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# Memorandum of Understanding Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board and NHS England

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board  
*1<sup>st</sup> July 2022*

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## Introduction

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

The four key aims of an ICS are to:

- improve quality of services and outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

ICSs are led by both an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). The ICP is a statutory committee bringing together all system partners to produce the ICSs integrated care strategy. The focus of this MOU is with the ICB as the statutory body with responsibility for NHS functions and budgets.

## Purpose of this agreement

This MOU is between the Bath, North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board, and NHS South West region, on behalf of NHS England. It is effective as of November 2022. It sets out:

- the principles that underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health, and care services
- the delivery and governance arrangements across the ICB and its partner organisations
- how NHSE, ICBs and NHS partner (foundation) trusts will work together to implement the requirements set out in the NHS Oversight Framework taking into consideration local delivery and governance arrangements, risks and support needs
- how the ICB and NHSE will work together to address development-specific needs in the ICS and across the region.

This MOU is not a legally binding agreement, and it does not change the statutory roles and responsibilities or functions of either party. NHSE will continue to exercise its statutory role and powers in relation to regulatory action under legislation, including to address individual organisational issues in line with the principles set out in this MOU. The accountabilities of individual NHS organisations also remain unchanged.

## Ways of working

The following principles will inform how the ICB and NHSE will work together:

1. **Effective partnership working** based on compassionate leadership behaviours, openness and transparency.
2. **Clear roles and responsibilities**, taking into consideration system maturity, risks and support needs.
3. **Build on what works** – leveraging and learning from existing arrangements and ways of working.
4. **'System first'** – encouraging actions and decisions to be made by, with and through the ICB working locally with its partner organisations, rather than bilaterally between NHSE and individual provider organisations
5. **Improvement focused**, building a learning culture across local and regional level. Identifying opportunities and working together to address concerns / risks in a timely and proactive way; ensuring that the approach to oversight and, where necessary intervention, is proportionate and supports improvement.
6. **Improve performance and provide tailored support** by considering how best NHSE and the ICB and its stakeholders can use and respond to System Development Plans and the System Oversight Framework to ensure each ICB has the tools to improve performance of challenged organisations and the wider system.
7. **Reduce the total regulatory oversight activity** by ensuring that, where possible, oversight and monitoring are proportionate to risk. Oversight will be strategic and targeted based on comprehensive and dynamic risk assessments.
8. **Support and enable innovation** by working to ensure that arrangements do not restrict innovation, but rather identifies it and incentivises the ICB to take risk in a controlled way in line with the system's risk appetite and share any evidenced effective practice more widely.

## System priorities and deliverables

NHS BSW ICB will adopt the national five priorities (Quality of care, access and outcomes, Preventing ill health and reducing inequalities, Finance and use of resources, People and Leadership and capability), as outlined within the NHS Oversight Framework. We will determine local strategic priorities as set out in the Framework in discussion with local partners before December 2022.

'Working together to empower people to lead their best life' is the one, unified vision for our organisation and all our partners working together across Bath and North East Somerset, Swindon and Wiltshire. Our collective approach is underpinned by five key strategic aims:

- Reform the quality and experience of care
- Improve the health and wellbeing of the population
- Reduce health and care inequalities
- Reduce the cost of health care and protect social and economic resources
- Increase staff wellbeing and retain, attract and deploy an inclusive, engaged and flexible workforce

Our priorities for BSW for 2022/23 have been set out in our operating plan. This plan reflects the current challenges facing the system but also our desire to transform our services through our transformation programmes. As set out in our plan, our key areas of work for this year are:

- **Non Criteria to Reside (NC2R)**
  - BSW Care Co-ordination Centre
  - BSW Discharge to Assess
  - Domiciliary Care Capacity
- **Community Services Transformation**
  - Community Services Transformation Programme
- **System Flow across Urgent Care, Community Services and Elective Recovery**
  - Work commissioned from Whole Systems Partnership to model the demand and capacity required to deliver the reduction in NC2R and the interdependency between urgent care and elective recovery plans
- **Delivery of key objectives** including mental health, learning disability & autism, personalisation and maternity (including response to Ockenden)

Delivery of our plan will be monitored through our ICB governance arrangements.

In line with the Long Term Plan we are also working on addressing a number of other system priorities. This includes developing the capability for population health management and developing plans for the prevention of ill health and adopting the Core20PLUS5 approach. We have also developed a Green Plan which sets out our plans to achieve the net zero

target set out for the NHS, working alongside and complementing other partner organisations net zero ambitions.

We are also preparing for the further delegation of commissioning from NHS England. We are working to make sure we are ready for this delegation and will make plans to ensure we have appropriate governance arrangements in place to allow input from our places.

## Partnership and place arrangements

NHS BSW ICB has three distinct 'places': Bath and North East Somerset (211,000 population), Swindon (220,000 population) and Wiltshire (510,000 population).

Our place partnerships are responsible for:

- Health and Care strategy and planning at place;
- Commissioning and delivering services and transformation at place;
- Management of section 75 arrangements; and
- Oversight and management of delegated functions and budgets.

Each place has an established Integrated Care Alliance (ICA). Each ICA is made up of Senior healthcare professionals, NHS Provider Chief Executives, Senior Local Authority Officers and ICB Officers, Healthwatch, and Voluntary and Social Enterprise sector representatives. The Place ICA oversees transformation programmes which include improved integration of care, and a focus on prevention and health improvement for their communities informed by a shared understanding of health needs and inequalities of the local Population. Our ICAs are chaired by either a system CEO, Senior Local Authority Officer or a BSW ICB Place Director.

Each place also has a Locality Commissioning Group for both Health and Social Care. These two LCGs meet to take decisions together in relation to pooled budgets. We expect that these arrangements will develop over time.

We also have a number of provider collaboratives in operation that support delivery of our collective aims. We have an Acute Hospital Alliance formed of Royal United Hospitals Bath, Great Western Hospital and Salisbury Hospital (further detail on this is provided below). Avon and Wiltshire Partnership is part of the South West Mental Health Collaborative, and the South East Children & Young People Mental Health Services Provider Collaborative. Meanwhile, Primary Care are part of Primary Care Networks and we are looking at arrangements that bring Primary and Community Services together.

Established early in 2018, the Acute Hospital Alliance (AHA) is a provider collaborative, made up of Salisbury NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Great Western Hospitals NHS Foundation Trust. With strong relationships between Trust leadership teams built over the past years, the AHA intends to play a full role

as an effective provider collaborative, maximising opportunities to work together at scale to the benefit of the BSW population.

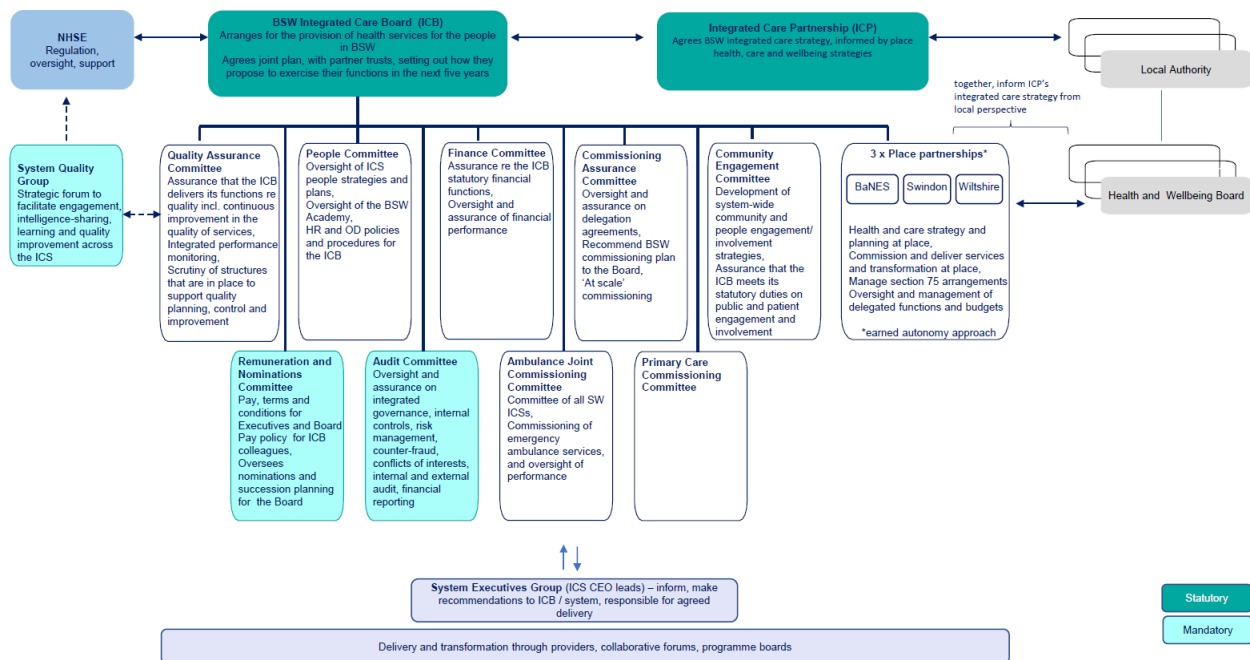
The AHA Committees in Common (CIC) was established in Q3 2021-22 and is designed to set strategic direction and provide oversight of the AHA programme. CIC has confirmed that the Trusts would work together on areas that support: Equity – for our local population; Sustainability and Improvement. In June 2022, the group reaffirmed focus on five core projects where AHA expects to have collective strategic impact in BSW:

1. *Delivery of a secondary care clinical strategy for BSW*
2. *Consistent methodology for staff modelling across AHA parties*
3. *Open book financial baseline & Use of resources assessment across AHA parties*
4. *Delivery of a single capital strategy*
5. *Delivery of the single EPR roll-out and effective integration with partners.*

## Governance and oversight

Our decision-making framework for BSW is set out within our Functions and Decisions Map shown below, which describes the respective role of the boards and groups in our system. The Integrated Care Board has overall accountability for health and care in Bath, Swindon and Wiltshire. The Board is supported by a Committee structure that provides assurance to the Board on their respective areas. We are currently undertaking a review of our governance structure and will likely be making changes in due course to streamline our approach and ensure we are making best use of our board and committee time.

Figure 1: BSW ICB Functions and Decisions Map



## Financial governance arrangements

The BSW system has established dedicated finance focused groups which meet regularly (at least monthly) to support joint system working.

- Directors of Finance (DoFs) Group
- Deputy Directors of Finance (DdoFs) Group
- Mental Health Finance Overview Group

The purpose of these groups is to:

- Support the coproduction of annual and long-term revenue and capital financial plans for the BSW system.
- Develop and agree consistent planning assumptions and accounting treatments.
- Monitor in year system financial performance against plans.
- Support and develop system financial sustainability plans.
- Maximise the financial value from system transformation schemes and investments.
- Implement and deliver core work programmes.
- Identify risks and develop mitigations to ensure delivery of financial targets.

Organisations have agreed to work to these principles:

- Keep it simple
- Keep transactional costs low
- Transparency and openness
- Clear understanding of risks and mitigations across BSW
- Incentivising system collaboration
- Encourage decision making for long term delivery of strategy
- Return to financial sustainability

The Financial position and risks for the system and each organisation will be reported monthly to the Integrated Care Board as part of the Integrated Performance Report. Organisations will also report to their stand-alone Finance Committees.

Where issues arise between regular meetings the ICB has with regional Finance colleagues, ad hoc meetings will be arranged to ensure that the regional team are informed of these issues in a timely manner and can support the resolution of them as required.

## Quality governance processes

The National Quality Board's Shared Commitment to Quality sets out a single view of quality which is based on the need to provide 'high-quality, personalised and equitable care for all, now and into the future' which requires us all to commit and act. The National Quality Board has set out three core quality 'functions' that need to be delivered by systems:

- Quality Planning
- Quality Improvement
- Quality Control





Across BSW we are bringing together system quality and safety experts to inform and agree the quality strategy. There will be a focus on continuous improvement and actions needed to ensure safe, effective care that reduces inequalities and provides as good an experience as possible for the population we serve. BSW are aligning to the three overarching 'pillars' of Quality: Safety, Effectiveness and Experience.

## Safety

Identified patient safety specialists across PCNs, ICAs and system have come together to build a strong community of practice (COP). The BSW system will continue to:

- Be informed by the COP, overseeing the implementation of PSIRF at PCN, ICA Place and system level
- Utilise NQB toolkit, local intelligence, outcomes data, contract oversight metrics and national resources to support monitoring of risks and identify areas for improvement
- Increase the profile of digital safety, with Clinical Information Officer roles aligned to quality and safety teams and reporting
- Appoint Patient Safety Partners to support the review and analysis of safety data and actively participate in the relevant board discussions to consider how to improve safety, involvement in patient safety improvement projects, involvement in staff patient safety training and participation in investigation oversight groups.
- Securing the delivery of the Patient Safety Syllabus from executive leaders.
- Through leadership at neighbourhood, place and system we will continue to inspire and promote a strong health and care safety culture across the ICS.
- Learn from outcomes of mortality reviews and LeDeR processes.

## Experience

The system will continue to:

- Utilise BSW experience and engagement network to collaborate with all stakeholders
- Build on the collaborative work of the system wide Carers Forum
- champion quality and safety for, and with, the people who use our services
- focus on outcomes
- use agreed data sets to measure, learn and assure
- work across pathways rather than focus on providers
- ensure the culture of listening to and learning from experience is embedded across the ICS

## Effectiveness

BSW ICS will:

- Collaborate with system experts across the health and care sector to drive improvements via population health metrics, population feedback and engagement, research, National guidelines (e.g., NICE) and QI methodology
- Measure current provision against standards and be able to describe any variance and risks whilst working to reduce
- Challenge system partners to measure the benefit of our work together and to demonstrate the value
- Focus on the measuring of outcomes for our population and strengthen learning and QI across the transformation programme boards, provider collaborative and networks
- Utilise the expertise and resources within the BSW Academy
- Drive innovation

## Quality Governance and Leadership

Quality Control and Quality Leadership will be delivered within the ICB Quality Assurance Committee (QAC) and BSW System Quality Group (SQG). This will report to the BSW Board and provide intelligence to the NHSEI Regional Quality Group.

BSW SQG has reviewed the National Guidance on System Quality Groups and discussed the requirements of the Guidance on Quality Risk and Escalation. A mature system has developed with regard sharing and understanding of its approach to managing system quality risks and concerns from routine assurance and improvement, to enhanced and intensive assurance.

At PCN and place, quality oversight, assurance and control will be enabled via ICA and system governance structures.

Quality oversight, monitoring and improvement methodology at ICA and system level will inform priority programme boards and dovetail with the system oversight processes.

Safeguarding is most effectively delivered through strategic and organisational multi-agency arrangements with key partners working collaboratively to achieve a shared vision. BSW ICB is committed to partnership working and is a statutory member of safeguarding adults and children's partnerships in the three localities including Corporate Parenting Board, community safety boards, subgroups and working groups. The statutory duties of the Safeguarding Partnership Boards will continue and provide expert oversight, including triangulation of information with regard risks and shared learning and will inform safeguarding and quality reports to Quality Assurance Committee and System Quality Group.

## Roles and responsibilities in performance improvement

BSW ICB is still in the process of developing our local oversight and assurance model. We are currently using a number of existing mechanisms in order to ensure we have oversight of the different part of our systems, but we want to move to a oversight model that fits the needs of our new system. This means that we will be looking to agree our performance metrics (using the NHS oversight framework) and embed this in our day-to-day reporting across our programmes and places.

In the interim, we are using our existing mechanisms including our ICB integrated performance report to provide assurance to our Board. We are starting work on revising our performance reporting.

Our acute providers in BSW are using a CQI approach called 'Improving Together' and aiming to move from management for assurance to management for improvement. This means that whilst there is still a focus on core performance metrics, they are also focussed on a strategic planning framework that sets a limited number of KPIs to progress the provider / system priorities.

In line with the NHS oversight framework, we are clear that BSW ICB is responsible for:

- Monitoring and managing performance across the system – coordinating action between providers to secure service and quality improvement
- Meeting regularly to review performance (both across the system and of individual partner organisations).
- Identifying to NHS England known risks and issues associated with performance, quality and finance including detailing of any support requirements

NHS England is responsible for:

- Providing support to BSW ICB reflecting agreed priorities
- Monitoring BSW ICB in line with the NHS oversight framework

In addition to the above, the Chair and Chief Executive Officer of the ICB (with their equivalents at the other South West ICBs) will continue to work in collaboration with NHSE South West's Senior Leadership Team to agree and implement a "South West Compact" for their working together as a leadership body."

## ICS development

Regular review meetings will take place between BSW ICB and NHS England. These will take place informally on a monthly basis in 2022/23 with a formal quarterly meeting held to review progress against the NHS Oversight Framework. These will be used to discuss, review effectiveness of local support arrangements and the extent to which there is effective local working.

The role of NHS England in this context will be to broker support for BSW, enabling system priorities to be delivered.

These will be informed by meetings between the ICB and NHS Providers within BSW to consider provider segmentation. This will be undertaken on a quarterly basis with recommendations made for Provider segmentation decisions and a self-assessment undertaken of the ICB. This will inform quarterly meetings with NHS England.

We are also committed to addressing the points raised within the ICB establishment letter issues by NHS England. These include reviewing our ICB governance within the first year of operation, working with the South West region on their new operating model, working with our providers on recurrent financial productivities schemes and assessing our risk profile as an ICB.

## Reviewing, amending, and monitoring of the MOU

This MOU relates to an ongoing relationship between the ICB and NHSE and will run indefinitely. The ICB and NHSE agree to review the agreement every 12 months to assess whether it is still accurate and fit for purpose.

Changes to the MOU required outside of the proposed review period can occur at any time, if agreed by both parties.

## Signatures

The ICB and NHSE, as represented by the below officers, agree to honour the aspirations and commitments made in this MOU.



Sue Harriman  
Chief Executive Officer



Elizabeth O'Mahony, Regional Director  
NHS England – South West

19 October 2022