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Victoria Otley-Groom  
Chief Digital and Information Officer  
Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

cc. Sim Scavazza, ICB Acting Chair  
Dr Nick Broughton, ICB Chief Executive Officer (Interim)  
Catherine Mountford, ICB Director of Governance

13<sup>th</sup> March 2024

Dear Victoria,

On behalf of the Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee (JHOSC), I am writing to provide feedback on the BOB ICB's Digital and Data strategy. The JHOSC set-up a working group of Members to review the strategy approved by the ICB Board in May 2023 and the update paper which was discussed at the Board meeting in November 2023.

We would like to start by saying that we fully support the need for this strategy and, as Members of the JHOSC, we welcome it. For ease, I have grouped the comments made by the working group under headings, similar to those detailed in the update paper – system governance, stakeholder engagement, delivery and finances. The working group also has some overall comments and observations on the strategy, as detailed below.

### **General Comments**

From a lay person's perspective, there are references throughout the strategy about what good looks like and the aspirations around delivering the strategy, but as a resident, what will be different at the end of the digital and data transformation? A clear, user-friendly explanation of what a truly integrated digital health and care system looks like, where we currently are on this transformation journey and how it benefits residents when it is fully implemented would help to put the strategy into context.

The timeframes for delivering this strategy are not clear and need to be confirmed. The strategy document states that it is a three-year strategy, which was approved by the ICB in May 2023, yet page 29 indicates that the strategy is for 2022-2025. The cyber security strategy funding was going to be locally funded but now appears to be delayed until 2024. We have concerns about delivering this ambitious strategy, particularly as funding has not been agreed against some of the key projects. There are already signs of slippage, which we

feel will be further exacerbated by a lack of clarity around how and when funding will be forthcoming.

The strategy states that one of its commitments is to contribute toward reducing health inequalities. However, there is little identification of how technology can be utilised, harnessed, and maximised to this effect. There appears to be a disconnect between the commitment to using technology for reducing inequalities on the one hand, and the ways in which there are plans to use technology to achieve such outcomes for the population. We would like to see some clarity around this.

From our understanding of strategy development, best practice indicates that the document should identify the starting point to build the future strategy from – the “as-is” situation. The strategy infers that the “as-is” situation is not the ideal situation. It states - **“To deliver our Strategy successfully, we will need to change our ways of working to realise the benefits of being unified as a system”**. We feel that the as-is situation is not clearly laid out in simple terms or diagrams which can be understood by the lay reader.

### **System Governance**

We were pleased to see a detailed description and understanding of the governance arrangements around how the strategy will operate. However, as a joint health scrutiny committee, one of our key roles is to independently review and challenge the development of strategies being developed by health and social care partners and to drive improved outcomes for all our residents. We do not feel that scrutiny has been given due consideration as part of the governance process and would like to see this strengthened as the activities within the strategy start to be delivered.

### **Stakeholder Engagement**

The strategy relies heavily on partnership working across health and social care. As the strategy is delivered, we would like to see evidence of close collaboration with adult social care, mental health providers, Hospital Trusts and providers across primary care.

We feel that ongoing engagement with residents across the BOB footprint for the purposes of understanding how they currently use technology, and how they feel it could be utilised for their benefit, is a key part of developing this strategy. An action for 2023 was to produce an ICS Digital Patient Engagement strategy. Can the JHOSC have sight of this strategy to help evaluate the strength of patient engagement?

Given that the strategy also encompasses patient data, lived experience and co-production needs must be evidenced as the strategy is delivered. There is specific inclusion of a Data Charter, although it is not clear what this is. Co-production of a Charter, including reasonable expectations of the public regarding Digital, would be helpful in building public understanding and trust.

We also felt that the strategy was light in terms of Primary Care, particularly for general practice and Primary Care Networks. We would like reassurance that GPs are receiving

digital and data support to help them deliver robust population health management and meet the health needs of local communities within their PCN.

### **Implementation & Delivery Against Timeframes**

The strategy states that 8 actions will be prioritised and delivered in 2023. From the update paper in November, there appears to have been some delay in delivering some of the actions. Could we have a written update on each of the 8 actions so we can understand what progress has been made, the impact any delays have had on other deliverables in the strategy and the revised timeframes.

In terms of digital and data maturity, there is clear disparity across the BOB Hospital Trusts, with some parts of the system requiring significant investment to move forward on their maturity journey. We would like to see the specific action plans at Place, to include costs and timeframes.

Similarly, there is mention of re-procuring GP principle clinical systems. However, there doesn't appear to be a plan for deployment of systems to GP surgeries, which is probably one of the key considerations. How will the ICB strategy work with surgeries that are independent, often with dramatically varied levels of hardware and software adoption? Part of this might be overcome by the move to establish an ICS Cloud Strategy. However, we note that the Cloud Strategy has not been defined and there does not appear to be an implementation and deployment plan.

The strategy mentions that a Cyber Security Strategy will be drafted in 2024. The strategy does not refer to lessons learnt from Oxford Health's cyber-attack in 2022, particularly around building resilience within the organisation and with partners to prevent further attacks. Could the cyber security strategy be shared with JHOSC Members so we can be reassured that these issues have been addressed.

A digital strategy implementation plan is mentioned and needs to be developed. No timescale has been given for this work, but we feel that this should be a priority to allow for improvements in the way the health and care system deals with data going forward.

### **Monitoring & Accountability**

We would like to see clear Key Performance Indicators against each activity so they can be measured effectively. This will allow not only a higher degree of transparency for the public and stakeholders regarding the effectiveness of delivery but will also enable the ICB and providers to self-assess the degree to which technology is having an impact on services and improving patient experience.

### **Finances**

We have several concerns around funding, particularly those projects which do not currently have a funding stream allocated to them and have some questions which are set out below.

- We understand that out of 13 roadmap activities, 4 have funding agreed, one is a national initiative but what about the other activities which do not have any identified funding? What is the process for applying for funding and how is it then allocated across BOB?
- What reassurance can the ICB provide around the fact that only 4 activities have funding agreed, 3 activities are pending approval and 5 activities have not had funding identified. How are the risks being managed if funding is not granted through the bidding process?
- Page 29 details the costed portfolio summary and shows matched funding of £640,000 which has been agreed to digitise adult social care. How has this figure been worked out and who is providing the match funding?
- Page 8 of the strategy states that one of the key design principles is population Health-led which “will be led by population health data in evaluating our investments to further the outcomes of our population”. Page 29 shows that Population Health Management does not have an identified funding stream – it has been costed at £894,954. If this is one of the fundamental principles, why hasn’t funding already been agreed and what are the risks around not being able to fund this activity? How has this figure been put together and what does this deliver across BOB?
- Page 15 states that – *“Over the next 12 months the development of clear priorities to support digitisation of Pharmacy, Optometry and Dentistry will be established”*. We would like to see these priorities and the plans to help support digital transformation of POD services, both financially and additional capacity.
- The strategy states that the projected total cost to implement the strategy is £143.9million. With the financial challenges facing the health and social care sector, what contingencies are in place if funding is not available and how does this cost compare to other ICBs of a similar size to BOB?

### **Leadership, Transparency & Capacity**

We are concerned about capacity across BOB to deliver the actions outlined in the strategy. With significant workforce challenges and budget pressures facing the system, we would like to understand the current levels of resource allocated to the digital transformation team, both within the ICB and key partner organisations who are responsible for delivering the key elements of the strategy – Hospital Trusts, Oxford Health, Adult Social Care and Primary Care. Has additional funding been made available to strengthen the digital teams to help deliver the strategy?

The strategy relies heavily on engagement and buy-in from health and social care partners. We feel there needs to be strong leadership and ownership of the activities outlined in the strategy to ensure successful delivery. We would like to see evidence of this leadership with named individuals against the key deliverables.

In addition, there does not appear to be any detail around the ICB team that are leading this work. The governance structure on page 23 jumps from a singular ICB CIO straight to Provider Leads / ICS Analytics / ICS Infrastructure / ICS Cyber Security but it remains unclear how these roles and/or teams relate to one another and report into the ICB CIO. Best practice, policies, standards, Cloud infrastructure, Cloud Deployment, etc, should be created

and monitored centrally. Having a virtual team with no formal structure and control feels insufficient for a programme of this scale.

Please accept this letter as the BOB JHOSC's formal feedback to the BOB ICB Digital and Data Strategy and we look forward to receiving a response on the specific points and questions raised above. We would also like to invite you to a future JHOSC meeting to present to JHOSC Members on the progress in delivering this strategy across BOB.

Yours sincerely



Cllr Jane MacBean  
Chairman, Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview & Scrutiny Committee