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Integrated Care System - Development Update
Health and Wellbeing Board February 2022

The ICS Timeline and Legislation

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ICS/ICB Timeline and Legislation

- Integrated Care Boards (ICBs), subject to passing the necessary legislation, were planned to be established as statutory organisations from 1 April 2022.

- The 2022/23 priorities and operational planning guidance for the NHS published on 24 December has formally set a new target date of **1 July 2022** for the new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established.

CCGs will need to remain in place as statutory organisations and will retain existing duties and functions. CCG leaders will work closely with designate ICB leaders in key decisions that will affect the future ICB, notably commissioning and contracting. The ICB will work in shadow form.

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ICS Development Plan

- The longer period of transition is welcomed as we continue to manage demands across our health and social care services with the impact of the Omicron wave of Covid-19.
- We will be using this additional time to ensure we can effectively plan for the change alongside the safe management of key priority areas such as addressing our elective care backlog, urgent and emergency care demand and the COVID-19 vaccination programme.
- Key milestones in our transition planning include the appointment of our senior leadership team and NED's and establishing the new operating model for our system will continue as planned. Programme planning for quarter's 1-3 in 2022/23 is in progress with mitigation being reviewed due to the delay of the legislation approval timeframe.
- An updated ICB Establishment Timeline is expected to be published mid-January that will inform the updated programme plan.

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Key Appointments – Building the ICB Infrastructure

- Recruitment to the BSol ICB Chief Executive Officer (CEO) position has been unsuccessful, however, an interim structure is in place and David Melbourne has taken up the post of interim designate ICB CEO.
- Appointment of the ICB Executive Team is in progress. The executive team will have five board members in addition to the chief executive officer:
  - Chief Medical Officer
  - Chief Nursing Officer
  - Chief Finance Officer / Deputy Chief Executive
  - Chief Officer for Place & Partnerships
  - Chief Officer for Strategy & Strategic Commissioning
- 4 Non-Executive Director (NED) roles are being appointed to:
  - Inequalities NED role - appointed Patrick Vernon
  - Audit Chair NED role – appointed Phil Jones
  - People and Renumeration NED role – stakeholder and selection panels planned for January
  - Finance and Performance NED role – stakeholder and selection panels planned for January

Target Operating Model

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Key Updates

- A target operating model has been developed.
- Following extensive engagement the composition of the ICP ad ICB have been developed.
- The ICB composition has been submitted to NHSE/I and approved.
- We are planning to run the ICB in shadow form from April.
- We are waiting for secondary legislation in May to be able to follow a nomination and appointment process for partner members of the ICB.
- The ICS draft constitution has been developed and submitted to NHSE/I.

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Our Target Operating Model

We have developed our target operating model. The BSol 'eco system 'is based around two places covering our two local authorities. Each place is built from localities and neighbourhoods that contain a number of Primary Care Networks (PCN's).

Overview of the Birmingham and Solihull eco-system

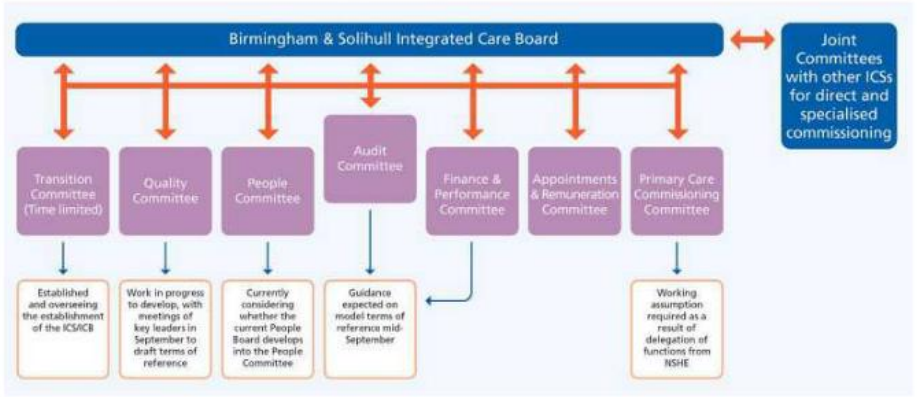
- Our system eco-system is based around two Places, covering our two Local Authorities.
- Each place is built from localities and neighbourhoods that contain a number of Primary Care Networks (PCNs).

Target operating model - Birmingham & Solihull ICS

- We are currently consulting on the governance and work programme of our provider collaborative(s).
- Our engagement across system partners highlights a developing consensus that our two health and wellbeing boards will also become our place boards.
- We are undertaking work in August and September to define the membership of the Health and Care Partnership & Integrated Care Board.

Birmingham Integrated Care Board & Sub-committees

- As part of the development of our constitution we have mapped the core sub-committees of the ICB and are developing terms of reference.
- Guidance is still expected in a number of areas that will support this development work.



We have completed an engagement process and developed an emerging provider collaborative model. The ICP and ICB composition have been drafted following extensive consultation across the system.

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Integrated Care Partnership (ICP) and Integrated Care Board (ICB) Composition – our engagement approach

External advisors were commissioned to gauge views from across a wide range of stakeholders in examining the BSol approach to both the ICP and ICB. The engagement was built on a methodology with four strands; qualitative survey, one to one interviews, group workshops and a thematic review. In total this allowed for views of more than 50 individuals to be gathered and analysed over a six week period. As a result of this **five criteria for success for the establishment and operation of the ICP and ICB** were identified and are summarised below.

Role of the ICP	The ICP owns the strategy, bringing together disparate aspects around a clear and singular purpose. The ICP is responsible for setting a tone and culture for system working, providing a space for debate on the widest determinants of health. The ICP can bring together a range of voices, but has a core and stable membership.
Role of the ICB	The ICB can identify performance changes due to its interventions (closing inequality gaps, shortening waiting lists, clear clinical pathways). The ICB has challenging conversations supporting us to address our systemic issues and transform the way we work. The ICB is a place where partners can raise vulnerable issues with transparency, and where partners can receive support from each other.
Role in wider system	The ICP and ICB play an impactful and important role in the system which is in harmony with other key meetings and groups. The roles and responsibilities of the ICP and ICB are clear and very well understood. It is clear where decisions are made and specific topics discussed across system fora.
Membership and representation	Members of the boards do not act as representatives of their respective organisations and instead can come together to think about what will make the difference for citizens and our key system challenges. Members of the boards can act as a strong collective, and give a single position to the system (even if there has been disagreement). The boards are supported by strong representational infrastructure across providers, primary care and place.
Working with people and communities	We can clearly describe what the ICS (and these boards) mean for local people and the impact we are having in communities. ICP and ICB members have clear routes to gain feedback and insight from people and communities and this directly shapes what we prioritise. The ICP and ICB operate transparently and with relevance to community priorities. The boards seek out challenge and feedback.

As a result of the engagement work proposals around the initial shape and function of the ICP and ICB have been developed and are set out below.

Integrated Care Partnership (ICP) composition – membership of the ICP

What we heard from stakeholders:

- There is a general view that the ICP will provide an important forum to focus on the whole system bringing issues that make sense to cover at that scale. There is no other system-wide forum at whole system level working across local government borders. The ICP (in particular relative to the ICB) needs to have a distinctive function which complements the number of existing boards and groups already in place.
- There is general agreement that core membership should not get too unwieldly to keep discussions practical, but a need to draw different voices into the ICP. Partners felt that the option of having a tighter core membership, which can then draw in participants dependent on agenda items is a logical compromise.
- Whilst partners acknowledged it was not possible for each organisation to be represented there was a feeling that some key perspectives that need to be represented including clinical and professional representation, mental health and voluntary sector.
- There is a broad agreement of the vital role that local authority councillors play in speaking to their constituents' needs and views. One participant suggested a portfolio model where core members would take on the responsibility of a particular user group or service, and that individual would be responsible for managing wider engagement.

The consensus heard to date is that the **Chair of the ICS should also chair the ICP**. The rationale for this at this point is political neutrality and the asymmetric nature of local government across the system.

Bringing together these initial thoughts an initial proposal for discussion is an ICP of 17 core members as set out in the adjacent table. This model highlights some key tensions in developing a balanced ICP that is truly representative and provides diversity from a range of organisations.

Member	*Organisation*	*Role*
Chair of the ICS	BSol ICS	Chairman
Health & Well Being Chairman &. Cabinet lead for social care and health.	Birmingham City Council	Links to BCC
Health & Well Being Board Chairman or Cabinet Lead Health & Social Care – Sandwell MBC	Solihull MBC	Links to Solihull MBC
BSOL ICS Chief Executive	BSol ICS	Report on execution of the Health and Care priorities
NHS provider collaborative Chair	Chair of the provider collaborative leadership board	Provide the views of NHS provider services
NHS provider collaborative chief executive	To be confirmed but the CEO may be from a non-acute background if the chair is drawn from the acute sector or vice versa	Provide the views of the NHS provider chief executives
Birmingham City Council Chief Executive or assigned officer	Birmingham City Council	Provide the views of the Birmingham City Council
Solihull MBC Chief Executive or assigned officer	SMBC	Provide views of SMBC
Eight lay and professional members drawn from organisations (statutory / voluntary) representing each of the six localities.	2 x GPs 1 x Police representative for the system (not locality based) 1 x voluntary sector representative (not locality based). 4 x patient group(s) other local representation. It is proposed that six of these members are drawn from the six localities that are the basis of the system.	To provide views from local areas but also professional and local perspectives.
Health Watch Chair	HealthWatch	Patient views for the system.

Integrated Care Board (ICB) composition – membership of the ICB

What we heard from stakeholders:

- In the first 12 months of operation the ICB will have an important role to play in leading the transition particularly in building trusted relationships and driving shared progress.
- The ICB will act as convener in the system.
- Part of this role may mean that the ICB has to hold partners to account and not be afraid to challenge where system behaviours are not being demonstrated.
- People identified the important role of leading system efficiency in order to do this the ICB will need to have a strong grip on system financial and performance data.
- The ICB will have a unique responsibility within the system to guide the allocation of system resources.
- All people that were spoken to as part of this exercise were clear that membership needs to be kept small so that it can operate effectively as a board.
- Providers raised concerns about the ability of an individual (or a small number) to represent all views.
- Further clarification on who is eligible to nominate partner members for the ICB board is expected through the secondary legislation, although this was due in mid-February, this is now expected in May.

Type	Organisation	Role
Independent non- executive member	BSol ICB – Link to ICP.	Chairman
4 x Independent non-executive directors	BSol ICB	Audit chair Inequalities lead Remuneration Committee / People Lead Performance Lead
Executive role	BSol ICB – Link to ICP.	Chief Executive
Executive role	BSol ICB	Finance Director
Executive role	BSol ICB	Director of Nursing
Executive role	BSol ICB	Medical Director
Executive role x2	BSol ICB – Link to Place and Provider Collaborative(s)	Incorporating Place, Primary Care and Partnerships and Strategic Commissioning / Strategy.
Partner member	Acute sector - link to provider collaborative(s)	Chief Executive of provider
Partner member	Community, Mental Health and Learning Disabilities sector – link to Provider Collaborative(s)	Chief Executive of provider
Partner member	Primary care – Link to Place via PCNs and neighbourhoods.	Representative for Birmingham
Partner member	Primary care – Link to Place via PCNs.	Representative for Solihull
Partner member	Local authority – link to Place	Senior representative from Birmingham City Council
Partner member	Local authority – link to Place	Senior representative from Solihull MBC

The final proposal for the ICB was submitted to NHSE/I on the 17 November 2021 and approved.

Next steps development of the ICP

- We will hold some ’final’ design meetings with key stakeholders & look to launch in shadow from from the 1st April 2022.
- Recognise that the initial shape of the forum may well develop as the approach matures over time.
- Flexibility and agility will be key.

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ICB Inception Plan

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ICB Approach to Planning, Decision Making and Investment

A radically different approach to planning and delivery of health and social care in Birmingham and Solihull – one that has decisions made as locally as possible, that is clinically and professionally-led and that has the community rooted in the decision-making process.

Builds on the previous years move to system collaborative approach but this year enabling further place and collaboratives to design and implement how they will achieve the outcomes the ICB have prioritised this year.

Developed an **'Inception Framework'** that describes how the ICB will approach planning and investment in services and start to enable the new ways of working through the investments we make to our collaboratives integrating delivery and services to achieve key improvements in outcomes for our citizens.

We have the biggest opportunity in a generation for the most radical overhaul in the way health and social care services in Birmingham and Solihull are designed and delivered.

The inception framework describes

- The ICB principles to underpin decision making
- The ICB enablers to create the conditions for change
- The immediate, medium term and long term approach to planning and investment.

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Inception Plan Principles

We've worked closely with all the health and social care providers in Birmingham and Solihull and propose four very simple principles that will underpin every decision that we take in Birmingham and Solihull Integrated Care System going forward. They are:

- **Subsidiarity** – ensuring that decision-making happens as locally as possible;
- **Clinically and professionally led –** ensuring that clinicians and social care professionals are at the forefront of how services are designed and delivered in the future;
- **Transformation and Innovation –** we will prioritise supporting innovations that have the potential to transform care, whether they be small or large scale, at a ward or neighbourhood level or whether they are Partnership-wide;
- **Tackling Inequalities by empowering our communities** – we want to do more than listen to our communities and patients – we want to ensure that our whole system is designed and governed to support changes and improvements that are important to them.

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Inception Plan Enablers

But these principles alone - as essential as they are – won't deliver the kind of change we are wanting to affect. We are also going to have create the conditions which will enable front-line clinicians, professionals and the community to be as effective as they can in delivering that change.

Enabler One – ensuring we attract and retain the right staff. We want to make Birmingham and Solihull a place where health and social care staff *want* to work;

Enabler Two – Outcome based investment – we will set clear outcomes for every pound spent on health and social care in Birmingham and Solihull;

Enabler Three - Integrated decision-making as the norm not the exception – we will ensure that every issue that requires an integrated solution is properly resourced and underpinned by investment, contracts and governance to ensure it gets delivered;

Enabler Four – Investing in innovation and technology. Where technology can support better outcomes we will ensure the investment and education are available to deliver this at pace.

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Immediate, Medium and Long Term Priorities

Immediate term priorities – The pandemic means waiting times for health care in Birmingham and Solihull are longer that at any time in history. People are now waiting longer than ever for cancer treatment and routine operations and our urgent and emergency care services are under unparalleled pressure. **Over the course of the next six months we have to get these waiting times stabilised and back under control so that we can plot a path to getting them back to an acceptable level.**

Medium term priorities – At the same time as focusing on achieving the recovery of waiting times, we also want to immediately start the work on **tackling those things that are going to make a difference to people's lives over the medium and long term**. We've already set out that we want to create the conditions where the solutions to these problems are generated as locally as possible at a neighbourhood and ward level, but we recognise that to deliver this we will need to provide investment and support.

Long term priorities – To be able to make inroads in tackling the stubborn inequalities that have beset Birmingham and Solihull for so long, we need to set out an even greater set of ambitions that can genuinely tackle the scourge of poverty and poor outcomes in our Partnership area. That's why, over the next 12 months, we will engage with every community, every clinician and care professional and every statutory and voluntary organisation to listen and work with them to **create a 10-year Master Plan** for health and social care for Birmingham and Solihull.

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Questions

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Design at Place in Birmingham and Solihull

Birmingham Health and Wellbeing Board
February 2022

Introduction

Overview of the presentation content

This presentation provides a detailed update on the development of place based partnerships across Birmingham as part of the Integrated Care System.

It is one of three ICS related documents for the H&WB Board to consider. The others consider the wider ICS arrangements and finance

The document provides some background information explaining what we mean by ‘place’ and introduces our current thinking around delegation of functions/responsibilities to place. It also explores the proposed place based governance arrangements, including the links to the H&WB board and wider ICS committee structure

Place is a key component of our ICS development in BSol

Development of Place-based partnerships is one of 11 workstreams in the ICS Transition Plan, others include Strategic Commissioning and Financial Flows

The workstream is being led by the Local Authority chaired *Design at Place Group* – Professor Graeme Betts, BCC and Nick Page, SMBC. The lead officer is Anna Hammond, who is the BSol Place Development Director

Background

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Why we are working together at ‘Place’ in BSol

In Birmingham and Solihull ICS, partner organisations will work closely together at ‘Place’ to improve outcomes for local citizens. Through working together at Place, we will create thriving places for people to live healthy and happy lives. This goes beyond providing high quality health and social care, incorporating wider services such as housing, community safety, education, skills and employment.

We will work together at Place because it will benefit:

- **Citizens and patients**:
  - People living in BSol will have the assets, information and support they need to live a healthy lifestyle
  - Citizens and communities will have access to a responsive set of services that meet their need
  - Patients and carers will experience high quality care delivered locally
- **Professionals:**
  - Professionals will have a deeper understanding of the unique characteristics and needs of local populations in BSol
  - Professionals will have a better awareness of the varied set of services available to support citizens and patient
  - It will be easier for professionals with different skill sets and expertise to work together collaboratively
- **The ICS:**
  - Place will play a key role in delivering ICS priorities, such as tackling health inequalities
  - By working together around a shared purpose at Place, ICS partners will be able to achieve more together than would be possible separately

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What do place-based partnerships do?

Place based partnerships bring together partners from NHS organisations (e.g. hospitals, GPs), local government services (e.g. social care, public health) and third sector partners that contribute to the local population's health and care.

- Place-based partnerships are responsible for arranging and delivering health and care services locally
- They proactively identify and set objectives that respond to population need
- They have a focus on preventative and proactive support and joining up care
- They play a key role in driving change

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What we mean by Place, Locality and Neighbourhood

We use the terms 'Place', 'Locality' and 'Neighbourhood' to describe different 'levels' of the population in BSol, as shown in the diagram below. We do this because while there are some commonalities across the whole population of BSol, there are many different areas in the system with unique characteristics and population needs. Identifying Places, Localities and Neighbourhoods in BSol helps us to better understand these characteristics and to be able to respond to local population needs with a more tailored and impactful approach.

While we use these terms to help us articulate Place, we are not limited by them; working at Place can mean being part of much more dynamic activities such as communities of interest or working with local population groups or multi-professional teams.

When we talk about Place / Locality / Neighbourhood in BSol, we are referring to:

- The people and communities that live in the Place / Locality / Neighbourhood;
- Services that are delivered in the Place / Locality / Neighbourhood (regardless of where providers are based); and
- The local assets and networks within the Place / Locality / Neighbourhood.

System The ICS	**Birmingham and Solihull Integrated Care Partnership**					
Place Local Authorities	**Solihull MBC**	**Birmingham City Council**				
Locality c.200-250k population	**Solihull**	**West**	**Central**	**South**	**North**	**East**
Neighbourhoods c.30-50k population	**5 PCNS**	**5 PCNS**	**7 PCNS**	**6 PCNS**	**6 PCNS**	**6 PCNS**

As outlined in the diagram on the left, in BSol we have two Places: Birmingham and Solihull. We identify these as the geographical footprints of Birmingham City Council (this includes West Birmingham) and Solihull Metropolitan Borough Council.

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How we will work together at ‘Place’ in BSol

- The detailed ‘how’ for place-based working in BSol is in development and is likely to be iterative and evolutionary as we trial and test new approaches and ways of working. Much of this will be driven by culture and behaviours that support collaborative working.
- While we expect that this will take time, we are also thinking about the things that we can do quickly to build relationships and ways of working at Place. There are simple but effective things we can do, such as identifying the key people outside of our organisations that we will connect with as Place partners.
- As we work together at Place and ‘learn by doing’, we will aim to understand why working in a particular way mattered to help us identify the key **ingredients for successful place-based working** to continue to inform how we work together.

We believe that collaborative place-based working in BSol will involve:

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Delegation of Functions and Responsibilities to Place

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Delegation of functions across BSol ICS

One of the key principles referenced in the national policy is the notion of subsidiarity. Amongst other intentions this means that **decisions affecting citizens should be taken as close to the citizen as possible**. Therefore in order for place to be successful and achieve this aim of local decision making it is important that the right responsibilities and associated resources are delegated to place.

There will be some responsibilities that will remain at system level across the whole of Birmingham and Solihull, some at Birmingham level, then further activities may be carried out the locality or neighbourhood level

Work to map delegation of functions has begun across the ICS with the heavy dispensation to delegate or at least align as much to place as is practical, in order to drive better outcomes.

Examples of functions that may be held at system level by the ICB include coordination of the urgent care system and vaccinations.

Proposed delegated functions to place include those areas with more of a community emphasis such as prevention and community nursing.

The role of localities and neighbourhoods in Birmingham

Localities

There are 5 localities across Birmingham, the future role of which have been considered through two recent workshops. These sessions included leads from the key partner organisations and drew on experiences locally and nationally, such as developments within Ladywood and Perry Barr. The purpose is yet to be finalised, but current thinking is that localities will:

1. Be about building relationships
2. Bs about having greater understanding of their population groups and community assets
3. Be the key connectors translating 'place' strategy into local delivery
4. Provide the key footprint for a partnership of health and care service providers for integrated services

There will be consideration of the wider public sector offer at this level, to address determinants of health and inequalities as part of our core business. Co production of priorities and action plans is key to achieve a better level of engagement with communities as well as local professionals. This recognises 'one size doesn't fit all'. The members of workshops stressed that locality working is not about commissioning/contracting and more about bringing providers together to promote front line integration.

Localities will focus on delivering on 1-2 key priorities to start with and ensure that these are delivered well. These priorities will be based around areas of evidenced need pertinent to the area and take a steer from the health and wellbeing board strategy. They will focus their efforts on the areas optimal for change at circa 200,000 population level (ie at a smaller level than the whole of Birmingham but larger than neighbourhoods).

Locality Forums

Locality forums will be established to help deliver priorities and coordinate activities. The form, membership and style may look different in each area dependant on the priority for action. The locality forums will align to any existing groups and infrastructure in that area. They will need membership and structure to provide sufficient influence and 'collective power'. The set up of the forums will be supported by the four locality managers who will be in post by the end of March 2022.

Neighbourhoods

It has been recognised within our work across the ICS that delivery of integrated care at neighbourhoods level provides the foundation for much of our future work within place based partnerships. It will focus on proactive and preventative care, tapping into the rich resource at this population level, including primary care networks.

Significant work has already been undertaken across Birmingham at this level including neighbourhood networks, neighbourhood integration, prevention related initiatives, projects to support reduction of inequalities and much community development. Any further work around neighbourhoods will build on this learning, established assets and focus on practical joint working where it adds value.

Proposed Governance Arrangements

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Place Governance

Background – key points:

- The governance arrangements to support place will not be defined nationally. It is very much about **designing the best local solutions to meet our ambitions**
- Guidance documents outline a number of potential approaches to governance arrangements at Place
- These range from loose partnership arrangements/consultative forums, to more formal structures with delegated statutory functions
- The exact constitution of committees will be dependent on the functions that will be delegated to place from the ICB
- The introduction of a place committee in Birmingham will support the work of place based partnerships
- Early consideration suggests that taking the **committee of a statutory body** as an approach seems to give the most benefit (i.e. it would be a sub committee of the ICB)
- A key reason for this was that it could help to formalise place working and give the **opportunity to delegate real responsibility and control** of functions and budgets

A Place committee proposal

The Place-Based Committee would be accountable to the ICB for planning and delivery of the agreed delegated functions. While the Place-Based committee would be responsible for implementing the work programme, it would set outcomes and define priorities with the H&WB Board. There will be some shared membership with the H&WB Board including elected members and the ICB to provide consistency. It presents a good fit with BSol place principles and enables real collaboration between NHS, LA and Voluntary Sector

Membership

Our place narrative outlines that in Birmingham and Solihull ‘Place working’ is where we bring together: people and communities, services that are delivered, and local assets and networks. Our membership would be constituted to bring together all these aspects into our forum.

Initial ideas for membership include the health and wellbeing board chair, senior officers from the council including the Director of Public Health, provider representation, Health Watch and VCSE representation.

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Role of H&WBB in place governance

There are a number of key roles for the H&WB Board across the overall ICS including place level. Firstly, the H&WB board will retain its statutory function, which is pivotal to the success of the overall ICS. There is an intention that the HW&B will help to shape the strategy for the ICS in partnership with the ICP, which in turn sets the objectives for the ICB.

The exact relationship between the Board and the place committee is yet to be determined and feedback from the H&WB board members would be appreciated. At this stage it is anticipated as a minimum the Board would receive updates on place committee, help to set the work programme, provide challenge and scrutiny.

In addition, the Place committee will set priorities and outcomes with reference to the H&WB board and it's strategy. There is an aspiration to have some common membership between place committee and H&WB board including elected members. This will strengthen the links between the place committee and the H&WB board also help to address the democratic deficit often seen in traditional NHS organisations and decision making.

Summary of proposed Birmingham Place Governance Arrangements within the ICS

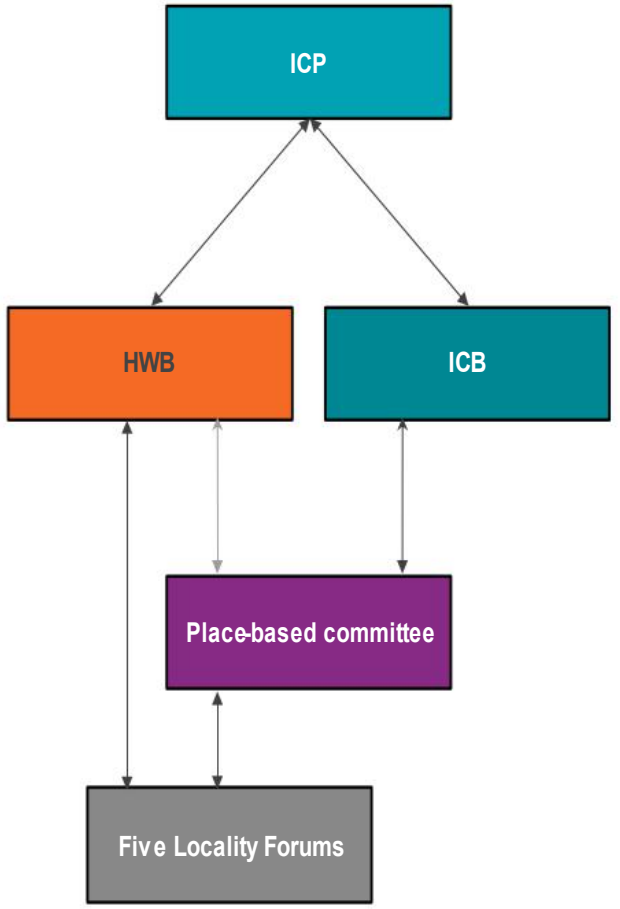
Integrated Care Partnership (ICP): Sets system-wide strategy

Integrated Care Board (ICB): Responsible for NHS system performance, holds system resources, delegates to place

Health and Wellbeing Board (HWB): Sets strategic direction for place, contributes to ICS system priorities

Place-based committee: Planning, co-ordination, delivery and transformation of place-based services delegated from the ICB

Five Locality Forums: Facilitate the work of the place-based partnership committee, considers integration across the wider public sector and considers practical implementation of integrated working practice



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Summary of Progress, Next Steps and Discussion Points

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Progress to Date and Key Next Steps

Summary of Work To Date

- The 'Design at Place' group has been established, under the leadership of the two Local Authorities
- A place narrative has been produced to articulate the role of place within the ICS
- The overarching governance arrangements have been drafted to support place, including proposed membership of a place committee
- There has been some initial scoping between partners around the role of localities and potential priority areas
- There has been some initial mapping of functional areas that may be formally delegated to place
- The existing committee arrangements across Birmingham have been identified and their potential alignment with place based working
- The current health related spend has been attributed to place and where possible to locality
- The recruitment of a small dedicated place team who will support integrated delivery at locality and neighbourhood. In addition, partner organisations have begun to identify leads to support the work.

Planned Next Steps

- Further refinement to determine which functions will be delegated to place and which will be retained across the system
- Further work on financial flows to ascertain which budgets should be held at system and which should be aligned at place/locality
- Through the place based workstream work will begin in the new year to support the development of provider collaborations at place level
- There will be further mapping and alignment of related transformation work across Birmingham
- Confirmation of priority areas for each of the localities and roll out of delivery
- Implementation of locality forums
- Identification of key place based priorities (across Birmingham)
- Continuation of the neighbourhood integration, which will include planning for anticipatory care with PCNs and an organisational development programme to assist in the delivery of joint working.

Discussion Points

Views from H&WB board members would be welcome about the content of the presentation. In particular:

- How would you suggest the place committee could link with the H&WB Board
- Given your work to date as a board, what might the initial priority areas be for locality forums to consider?

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