback :</b>	No other groups	
<b>Management of Declared Interest:</b>	No declared interest	

# Chief Executive Briefing – April 2024



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## 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 – Shaping Our Future**
- **Primary Care – Risk Register**
- **The Future of Locality Partnerships**

## ICB Organisation Structures – Shaping Our Future

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.

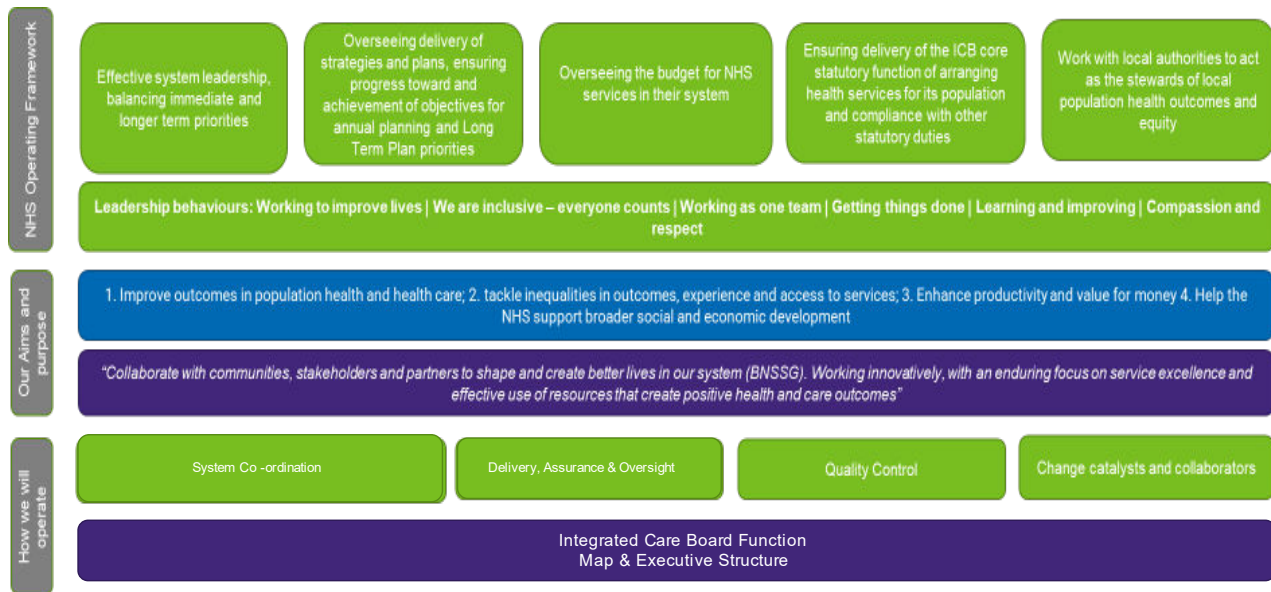
We are approaching this as a single stage process of restructuring the ICB to achieve the required savings – this is to create the headroom to plan and balance the books in the second year. NHSE require us to have an agreed final plan by March 2024 to achieve the whole of the 30% reduction.

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.

The work undertaken by ICB staff, system partners and supported by NECS has culminated in the development of a collaborative purpose statement and new BNSSG ICB operating model.

The operating model is set within the wider context of the NHS national and regional requirements, it is built to enable the future delivery of the ICP Strategy through clearly articulating the purpose and aims of the ICB, its role and how it will operate.

## BNSSG ICB Operating Model



In support of the operating model a number of high-level function maps and executive structures were consulted on at the Executive layer of the organisation only. Following consultation, the function map and executive Chief led structure were agreed and executive directors confirmed into Chief Officer roles.

The consultation on the full reorganisation was open from 11<sup>th</sup> December 2023 and ran until 24<sup>th</sup> January 2024. Comments on the consultation proposals were received via email (all staff) and through consultation meetings with affected staff. In total 131 comments were received via the Shaping our Future inbox and 77 through consultation meetings. The Staff Partnership Forum (SPF) and Disability and Proud staff networks provided collective responses.

Consultation responses included comments on organisational and cross cutting issues, directorate specific references and suggestions and actions. Once the consultation closed the HR Team collated and anonymised all responses, these were shared with the Executive Team for consideration.

The consultation responses fell broadly in the following six themes.

- Consultation Process & Organisational Change
- ICB Culture & Ways of Working
- Workload & Prioritisation
- Structures of Delivery Units – Resourcing & Alignment
- Improvement & Modernisation
- Risks

The executive team have developed a number of cross cutting actions to address the themes in the implementation of the organisational changes.

In addition to staff responses to the consultation there have also been a small number of responses from partners. These were also considered by the Executive Team over the same period.

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The final consultation report was shared with staff on the 19<sup>th</sup> February and with the ICB at the closed meeting on the 7<sup>th</sup> March.

These have been very challenging times for all of us and this was very obvious over the last month as a number of colleagues left the ICB. I want to put on record my thanks for the professionalism shown by all our colleagues who have let the ICB as a result of this process and to wish them every success into the future.

The Executive Team have been working across the organisation with the Strategic Development Forum (SDF) and Staff Partnership Forum (SPF) to develop an approach to an ICB wide workplan inline with the new operating model. This will culminate in an 'all staff' event on the 15<sup>th</sup> May. This event will provide an opportunity for the new teams to work together to explore the cultures, values and actions that we will all commit to as we "Bounce" into our new organisational form.

## Primary Care – Risk Register

On the 18<sup>th</sup> April I received the following letter from **Dr Katie Bramall-Stainer**, Chair, GP Committee, BMA

*Ahead of what is now the third consecutive annual GP contract change imposition in England from 1 April 2024, the BMA held a referendum in March amongst its GP members regarding the 2024/25 Contract. 99.2% of the 19,000+ GP and GP registrars who took part in the referendum (turnout 61.2%) rejected the contract changes for 2024/25. The turnout of the BMA's GP contractor / partner members was just under 75%.*

*Following this result, the BMA wishes to alert ICB colleagues to the significant risks to Systems which may potentially ensue from any subsequent planned action arising from this powerful outcome.*

*General Practice now offers on average 1.4 million appointments daily, and over 90% of NHS appointments each year. This is the equivalent of half of England's population having an appointment every single month.*

*Over the past decade, England has lost over 1,300 practices and thousands upon thousands of GPs. Despite NHSE 'hailing hardworking GPs', continued consecutive years of underinvestment have resulted in a profound workload and workforce crisis. This will be recognised by all ICB colleagues. GPs are telling us in their thousands, via both the referendum result and in our 2024 national survey of GPs, that the current status quo is not sustainable nor safe. The imposition of the 2024/25 contract will continue to see practices close, patients lose their GP services, and local NHS systems face increased costs as a direct result.*

*With the aim of ensuring a future where all patients across England can return to having safe access to their family doctor via a comprehensive expert generalist-led NHS General Practice service, the months ahead may see GPs undertake coordinated actions to ensure our Systems, Regional Teams, Government, the DHSC and NHS England understand how fundamentally important GP-led General Practice is to the NHS, and the consequences of continued underinvestment alongside the roll-out of unevidenced and potentially unsafe NHS England transformation programmes, which make it harder for patients to access a qualified GP and practice nurse when they need one.*

*Whilst potential action is yet to be determined, GPC England wishes to give fair notice to ensure ICB colleagues prepare their Systems for potential GP action during 2024/25, given the resulting substantive risks to all ICBs' operational and joint forward plans. Whilst we sincerely hope industrial action is not necessary, we recognise how*

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*vital it will be for the possibility to be included within System risk registers and for mitigation scenario planning to take place.*

*We would encourage system leads to contact their LMC colleagues to understand what, if any, mitigations may be possible, and to discuss the full extent of local GP practice pressures and system vulnerabilities.*

*The BMA's GPC England Committee will continue to call for NHS England, the DHSC and Government to constructively engage with us to ensure a sustainable and safe model of care for NHS General Practice for all 61 million patients registered across GP practices in England, now and for the future.*

Although the letter clearly states that potential action is yet to be determined it must be assumed, for the purposes of planning, that action will be taken. Therefore, the ICB will be developing mitigation measures to support the continued delivery of services.

The ICB will be developing scenario and contingency plans and asking providers to prepare plans and mitigations. The ICB will look to 111 services and the system Clinical Assessment Service (CAS) for support. The system will also need to fully understand interface and workforce concerns. The emergency planning team have led the coordination for the acute industrial action, and key actions and their learning will inform the thinking.

This development will now be placed on the system risk register and regular updates will be brought to the attention of this Board.

## **The Future of Locality Partnerships**

As part of the 'Shaping our Future' process, all parts of the ICB were included in the running cost reduction challenge. This required the ICB to critically review its resourcing of the staff infrastructure of the locality partnerships and to design a new, leaner, staff structure.

The ICB remains absolutely committed to our 6 Locality Partnership model, however we needed to make changes to ensure that the overall running cost reductions could be met. The new model includes very senior leadership at a Local Authority level (x3) and Locality Development Managers in all six localities and supporting administration.

Therefore, the total recurrent investment in ICB staff, in localities will be £920k in 2024/25, a reduction of approximately £300k.

In addition, the ICB will continue to fund all the recurrent costs of the Chairs of all partnerships and has identified further recurrent resource to be spent on new services to be delivered through the localities.

What this process has highlighted is the need for a clear roadmap for the continuation and development of the locality partnerships. Locality Partnerships are not just based on the success of ICB staff but are successful because of the genuine input of resource and capacity from across all ICS partners. Their continued success is dependent on the ongoing support of all partners.

The decision of the ICB to reduce its contribution to the locality partnership was met with resistance from a number of stakeholders and was perceived as a reduction in our commitment to their future. That was never the intention, and the locality partnerships are so much more than the ICB. However, this process has highlighted the need for a shared approach to moving forward.

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To enable a new approach I approached the Helen Holland, Chair of the ICP, to suggest that the ICP should commission a review of the locality partnerships. This review should examine the effectiveness of localities, their clarity of purpose, function, outcomes, resourcing and success measures. The proposal was discussed and agreed at the ICP Board Meeting on the 29 February 2024 and 25 April. Outside of the meetings a number of systems partners worked together to develop a terms of reference for the review.

The primary objectives of the review are as follows:

- Review the current ways of working and develop options for the future Locality Partnership Model
- Focus on equity of opportunities and positively promote equity throughout the review process.
- Explore common themes across the 6 Locality Partnerships
- Map out opportunities and responsibilities for doing things as 1 ICB, 3 Local Authorities, 6 Locality Partnerships and 20 neighbourhoods.
- Describe what success should look like in 5 years' time and set out both strategic and operational steps to achieve this.
- Appraisal of opportunities to maximise investments from multiple funding streams to support the future model.
- Measurement of outcomes and impact.
- Current cultures and ways of working across the 6 LP's.
- Governance structures and decision-making processes and links to the Health and Wellbeing boards and wider system governance routes
- Assess alignment with broader health and care system goals.
- Locality Partnerships role within delivery of the ICS strategy
- Appraisal of opportunities for future sharing resources and budgets.
- Explore what opportunities there are in the system structure for Locality Partnership's to influence on behalf of communities.
- Review current and future resourcing and workforce arrangements in LP's.
- Review LP memberships and the roles, responsibilities at various levels.
- Explore relationship to Local Authority elected members.
- Clearly highlight issues and risks within the review process

The ICP will be responsible for arranging who will conduct the review. The timeline for the review will be determined based on the complexity of the analysis and the need for thorough communication with all ICS Partners.

Once completed the review will go back to the ICP Board for discussion and agreement regarding next steps.