

BOB ICB BOARD MEETING

Title	Our approach to system planning, transformation and improvement over 2025/2026, the medium and longer term in the BOB system		
Paper Date:	11 November 2024	Board Meeting Date:	19 November 2024
Purpose:	Information and Discussion	Agenda Item:	09
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Executive Summary			
<p>The purpose of this paper is to outline the approach we are taking towards planning over three different time horizons within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS):</p> <ul style="list-style-type: none"> • annual planning through the 2025/2026 planning round; • medium-term – our 3–5 year strategy; and • longer term – investing in the next 10 years and beyond. <p>As such, the paper is organised into three sections:</p> <ol style="list-style-type: none"> 1. Our system annual planning approach 2025/2026 – the approach we are taking towards annual planning for 2025/2026, including how we have responded to the learning from a system-wide review of the 2024/2025 planning round and the establishment and role of a new System Planning Leadership Group. 2. Developing our medium-term strategy for system sustainability, transformation and improvement (2025-2030) – the approach we are taking to develop our medium-term strategy including the work we are doing to develop a new analytical baseline to inform this. This medium-term strategy will form our refreshed Joint Forward Plan. 3. Investing in the health system and population of the future (longer term outlook) – our approach to working now to improve the health of our population of the future, working to harness our research, innovation and strategic partnerships to deliver social and economic value within BOB and beyond. 			
Action Required			
<p>The Board are asked to:</p> <ul style="list-style-type: none"> • Note the planning activities that we are undertaking across different time horizons • Share reflections on the Board priorities for each of these different activities • Agree the high-level approach described in the paper towards system strategic planning. 			
Conflicts of Interest:	Conflict noted: conflicted party can participate in discussion and decision		
<p>The ambition outlined in this paper informs the prioritisation of the use of NHS resources. This will have an impact on organisations that members of the board lead/work for. The perspective of these members is an important aspect to development and delivery of our priorities and plans.</p>			
Date/Name of Committee/ Meeting, Where Last Reviewed:	The development of this approach has been discussed previously at Board, System Recovery and Transformation Board and System Planning Leadership Group.		

Our approach to system planning, transformation and improvement over 2025/2026 and the medium and longer term

1. At BOB Integrated Care Board (BOB ICB), we are responsible for planning and arranging health and care services to meet the needs of our population: working to improve their health and lives. One of the ways we do this is by working with our partners to agree joint strategies and plans, identifying how we will prioritise the use of our system resources to deliver the greatest impact on our population's health.
2. This paper sets out our high-level approach towards strategic planning across three-time horizons as set out in [Figure 1](#): the next financial year, detailing the work we are undertaking as a system to ensure a successful, collaborative and aligned annual planning round over 2025/2026; the medium term (3-5 years), where we are working to develop our medium term strategy and refreshed Joint Forward Plan and our ambition to start working now to invest in our future population's health (10 year plus).

Figure 1. Strategic planning in BOB



3. These system planning activities take place within a changing national context, following the change in government, publication of Lord Ara Darzi's recent Independent Investigation of the NHS and upcoming NHS 10-year plan. The BOB planning activity will be dynamic to consider national priorities, where they are known or as they emerge. We will also be active in the engagement planned as part of the 10-year plan, in the three main ways described on the [national Change NHS website](#) – through national level discussions with health and care system and local government leaders; regional events with clinical, operational, local authority and public health leaders; local engagement through patient groups and wider system partners¹.
4. The paper is structured as follows:
 - **Section 1:** Our system annual planning approach 2025/2026
 - **Section 2:** Developing our medium-term strategy for system sustainability, transformation and improvement
 - **Section 3:** Investing in our future population's health now, through harnessing research, innovation and strategic partnerships

¹ Folder: [Integrated Care Systems | Change NHS](#)

Section 1: Our system annual planning approach for 2025/2026

Context

5. **Annual planning** – Each year, the ICB and NHS Trusts go through an annual planning cycle, which involves the process of setting our budgets, planning and prioritising our activities and investments, as we seek to meet national standards and priorities across our organisations. To support this, the ICB and NHS Trusts are required to submit specific operational and financial information to NHS England as part of the nationally co-ordinated NHS planning process. This process is informed by the publication of national annual planning guidance, which is generally published around Christmas.
6. **Planning review findings** – As a system, we committed to learn from how we conducted this planning process last year and to identify opportunities for improvement. In light of this, over July and August 2024, the NHS organisations within the BOB system undertook a structured review of the 2024/2025 planning round. The purpose of this was to take stock of how we were working as a system, capture lessons learned and discuss how we might use these to inform our approach to planning for 2025/2026. The review identified:
 - opportunities to improve our planning processes and alignment across organisations and functional areas
 - the need for greater alignment on the financial principles and approach to managing our budgets and funding streams
 - opportunities to increase our collaborative working, increase levels of trust and create a stronger shared direction by planning together as a system
7. **Agreeing our 2025/2026 approach and governance** – The 2024/25 planning review identified a lack of consistent planning governance across the system, leading to misaligned timelines, differing assumptions, and limited integration among financial, operational, and strategic planning functions.
8. On 20th September 2024, the NHS partners in the BOB system held a workshop to consider the findings from the review and discuss the approach for 2025/2026. To address these issues, the BOB System Planning Leadership Group (SPLG) was established to provide unified leadership and ensure the development of a coordinated, achievable system plan within the required timeline.
9. The membership of the SPLG includes Executive Planning Senior Responsible Officers (SROs) from each Trust and ICB, and leaders from BOB Primary Care and General Practice, who actively engage with their organisations and the wider system to ensure a collaborative approach. The Terms of Reference is set out in [Appendix A](#). The SPLG reports to the System Recovery and Transformation Board (SRTB), which includes all NHS Trust Chief Executive Officers (CEOs) and BOB ICB.
10. **Planning principles** – On 18 October, the SRTB agreed the core principles for our 2025/26 planning approach, which provide organising principles for how we will work this year. They focus on moving the system towards breakeven, which we will seek to balance with quality and performance, agreeing as a system how best to do this. We recognise that this may require difficult decisions and trade-offs in the short term, while

we build our longer-term shared strategic direction and new commissioning approach. The agreed principles are set out in [Figure 2](#).

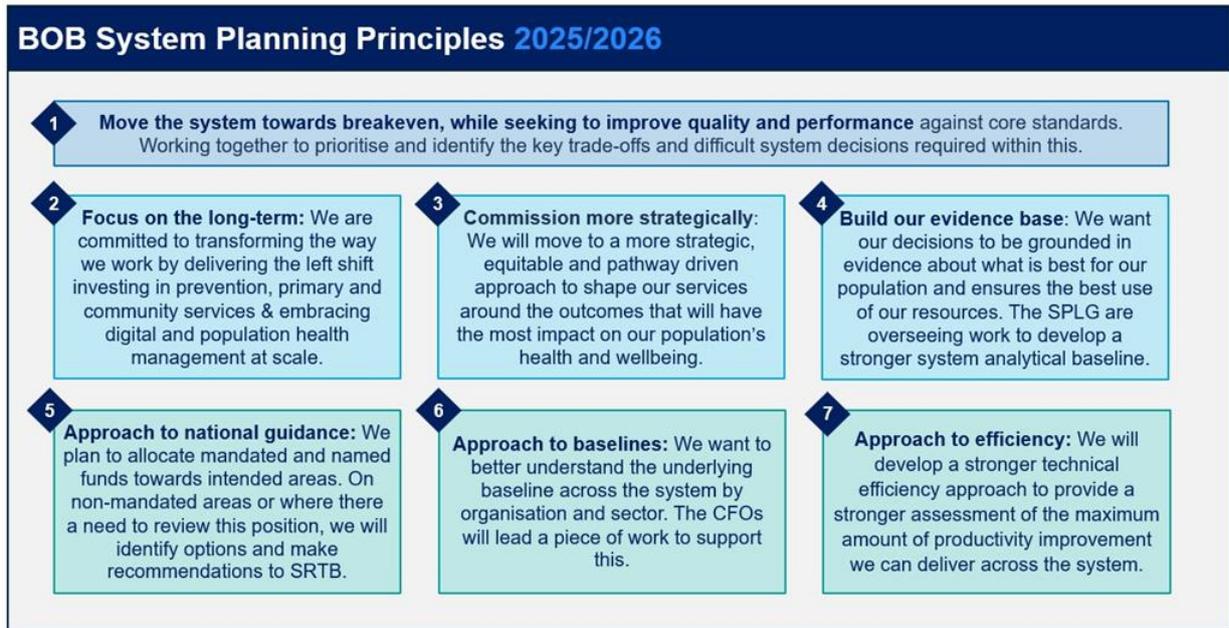
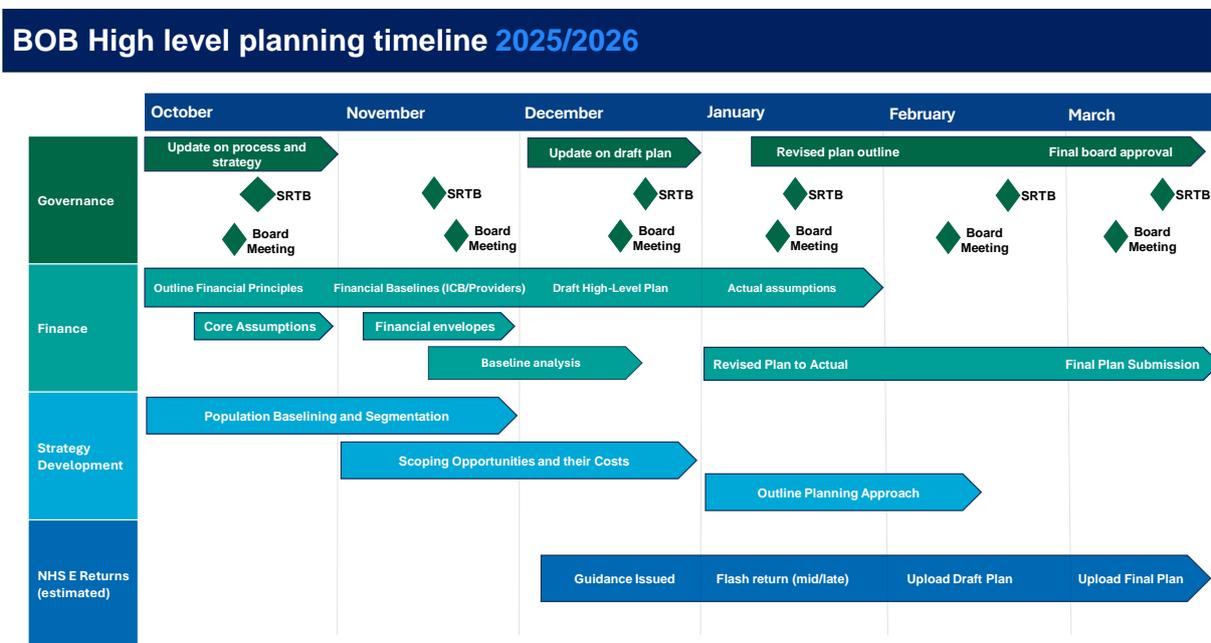


Figure 2. Agreed system planning principles 2025/2026

11. **Planning timeline** – It is clear from the 2024/25 planning round that we need to be more proactive in how we approach our system planning activity to ensure greater alignment of expectation across organisations on key decision points and submissions. As such the timetable below in [Figure 3](#) is being further refined with the SPLG as the process progresses.



*SRTB = System Recovery and Transformation Board

Figure 3. High level planning timeline

Section 2: Developing our medium-term strategy for system sustainability, transformation and improvement

Background

12. The ICB and our NHS Trust and NHS Foundation Trust partners have a statutory responsibility to publish a Joint Forward Plan (JFP) before the start of each financial year. This is required to cover:
- a) *Approach to meeting population need and delivering national requirements* – how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population. This should include the delivery of universal NHS commitments, address Integrated Care Systems' four core purposes and meet legal requirements.
 - b) *Approach to responding to local strategies and population insights* – how the NHS organisations will respond to the local Health and Wellbeing Board strategies, and Integrated Care Strategy, agreed by the Integrated Care Partnership.
13. In addition to the statutory requirement to develop a joint plan across NHS partners in BOB, we have also recognised the need for our system to have a clearer shared strategy to ensure we have a collective plan towards system sustainability, transformation and improvement. This is supported by the findings of multiple recent system diagnostic reviews, which have identified the need for unified strategic framework to align financial and clinical priorities across BOB, address commissioning variation and support alignment about how we use our collective resources.
14. As such, we are planning to develop a new medium-term strategy to create:
- a) *A clear diagnosis* – a clear collective understanding of our shared challenges based on data
 - b) *An agreed overall approach* – an agreed guiding system approach to deal with these challenges
 - c) *A coherent set of actions*² – a set of coherent actions to ensure the necessary alignment across the system and prioritise the use of our collective resources

Our approach to developing our medium-term strategy

15. Our approach towards refreshing our Joint Forward Plan, as a medium-term strategy for sustainability, development and transformation is set out in the graphic in [Figure 4](#). It focuses on how we will:

- **Respond to our key system challenges** – The key challenges we are focusing on responding to in this work.
- **Build our evidence base** – The analytical baseline we are building of our population health needs and our services to inform prioritisation of focus and resource.

² <https://g.co/kgs/X5Gfszf> Good Strategy; Bad Strategy. Richard Rumelt 2017.

- **Agree a clear medium term system strategy** – The output, in the form of a clear medium term strategy for sustainability, transformation and improvement, based on a shared understanding of our population.

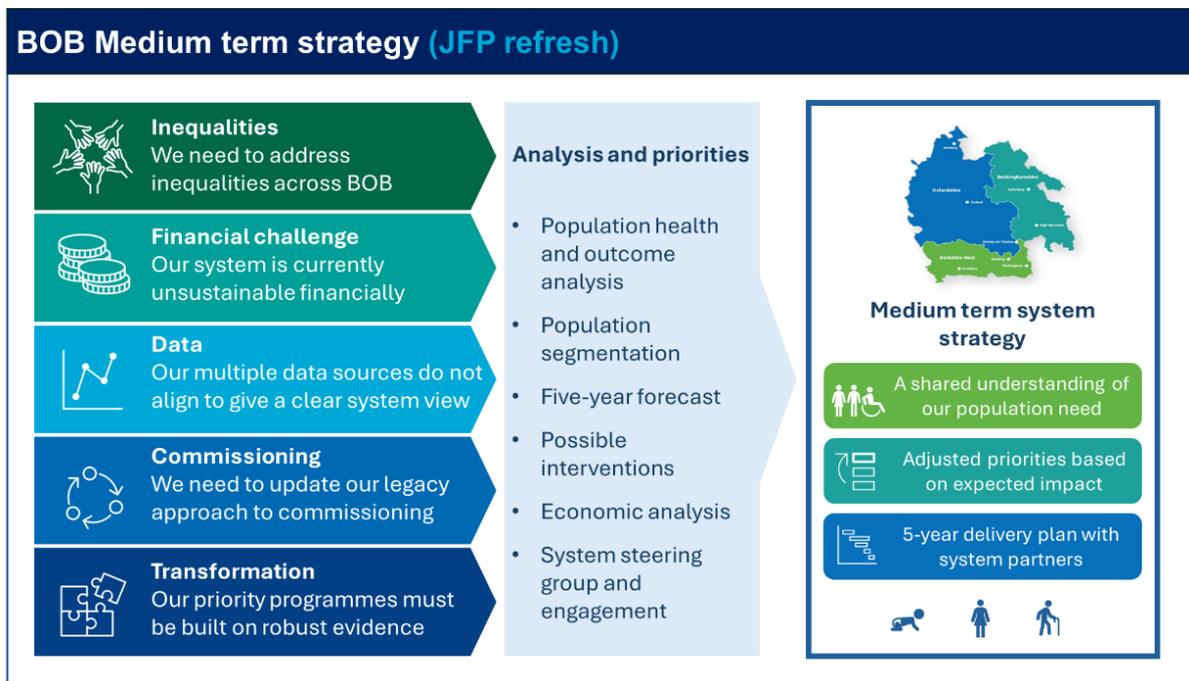


Figure 4. Developing our medium-term strategy

- Our initial JFP** – Our initial Joint Forward Plan published in 2023 was shaped through high levels of engagement with partners as the response to the Integrated Care Strategy. It identified our core areas of collective ambition, organised across the life course – *Start well, Live well and Age well*. The approach to delivery was to embed it in business as usual and reporting was therefore supported through existing system programmes and governance groups.
- Updating through a data driven approach** – In refreshing our Joint Forward Plan as our new medium term system strategy, we will build on the vision and priorities within the initial plan, adopting a more data-driven approach to identify to allow us to target the most significant areas of opportunity.
- System analytical baseline** – Since the inception of the ICB, there has been a challenge in pulling together a comprehensive evidence base to support decision making about population health and service transformation priorities across the system, whilst still being meaningful at place and organisational level. In light of this, the ICB is leading a project (*the Pathway to Sustainable Healthcare*) to develop a new analytical baseline for system, which will seek to align partners around a common understanding of the most significant health challenges affecting our population and the key opportunities we have to work together to make improvements. Through this work, we are keen to understand variation in outcomes, access and experience, across our different geographies, communities, and service providers. The baseline will seek to provide the

evidence-base we need to improve decision making, address inequalities and ultimately enable the system to become more sustainable.

19. **Governance** – The Pathway to Sustainable Healthcare project is overseen by the system steering group System Planning Leadership Group described previously, which given the focus of this work, includes representation from the BOB Directors of Public Health.
20. **Analytical Key Lines of Enquiry** – We have established a set of analytical lines of enquiry to ensure they deliver a nuanced understanding of our population, the use of resource and outcomes at place and system level. This comprises the following themes:
 - *What are the demographics of the population and how are they expected to change?*
 - *How do social determinants of health vary by place?*
 - *How are our different populations using acute, community, mental health and primary care services?*
 - *Are there comparable access and outcomes for people in BOB? Where are health inequalities having a significant impact?*
 - *Does our current resource distribution reflect the health needs of our population?*
 - *What are the greatest opportunities for improvement?*
21. **Outputs** – The outputs from this analysis will help to focus on areas of commonality across BOB, where working at scale can drive change in priority areas to improve the health of our population. We will also be able to identify priorities that are unique to our different Places, where the ICB will work as a partner with place-based and neighbourhood teams.
22. **Engagement** – Following the analysis, the strategic plan will be developed with partners across the system including:
 - Integrated Care Partnership which will also ensure input from perspective of social care providers
 - Primary care providers – Linking with the ambitions of the Primary Care Strategy, and working through the SPLG
 - Local authorities and each relevant Health and Wellbeing Board.
 - Provider collaboratives, clinical networks and other alliances
 - The voluntary, community and social enterprise (VCSE) sector, working through our VCSE Alliance
 - People and communities, as part of developing our new system public engagement approach.
23. We will bring an update to the next public Board meeting in January.

Section 3: Investing in the health system of the future (our longer-term outlook)

Context

24. Alongside our focus on annual planning and medium-term opportunities, it is important that we are also intentional about developing a longer-term view. Traditionally, the NHS has adopted a relatively limited timeframe for strategic planning, which limits our ability to invest in prevention, pilot innovation and think about longer term trends. We recognise this challenge and are keen to develop longer-term outlook, which focuses on how the needs of our population are likely to change over time and what we might need to do now to respond to that. This may involve taking key challenges like children’s mental health; dementia or obesity and investing early to impact the future health of our BOB population over the next 10 years.
25. To do this, we will need to be proactive about strengthening and developing strategic partnerships with the voluntary sector, public sector partners, such as schools, and across our communities. In BOB we also have rich landscape of world leading research & innovation capabilities including five universities, the Oxford and Thames Valley Applied Research Collaboration, two Biomedical Research Centres, Oxford and Thames Valley Health Innovation Network and multiple other partnerships, collaboration, departments covering the academic organisations, the statutory sector and private and commercial innovators.
26. We want to work better with these organisations across our partnerships to ensure we maximise the potential they can bring to improving our population’s health and help us establish a more efficient and effective use of our resources. Our long-term ambition is to:
- “Harness our research, innovation and strategic partnerships to improve future population health and deliver social and economic value in BOB and beyond”.*
27. Once we have a clearer understanding of our population needs, and how these are likely to change over time, we plan to work with our research, innovation and wider strategic partners across BOB to identify the priority areas we should focus on now to invest in the future of our population’s health and wellbeing. Through this, we will align to the new 10-year plan for the NHS, seeking to identify how we might deliver social and economic value by working differently within BOB and beyond.
28. We will keep the Board updated on this work as it develops.

Recommendation

29. The Board are asked to:
- Note the planning activities that we are undertaking across different time horizons
 - Share reflections on the Board priorities for each of these different activities
 - Agree the high-level approach described above towards system strategic planning
30. The Board will be updated on each of these time horizons in the January public board.

Appendix A: BOB System Planning Leadership Group

Terms of Reference

1. Purpose

The System Planning Leadership Group exists to provide joined up leadership to ensure the development of a realistic, aligned and deliverable system plan within the timeline required.

The group will provide senior oversight and direction of system planning across the NHS Trusts, primary care and the Integrated Care Board in Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

2. Reporting and accountability

The System Planning Leadership Group reports into the System Recovery and Transformation Board, which is attended by all CEOs of NHS Trusts and the Integrated Care Board (who currently represents primary care, with membership to be reviewed).

The Integrated Care Board has overall responsibility and accountability for the system plan, and the individual NHS Trusts hold accountability for their organisational plans.

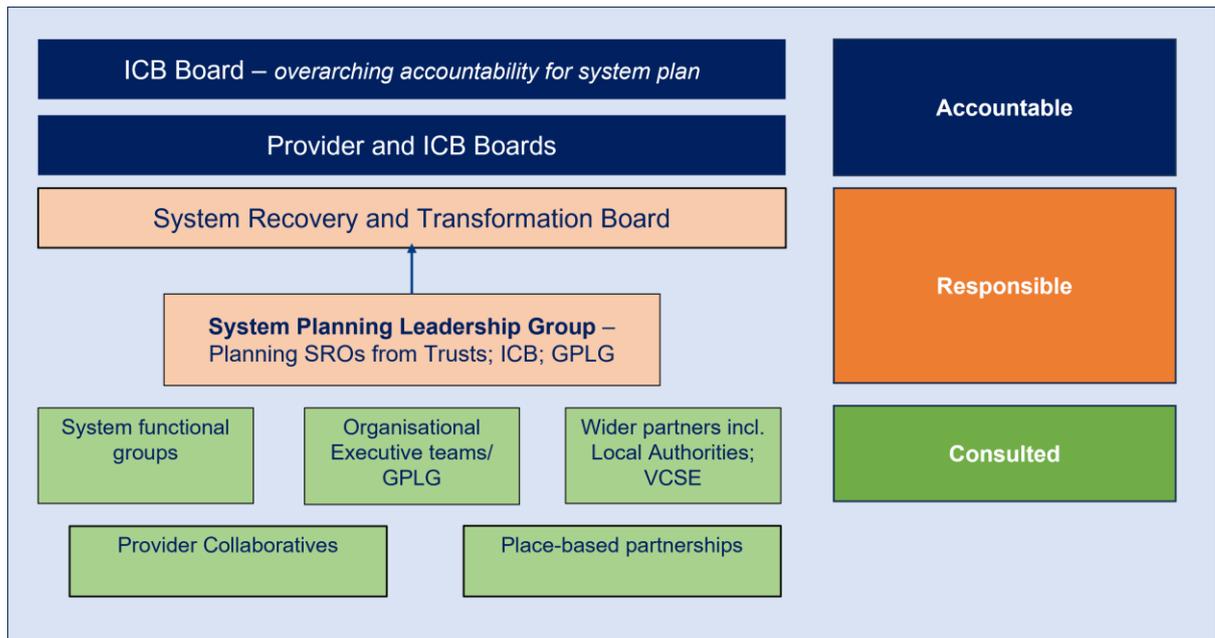
3. Duties and oversight

The group will provide system leadership of the following key streams of work:

- **Planning principles and approach** – agreeing the priorities and principles to frame the system planning process including setting the parameters of the financial planning framework
- **Planning process** – agreeing and steering the overall planning process, timeline and key deliverables and decision points between October 2024 and March 2025
- **Alignment of planning organisational activities and governance** – ensuring the alignment between system-wide and organisational activities and governance through effective liaison between Executive SRO members and their wider Executive teams
- **Alignment of planning functional activities and governance** – ensuring alignment between system-wide and functional discussions through weekly cascade to Executive teams and more detailed briefing where required.

4. Governance

- A proposed governance structure is set out in Figure 1 for group discussion and agreement.



5. Ways of working

The group will agree a set of ways of working to ensure a productive and collaborative system group. These will include:

- Agreed system behaviours, reflecting on the learning from the 2024/2025 planning review
- Approach to shared accountability for the overall development of the system plan.
- Approach to transparency across organisations and sectors.

6. Membership and Logistics

Chair	Chief Strategy Officer, BOB ICB
Membership	<p>Executive Planning SROs from all BOB NHS Trusts and the BOB ICB – <i>who have the ability to speak on behalf of and take responsibility to liaise with their Executive team and wider organisational stakeholders.</i></p> <p>Nominated Planning leads from BOB Primary Care and representative of the General Practice Leadership Group (ideally with geographical representative of the x3 places) – <i>who have the ability to speak on behalf of the primary care leadership of BOB and take responsibility for regular liaison with the General Practice community.</i></p> <p><i>Directors of Public Health TBC</i></p> <p>If members are unable to attend, they are expected to arrange a deputy to attend in their place, who is able to represent their organisation appropriately.</p>
Attendees	<p>ICB Director of System Development and Transformation</p> <p>ICB Finance Planning lead(s)</p> <p>Functional lead representatives as required.</p>

Quoracy	<p>For the meeting to be considered quorate, representation must include:</p> <p>ICB executive (or nominated deputy), Acute Trust planning SRO, Mental Health and Community Trust planning SRO and Primary Care planning lead.</p>
Frequency	<p>The group meets biweekly (and weekly where required)</p>
Location	<p>MS Teams with face-to-face attendance at system planning workshops</p>
Agenda	<p>The agenda is set by the Chair in agreement with members and will be circulated to members 2 working days before the meeting</p>
Secretariat	<p>A secretariat will be provided by the ICB Strategy Directorate Business Manager and will provide consistent programme reporting and documentation along with meeting action notes.</p> <p>All materials will be shared via email or on a shared drive available to all organisations.</p>