

To: Sue Harriman (CEO)
cc. Stephanie Elsy (Chair)

Elizabeth O'Mahony
Regional Director, South West
South West House
Blackbrook Park Avenue
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03 Aug 2023

Dear Sue,

**Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care Board
Annual Assessment for 2022-23**

I would like to express my gratitude to you and your colleagues within BSW Integrated Care Board (ICB), for your progress, and continued efforts, since becoming formally established, as an ICB, on 1st July 2022. This is all-the-more impressive given the daily business of rebuilding after the pandemic.

As you know NHS England has a legal duty to undertake an annual assessment of each ICB's performance, as set out in Section 14Z59 of the NHS Act 2006 (*"The Act"*), as amended by the Health and Care Act 2022.

In making our first formal assessment, covering 2022/23, we have considered evidence from your draft annual report and accounts; available data; feedback from Health and Wellbeing Boards and Integrated Care Partners; and discussions that have taken place throughout the year.

This first assessment reflects how the ICB has discharged its statutory duties during the 2022/23 financial year. It is based on assessment of key objectives set by NHS England and the Secretary of State for Health and Social Care, a selection of statutory duties as defined in the Act and the ICBs wider role within your Integrated Care System (ICS).

The selection of duties, as a minimum relate to:

- the duty to improve the quality of services.
- the duty to reduce inequality of access and outcome.
- the duty to take appropriate advice.
- the duty to facilitate, promote and use research.
- the duty to have regard to the effect of decisions (The "triple aim").
- the duty to consult patients and the public about decisions that affect them.
- the financial duties.
- the duty to contribute to wider local strategies.

The ICB annual assessment is structured in five sections and considers the overall leadership function of the ICB and its contribution to the four core purposes of an ICS:

- System Leadership.
- Improving Population Health and Health Care.
- Tackling Unequal Outcomes, Access, and Experience.
- Enhancing Productivity and Value for Money.

- Helping the NHS to Support Broader Social and Economic Development.

The findings of the assessment were reviewed and approved by the South West Regional Support Group (RSG) on the 24th July 2023 and themes shared with the National Quality and Performance Committee in accordance with the ICB annual assessment process requirements.

During 2022/23, BSW ICB has also been in NHS Oversight Framework Segment 2. Further information on this is outlined within the Quarter 4 Segmentation letter dated 15th June 2023.

We recognise that 2022/23 has been a year of transition for BSW ICB and in making our assessment we have sought to balance the success of delivery against the demands of establishing your new organisation.

Based on the evidence received and reviewed by RSG and summarised in the attached **Annex 1**, I am satisfied that the ICB has discharged its duties, and met its wider objectives, whilst noting areas for further development, and improvement. We will continue to support you with these in the coming months.

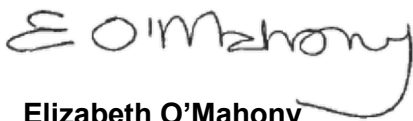
Pursuing local strategic priorities and strengthening of collaborative partnership working will contribute to further ICB and system maturity success. In particular this means developing local strategic aims of the ICS, as set out in the Integrated Care Strategy for your system and articulated through your recently published Joint Forward Plan.

As the ICB moves forward, we also acknowledge that 2023/24 will remain as a transitional year, as each ICB embeds provider oversight and aligns with the recommendations accepted from the Hewitt Review for the year ahead.

I ask that you share the assessment with your leadership team and consider publishing this alongside your annual report at your Annual General Meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

If you would like to discuss anything outlined within the 2022/23 ICB Annual Assessment, please contact Anthony Martin, Head of Transformation (Oversight, Assurance & Regulation): sw.oversightandassurance@nhs.net

Yours sincerely,



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

2022/23 BSW ICB Annual Assessment – Statutory Duties Supporting Evidence

The ICB assessment evidence has been primarily captured using the evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my teams have had with the ICB throughout the year.

SECTION 1: SYSTEM LEADERSHIP

The ICB has led its system, both in terms of providing leadership and working with partners to improve outcomes through greater integration of services.

High level supporting evidence:

- BSW ICB has effectively led its system in 2022/23, a transition year for ICBs who have effectively closed their Clinical Commissioning Group (CCG), established their Integrated Care System (ICS), and appointed the ICB.
- System leaders and executive team work collaboratively with NHS England (NHSE) and other South West (SW) systems, adopting the SW Ways of Working.
- Inequalities Senior Responsible Officer (SRO), ICB Executive Director, and PCN Health Inequalities in place.
- SRO & ICB Executive Lead jointly chair BSW Population Health (PH) Board.
- The ICB provides evidence supporting leading and managing its people – Integrated System Inequalities Group held six-weekly, reporting into PH Board.

Areas of development/improvement:

- The developing ICB will continue to focus on the implementation of clinical and care professional leadership frameworks, over the coming years.
- The ICB should consider use of the healthcare inequalities board assurance tool in support of self-assurance around reducing healthcare inequalities, available here: [NHS Confed/Board Assurance/Improvement](#) .

ICB governance structures, and how far these have facilitated effective decision-making, system management and leadership.

High level supporting evidence:

- BSW submitted their ICB constitution and achieved NHSE sign off.
- The ICB has shared their governance handbook, describing how the ICB Board and governance structures work.
- BSW's Deputy Director of Corporate Affairs, and Chairs from SW Governance Leads Forum were part of the co-design group for the development of a national suite of materials in support of the upcoming ICB governance and partnership self-assessments.
- System Quality Group in place with positive engagement from its members.
- Quality and Outcome Committee in place which considers safety, effectiveness, and experience.
- Commitment to delivery of quality care is demonstrated in the BSW system through quality metrics, triangulated with performance/data and intelligence and professional insight.

- Quality assurance is obtained through different mechanisms including, but not limited to 15-step challenge for assurance, deep dives, using National Institute for Clinical Excellence (NICE) guidance.

Good practice:

- Utilised funding from the SW Leadership Academy, proactively commissioned the Good Governance Institute to complete a governance review in September and October 2022.
- Recommendations implemented from November 2022, resulting in streamlined committees.

Duty to have regard to the effect of decisions (Triple aim)

High level supporting evidence:

- Within BSW ICB the triple aim is referenced and embedded reports and strategy, with this replicating the system's ambition to focus funding and resources on prevention rather than treatment.

Areas of development/improvement:

- BSW's draft Joint Forward Plan (JFP) highlighted that stronger links could be made to the Working with People and Communities strategy.
- The triple aim detail could be strengthened, as this is not explicitly mentioned in the annual report.
- The delivery of the JFP will allow ICB systems to demonstrate greater regard for the triple aim.

Duty to take appropriate advice

High level supporting evidence:

- As part of the establishment of ICSs in 2022, the BSW system produced a clinical and care professional leadership framework and engaged with regional discussions to share developmental feedback with system colleagues.
- BSW's Acute Hospital Alliance (AHA) selected as one of nine Provider Collaborative Innovators to receive co-designed intensive support from the national Provider Policy team and linked Subject Matter Experts (SMEs) with regional support.

Areas of development/improvement:

- Staff survey results are generally below the benchmark median for most people promise elements, and leaver rates remain high.

SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE

Improvement of health and healthcare outcomes for its local population, which considers each of the three core elements of quality.

High level supporting evidence:

- BSW ICB has supported the improvement of health and healthcare outcomes for its local population.

- The ICB has a new risk management framework in place.

Duty to improve the quality of services

Local Services

High level supporting evidence:

- Utilisation of complaints data to identify themes.
- Utilisation of Equality and Quality Impact Assessments to support safe and effective delivery of new initiatives.
- Utilisation of emerging themes from patient safety data and information to undertake a deep dive analysis in partnership on pathways for Stroke, Autism and ADHD improving the quality of these services described in the report.

Good practice:

- Involving patients, carers and families impacted by patient safety incidents, established a COP (Community of Practice) for patient safety to facilitate system transition and active engagement from providers.

Area of development/improvement:

- Re-establishment of the BSW Stroke Network in 2023/24.

Local Outcomes

High level supporting evidence:

- The work undertaken to reduce health inequalities, particularly among groups most affected by Covid-19.
- Working with community groups and charities to promote dedicated vaccination clinic for people with Learning Disabilities.
- The use of 'Our Health, Our Future Citizens Panel' engaging with local people, to find out what local people think on topical health matters.

Supporting restoration of Urgent Elective Care Services

High level supporting evidence:

- Over the previous 12 months, there has been a great deal of work across the ICB to support and address the pressures within Urgent and Emergency Care (UEC), particularly whilst addressing the impact of Winter and the introduction of the Care Coordination Centre.
- It is noted that there has been a move to a more integrated system approach, bringing together the previous separate localities, although further maturity in terms of ensuring equity of access to existing and future UEC and Community Services as well as a cohesive delivery plan for 23/24.
- Whilst it is acknowledged that some of the key targets have not yet been met, there has been demonstrable improvement and performance above the SW average.

Area of development/improvement:

- Plan to continue improvement within the Operational Plans for 23/24, which indicate further service improvements across all aspect of UEC Recovery.
- Ongoing work through 2023/24, towards meeting the national ambitions for elective services.

Regarding support for the recovery of Elective services

High level supporting evidence:

- Fortnightly System Elective Recovery Group, chaired by RUH Chief Operating Officer (COO) and attended by the COOs (or deputies) from Salisbury and GWH.
- The ICB Director of Commissioning, feeds into monthly Elective Care Board.
- An accountable SRO is responsible for each area of transformation to ensure accountability.
- System working has resulted in achieving zero patients waiting beyond 104 weeks and only narrowly missed the over 78ww target, owing to industrial action.

Supporting Recovery of Maternity Care Improvements

High level supporting evidence:

- ICB Chief Nurse appointed as SRO, giving line of sight to ICB Board.
- Experienced lead midwife supports the perinatal quality surveillance (PQSM) model.
- The Local Maternity and Neonatal System (LMNS) engages with the regional PQSM meeting, escalating as appropriate.
- Equity and equality plan approved and personalised care planning in place.

Areas of development/improvement:

- Further development required for Saving Babies Lives due to variation across the system.
- Ockenden Insight visits undertaken. Variation in implementation and compliance across the system.
- Concerns remain around capacity and resource within the team.
- One trust is in the Maternity Safety Support Programme (MSSP) and ICB oversight of this is expected through 2023/24.

Supporting Recovery of Cancer

High level supporting evidence:

- Regional cancer team and alliance intel confirms that ICB system colleagues focused well on cancer delivery and had the appropriate allocation of funds to deliver improvements across the 62 day wait and Faster Diagnostics Standard (FDS) performance.
- Collaboration across system providers and outside of the system has been effective.

Supporting Primary Care improvements and timely access

High level supporting evidence:

- Primary Care played an ongoing significant role in delivering the Covid-19 vaccination programme, while returning face-to-face activity back towards pre-pandemic levels, alongside recovery of non-urgent patient support/clinical reviews.
- Performance reporting aligns with key metrics from the NHS Oversight Framework including key quality metrics, enabling performance monitoring against the core NHS priorities, and providing assurance on safe high-quality services. For example, March 2023 GP Appointments Data (GPAD) data meets national measures.

Areas of development/improvement:

- Publication of national Primary Care Access Recovery Plan in May 2023 shapes programme of work around access recovery. Further work required by ICB systems on recovery agenda and implementation, supported by national and regional teams.

Supporting Mental Health and Learning Disability and Autism

High level supporting evidence:

- Mental Health executive lead appointed to give line of sight to the Board.
- On track to meet three of the 13-planning metrics.
- Significant work undertaken on out of area placements (OAPs) which, although below ambition, demonstrates an improved picture.
- Executive lead in place for Learning Disability and Autism.

Areas of development/improvement:

- Access performance significantly below both planned and national ambition includes, Emergency Department mental health measures, individual placement access, Dementia Diagnosis Rate (DDR), physical health checks for people with severe mental illness, and Talking Therapies (IAPT) access.
- Data recording in CYP was impacted by a cyber incident.
- IAPT performance is a national outlier, for both access and recovery. Showing significant workforce gaps. The system will need to put steps in place to recover the position in 23/24.
- Community Forensic and Adult Autistic Spectrum Disorder (ASD) levelling up includes increased clinical time and ASD assessors.
- Development of key working due to go live in 23/24. Growth of care coordinator capacity planned, as well as development of CYP neurodevelopmental pathway and waiting list initiative.
- Work in progress towards linked and timely person-level data across health and care providers (as a minimum across primary and secondary care provision).

Duty as to public involvement and consultation

High level supporting evidence:

Patient involvement and choice

- Evidence highlighting the promotion of patient involvement and choice to include their representatives and public commissioning engagement, where decisions affect them regarding Evidence of 'Engaging People and Communities,' clearly articulates how the ICB is discharging its statutory duties with regards to consultation and

engagement, in addition to confirming the System's commitment to the ten principles of Engagement.

Good practice:

- Good examples of wider public engagement, including outreach to people with Learning Disabilities or people at risk of becoming housebound.

Commissioning decisions

High level supporting evidence:

- BSW has two well established patient and public engagement forums, which include diverse membership.
- Independent organisation contracted to support the recruitment and development of their 'Our Health, Our Future, Citizen's Panel.' Panel members take part in regular engagement surveys and copies of these surveys are made publicly available on the ICB's website.
- BSW's engagement activities have been embedded into ICB governance structures.
- Innovative approach to engagement through the promotion of services aimed at prevention and early intervention at the same time as conducting engagement activity; "making every contact count."

Addressing the specific needs of children and young people

High level supporting evidence:

- The SW CYP Transformation Programme (TP) scope includes some of the commitments set out in the NHS Long Term Plan including deliverables against complications associated with excess weight, Integration for CYP pathways, Voice, Transition, Asthma care bundle, Diabetes, Epilepsy, addressing health inequalities (CYP C20P5), palliative care and end of life and addressing the complications associated with constipations (Bladder & Bowel). Aspects of UEC, Workforce, Elective Recovery and wider programmes which include CYP are interdependencies.
- The ICB has made progress in all deliverables of the programme and risks have been managed via the ICB or CYP TP at region.
- CYP Executive Leads are in post and the system JFP references their child voice strategy.

Statutory duties for children and young people with Special Educational Needs and Disabilities (SEND):

High level supporting evidence:

- SEND exec lead in place.
- BaNES, Wiltshire, and Swindon had their inspections.

Safeguarding duties

High level supporting evidence:

- ICB has working relationships in place with Regional Safeguarding Team and Safeguarding Partners with formal governance structures in place. Strategic leadership, delegation, accountability, and system governance was explored - no outstanding actions.

- There is Chief Nursing Officer (CNO) visibility and good connections covering three partnerships, which was felt to lead to better outcomes. There are three safeguarding partnerships across the ICB and two different police force areas, it was positive to hear that despite operating as three separate partnerships there were increasing cross-organisational conversations at executive level.
- Developed local safeguarding contract schedules for 22/23, standardised and applied across all commissioned services working towards outcomes rather than outputs.
- Proactive Mental Capacity Act (MCA) lead appointed and supporting regional collaboration and national projects.
- BSW had a well-represented NHS provider Liberty Protection Safeguards (LPS) meeting which will use their next meeting to consider whether they will continue as a local NHS MCA network.

SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS, AND EXPERIENCE

The ICB has supported the reduction of health inequalities within its ICS.

High level supporting evidence:

- Contributed towards restoring services inclusively to reduce inequalities of access and outcomes, as BSW has developed two data tools to support the identification and interpretation of health inequalities which the new subgroup to the Elective Care Board will be addressing.
- Waiting list information by deprivation and ethnicity is available for presentation to provider boards and the ICB. Health inequalities data discussed at every Elective Care Board and used when making decisions about pathway or service changes.

Areas of development/improvement:

- Continue focus on unexplained variation; CYP; cancer 62 day wait variation and deprivation;
- ICB and Provider Boards' need to demonstrate oversight of WLs disaggregated by ethnicity and deprivation, and actions in support of addressing any identified disparities.
- The ICB should use the healthcare inequalities board -assurance tool in support of the ICB's oversight and self-assurance around reducing healthcare inequalities, available here: [Board Assurance Tool - Leadership Framework for Health Inequalities Improvement.pdf \(nhsconfed.org\)](https://www.nhs.uk/consult/ia20180413103443/board-assurance-tool-leadership-framework-for-health-inequalities-improvement.pdf)
- Mitigation against digital exclusion is an area under development.

The ICB has reduced inequality in access to services, as well as health outcomes and have regard for NHS England's CORE20PLUS5 approach to aid population health management.

High level supporting evidence:

- Significant work during 22/23 on improving BSW's usage and sharing of data and intelligence on inequalities (e.g., improving data quality on ethnicity coding and development of system-level Core20PLUS5 dashboards).
- Enables "plus" population at place to be identified for adult population and for CYP.
- Progress towards ICS requirements:
- A Population Health Management (PHM) intelligence platform, with population segmentation and risk stratification functions.
- A cross-system intelligence function that consolidates analytical capabilities.

- Clear governance and leadership for PHM across system and place-based partners.

Areas of development/improvement:

- Linked and timely person-level data across health and care providers (as a minimum across primary and secondary care provision).

Duty to reduce inequalities:

High level supporting evidence:

- There is evidence that the ICB has met the accelerated preventative programmes, aimed at those at greatest risk.

Commissioning Vaccination and Covid Programme – Maximising Access

High level supporting evidence:

- ICB and system partners have worked together in developing a robust strategy for maximising access to Covid and flu immunisation for underserved groups, including outreach and pop-up activity for several groups including the boating community.

Good practice:

- BSW ranked second in the country for vaccine uptake during the autumn booster programme.

Areas of development/improvement:

- ICB's oversight on baseline Core20Plus5 & CYP Core20Plus5 metrics and planned outcomes for narrowing gaps on HI's, including oversight on how core funding and HI's funding allocations are impacting could be strengthened.

Cardiac

High level supporting evidence:

- In the last year cardiac rehabilitation (CR) provision for heart failure (HF) patients has been improved with newly commissioned services.
- Percentage of patients waiting over six weeks is in the second lowest quartile for the country, supporting Long term Plan (LTP) ambitions to improve diagnosis.

Areas of development/improvement:

- All services in the ICB footprint have applied for 23/24 targeted funding to improve and enhance their offering of CR provision for HF patients.

Diabetes

High level supporting evidence:

- Strong programme lead in place; programme board continues to meet and provide clear direction.

- Major amputations below England average and minor levels at England average, with no areas of concern noted. Sustainable multidisciplinary team in place within acute providers.
- Clear focus across the programme on HI and access to care.
- Over 80% of Type 1 patients now accessing flash glucose monitoring, with HI data suggesting significant improvement on offer in areas of HI. All pregnant women offered access to Continuous Glucose Monitors (CGM) during pregnancy.
- Diabetes Inpatient Specialist Nurse (DISN) services in place across all acute providers.

Areas of development/improvement:

- Low carbohydrate diet programme to commence mid-year.
- An understanding of variation in amputation levels from each of the providers is necessary.

CVD

High level supporting evidence:

- Blood pressure and wider cardiovascular disease risk factor guidance developed, supporting Primary Care to identify and treat as part of the vaccinations programme.

Respiratory

High level supporting evidence:

- Work is being explored to link in with pilot plans and inequality strategy.
- Data collection at outreach clinics has been standardised across the three local authorities (Las) to improve understanding of the community, demographics of attendees and trends.

Areas of development/improvement:

- Concerns that three separate local implementation plans may not be conducive to integration and parity across the ICB.
- ICB is in the second year of a 5-year plan for transforming pulmonary rehabilitation, with work being undertaken to increase capacity and reduce waiting lists. Data does not yet indicate sustained change.
- Early and accurate diagnosis remains challenging with clarity needed around the plan to re-start and extend quality-assured Spirometry. Would be helpful to have plans regarding medicines optimisation, e.g., tackling excess Short-acting beta-agonists (SABA) inhaler prescription / use.

Stroke

Areas of development/improvement:

- Concerns re stroke pathway not being a priority within ICB plans and limited communication. Recognised as an area for improvement, engagement now starting between ICB and Integrated stroke delivery network (ISDN) for year 23/24 with intentions to include stroke within work plans.

Long Covid

High level supporting evidence:

- Long Term Plan Prevention: Very good progress made towards Digital Weight Management referral target.

Areas of development/improvement:

- We would ask that the ICB starts discussions with the long Covid service around how the service can evolve to continue supporting the community through the management of complex patients.
- Long-Term Plan, although not all LTP services have started and none yet providing fully established Tobacco Dependency services.

Maternity

High level supporting evidence:

- Equality Action Plan aligned to BSW Inequalities Strategy with three priorities. Continued focus on improving clinical outcomes data by ethnicity, deprivation, and complex social factors.
- GWH have merged two teams to continue provision with one larger team currently providing care to around 240 – 280 women.

SMI

Areas of development/improvement:

- For 2022/23, BSW target of 4,741 severe mental illness (SMI) patients to receive all six Physical Health Checks (PHCs) within the last 12 months.

SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The ICB has enhanced value for money through enhanced productivity and efficiency.

ICB balanced Finances as a commissioner and a system leader, in relation to managing finances (223GB to 223N)

High level supporting evidence:

Financial Duties:

- System Revenue position: £0.1m surplus - Achieved.
- System Capital position: (£1.5m) allowable overspend to balance regional capital position - Achieved.
- ICB Revenue position: £0m B/E (Breakeven) - Achieved

Areas of development/improvement:

Delivery against efficiency plans:

- System Efficiency achievement: (£10.5m) under achieved – Not achieved.
- System Recurrent efficiency achievement: (£15.1m) under achieved – Not achieved.

- ICB efficiency plan: (£8.2m) under achieved – Not achieved.

ICB operated within its threshold for agency spend:

- System Agency spend: (£19.2m) over ceiling – Not achieved.

ICB ringfence specific requirements and allocations:

- ICB MHIS requirement: Achieved
- Better Care Fund (BCF) requirement achieved, in part*.
*The required investment has been made within the system plans. However, outcomes on actual expenditure will not be available until Mid-July

Areas of development/improvement:

- See delivery of efficiencies (above)
- See system agency spend (above)

Work is underway to support maximising use of human resources (People Plan), how well has the ICB looked after its people:

High level supporting evidence:

- It is clear from the ICBs score for safe and healthy, the report identifies that there is a range of support in place for staff on wellbeing matters.
- Strong information on Equality, Diversity and Inclusion (EDI). Data is reported regularly to the board, support for disability is also a strong feature.

Good practice:

- Collaborating with partners invaluable during the recent winter pressures and demonstrated the successes of a truly integrated care system.
- Support for wellbeing of carers.
- Mental Health providers are looking to embed new roles with stakeholders.
- Further roles have been included to the Additional Role Reimbursement Scheme (ARRS) offer to include Clinical Associate Psychologists and Mental Health and Wellbeing Health and Wellbeing Practitioners

Areas of development/improvement:

- The ICB's score for safe and healthy is below benchmark median, noted as an area for development.
- Some early work on attraction videos and plans for innovative international retention work to complement investment in international mental health & learning disability nursing recruitment. One trust involved in Scope for Growth programme and 'grow our own' programme for nursing.
- System leaver rates remain high, although showing a positive direction of travel.

The ICB has made use of its own resources and supported its system partners to do the same.

ICB promoted new ways of working and delivering care:

High level supporting evidence:

- Together with partners, the ICB opened temporary hospital wards, free up valuable ward space by caring for Covid patients in their own home through Oximetry@Home and provide support, cover, and extra resources during episodes of industrial action.

- Medical shared bank in place across part of system.
- The ICB oversees making the most of their resource through Social Prescribing Link Workers, Health and Wellbeing Coaches, Care Coordinators, which are non-clinical and easier to recruit to in greater numbers,
- Further roles have been included to the ARRS offer to include Clinical Associate Psychologists and Mental Health and Wellbeing Health and Wellbeing Practitioners. medical shared bank in place across part of system.
- The ICB's contributions to a growing workforce have been outlined through system working established with a cross-cutting workforce committee incorporating retention.
- Recently appointed a Director for Recruitment & Retention.

ICB contributed to growing the NHS workforce:

Areas of development/improvement:

- Mental Health providers are looking to embed new roles with stakeholders.

ICB promoted and used technology and innovation

High level supporting evidence:

- Facilitated the creation of a system-wide Microsoft Office 365 team, resulting in the use of SharePoint and Power BI applications.
- Created and launched a shared platform to support operational, clinical, and strategic decision makers accessing timely performance and population health information, reporting and intelligence.
- Resource accessible to NHS bodies and local partners.
- The SharePoint site is hosting a raft of Power BI reporting tools focusing on PHM and HIs.

Good practice:

- Championed the use of cloud technology and has been migrating at pace it's infrastructure fully to the Cloud, amongst many benefits this increases the scalability and flexibility of the ICBs data warehouse - improving data for reporting and decision making, in particularly identifying inequalities within the healthcare system.
- Cloud technology is also enabling the ICB to have an agile approach to the use of its estate, contributing to lowering running costs and enabling system wide working with partners.

Duty to promote and use research

High level supporting evidence:

- BSW ICB refers to best practice and research where seeking new and innovative solutions to improve system working.

SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

As an “anchor institution”, the ICB's long-term sustainability is tied to the wellbeing of the communities that they serve.

High level supporting evidence:

- The ICB has contributed to the wider goals of its community including elements such as strengthening community connections through joining, establishing community groups, and through providing the following evidence.

Duty to have regard to local assessments and strategies:

High level supporting evidence:

- ICB plans to 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 along with capability), as outlined within the NHS Oversight Framework.

Memorandum of Understanding (MOU)

High level supporting evidence:

In relation the 22/23 Memorandum of Understanding (MOU) was agreed in October 2022 and outlined the following Local Strategic Priorities (LSPs), in Year 1:

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

Evidence outlines good governance process, coordination on key themes across the ICS and identifies specific importance of areas of work to include strong leadership.

Areas of development/improvement:

- It is noted that the MOU will undergo a refresh to consider progress underway, during 23/24 to capture revised LSPs.

Reducing Emissions

High level supporting evidence:

- Good governance process, coordination of key themes across the ICS and into specific important areas of work. Strong leadership.
- The new Devizes Health Centre opened in February as one of the country's first net zero health facilities.

Anchor Institution

High level supporting evidence:

- March Operating Plan confirms BSW Academy is developing a new model of education for training and supply routes that is increasingly focused on BSW context and collaborating with local communities.
- Draft JFP coverage of Environmental Sustainability, confirms BSW's summary of commitments, outlining key actions and tangible reductions in emissions. Examples

of BSW's work around increasing the diversity of research participation and a section on role as anchor institution across the system.

Areas of development/improvement:

- Noting the ICB's approach to delivery on 'Environmental Commitments/Sustainability', it would be useful to see the same clarity for the ICB's 4th purpose and contributions to inclusive and sustainable economies.

Integrated Care Partnership (ICP) Survey and Feedback

- Having discussed with NHS England, the ICB has, as part of this process, approached ICP representatives seeking their feedback against a range of questions focussing on partnership working.
- The ICB received eleven responses, which have been shared with NHS England, and should be used by the ICB to inform its ongoing development as a partner member of the local health and care system.
- Moving forward, the feedback will help to inform continuous ICB improvement, as part the ongoing development journey, in 2023/24.

Health and Wellbeing Board Survey and Feedback

BSW ICB received one return from a Health and Wellbeing Board, which is detailed below.

1. How effectively has the ICB worked with its NHS and wider system partners to implement the local Joint Health and Wellbeing Strategy?

Response 1	Response 2	Response 3
Fairly effective.	No Response	No Response

2. In addition, further comments include, identifying existing good practice and making suggestions for how, if necessary, the effectiveness of the ICBs working with NHS and wider system partners, here are the HWB responses:

Response 1	Response 2	Response 3
Response: At place there appears to be relatively good working relationships. The problems come where the NHS tries to 'take control' at system level and impose their solutions on radically different places.	No Response	No Response

3. What positive steps has the ICB taken in implementing the local Joint Health and Wellbeing Strategy?

Response 1	Response 2	Response 3
Work between ICB place officers and the Director of Public Health has been good. There is still however a huge way to go to ensure effective cooperation and that we are focusing resource and effort not where the council or the ICB think it should go but where evidence from residents tells us it should go	No Response	No Response

4. What more could the ICB do to support implementation of the Local Joint Health and Wellbeing Strategy

Response 1	Response 2	Response 3
The ICB needs to trust place rather than system to deliver.	No Response	No Response