Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 22 July 2021 in The Oculus, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF, commencing at 10.05 am and concluding at 12.03 pm.

Members present

C Jackson, A Macpherson (Chairman), Dr J O'Grady, G Quinton, J Baker, N Macdonald, M Gallagher, K Higginson and Ms D Richards

Others in attendance

J Boosey, S Taylor, S James, R Stanton, J Pimm, S Robinson, T Jervis, T Ironmonger, E Biggs, M Tait, K Holmes

Agenda Item

1 Welcome and Confirmation of Chairman and Vice-Chairman

Cllr Angela Macpherson introduced herself as the Deputy Leader of Buckinghamshire Council and the Cabinet Member for Health and Wellbeing and stated that, in accordance with the Council's constitution and the Health and Wellbeing Board (HWB) Terms of Reference, she had been appointed Chairman of the Board. The Chairman thanked, the previous Chairman, Cllr Gareth Williams for his excellent delivery.

The Chairman advised that, due to the changes proposed in the Health and Social Care Bill, the Integrated Care Partnership (ICP) was considering its nominee for the position of Vice Charman and it would be confirmed at the next meeting in October.

2 Apologies for Absence

Changes in membership

- Dr Nick Broughton, Chief Executive, Oxford Health NHS Foundation Trust had been replaced by Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust.
- Tolis Vouyioukas, Corporate Director, Children's Services had left BC and Richard Nash was now the Interim Corporate Director for Children's Services and a member of the Health and Wellbeing Board.

Apologies:

Apologies had been received from Dr Karen West, Robert Majilton, Dr Juliet Sutton, Dr James Kent, Richard Nash, Dr Raj Bajwa, David Williams, Cllr Anita Cranmer, Zoe McIntosh, Dr Sian Roberts and Helen Mee.

Substitutions:
Simon James, Service Director for Education attended in place of Richard Nash.
Matthew Tait, Deputy ICS Lead/Director of CCG Transformation attended in place of Dr James Kent.
[It was not announced during the meeting but Kate Holmes, Interim Chief Finance Officer, NHS Buckinghamshire Clinical Commissioning Group attended in place of Robert Majilton and Dr James Kent].

3 Announcements from the Chairman
There were no announcements from the Chairman.

4 Declarations of Interest
There were no declarations of interest.

5 Minutes of the previous meeting
Resolved: The minutes of the meeting held on 1 April 2021 were **agreed** as an accurate record.

6 Public Questions
One public question had been received from Mike Etkind of the John Hampden Patient Participation Group. Jacqueline Boosey, Business Manager, Health and Wellbeing, read out the question:

"Lockdown has shown the valuable contribution the public can make to health and social care. This is one reason why the public should know what is happening at system, place and neighbourhood and be able to have a say.

Could the Health and Wellbeing Board advise what role it will play in ensuring the work and decisions of the ICS involve engagement with the public, including providing accessible and understandable information beyond just having meetings in public with published papers?

For example, will the health and wellbeing action groups of Community Boards be fully engaged and involved? And will there be any public consultation over how the ICS will deliver two commitments in the papers under agenda item 11

- *to "support place and neighbourhood-level engagement to link with communities", and*
- *to "invest in local community organisations"?"*

The Chairman apologised that the question had only come to light just before the meeting and advised that a full response would be provided to Mike Etkind and published before the next meeting.

7 Covid-19 in Buckinghamshire
Dr Jane O'Grady, Director of Public Health, provided a presentation, appended to the minutes. Dr O'Grady gave an update on the cases in Buckinghamshire and

stated that the cumulative total of cases was 38,607 cases and 1,219 deaths. The death rate was similar to the south east rate but lower than the England rate. Maps were shown of the cumulative case rates over last the year for the different areas in Buckinghamshire; the rates varied across the county, with higher rates in deprived areas and areas with a higher ethnic population. The graphs of the age of people with covid-19 in Buckinghamshire showed that the highest rates were currently amongst the 19-24 year olds. The low number of cases in the older age groups was testament to the effectiveness of the vaccine. Hospital admissions were rising before 19 July 2021 and with the impact of the easing of restrictions was expected two to three weeks after that date. Dr O'Grady emphasised the need to take things slowly to avoid a massive peak of hospital admissions. The vaccination programme had been successful with more than 84% of adults in Buckinghamshire having received the first dose and 65% had received two doses. However, one third of the population were not in receipt of their second dose and the more infectious variant required that both doses were needed for protection. The vaccine uptake had been excellent in the older age groups, but younger people needed to come forward, particularly younger men and some key ethnic groups. Dr O'Grady stressed that the vaccine was good, but it was not 100% effective so care was needed to avoid a surge in cases which would put a strain on the health care and other services.

The following key points were raised in discussion:

- The Chairman echoed the message of caution and asked what work was being carried out to increase the uptake. Dr O'Grady explained that vaccine clinics were being held in community venues e.g. mosques; the vaccine bus was going to areas to take the vaccine to people. There was also an NHS training programme called "Vaccine Voices" which trained people to provide the facts and give them the tools to encourage vaccine uptake.
- Following a query from Jenny Baker, Chair of Healthwatch Bucks on whether there was a communications policy on the key messages that could be used by Healthwatch Bucks it was agreed that the BC Comms Team would link in with Healthwatch Bucks.

  ACTION: Kate Holmes/Jacqueline Boosey
- Work was being undertaken with all groups to ensure maximum uptake.
- Neil Macdonald, Chief Executive Officer, Buckinghamshire Healthcare NHS Trust advised that the number of people in hospital with Covid was rising but there was lower ratio who required mechanical ventilation than previously. Approximately a third of the admissions had received one vaccine. There had been an increased demand for paediatric services. Other non-covid service demand was extremely high, and the work force was not immune from isolation pressure and the peak was expected in mid-late August.
- Work was being carried out on the implementation of the flu/Covid vaccine booster programme.
- Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust advised that the mental health team had been working with primary care to ensure those with a serious mental illness or learning disability were prioritised. The team had also been working on vaccine hesitancy. Debbie

acknowledged the efforts of all the NHS staff working under the current heatwave and pressurised conditions.

- Neil Macdonald advised that during the first two waves of the pandemic, paediatric demand was rare; however, recently a few children had been admitted with Covid and, unusually for this time of year, there had been admissions for other respiratory illnesses in children due to the suppression of the usual viruses during the lockdown period.
- Simon James, Service Director for Education stated that secondary schools were experiencing increasing numbers of Covid cases and the Service would continue to raise awareness around the importance of lateral flow testing.
- In response to whether any information was available on the vaccine uptake in pregnant women; Kate Holmes advised that she thought Buckinghamshire was in line with the national average but could track the number. Kate stated that several webinars had taken place and the Vaccine Voices programme was being linked in with the midwives to encourage uptake.

ACTION: Kate Holmes

Resolved: The Health and Wellbeing Board members **noted** and **approved** the Local Outbreak Management Plan.

8 Partner Reports

Healthwatch Annual Report

Jenny Baker, Chair of Healthwatch Bucks, provided a presentation, appended to the minutes. Jenny advised that Healthwatch Bucks was legally obliged to produce an annual report. The report provided a high level summary of what had been carried out during last year, particularly in response to the pandemic. Healthwatch Bucks was a publicly funded independent champion for the residents of Buckinghamshire and received funding from the Council for their core contract. The three year contract from April 2020 also included Independent Complaints Health Advocacy and community engagement. Healthwatch Bucks was supported by Healthwatch England and collaborated with the ICP and the voluntary, community and social enterprise (VCSE) sector. A summary slide provided the results from the work carried out last year, much of which was carried out online due to lockdown. Healthwatch Bucks had been awarded 'highly commended' by Healthwatch England for their work with veterans. Their priorities for 2021-21 were the Covid 19 response and recovery, mental health and primary and community care, with cross-cutting themes across all of these in lesser - heard voices and integrated care.

The Chairman thanked Healthwatch Bucks for their work during the pandemic and emphasised the importance of hearing the voice of service users and residents and asked Jenny to provide an update for every agenda.

Resolved: The Board **noted** the work and achievements of Healthwatch Bucks in 2020/21, **noted** Healthwatch Bucks plans and priorities for 2021/22 and **considered** how Healthwatch Bucks could further help the Health and Wellbeing Board and health and social care providers ensure the residents' voice was well represented in decisions made about health and social care during recovery from Covid-19 and beyond.

Community Impact Bucks – Improving Partnership Working

Rachel Stanton, Programme Manager for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) VCSE Alliance and Health Partnership Programme, provided a presentation, appended to the minutes. Rachel stated that the leadership programme was responsible for developing and maximising the contribution that the VCSE played within the regional BOB wide health structures. It aimed to facilitate better partnership working between Health and Social Care and the VCSE sector and supported the development of a VCSE leadership 'alliance' at a system level, with mechanisms for feeding into all levels of decision making across the ICS. It was expected that by April 2022, the ICPs and the ICS NHS body would develop a formal agreement for engaging and embedding the VCSE sector in the system level governance and decision-making arrangement, ideally working through a VCSE alliance to reflect the diversity of the sector. Since Covid, the NHS and VCSE had been able to reach out to the harder to reach communities that sometimes the statutory organisations did not have the capacity to work towards engaging. A work shop had been held recently, the details would be published, and a formal agreement would be developed. There was a commitment to involving the VCSE in the ICS governance and to formalise the VCSE as a strategic partner supporting the functions in the ICS to deliver integrated care. There was also a commitment to involve the VCSE in shaping the plans to tackle wider determinants of health and to have a role in population health management to capture and share intelligence data from communities into the ICS alongside Healthwatch. A diagram was shown of where the VCSE Leadership Group Alliance sat in the new health structure and what the BOB-wide Alliance would do. The launch of the first VCSE alliance meeting had been held and several organisations/people had signed up and four sub-groups would be established which would then feed into the ICS workstream. The Alliance would continue to map members, develop relationships with the ICS and the ICP, continue to interpret NHS England's development framework and develop the formal agreement between the VCSE Alliance and ICS.

The following key points were raised in discussion:

- Martin Gallagher, CEO, Clare Foundation and Katie Higginson, CEO, Community Impact Bucks, offered to their help to reach out to smaller organisations to ensure an inclusive forum.
- Jenny Baker stressed the importance of aligning national health and social care organisations which had local representation with the Alliance, as they were an important channel for collecting the views of patients. Rachel advised she had already started engaging with some of the organisations but there was still a way to go and would be a priority in the next six months.
- Katie Higginson summarised that there had been some excellent examples of collaborative work between the health partners and voluntary sector over the last year and that Rachel's role was to work across the BOB area to draw the threads together and create a structure at a regional level.

The Chairman thanked Jenny and Rachel for their presentations.

9 Joint Health and Wellbeing Strategy Live Well Action Plan

Jacqueline Boosey, Business Manager, Health and Wellbeing, advised that at the HWB meeting in February 2021, members agreed that future meetings would be themed around the three priorities in the Joint Health and Wellbeing Strategy. The action plans would be provided to the Board to provide assurance that actions had been progressed and to show that better outcomes had been achieved for the residents of Buckinghamshire. The draft Live Well Action Plan, which had been produced in collaboration with all partners had been included in the agenda pack. It was a live document and further engagement would take place over the summer and brought back to the Board in October.

Gill Quinton, Executive Director, Adults and Health, emphasised the importance of how the impact of the action plan was measured and how the Board would oversee and review the outcomes to ensure the plan was impacting residents.

Neil Macdonald, Chief Executive Officer, Buckinghamshire Healthcare NHS Trust, added that focussing on a fewer number of priorities and doing them well was helpful. The Health Index for England from the ONS had a set of comparative data which would be a useful resource for the Board to use as tool to monitor success.

Gill Quinton advised that there were initiatives being worked on across the ICP which had not been included in the action plan and should be fed back to J Boosey. The Chairman requested that all Board members feedback on any missing items.

ACTION: Members of the Board to contact J Boosey with details of any missing initiatives.

ACTION: J Boosey to develop the first draft of the action plans and consider metrics to review outcomes.

Resolved: The Board **considered** and **approved** the Live Well Action Plan, one of the Start Well, Live Well, Age Well priorities in delivering the Happier Healthier Lives Bucks Joint Health and Wellbeing Strategy.

10 Joint Health and Wellbeing Strategy - Live Well Mental Health Deep Dive

The Chairman welcomed John Pimm, Clinical Lead for Oxford Health NHS Foundation Trust's Healthy Minds Service in Buckinghamshire; Samantha Robinson, Head of Buckinghamshire Adult Service for Oxford Health; Thalia Jervis, CEO, Citizens Advice Bucks; Tracey Ironmonger, Service Director, Integrated Commissioning and Liz Biggs, Public Health Principal to the meeting.

A presentation was provided, appended to the minutes. Tracey Ironmonger introduced the item and advised that the presenters would give an overview of the diverse range of mental health services in place to support adults in Buckinghamshire, a number of which were commissioned from and delivered by Oxford Health.

Samantha Robinson stated that the 'Adult and Older Adult Services' included all

community and inpatient services in Buckinghamshire for over 18 year olds and ranged from crisis services, specialist services in the acute trust, specialist community teams for perinatal, early intervention services and generic community health teams. There had been a huge increase in demand during the pandemic, but the Service had continued to develop innovative new services such as the Crisis line. Calls remained steady and referrals to the crisis team, which was established in January 2020 and covered the whole county, continued to rise, and offered alternatives for individuals in crisis. Referral rates had risen by 46% and there was currently a caseload of approximately 3200 across the teams. A mental health community hub had been developed in Easton Street, High Wycombe which bought together a range of mental health teams under one roof to provide improved and integrated high quality services. There had been a decrease in referrals at the start of the pandemic, but the last two months had seen the largest number of referrals since the inception of the service.

John Pimm advised that the Healthy Minds Service worked with people who experienced anxiety and depression; the most common form of mental health difficulty and affected over 45,000 adults in Buckinghamshire at any one time. The Service provided evidence based treatments for anxiety and depression and associated physical health conditions. It was an integrated service and worked with services in BHT and others. There was also an integrated employment service as part of the Healthy Minds service which was provided by the Richmond Fellowship embedded with the Healthy Minds team. Over 8,000 people were seen last year and the number was expected to rise to 14,000 by 2023/24 due to increased population estimates. The workforce needed to be developed/expanded and the service was working with the University of Oxford, Reading and other universities to train new psychological therapists. Oxford Health had also developed the first psychological wellbeing practitioner apprenticeship programme in the country with Bucks New University which had just been accredited by the British Psychological Society. Healthy Minds accepted professional and self referrals and these could be made on-line through the web site, telephone etc. The number of people being seen in the service was expanding rapidly, over 800 per month at present. To improve access, the Service launched an on line Choose and Book system in July 2021 and the majority of people now booked their own appointment on line when they self referred. The service had capacity to see more people and was carrying out a programme to reach out to all communities in Bucks to encourage people experiencing anxiety, depression or stress who could benefit to self-refer.

Liz Biggs explained that she was the suicide prevention lead in the Public Health team. The Suicide Bereavement Support Service had been commissioned in April 2020 to support families bereaved by suicide and was supported by Bucks Mind. Feedback from the one year evaluation had been extremely positive. The Service would be continuing, and work was being carried out as to whether services could be aligned across the BOB area. A bid for national funding for suicidal prevention had been successful and would focus on three key areas; follow up for presentations of repeated self-harm or attempted suicide; a BOB Training and Education lead and enhanced Real Time Suicide Surveillance (RTSS). There was also suicide prevention

grant funding available for the voluntary and community sector focused on prevention of male suicide.

Thalia Jervis explained she was attending in place of Andrea McCubbin, CEO, Bucks Mind, who jointly chaired the Covid-19 Mental Health Voluntary Sector Response Group with Oxford Health. The Group was set up in April 2020 and comprised of over 20 organisations. The Group had made a significant impact; particularly in sharing of resources and peer support which, particularly for smaller organisations during the pandemic, had been critical and had enabled them to respond appropriately. An important aspect had been the enhanced dialogue between the VCSE, Public Health, Primary Care and BHT and the ability to amplify key messages.

The following key points were raised in discussion:

- It was noted that the Community Boards could be a conduit through which to develop activity in the communities as a preventative arm.
- In response to a query on whether there had been any generational research on the digital therapy interventions; J Pimm stated that the digital interventions had been evaluated and recovery rates were as good, or better, as they removed barriers for many people. Older people were doing well with the digital interventions, but it was acknowledged that not all people were able to access digital services and wanted a choice of options.
- A member of the Board asked about the availability of specialist mental health inpatient and residential services and whether any work could be carried out to improve the supply of residential places. S Robinson advised that the Service had partnered with a housing provider to improve pathways out of hospital which had helped patient flow, but the options were not as plentiful as required and placements, as a whole, was an area where partnership working would be beneficial.

The Chairman thanked all the presenters and stated that mental health was as important as physical health and was keen that it was visible and recommended having a follow-up session in six months' time with data on the interventions.

ACTION: J Boosey to add to the forward plan.

11 Integrated Care System (ICS) Design Framework

Matthew Tait, Deputy ICS Lead/Director of CCG Transformation provided a presentation, appended to the minutes, and advised he was attending on behalf of Dr James Kent who was the lead on the development of the Integrated Care System (ICS) Design Framework. M Tait advised that the key purposes of the framework were to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and support broader social and economic development. Structural changes would be required, and an ICS Partnership would be set up (a broad partnership that could be based on the principle of how HWBs operated) and a formal ICS NHS body which would discharge the statutory functions. The important element of the ICS Partnership and key change was that it would involve core membership of provider

representation and also local authority representation and would be a different model of governance and leadership that was more inclusive and more integrated. Place based partnership was also an important element of the model and CCG functions would migrate to the ICS. The majority of the delivery happened at place and the place based partnership would be critical to the delivery of outcomes. The clinical leadership would need to change, and work was being undertaken with the staff to create as much stability as possible with a programme board to oversee the whole development piece. Locally, have recently set up a programme board to oversee development. Work had commenced on understanding place based partnerships and engaging at a local level and any thoughts and feedback around how engagement could take place with the HWB would be welcomed. Recruitment for the Chair was imminent, followed by the appointment of the Chief Executive.

The following key points were raised in discussion:

- In response to being asked what the ICS's commitment was for working with the VCSE; M Tait advised that the VCSE was an essential part of the integration and that he was working with Rachel Stanton to develop the right interfaces for the emergent ICS governance.
- M Tait confirmed that the VSCE would have a place on the ICS Board and stressed the importance of not duplicating the really effective, well established links that were happening at place.
- M Tait confirmed that engagement would take place with Healthwatch Bucks on the best way for them to be represented and how they linked into the formal governance structure of the ICS Board. M Tait again stressed the importance of not duplicating or undermining the excellent relationship with residents that was already in place.
- The Chairman asked for M Tait's thoughts on political engagement and at what level it would be and how work could be undertaken together with the HWBs across the BOB footprint. M Tait stated that the political engagement would be part of the partnership board debate on how the ICS Board flexed between political and officer engagement. There needed to be an effective delegation model in place due to the amount of engagement that occurred at place level. The ICS had a role and needed to work on how it engaged on big configurations across multiple boundaries, including the HWBs and Members in order to get the balance right; any ideas would be appreciated.

The Chairman thanked Matthew for attending the meeting and it was agreed that the ICS Design Framework would be bought back to the Board as it evolved.

ACTION: J Boosey to add to the forward plan.

12 Any Other Business

Pharmaceutical Needs Assessment (PNA)

Dr Jane O'Grady, Director of Public Health, stated that the PNA was a statutory responsibility and was used to inform the commissioning of pharmacy services by the NHS and was next due in October 2022. It was a significant piece of work and guidance was expected this summer, after which arrangements would be made to

commission the work.

Health and Wellbeing Terms of Reference Annual Review

Jacqueline Boosey, Business Manager, Health and Wellbeing, had previously noted the changes in membership following the elections in May 2021. The Terms of Reference would be amended to include Cllr Carl Jackson, Deputy Cabinet Member for Public Health. The Chairman also recommended that the Cabinet Member for Communities, due to the involvement of the VCSE sector work on the Board, be a Member of the Board, making a total of four Buckinghamshire Council Members.

Resolved: The HWB Members **agreed** to the Deputy Cabinet Member for Public Health and the Cabinet Member for Communities being Members of the Health and Wellbeing Board.

Debbie Richards, Managing Director, Oxford Health NHS Foundation Trust, declared an interest as having previously worked for the Clinical Commissioning Group.

The Chairman highlighted the papers which had been included in the agenda pack for information/note. No comments were received regarding the papers.

13 Date of next meeting

Thursday 14 October 2021 at 10.00 am.

14 For information

Resolved: The papers were **noted** by the Members of the Health and Wellbeing Board.

Response to Mr Etkind's question which was read out at the Health and Wellbeing Board meeting on 22nd July 2021

Dear Mr Etkind
Thank you for the question you submitted to the Health and Wellbeing Board and I apologise that a full response was not provided at that meeting.

I am sure you appreciate that there are some major changes taking place nationally that will impact both the national and our local health and care system. In light of the Health and Care Bill currently going through Parliament, the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) is looking at the organisational arrangements needed at both the ICS and the Buckinghamshire 'Place' level. The Health and Wellbeing Board is expecting to play a significant role in these Buckinghamshire arrangements and will be seeking to influence discussions as opportunities arise through formal consultations and through its meetings.

In relation to your questions about public consultation, NHS colleagues have confirmed that the ICS will be developing an overall vision and strategy and that partner and public engagement will be a vital element of this work. I have been informed that the engagement will help the ICS to address the two commitments that you highlighted in your question. The ICS will be conducting any consultations in line with national guidance relating to significant service change.

In terms of the voice of local people, as Chairman of Health and Wellbeing Board I believe that the Board has a key role to play in making sure that decision-makers across health and social care hear, listen to and take account of the views of Buckinghamshire residents. For example, with Healthwatch Bucks the Board will be seeking to ensure people's voices are at the heart of health and social care services and commissioning in Buckinghamshire. We will also be looking at ways in which to better explain the work of the Board and its meetings.

We also recognise the importance of Community Boards in improving health and wellbeing in local communities, and in helping to shape and deliver the Health and Wellbeing Board's future strategy. As part of this, the Health and Wellbeing Board is looking at the way that it works with Community Boards and in particular, how we can work more closely together to support engagement with local communities, not least through the local health and wellbeing action groups.

As a first step, a workshop is being held with Community Boards and their health and wellbeing action groups later in the year. This workshop will be an opportunity to explain the Board's ambition for improving health and wellbeing in Buckinghamshire and to develop a shared understanding of the health and wellbeing issues that affect our communities. We will consider ways in which the Board and local Community Boards can work together to address local issues, and how together we can improve health and wellbeing across the County.
I hope this is helpful.

kind regards
Angela

Angela Macpherson
Deputy Leader Buckinghamshire Council
Cabinet Member Health and Wellbeing
Representing Grendon Underwood ward
Mobile 07929 838964

Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board
22nd July 2021

Health & Wellbeing Board Buckinghamshire

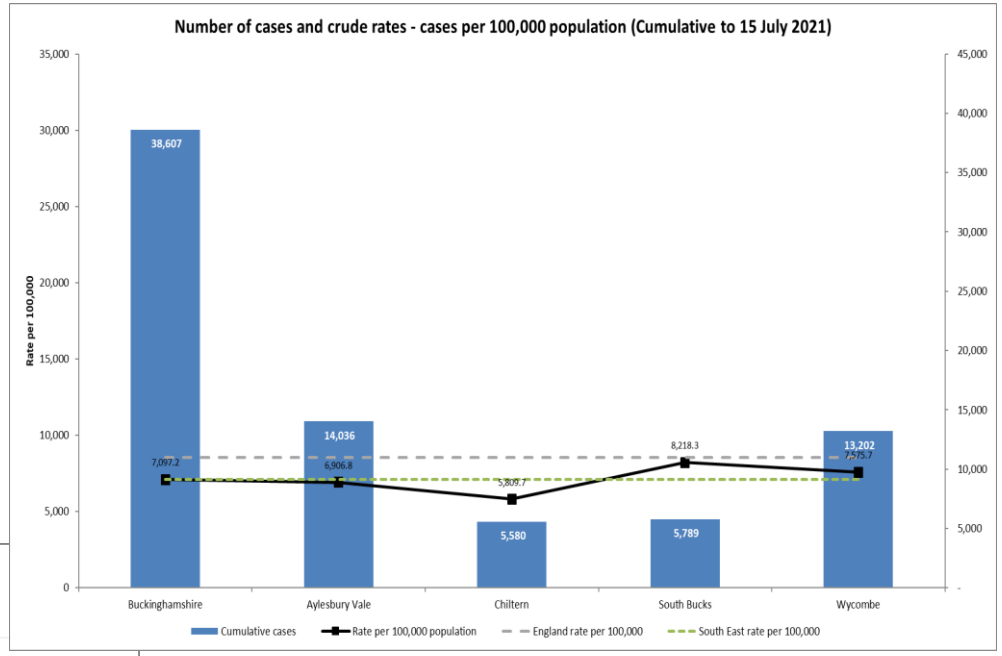
COVID-19 in Buckinghamshire update

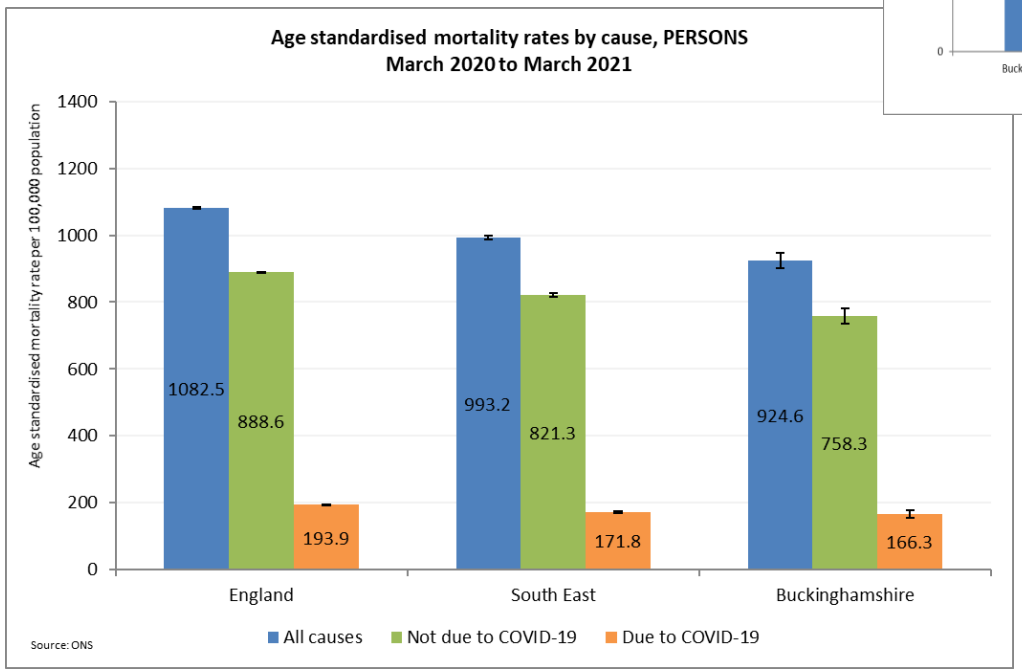
- Dr Jane O'Grady, Director of Public Health,
- Buckinghamshire Council

COVID - cumulative cases and deaths

	Buckinghamshire
Cumulative no. of cases to 15th July 2021	38,607
Cumulative no. of deaths* to 9th July 2021	1,219

* The number of deaths involving coronavirus (COVID-19), based on any mention of COVID-19 on the death certificate.



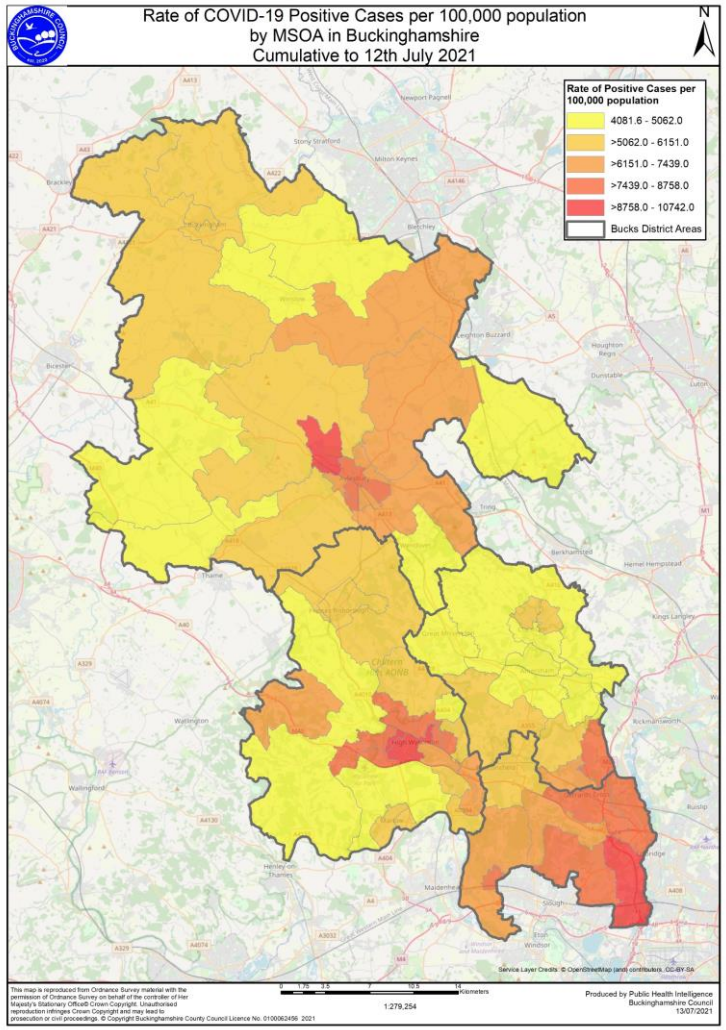


Cumulative rate per 100,000 population up to 15 July:

- Buckinghamshire = 7097 per 100,000
- South East = 7088 per 100,000
- England = 8550 per 100,000

Health & Wellbeing Board Buckinghamshire

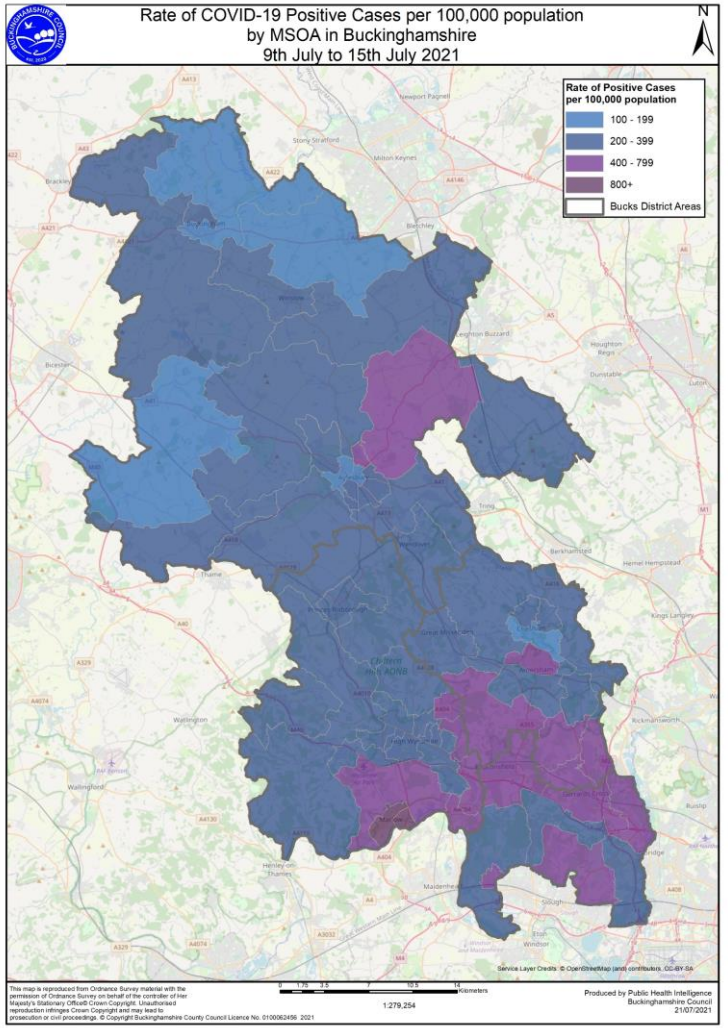
COVID Cumulative and latest week cases in Buckinghamshire



COVID-19 Rates by MSOA

<Cumulative since 1 March 2020

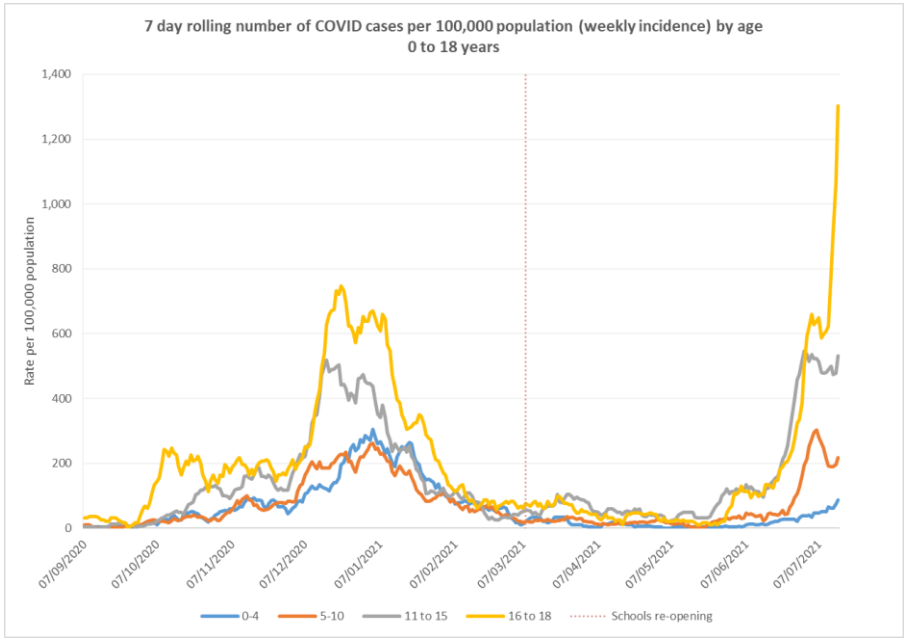
latest week>

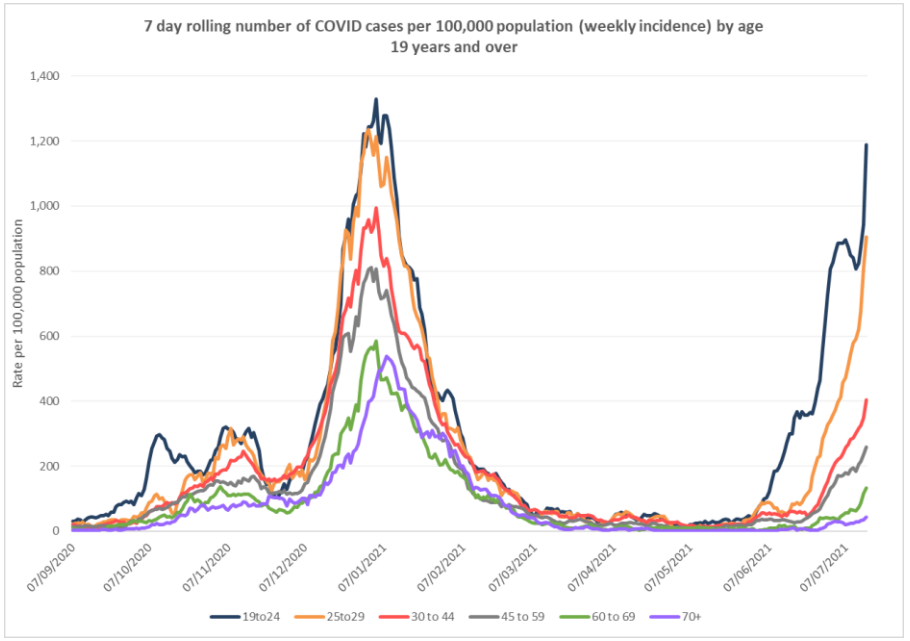


Health & Wellbeing Board
Buckinghamshire

Age of Buckinghamshire COVID-19 Cases

Current case rate for 9 to 15 July is **367.8** per 100,000 in Buckinghamshire, compared with 369.1 in the South East and 473.5 in England as a whole.





	Current week 09-Jul to 15-Jul	Previous week 02-Jul to 08-Jul	Change
0-4	86.9	49.6	increase
5-10	217.6	262.4	decrease
11 to 15	530.4	480.2	increase
16 to 18	1302.8	587.0	increase

	Current week 09-Jul to 15-Jul	Previous week 02-Jul to 08-Jul	Change
19 to 24	1189.5	872.5	increase
25 to 29	904.5	510.8	increase
30 to 44	404.2	267.2	increase
45 to 59	258.3	176.7	increase
60 to 69	132.3	57.4	increase
70+	43.2	22.3	increase

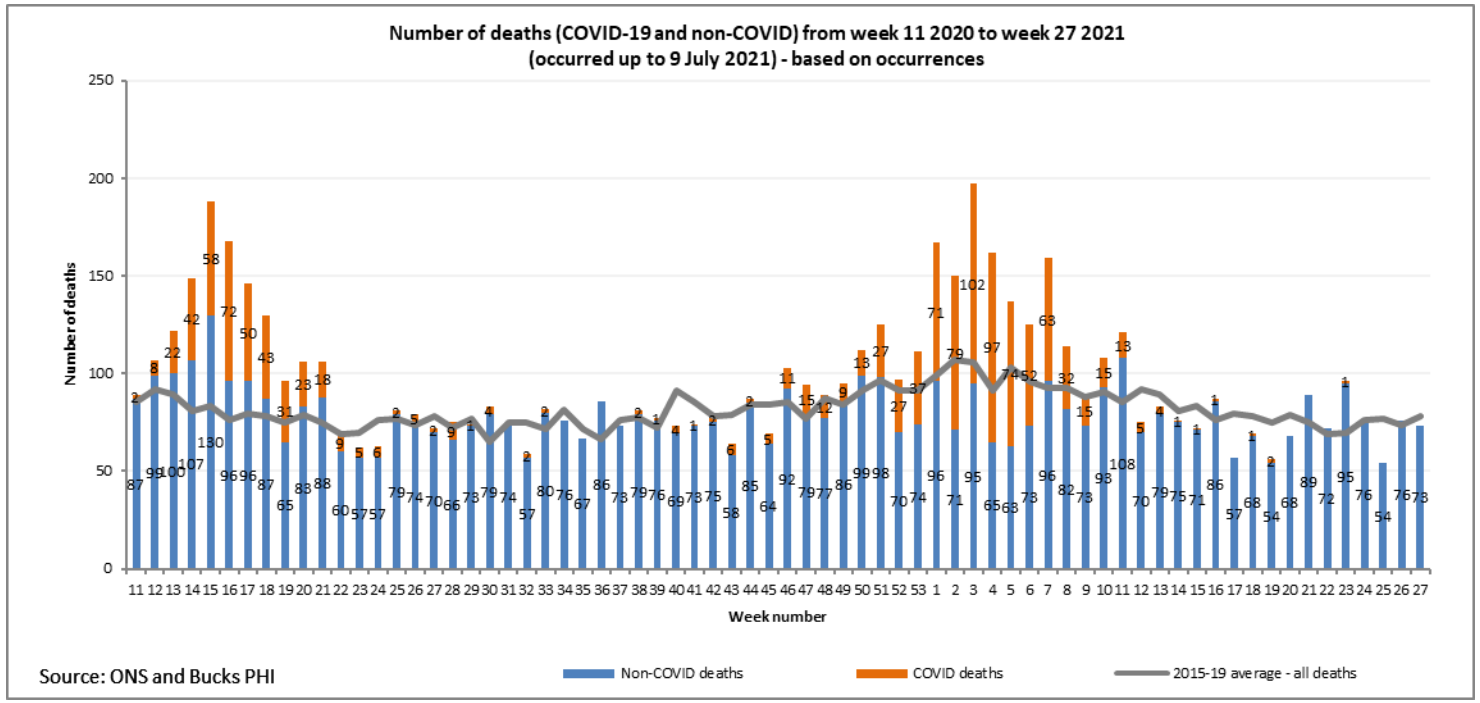
COVID-19 Hospital admissions- Buckinghamshire residents

	3 weeks before	2 weeks before	1 week before	Most Recent
New COVID Admissions	14 to 20 June	21 to 27 June	28 June to 4 July	5 to 11 July
Buckinghamshire HT	2	2	10	5
Frimley Health	7	8	15	22
Milton Keynes	5	9	4	15
Total	**14**	**19**	**29**	**42**
Inpatients with COVID-19 (# of these in ICU)	On 22 June	On 29 June	On 6 July	On 13 July
Buckinghamshire HT	0 (0)	0 (0)	8 (2)	4 (2)
Frimley Health	7 (1)	8 (0)	13 (1)	17 (2)
Milton Keynes	5 (0)	5 (1)	6 (1)	13 (1)
Total	**12 (0)**	**13 (0)**	**27 (4)**	**34 (5)**

NB: Not all cases who are included above reside in Buckinghamshire. These data are publicly available data.

- Numbers remain low but an increasing trend is starting to be seen.
- Numbers are small at a trust level so will fluctuate week on week.

COVID-19 Related Deaths - Buckinghamshire residents



In the last reported week **(up to 9 July)**,
there were **0 deaths** related to COVID-19* for a Buckinghamshire resident.

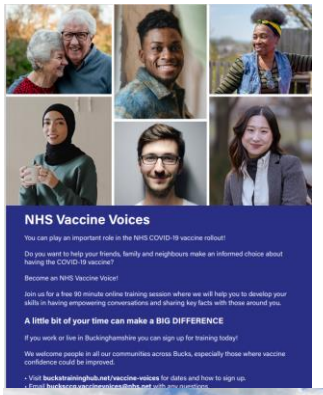
1,219 COVID deaths overall, twice as many in the second wave compared to the first.

Data from the Office for National Statistics.

Health & Wellbeing Board Buckinghamshire

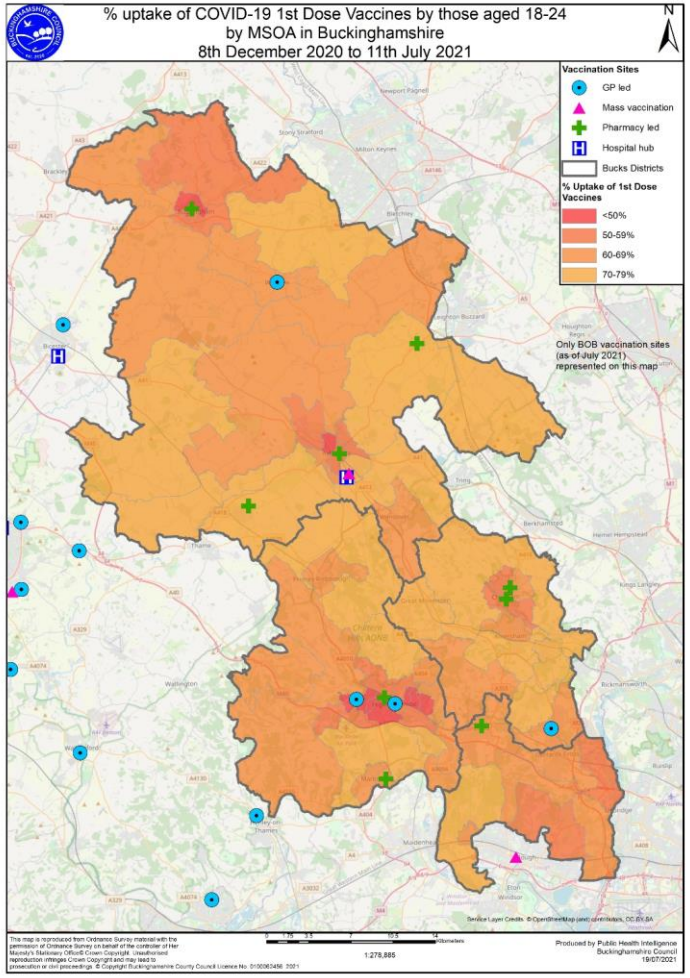
COVID-19 Vaccinations - Buckinghamshire residents

- More than 84% of adults in Buckinghamshire have had one dose of Covid-19 vaccine and **more than 65% have had both doses**
- Uptake has been highest in older age groups, more than 90% of people aged 40 and over have had one dose of Covid-19 vaccine and more than 85% have had both doses
- A booster programme for all adults aged 50 and over, people in flu/Covid-19 risk groups and household contacts of immunosuppressed people will begin this Autumn



Variation in vaccine uptake

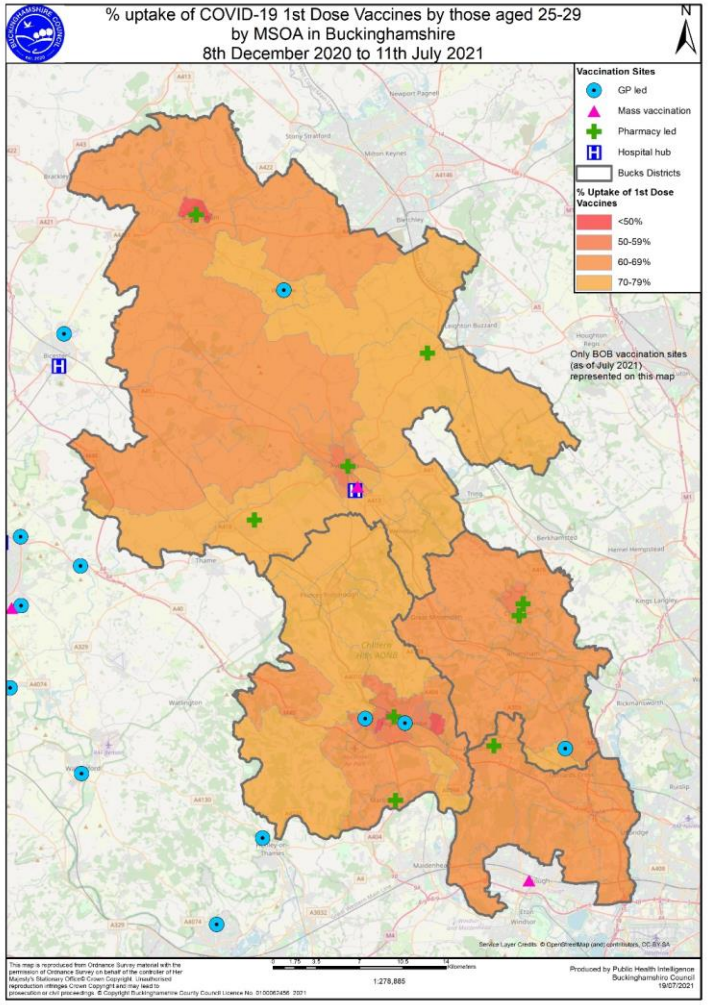
- Younger adults, men, people living in more deprived areas and people from ethnic minorities (most markedly people from White Other and Black ethnic categories) are less likely to have been vaccinated
- Uptake has tended to be lower in areas that have persistently had the highest infection rates in Buckinghamshire (parts of High Wycombe, Aylesbury and South Bucks)
- Inequalities in uptake are being addressed through community outreach clinics, the Health on the Move bus and new NHS Bucks Vaccine Voices training

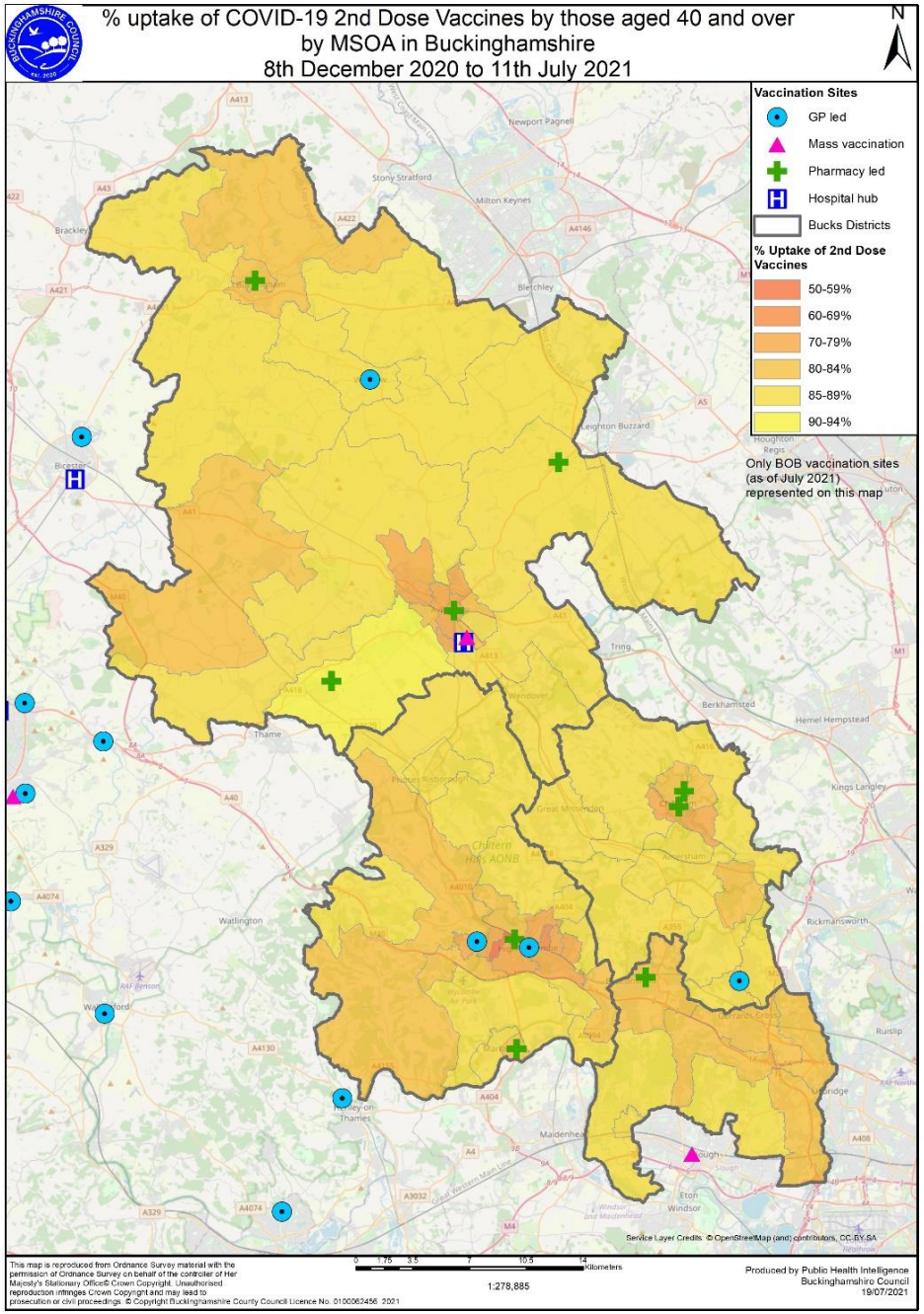


1st Dose Vaccination uptake (%) in 18-24 age group (up to 11 July)

1st Dose Vaccination uptake (%) in 25-29 age group (up to 11 July)

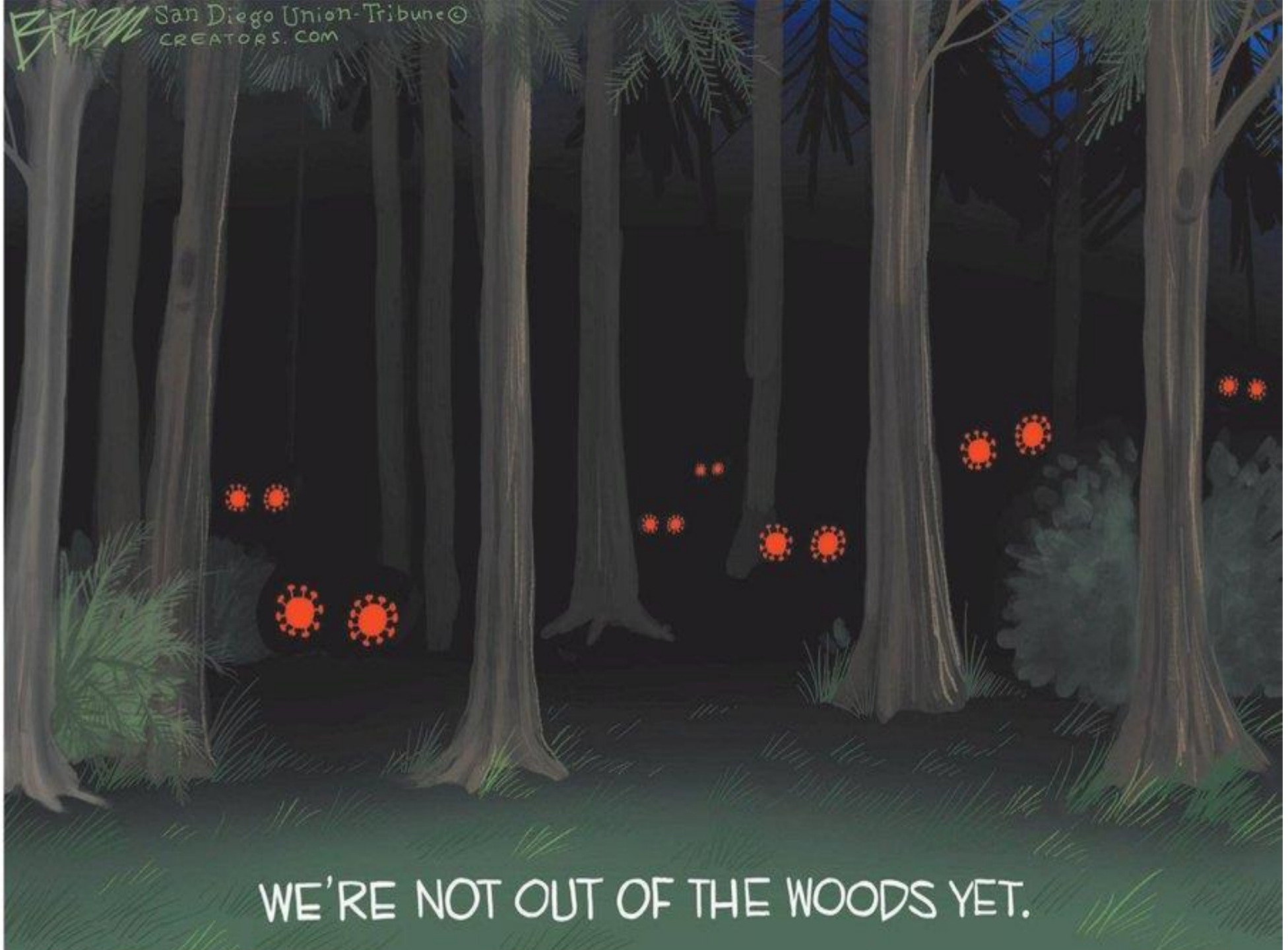
Data is taken as a snapshot in time as known on 15th July. Data continues to be updated daily and the vaccination data published weekly. The vaccination programme continues to reach more of the population each week.





2nd Dose Vaccination uptake (%) in 40+ age group (up to 11 July)

Data is taken as a snapshot in time as known on 15th July. Data continues to be updated daily and the vaccination data published weekly. The vaccination programme continues to reach more of the population each week.


San Diego Union-Tribune©
CREATORS.COM
WE'RE NOT OUT OF THE WOODS YET.

More information

For more information please see the Buckinghamshire COVID dashboard

https://covid-dashboard.buckinghamshire.gov.uk/

BOB VCSE Alliance and Health Partnership Programme

Rach Stanton

Programme Manager

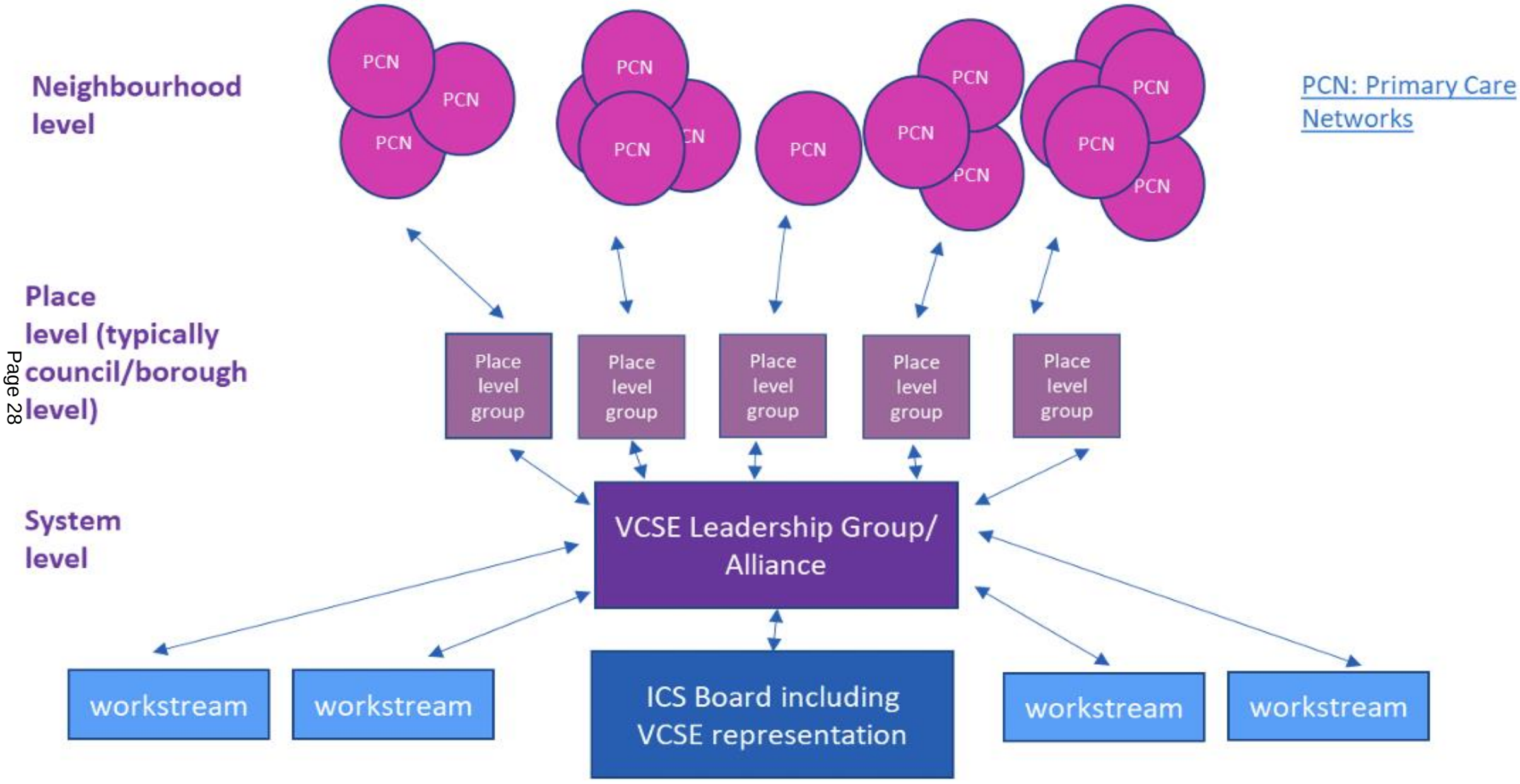
What is the Leadership Programme?

- Responsible for developing and maximising the contribution that the voluntary community and social enterprise sector plays within the regional BOB wide health structures
- Aims to facilitate better partnership working between Health and Social Care and the VCSE sector
- Supports the development of a VCSE leadership ‘alliance’ at a system level, with mechanisms for feeding into all levels of decision making – launched 13th July

NHS England and Improvement

“We expect that by April 2022 Integrated Care Partnerships and the ICS NHS body will develop a formal agreement for engaging and embedding the VCSE sector in system level governance and decision-making arrangement, ideally working through a VCSE alliance to reflect the diversity of the sector”

ICS Development Framework


Neighbourhood level
PCN
PCN
PCN
PCN
PCN
PCN
PCN
PCN
PCN
PCN
PCN
PCN: Primary Care Networks
Place level (typically council/borough level)
Place level group
Place level group
Place level group
Place level group
Place level group
System level
VCSE Leadership Group/ Alliance
workstream
workstream
ICS Board including VCSE representation
workstream
workstream

BOB wide VCSE Alliance will

- Support the development of diverse and inclusive VCSE partnership and network at place and system level
- Demonstrates the value of working with the VCSE to deliver integrated care
- Develops equitable relationships to promote inclusion and reduce health inequalities for people and communities
- Encourage and enable the sector to work in a co-ordinated way and provide BOB ICS a single route of contact and engagement with the sector and links to communities
- Better position the VCSE sector in BOB ICS, enable it to contribute to the design and delivery of integrated care, and have a positive impact on heath priorities, support population groups or reduce health inequalities.

healthwatch Bucks

Annual Report

2020/21

A reminder – who are we?

We are healthwatch Bucks

We successfully delivered the Bucks Healthwatch contract for seven years; our latest contract covers ICHA and community engagement as well

What we do is set out in statute and we are part of a network of 149 local Healthwatch

We have well developed collaborations across the ICS, ICP and VCSE

We depend on our highly experienced team of 12 NEDs, 8 staff (5 p/t) and 20+ volunteers

We share an ICP funded project officer with 4 other Healthwatch

We have a track record of delivering work of outstanding value…

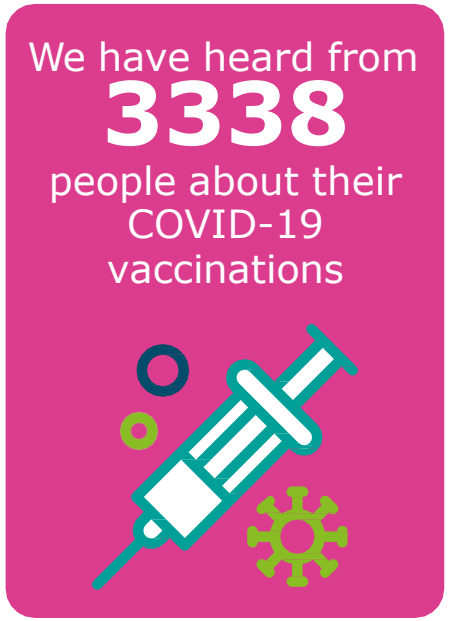
We speak up for all people who use local health and social services

…..and what did we do in 2020/21?


124,310
people visited our website


162
meetings attended about health & social care for you


15
reports about health & social care issues


We have heard from
3338
people about their COVID-19 vaccinations


18
times covered by the local press


2024
hours contributed by volunteers


160
people supported through signposting


We were awarded 'highly commended' by Healthwatch England for our work with veterans

We changed our working model last year

Online surveys and mystery virtual visiting:

- 5 month Covid-19 Vaccine Survey - a project at scale - 4,724 responses and supported the CCG
- living in a care home in the pandemic – 200 responses from those living in a home and relatives
- working as a care worker in a home in the pandemic
- information on dentist and GP websites
- people's experiences of GP and hospital appointments in first lockdown - 479 responses

Other new ways of working:

- hosted 2 free events with BHT for people to hear from clinicians on cancer treatment and planned surgery –50 people each **online**
- quarterly Board meetings in public **online**
- staff and volunteer team and 1:1's **online**
- Annual Report launch – 50 people **online**
- focus groups **– online**
- ICHA **–** 18 cases per quarter **- online**

Our priorities 2021-2022

This year our priorities are:

- COVID-19 Response and Recovery
- mental health
- primary and community care

We'll also take a cross-cutting interest in:

- lesser heard voices
- integrating care

The past year has bought us to the forefront of **the stark inequalities** in health and social care and barriers to access faced by many Bucks residents.

A key priority will be listening to these people.

Working together on patient engagement

Please help us by:

- telling your users and staff about us – and we can share the work you do
- collaborating with us – we can deliver independent engagement and help you to do it well
- involving us early to share the scrutiny
- listening to and acting on the insights we bring
- keeping in touch - signing up for our newsletters and meeting us regularly

and we can help you by:

- ensuring people's voices are at the heart of your decision making
- sharing what people really think about health and social care services
- listening to underrepresented groups
- providing independent user-led views to improve your services
- using our statutory *Enter and View* powers and to support scrutiny

How to contact us …

- Phone: 01844 348 839
- Textline: 07860 033427
- Email: info@healthwatchbucks.co.uk
- Website: www.healthwatchbucks.co.uk
- Twitter: @HW_Bucks
- Facebook: HealthWatchBucks

Your community
Your care
Developing Buckinghamshire together

Mental Health Buckinghamshire

Adult and Older adult services

July 2021 – Presentation for Health and Wellbeing Board

NHS Buckinghamshire Clinical Commissioning Group
NHS Buckinghamshire Healthcare NHS Trust
FedBucks
Buckinghamshire Council est. 2020
NHS Oxford Health NHS Foundation Trust
NHS South Central Ambulance Service NHS Foundation Trust

Everyone working together so that the people of Buckinghamshire have happy and healthy lives

Mental Health Service Landscape

- Broad and diverse scope of services in place across Buckinghamshire supporting peoples mental health:
  - Commissioned services funded by CCG and LA
  - Voluntary and community sector providers operating on commissioned basis or as independent organisations
- Commissioned adult mental health services delivered by Oxford Health include:
  - Improving Access to Psychological Services
  - Community mental health teams
  - Perinatal mental health
  - Eating Disorder Services
  - Crisis support
  - Early Intervention in Psychosis
  - Acute mental health in-patient services

Mental Health Services – Headlines

- Increases in activity – particularly adult community mental health and eating disorders
- Moved to remote delivery where clinically appropriate at the start of the pandemic
- Initial supressed demand in Q1 20/21, but demand surged in Q3/4
- Increase in safeguarding alerts across services during the pandemic
- The 24/7 Mental Health Helpline for Buckinghamshire and Oxfordshire was established
- The South Buckinghamshire Mental Health Hub, in Easton Street, High Wycombe. Bringing together a range of mental health teams under one roof to provide improved and integrated high quality service to the adults and young people we care for, with care delivered in a fresh, modern environment.
- Safe Haven in Wycombe expanding to 7 evenings per week from August 2021

Improving Access to Psychological Therapies (IAPT)

- Known locally as Healthy Minds – nationally driven programme to improve access to psychological therapies for adults 18+ with low to moderate anxiety and depression
- FY 20/21 Q4 achieved high compliance with national access standards, based upon population prevalence (2,612 people entered treatment).
- Recovery and wait time performance above national target
- Maximised use of digital delivery throughout the pandemic
- Employment advisors helped 837 people in FY 20/21.
- Covid response – MH 24/7 helpline, You Matter staff MH & Wellbeing hub, Long Covid clinic and support to voluntary and business sectors.
- Initial supressed demand at the start of the pandemic, now returned to pre-covid levels
- Additional investment from the CCG in 20/21 to expand the offer to larger proportion of the population in line with Long Term Plan (LTP) ambition. Further investment needed to meet LTP ambition of 14,255 per annum entering treatment.
- Surge demand mapping completed at BOB level and submitted to NHSE.

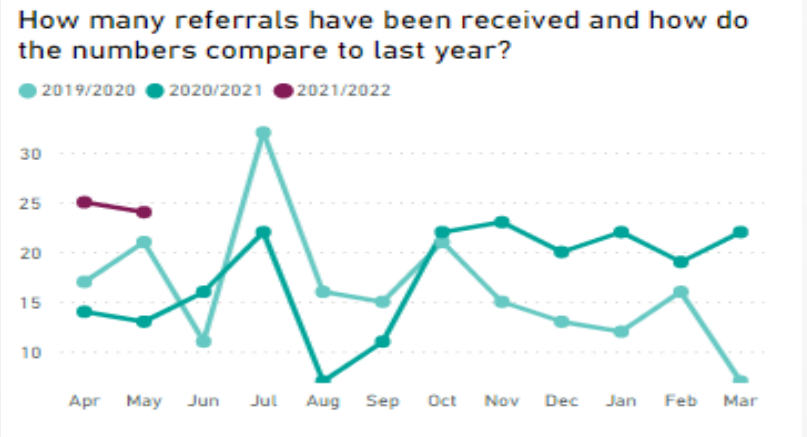
Eating Disorders

Key Headlines

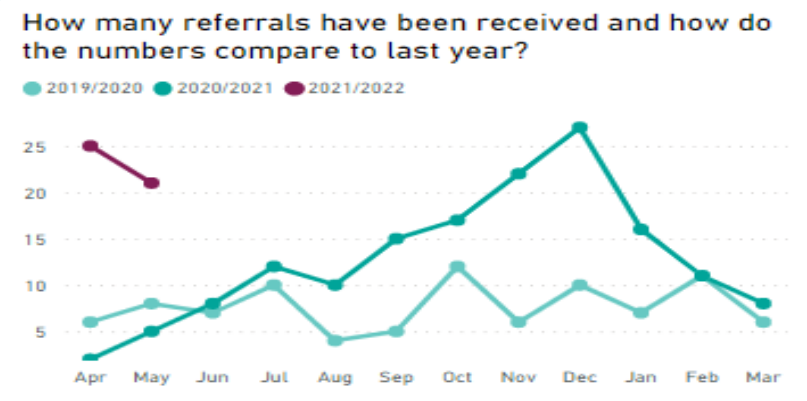
- CYP and Adult Eating Disorder service pathway
- National spotlight on services linked to NHS Long Term Plan
- Additional investment from CCG in 20/21 in line with increased demand
- Considered as priority for further investment in 21/22
- 14% increase in Adult ED referrals (20/21 compared to 19/20).
- 69% increase in CYP ED referrals (20/21 compared to 19/20)

Referral Data

Adult ED



CYP ED

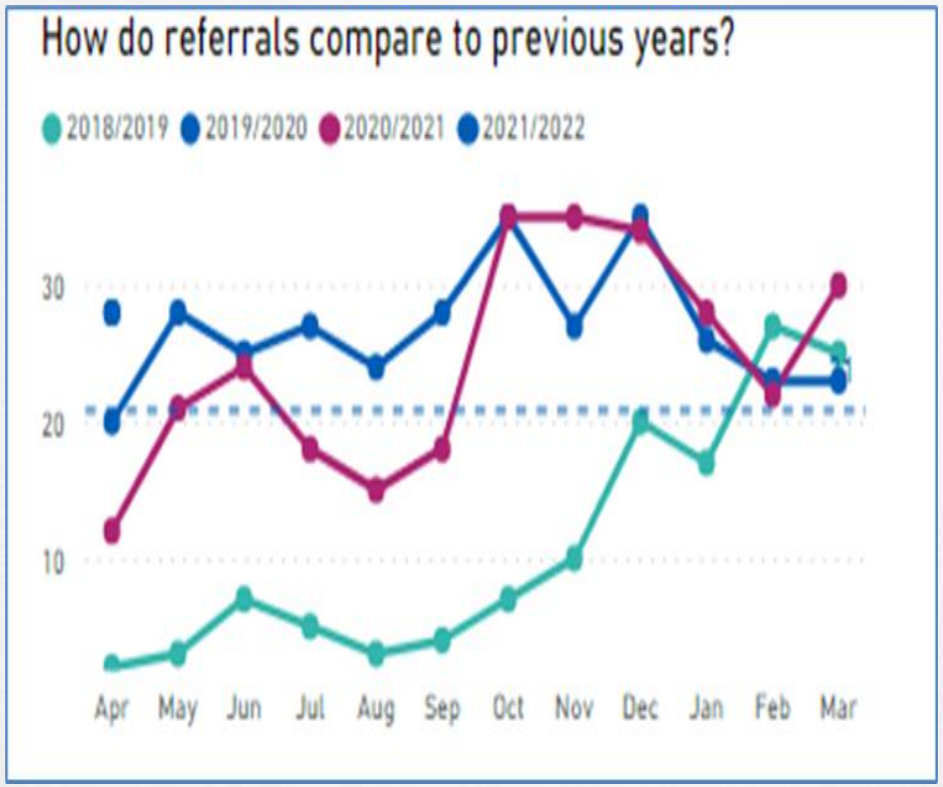


Perinatal

Key Headlines

- Access rates are lower than expected - focus and initiatives to support improved access underway.
- 'IWantGreatCare' patient feedback
  - Service receiving 5/5-star rating.
  - nearly 100% service users reporting they would recommend the service.
- Buckinghamshire Mind, Oxford Health and Buckinghamshire Health Care Partnership Services.
- Parliamentary award finalist July 7th 2021

Referral data



Community Mental Health Teams

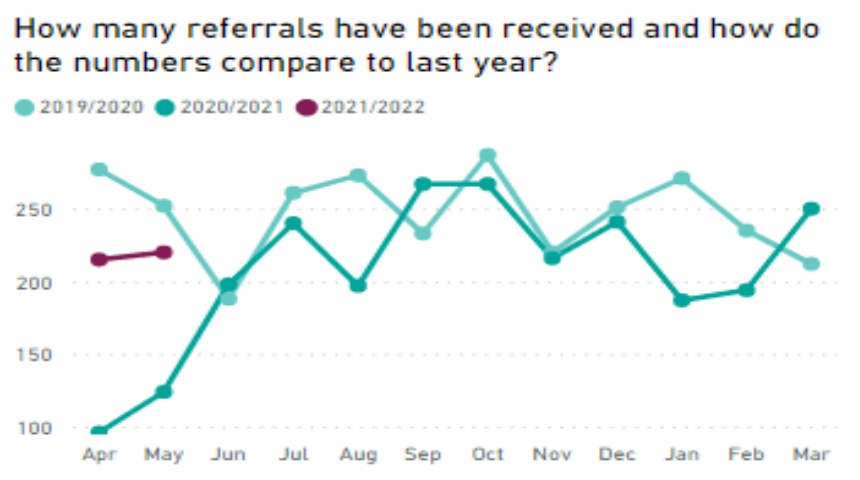
Key Headlines

- Adult MH Community Mental Health Teams & Crisis Response & Home Treatment (CRHT) saw increase in referrals pre Covid. In phase 1 there was some suppression however since then there continues to be an upward trend. (NB CRHT commenced Jan 2020).

- Older Adult – Services continued; however wider community provisions not accessible due to Covid. Therefore, the service has seen increased acuity due to the impact of social isolation and shielding.

Adult MH Community

Older Adult MH Community



Suicide Prevention

- BOB bid approved in January 2021 for national funding to support Suicide Prevention
- £356,807 per annum (2021/22, 2022/23, 2023/24)
- Bid focuses on the following:
  - Follow up for presentations of repeat self-harm or attempted suicide
  - BOB Training and Education lead
  - Enhance Real Time Suicide Surveillance (RTSS)
- Suicide Bereavement Support Service launched April 2020 delivered by Bucks Mind
- Suicide Prevention Grant Funding available for the voluntary and community sector (focusing on prevention of male suicide)
- Suicide Prevention training programme includes targeted training for schools, faith based organisations and those working around financial advice and stress
- Multi agency suicide prevention group meets quarterly

Covid-19 Mental Health Voluntary Sector Response Group

- **VCSE Mental Health Response Group set up in April ’20, jointly chaired by Bucks Mind and Oxford Health**
- **Purpose:-**
  - Share key updates, challenges, best practice and resources from our organisations
  - Discuss the VCS response across mental health and provide a valuable interface with system colleagues working in Oxford Health, BHT, Primary Care and Public Health.
  - Provide peer support, particularly in relation to workforce/volunteer wellbeing
  - Provide a forum to co-create solutions and plan a response together to be respond to increased demand for mental health support.
  - Maximise the reach of key messages through our communication channels, e.g. the Bucks Big Chat, the Mental Health Helpline.
  - Share updates on funding opportunities to ensure that our services remain adequately resourced and sustainable in the face of increased demand.

Some examples of VCSE impact

Lindengate
Have launched "*The Nature Alliance*" providing a fully integrated greencare provision for under 25's across Bucks and with the aim of improving/simplifying accessibility and the interface for referrals and evaluation between Voluntary and statutory services. This responds to a significant increase in under 25's wishing to attend. In addition, Lindengate have been contracted by Bucks NHS Healthcare Trust to provide wellbeing sessions for all their staff.

LEAP
Over 100 Healthy Minds therapists upskilled to have a conversation about the benefits of regular activity with service users. Recruitment has started on a role embedded within the Healthy Minds team to support signposting and establish group activities for service users as part of CBT therapy.
In addition, 200+ coaches & instructors based in Bucks and MK have undertaken the Mind and UK Coaching Mental Health Awareness in Sport & Physical Activity workshop.

Wycombe Mind
Have launched a new decluttering and hoarding service 'Freespace' which is being supported by Bucks Fire & Rescue Service.

Community Impact Bucks
Worked with Bucks Mind to create 3 free videos to support volunteer wellbeing.

Building VCSE Partnerships

Buckinghamshire Mind - Safe Haven +

The Safe Haven in High Wycombe will extend to 7 days a week from August 2021 operating from 6.00pm – 12 midnight. Building on the successful partnership with Oxford Health our new partners, **Oasis, Connection Support and Citizen Advice Bucks**, will further enhance our alternative to crisis model.*

The Partnership

- Task and Finish groups established to design service model and pathways between organisations.
- Standard Operating Procedure developed to establish clear lines of accountability and responsibility along the pathways to and within each organisation.
- Agreed Multi Agency Referral Forms with dedicated 'Safe Haven referral' email address within each partner organisation.

The Service User Journey

- ✓ With service user consent, the partnership enables Safe Haven to refer service users directly to a dedicated mental health support worker, employed within each partner organisation.
- ✓ By Safe Haven supporting service users with the introduction into partner organisation, increased service user engagement with referral partner.
- ✓ Timely access to targeted support with issues potentially contributing to mental health crisis.

* Funding is via Alternatives to Crisis Transformation funds from Oxford Health.

Recovery and Transformation

Additional investment for mental health services in 21/22 as part of the CCGs commitment to the national mental health investment standard (MHIS)

Additional investment from NHSE through spending review allocations and transformation opportunities targeting specific pressure areas

Closer alignment of community mental health services, primary care, VCS and wider community support services through the community mental health framework

Increase in number of mental health professionals working in primary care. Each PCN is entitled to one worker from April 2021 (likely to increase in 2022)

24/7 mental health support line implemented in 2020 – expedited in response to covid. Now recurrently funded

Transformation – Community Mental Health Framework (CMHF)

- 3 year change programme across mental health, primary care and community sector
- Transformation funding will be received in all CCG areas across the country
- Re-designing the way in which community mental health services are delivered with new models of care
- Alignment to primary care and embedded workers
- Focus on people with a severe mental illness and improving the care and support they receive
  - Personality Disorders
  - Eating Disorders and
  - Community based mental health rehabilitation
- Drawing upon the strengths of the community to holistically support peoples needs
- Building relationships with VCSE and other community services

Community Mental Health Framework Funding

- Funding will flow predominantly to the secondary care mental health provider
- Within the workforce model Voluntary Community Sector roles have been built in, to enable connection with wider community service provision
- First tranche of funding will be received July 2021
- Implementation from April 2021

Financial Year	Indicative funding
2021/22 (Year 1)	£882,682*
2022/23	£2,150,896*
2023/24	£2,643,390*

**Cumulative figures*

Additional Roles Reimbursement Scheme (ARRS)

- ARRS roles extended to mental health
- All PCNs across the country entitled to 1 WTE mental health practitioner
- Bridge the gap between IAPT and secondary care mental health services
- 50% funded by ARRS 50% funded by mental health provider
- Need to ensure alignment to CMHF
- A positive opportunity to improve mental health footprint within primary care

MHP benefits to PCN

- No formal referral processes required.
- Practitioner works as part of the PCN MDT.
- Provides a bridge between primary care and specialist mental health providers.
- Can draw on a range of provider mental health services.
- Reduces employment burden.
- Improved integration between primary care and mental health.

MHP benefits to patients

- Integrated pathway for patients.
- Access to specialist mental health support.
- Reduced waiting times.
- Prevention of referral into secondary care.
- Positive patient experience.

Developing statutory integrated care systems

NHS England and NHS Improvement

Welcome and introduction

NHS England and NHS Improvement

The ambition for integrated care

Context

- The NHS has been leading the drive towards more integrated care, a goal for every major health system in the world, since publication of the NHS Five Year Forward View.
- NHS organisations, local councils and other partners have increasingly been working together as integrated care systems (ICSs) since 2018 - the whole of England is now covered.
- By joining forces, ICS partners have developed better and more convenient services, invested more to keep people healthy and out of hospital and set shared priorities for the future.
- Our response to the pandemic showed the importance of joined-up working and accelerated the changes on which we had embarked - for example, through more provider collaboration.
- As recommended by NHSE/I, the government now plans to legislate to put ICSs on a statutory footing, baking in the notion of collaborative working.

ICSs have four key purposes:

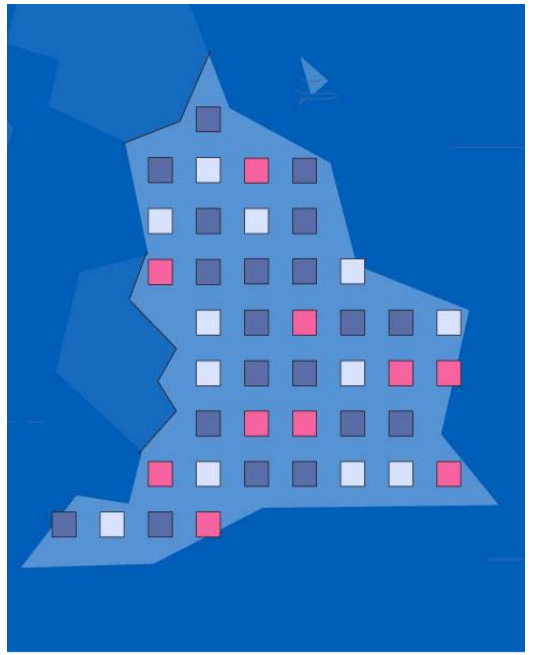
- **improving outcomes** in population health and healthcare;
- **tackling inequalities** in outcomes, experience and access;
- **enhancing productivity** and value for money;
- supporting broader **social and economic development**.

The key elements of an ICS

ICSs comprise all the partners that make up the health and care system working together in the following ways.

The statutory ICS arrangements (subject to legislation) will include:

- **an ICS Partnership**, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- **an ICS NHS body**, an organisation bringing the NHS together locally to improve population health and care.



Other Important ICS features are:

- **place-based partnerships** between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services.
- **provider collaboratives**, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

ICS Design Framework

NHS England and NHS Improvement

Overview

- The **ICS Design Framework** sets out the next level of detail on our expectations and ambitions for ICSs from April 2022.
- It builds on the **White Paper** and, where relevant, **will be subject to the legislation** due to be debated in Parliament.
- It focuses on our **expectations for the NHS specifically**, and the functions, governance and role of the ICS NHS Body, in the context of the wider ICS Partnership.
- The Framework re-commits us to the principles of **subsidiarity, collaboration and flexibility**, in the context of **consistent national standards and common core components** of integrated care systems.
- It recognises the ongoing role – and accountabilities – of individual organisations within each ICS footprint; and the role of the ICS to make these **greater than the sum of its parts**.
- The Design Framework will be followed by **further resources and materials** to support transition over the course of this year.

DESIGN FRAMEWORK: CONTENTS

- The ICS Partnership
- The ICS NHS body
- People and culture
- Governance and management arrangements
- The role of providers
- Clinical and professional leadership
- Working with people and communities
- Accountability and oversight
- Financial allocations and funding flows
- Digital and data standards and requirements
- Managing the transition to statutory ICSs

How the Framework has been developed

- The ICS Design Framework has been produced through close collaboration with the full range of NHS organisations, representatives of patient groups, clinical and professional leaders, local government, the voluntary sector and DHSC colleagues.
- We will continue to use this approach as we develop further guidance and implementation support. Thank you to NHSEI colleagues who, over the past few months, have helped us shape the content.
- These next slides cover four key elements of the new system:
    1. **The ICS health and care partnership;**
    2. **The ICS NHS Body and its board membership;**
    3. **Place-based health and care partnerships;**
    4. **Provider collaboratives working at scale.**

The ICS partnership

- Each ICS will have a Partnership at system level, **formed by the NHS and local government as equal partners** – it will be a **committee, not a body**.

- **Members** must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.

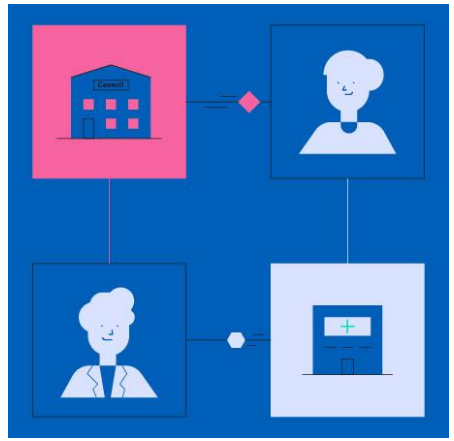
- We expect the ICS Partnership will have a **specific responsibility to develop an "integrated care strategy"** for their whole population.

- The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – this would be for local determination.

- **DHSC will issue further guidance.**

The ICS NHS body

- The functions of the ICS NHS body will include:
  - **Developing a plan** to meet the health needs of the population
  - **Allocating resources** to deliver the plan across the system (revenue and capital)
  - Establishing **joint working** and **governance** arrangements between partners
  - Arranging for the provision of health services including through contracts and agreements with providers, and **major service transformation programmes** across the ICS
  - **People Plan** implementation with employers
  - Leading system-wide action on **digital and data**
  - Joint work on **estates**, **procurement**, **community development**, etc.
  - Leading **emergency planning and response**



- The ICS NHS bodies will take on **all functions of CCGs** as well as direct commissioning **functions NHSE may delegate** including commissioning of primary care and appropriate specialised services

- We expect the ICS NHS body will have a **unitary board** – members of the ICS NHS Board will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

ICS NHS body: board membership

ICS NHS Boards will be different to traditional NHS boards; they will be owned by the partners across the ICS.

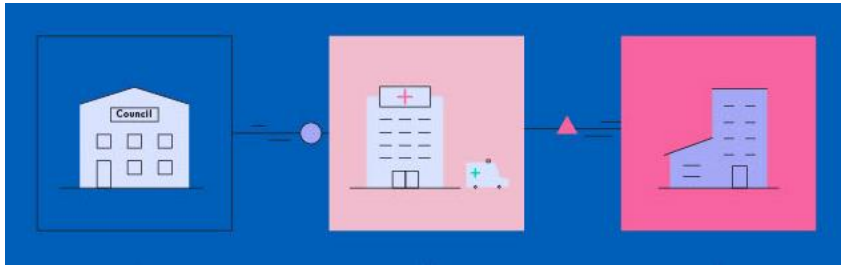
The minimum requirements for Board membership will be set out in legislation. In order to carry out its functions effectively we will expect every ICS NHS body to establish Board roles above this minimum level, so that in most cases each Board will include the following roles:

- **Independent non-executives**: Chair plus a minimum of two other independent non-executive directors.
- **Executive roles**: Chief Executive, Finance Director, Director of Nursing and Medical Director.
- **Partner members**: a minimum of three additional board members
  - one member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
  - one member drawn from the primary medical services (general practice) providers within the area of the ICS NHS Body
  - one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS Body.

ICS NHS bodies **will be able to supplement these minimum expectations** as they develop their own constitution.

Place-based partnerships

- **Place arrangements and leadership are for local determination** – partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, **building from** an understanding of neighbourhoods and **primary care networks**.



- An ICS NHS body could establish any of the following place-based governance arrangements with local authorities and other partners:
  - **Consultative forum**, *informing* decisions by the ICS NHS body, local authorities and other partners
  - **Committee of the ICS NHS body** with delegated authority to take decisions about the use of ICS NHS body resources
  - **Joint committee of the ICS NHS body** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
  - **Individual directors of the ICS NHS body** having delegated authority, which they may choose to exercise through a committee
  - **Lead provider** managing resources and delivery at place-level under a contract with the ICS NHS body

Providers and provider collaboratives

- Organisations providing health and care services are the frontline of each ICS. The arrangements put in place by each ICS Partnership and ICS NHS body **must harness the expertise, energy and ambition of the organisations directly responsible for delivering integrated care**
- Providers will continue to **retain their statutory duties** and meet requirements under the **NHS standard contract or relevant primary care contract,** but with **new relationships between commissioners and providers** embodied in the composition of the ICS NHS board and ways of working across the ICS
- It is expected that providers will **increasingly lead service transformation**, potentially via delegation of functions from the ICS NHS body
- **Primary Care Networks** will play a central role in Place Based Partnerships
- In addition to their partnerships at place level, Trusts/FTs are expected to join **provider collaborative** arrangements from April 2022. (Ambulance trusts, community trusts, and non-statutory providers, are not *required* to join provider collaboratives but should where is makes sense.)
- **Each Provider Collaborative will agree specific objectives with one or more ICS**, to contribute to the delivery of that system's strategic priorities. The members of the Collaborative will agree together how this contribution will be achieved

Evolution to the new system

Timeline for establishing ICSs

We have asked current ICS and CCG leaders to make **initial arrangements to manage the transition to new statutory arrangements** and ensure that there is capacity in place ready for implementation of the new ICS body. **Plans should be agreed with regional NHSEI teams.**

The anticipated **transition timeline** is set out in the Design Framework.

Key actions expected by the end of Q2 include:

- Complete the agreed **national recruitment and selection processes for the ICS NHS body Chair and Chief Executive** (subject to/after the 2nd reading of the Bill these roles will be confirmed as designate roles).
- **Draft proposed new ICS NHS body MoU for 2022/23, including ICS operating model and governance arrangements**, in line with model constitution and guidance which NHSEI will issue.

In Q3 implement the recruitment and selection processes for **designate Finance Director, Medical Director, Nursing Director** and other board level roles in the NHS ICS body, via a local filling of posts processes.

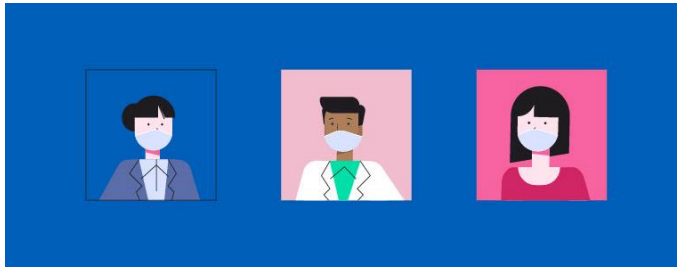
What it will mean for ICS and CCG staff

It is envisaged that all functions of a CCG will transfer to the statutory ICS and therefore **colleagues below board level should move** into the new organisation.

Colleagues in **senior leadership/board level roles** are likely to be affected by the establishment of the designate executive/ board level roles of the ICS. It is not possible to provide a commitment limiting organisational change ahead of establishment to this group of people.

The Executive Suite – Our NHS People has a range of offers to **support the wellbeing of senior and executive leaders** affected by this change.

After the legislation is introduced, **we will publish further resources and guidance** to support transition planning and implementation.



What will this mean for NHSE/I staff

- We expect that **all our roles nationally and regionally will continue to evolve to some degree** in the next few years as a result of the development of integrated care systems. Working arrangements may differ in different parts of the country to reflect the needs and priorities of ICSs as they develop.
- We know, for example, it is likely that **some of our existing functions will be delegated to ICSs** from April 2022, for example some commissioning functions.
- We will **continue to be responsible for our duties** being fulfilled, for example on oversight of, and supporting improvement in, ICSs, and will **discharge them with ICSs**, and in particular ICS NHS bodies.
- **NHSE/I policy and programme teams** will need to consider how their ways of working reflects and adapts to the respective roles and responsibilities of ICSs and Regions
- We expect that the legislation will **merge** the NHS Commissioning Board, Monitor and the Trust Development Authority **into a single body with the legal name of NHS England**
- We need to plan and **shape this together** from now over the coming months as we further develop our operating model. There will be a joint national/regional approach and there may be differences between regions in terms of devolved functions and associated staff deployment models to reflect the context, size and maturity of local ICSs.

Underpinning Core Principles

- We have already set out our core principles which includes making an **“employment commitment”** for all but the most senior staff, which asks for organisational change to be kept to a minimum during the transition.
- We are committed to a concept of **“one workforce”** within ICSs which means, regardless of employer, our people will be working as one group towards the shared goals of improving services. NHSE/I staff will be considered as part of that one workforce and included in the development of the ICS workforce.
- We are **working in partnership with trade unions** at national level through the Social Partnership Forum and locally with NHS England and NHS Improvement trade unions.
- We believe that **the development of ICSs** has potential to deliver real benefit for people across the country and will also create rewarding and fulfilling opportunities for us all.
- We will keep you up to date and engage you in our thinking and next steps.