

# **The BHR health and care system – setting the context**

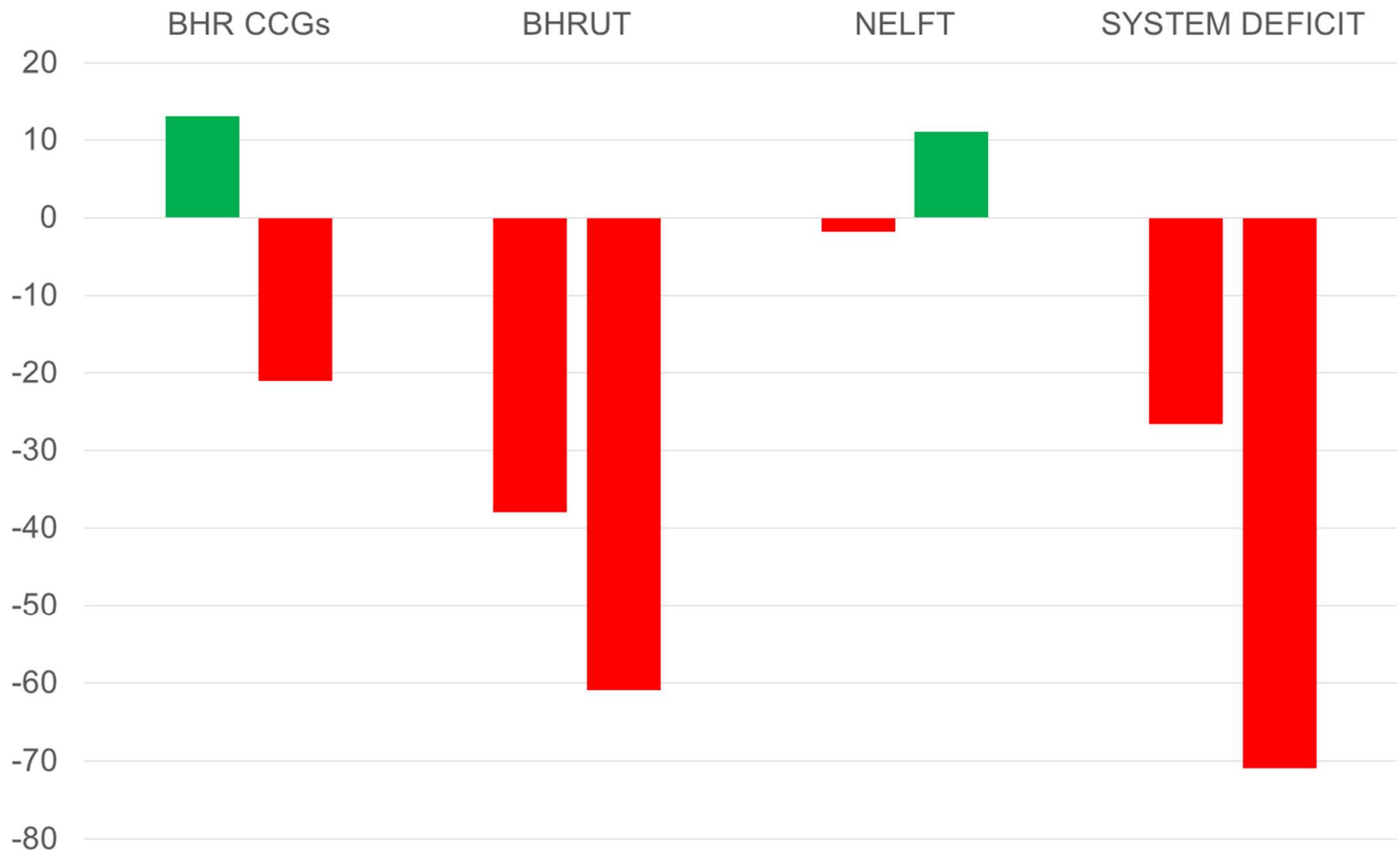
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# Financial challenges: the system deficit 2014/15 v. 2017/18



## **NHS Financial Recovery Governance in the Context of the ICS**

**NHS System Oversight Group (NHSE/I)** – This is the Joint Assurance Meeting with NHS Regulators and NHS Partners in BHR (BHR CCGs, NELFT and BHRUT).

**Integrated Care Programme Board (ICPB)** – A pan-health and care board which sets the pace and tone for strategic transformation of our local health and care system. The ICPB is the vehicle to ensure pan-BHR leadership alignment and also monitors progress toward becoming an Integrated Care System (ICS).

**East London Health & Care Partnership (ELHCP)** – The local BHR System Recovery needs to align to the ELHCP (the North East London STP) as well as benefit from the wider transformation programmes that will be coming from the ELHCP.

**BHR Health & Care Cabinet (HCC)** – Includes the senior clinical and professional leaders in the BHR system who will provide clinical and professional leadership direction to the Transformation Boards and assist in setting priorities for each board. In addition, the HCC will ensure a strong clinical voice is present in strategic decision making and in development of the Integrated Care System.

**Joint Commissioning Board (JCB)** – The JCB coordinates the delivery of Health & Social Care Projects and supports the drive toward an Integrated Care System (ICS) through increased levels of planning and joint commissioning across the CCGs and Local Authorities in BHR.

**Provider Alliance** – The Provider Alliance will become the engine room for delivering high quality, sustainable and resilient integrated health and care services, ensuring all provider partners can respond to the transforming needs within BHR.

**Transformation Boards** – These clinically and professionally led groups take responsibility for the transformation of services to support the different cohorts of patients we serve in BHR and will lead on the identification, planning, implementation and monitoring of system efficiency schemes. They are tasked with developing and implementing 3 Year Plans to support system recovery.



## **NHS Financial Recovery Governance in the Context of ICS (contd)**

Temporary groups designed to respond to specific needs of NHS Financial Recovery in BHR:

**NHS Recovery Board (NRB)** – Consists of the senior leaders (clinical and managerial) within the NHS System and focused on both preparing for the System Oversight Group as well as resolving any issues affecting the progress of financial recovery. Also responsible for directing and overseeing development of a 3 Year System Recovery Plan for NHS Partners in BHR, utilising the work of the Transformation Boards and aligned to the overall 3 Year Recovery Plan for the wider Integrated Care System.

**Joint NHS Programme Management Office (PMO)** – This group will support the NHS Recovery Board and be the vehicle through which NHS Partners will work together to deliver the following:

1. Ensure the alignment of QIPP/QCIP Schemes and ensure they are mutually compatible.
2. Monitor and report on progress of the delivery of each partners efficiency programmes.
3. Work to unblock issues affecting progress.
4. Support the collation of data and information to the NHS Recovery Board and for the NHS System Oversight Group.

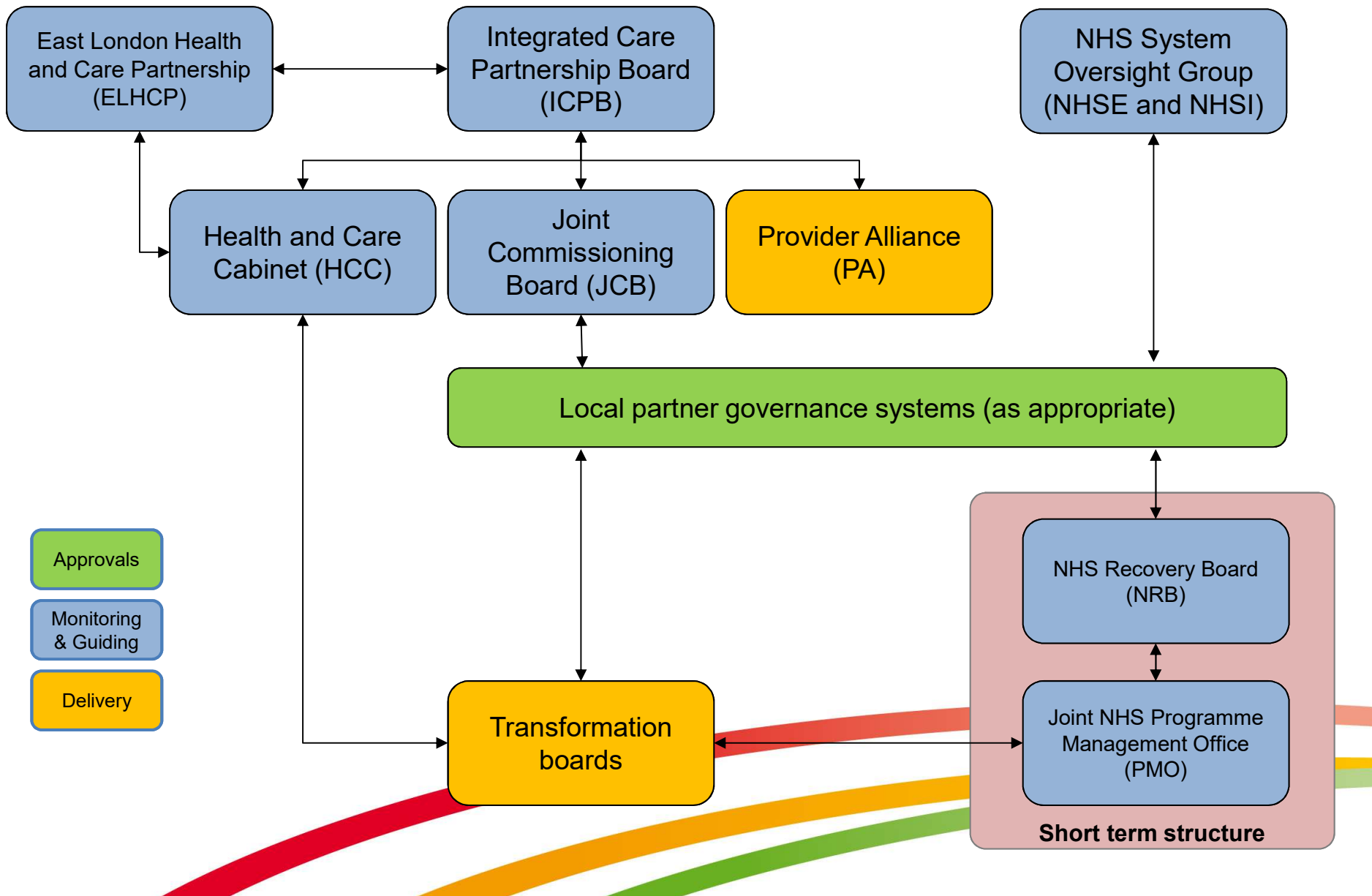
No decision can be taken without approval of the appropriate Local Board within any/all affected organisations within the partnership.



# BHR ICS governance structure

(showing links to NHS financial recovery governance)

*Clinical Commissioning Groups*

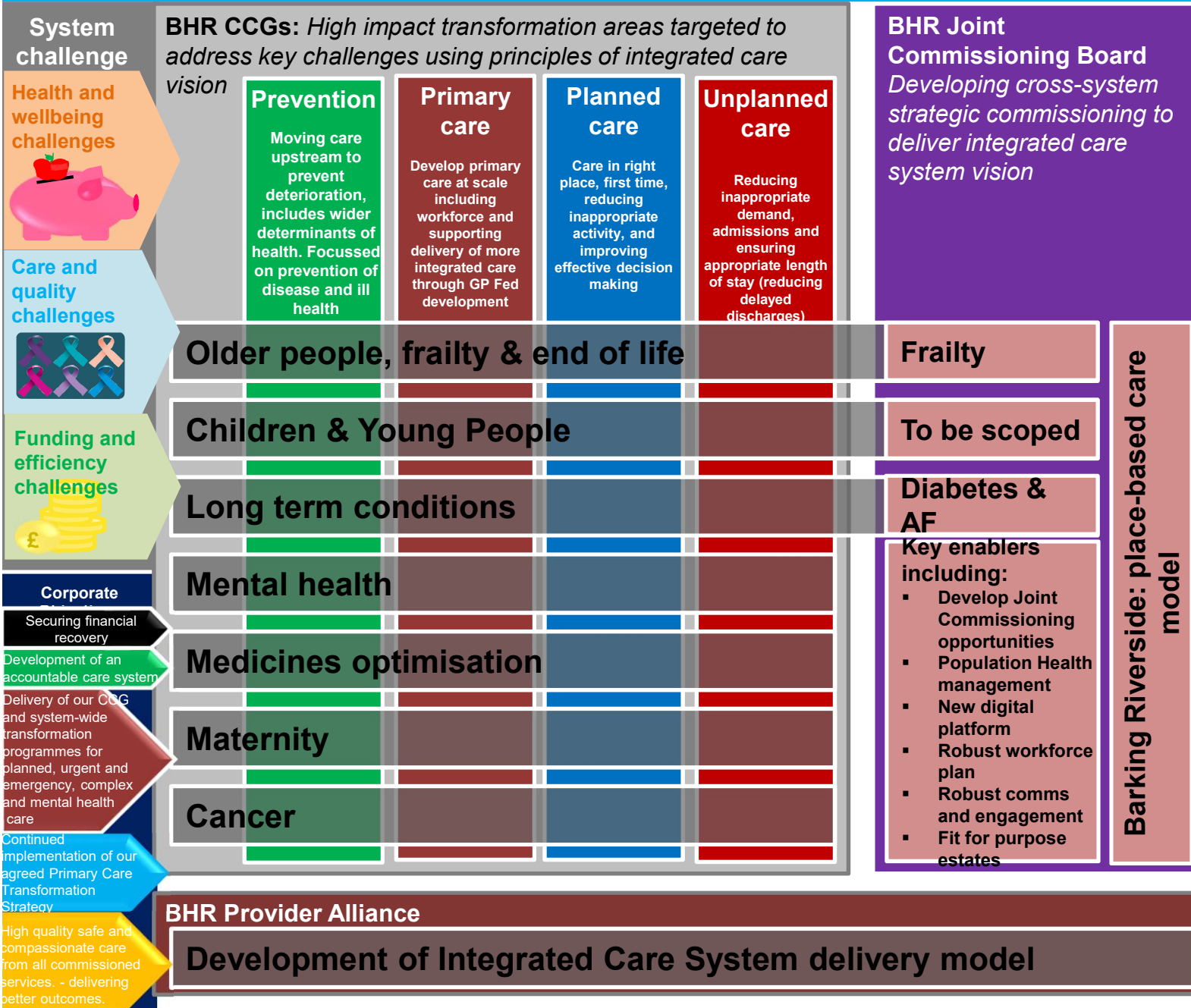


## Key transformation areas

- Transformation boards for each of the agreed key transformation priorities for BHR are now being established/re-established. 'Older people, frailty and end of life' and 'long term conditions' are priority
- Transformation boards are clinically and professionally led groups. Each transformation board will have suitable management, finance and business intelligence support
- Each board is responsible for setting out the vision for how people will flow through the health and care system from prevention through to end of life care
- Boards will agree the system changes that need to take place and oversee their delivery, ensuring wide clinical, professional and patient/local population engagement
- Transformation boards will be able to initiate short term task and finish groups to take forward specific project areas
- Transformation boards will include 'patient voice' – discussions ongoing how best to do that.

**Strategic direction, transformation and system savings plans are now joined up**

# Transforming health and care in BHR





**Questions?**

