



BOB

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care System

Improving health and care in
Buckinghamshire, Oxfordshire and Berkshire West

Who we are, how we work together
and our developing priorities and
plans for the next five years

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Welcome to the first of a number of public updates about the development of a five year strategy for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Our aim in this update is to provide you with information on:

How we work together as a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)

Our vision and aims

Our thoughts about priorities

Our work to develop a five year plan by the end of November 2019

The BOB ICS five year, one system plan will set out how all ICS partners will work together locally and together at scale to meet the current and future health and care needs of the communities we serve. It will describe how the BOB ICS will deliver the requirements of NHS Long Term Plan (www.longtermplan.nhs.uk) and address BOB ICS's specific priorities.

We are fully committed to being open and transparent about how the plan is developing over the coming months - this document is the first step in that process. It will be followed by the publication of our draft "technical" submission to NHS England / NHS Improvement in early October and a final version of this technical document, once reviewed and signed off later in the year. Both documents will be made available on our website www.bobstp.org.uk

Our BOB ICS five year plan will be published towards the end of 2019. It will build on the feedback received about our priorities, opportunities and challenges; describe how we will tackle these important issues and how we will deliver the aims of the NHS Long Term Plan.

We are ambitious for the communities we serve. We want to prevent ill health, improve care for patients, reduce pressure on staff and make the best use of the funding available to us.

Our plan will describe how we will accelerate the design of patient care to:

- Improve out of hospital care
- Reduce the pressure on hospital services
- Give people more control over their health and more personalised care when they need it
- Provide digitally enable primary and outpatient care
- Work in partnership with local councils to improve the health of our communities

Delivering improved health and care across the ICS requires a well-developed system and underpinning infrastructure. We will start to set out, in response to the Long Term Plan and the changing nature of clinical commissioning, how we see the commissioning and provider landscape developing, including the role of Clinical Commissioning Groups.

The development of the BOB ICS five year plan is just the start. We can only achieve our ambitions by working together and continuing to listen to and discuss with the communities we serve what changes to health and care will look and feel like in the future.

We would welcome your thoughts and comments, which will be fully considered as the plan develops – please see page 18 for contact details. We look forward to hearing from you.



David Clayton-Smith
Independent Chair
Buckinghamshire Oxfordshire and Berkshire West ICS



Fiona Wise
Executive Lead,
Buckinghamshire Oxfordshire and Berkshire West ICS

Our vision

Health and care organisations across Buckinghamshire, Oxfordshire and Berkshire West are working together with their local communities to help them to stay healthy, make sure services meet individuals’ needs and are easier to access.

Our vision is to create a joined up health and care system where everyone can live their best life, get great treatment, care, and support now and into the future.

As well as working within our individual organisations and our communities, we are working together to bring the best of our skills, expertise and resources to make sure the people we serve receive high quality, safe and joined up health and social care services.

Together we are called the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Our aims are:

- To work together to deliver joined up health and care services based on the needs of individuals and shaped by the circumstances and priorities of local communities
- To support people to live longer, healthier lives and treat avoidable illness early on
- To make the best use of limited public funds and resources so that, together, we can secure the best outcomes
- To make our focus local unless it is more efficient and effective for us to pool our expertise and resources to work together as an integrated health and care system across Buckinghamshire, Oxfordshire and Berkshire West (BOB).
- To reach out, where appropriate, beyond our borders and work in partnership with others – for example, across the wider Thames Valley region on specialist cancer services.

Together, we serve a total of 1.8 million people, stretching from Banbury in the North to Wokingham/ Riseley in the South, from Hungerford in the West to Amersham in the East.

Our population is one the fastest growing in the country, predicted to increase by almost 25% by 2033 – and more, as the ambition of what is known as the Oxfordshire-Cambridge ARC to stimulate economic growth, research and business opportunities for the area is realised.

www.gov.uk/government/publications/the-oxford-cambridge-arc-government-ambition-and-joint-declaration-between-government-and-local-partners

By working together, we will be in the best position to maximise this opportunity, while making sure our health and care services are fit for such a promising future.

We are not a single organisation but a partnership covering Buckinghamshire, Oxfordshire and Berkshire West that includes:

6 NHS Trusts

Providing hospital care, including community care, mental health and ambulance services:

- Oxford University Hospitals NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- The Royal Berkshire Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Service NHS Foundation Trust

5 Local Authorities

With social care responsibility, across adults and children's services:

- Oxfordshire County Council
- Buckinghamshire County Council*
- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

3 Clinical Commissioning Groups (CCGs)

Responsible for the planning and commissioning of health services for their local area:

- Buckinghamshire CCG
- Oxfordshire CCG
- Berkshire West CCG

9 District Councils

With housing, waste, and planning responsibilities:

- Oxford City Council
- West Oxfordshire District Council
- Cherwell District Council
- Vale of White Horse District Council
- South Oxfordshire District Council
- South Bucks District Council*
- Aylesbury Vale District Council*
- Chiltern District Council*
- Wycombe District Council*

1 Academic Health and Science Network

- Oxford AHSN

We work with our 5 Healthwatch organisations in Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham and engage with voluntary and community sector organisations across our geography to help join up our efforts to provide the best possible services and support to the people we serve.

NHS England, NHS Improvement and Health Education England are important partner organisations.

*There will be one unitary council for Buckinghamshire from April 2020

There are many positives about people, places and services in the BOB ICS area:

People are generally healthier than in other parts of the country:

- People live longer
- Diabetes cases are far lower across the area
- Lower smoking rates than the national average
- Adult obesity rates are below the national average
- There are lower rates of many major diseases compared to the national average including cancer, dementia and stroke

The quality of care provided is recognised by national regulators and by the people we serve

- Many of our services are rated well by the Care Quality Commission (CQC), providing good overall quality of care
- People have told us that, when they do receive services, staff are compassionate and caring
- People have told us that their experience of specialist teams, such as cancer treatment, heart failure services or MacMillan staff has been good

We are at the forefront of advances in digital technology

- We are part of the Thames Valley and Surrey Care Records Partnership – connecting local records across the region so that people can benefit from more joined up care www.thamesvalleysurreycarerecords.net
- We have a number of “Global Digital Exemplars” – Berkshire Healthcare Trust, Oxford Health, South Central Ambulance Service and Oxford University Hospitals Trust. These internationally recognised NHS Trusts are delivering improvements in the quality of care, through the world-class use of digital technologies

We cover an area with strong infrastructure that is predicted see significant economic growth, and which will bring an increase in the numbers of people living in the BOB ICS area

- We have a number of highly regarded medical schools, universities and biomedical research centres
- There is strong investment in research, development and innovation, including over 500 life sciences businesses with major strengths in medical diagnostics and digital innovation
- The government has committed to significant investment in business and infrastructure (including transport links) in our area, over the coming years

We are ambitious for the communities we serve. We want to prevent ill health, improve care for patients and reduce pressure on staff but face a significant challenge to make the best use of the funding available to us to meet current and future health and care needs, particularly given the population growth we expect to see.

Although, on the whole, people have good health, it is not the case for everyone.

Parts of Oxford, Banbury, Aylesbury and Reading are in the 20% most deprived areas of the UK. In these areas there are higher levels of:

Homelessness

Childhood obesity

Diabetes

Falls in elderly people

Smoking rates amongst people with anxiety and depression

50% of people living in the Buckinghamshire, Oxfordshire and Berkshire West area have one or more long term condition.

There is a higher number of premature deaths of people with serious mental illness compared to the national average.

Some services are struggling to meet demand:

- Our hospitals have not met the **95%** national target of A&E attendees being seen within 4 hours
- Demand for our services is in some cases exceeding our individual capacity to provide them for several specialties and this gap is expected to grow
- People have told us that they continue to find it difficult to get a GP appointment
- People have told us that they are waiting too long from referral to treatment
- People have told us that they or their loved ones are waiting too long to receive a number mental health services, particularly for Child Adolescent Mental Health Services (“CAMHS”)
- The estimated **25%** population growth will add new pressures on services

We, along with independent and voluntary sector service providers, have difficulty recruiting and retaining staff across the BOB health and social care system. This is due to the high cost of living and competitive local jobs markets

- The cost of both purchasing and renting accommodation is high across our area
- Nursing staff are likely to have to spend **58%** of their monthly salary on housing
- The average price of housing in the BOB ICS area is **70%** higher than the national average price of housing
- Our care workers tell us they would leave sector/area for jobs that enable them to buy family homes
- There is significant house building in some areas of our system but in other locations, building is restricted - which can limit the availability of rented accommodation and social housing. It also means that, if staff can’t find homes closer to where they work, their journey time is increased, adding an additional cost
- Many of our areas have high employment rates, which is a great success but makes attracting people to health and care jobs more challenging

Our buildings and medical equipment are becoming outdated

- We face a challenge to maintain our buildings to keep them fit for purpose
- Our equipment does not always keep up with advances in technology

How we work together

Local First

Our **Integrated Care System** is a partnership covering a large area, but we all understand that the majority of improvements are made by applying our efforts to helping people to live healthy lives and get joined up care in their neighbourhoods, villages and towns wherever possible.

That’s why GP practices are coming together as **Primary Care Networks** to serve communities of around **30,000 to 50,000 people** so that they can offer patients access to a wider range of services. For example, more convenient access to some hospital treatments, mental health, social care services or help and support from local voluntary and community groups.

Broadening the focus to cover a wider local geography (areas covering between **250,000 and 500,000 people**) are three **Integrated Care Partnerships** (one in Buckinghamshire, one in Oxfordshire and one in Berkshire West).

These partnerships include clusters of Primary Care Networks, local hospitals and councils, community, mental health and voluntary sector services. **Integrated Care Partnerships** work together to make a shared assessment of local need, plan how to use collective resources and to join up what they offer – including beyond traditional health and care services – to make best use of overall public and community resources.

Facing the Big Challenges and Opportunities Together

Although our first priority is local through our **Local Authorities, Primary Care Networks** and **Integrated Care Partnerships**, there are times when it makes sense to broaden our focus to the whole of Buckinghamshire, Oxfordshire and Berkshire West as an **Integrated Care System**.

In coming together as an Integrated Care System, we can seize opportunities to make the best use of our resources, skills and expertise; and we can reduce duplication to maximise the value of every pound spent – particularly where we face similar health and care challenges. There are also some services that will be safer and more clinically effective if they cover a larger number of patients across a bigger area – for example, some more specialist cancer services.

Answers to how best meet the needs of our increasing and ageing population can also only be found if we apply our knowledge and resources together. We are facing a number of opportunities and challenges:

- We expect to see an additional 300,000 people living in the area by 2033
- The numbers of people over the age of 85 are expected to more than double
- Significant investment is expected from government and the private sector to support economic growth
- There will be a substantial increase in housebuilding
- Improvements are being made to the rail and road infrastructure
- There will be planned increases in government funding as part of the June 2018 NHS funding settlement. We will be expected to use this money to deal with current pressures, increasing demand and new priorities

We will need to work together to ensure that we have the health and care services to meet the demand from this increased population, while taking advantage of the excellence and innovation that comes from our partnerships with leading universities across the our area and the opportunities that economic growth will bring.

The **BOB Integrated Care System** is also part of a number of wider partnerships, where we work with other systems in the NHS to join up care for patients and improve our services – for example, we are part of the Thames Valley Cancer Alliance; the Thames Valley and Wessex radiotherapy network; and we work with partners in the Thames Valley and Surrey on our Local Health and Care Records programme.

We understand that patients travel outside of our geographical area – for example, going to Milton Keynes from Buckinghamshire or Basingstoke in some parts of west Berkshire. With this in mind we work closely with other health and care systems.



How care is planned for and delivered

Primary Care Networks (PCNs)

GP practices working together with local councils, other NHS, voluntary and communities services to serve communities of around 30,000 to 50,000 people, offering patients access to a wider range of services.

- More support to help you stay fit and well before things become a problem
- More focus on your physical and mental health and wellbeing, recognising that people have different needs
- Better access to the care you need, when you need it with a physiotherapist, nurse, clinical pharmacist, GP or non-medical service such as help from a voluntary or community group

Integrated Care Partnerships (ICPs)

Covering towns and counties (areas of between 250,000 and 500,000 people) ICPs include clusters of Primary Care Networks, local hospitals and councils, community, mental health and voluntary sector services.

- Better joined up care between health and social services
- More hospital care provided closer to home
- Helping people access urgent and emergency care in the right place for their needs
- Reducing length of stay in hospital to support people to return home more quickly
- More personalised care

Integrated Care System (ICS)

Covering Buckinghamshire, Oxfordshire and Berkshire West and serving 1.8 million people the BOB ICS includes, NHS organisations, local councils and the Oxford Academic Health Science Network (AHSN) wider services to join up and improve care e.g. the Thames Valley Cancer Alliance, the Thames Valley and Surrey Care Records Partnership

- Working across a larger geography it means we can make the best use of our resources, skills and expertise
- Reducing long waiting times for our services by working together to best meet the needs of patients
- Planning to meet future needs created by population and housing growth
- Working together to address the workforce challenges of operating in a high cost area with a competitive job market; and supporting the best development opportunities for our staff
- Ensuring our buildings and estate are fit for the future

We have described how we are organising ourselves to work together for our local communities, whether that's in neighbourhoods, villages, towns, counties or across the Buckinghamshire, Oxfordshire and Berkshire West area.

But the key to providing safe, high quality services are our staff and those who volunteer their time to care or provide support. They are all equally important. We are proud of the thousands of the dedicated individuals, teams and groups working hard for the people and communities we serve, often in challenging circumstances. Living in this part of the country is expensive and we are facing a shortage of health and care staff across the board.

Those providing care and support are passionate about what they do. We know from what they have told us that they often struggle with the way things are done, the duplication of effort and very practical problems to providing joined up care such as computer systems which do not talk to each other.

It is important to us that the people who work to provide health and care services are supported, feel valued and can provide these services in ways that are manageable and rewarding.

Together we want to create opportunities to help staff to develop new skills and shape new roles to meet the multiple needs of patients and finding ways to make it worthwhile for people to come to work and live our area.

We are doing this through our Primary Care Networks, Integrated Care Partnerships and through the development of a BOB-wide people strategy that will support us to make our Integrated Care System the best place to work, a place where workforce shortages are addressed, where we have a thriving leadership culture and together are able to deliver care fit for the 21st century.

Together as an ICS we have five joint areas of work:



In the same way that we group together and organise ourselves as Primary Care Networks, Integrated Care Partnerships or as an Integrated Care System, we are tackling our opportunities and challenges in different ways. We have described below our thinking and would welcome your views.

ICS role	Description	Clarification and rationale		
System design & delivery	Design approach to a problem at ICS level Deliver solution at ICS level	Population and economic growth	Acute collaboration	Strategic planning, system design & resource allocation
System design & place/org delivery	Design approach to a problem at ICS level but leave places/orgs to deliver	Digital	Workforce	Capital & estates
Set or confirm ambition and hold to account	Agree ICS ambition (or confirm ICS signs up to nationally set ambition) and hold places to account for/ support delivery	Primary care, inc. Primary Care Networks (PCNs)	Financial balance & efficiency	Mental health
		Urgent & Emergency Care	Cancer	Maternity
Coordinate, share good practice, encourage collaboration	Bring places/ organisations together as a community of practice to share approaches and solutions	Research & Innovation	Children & young people	Personalised care
			Prevention & reducing inequalities	Population health

Key

ICS workstream

ICS Financial Oversight Group

Place delivery supported by ICS-wide group

ICS Exec Lead

Place infrastructure

We are working together as the **BOB Integrated Care System** to develop a five year plan. It will describe how all partners within the ICS will work together locally and, when appropriate, together across the Buckinghamshire, Oxfordshire and Berkshire West area, to ensure current and future health and care needs are met.

In establishing our plan, we have started with current Health and Wellbeing Board strategies and the strategic plans of each organisation in our partnership – identifying common ambitions, challenges and opportunities that we can tackle together.

The BOB ICS Five Year Plan will be published at the end of 2019. It will build on feedback received, describe how we are tackling our health and care priorities and how we will deliver the ambitions set out in the [NHS Long Term Plan](#) so that together we can:

- Deliver care that is fit for the 21st century – offering more services closer to where people live, tailoring care so that it better suits individuals’ needs and making the most of technology
- Recruit people into health and care jobs, offer new and exciting roles at all levels to help deliver our ambitions and keep our staff through more flexible and supportive employment opportunities
- Support people to live longer, healthier lives and treat avoidable illness early on
- Help people earlier rather than later, keeping them well and helping them to cope with any health and care needs at home or in the community, wherever possible
- Reduce health inequalities, including for our more deprived communities which see poorer outcomes and for groups who may be disadvantaged due to their characteristics (such as gender, race or disability) or their needs (such as poor mental health).
- Improve care quality and outcomes for stroke, cancer, mental health services
- Take advantage of the opportunities provided by world class research, technological and medical advances to provide more innovative, accessible and personalised health and care services
- Make best use of taxpayers money, including getting value for money by doing some things such as procurement once and on a larger scale.

We will be able to do this by:

Improving out of hospital care

Reducing pressure on hospital services

Giving people more control over their health and more personalised care when they need it

Providing digitally enable primary and outpatient care

Working in partnership with local councils to improve the health of our communities

Delivering improved health and care across the ICS requires a well-developed system and underpinning infrastructure. We will also start to set out, in response to the Long Term Plan and the changing nature of clinical commissioning, how we see the commissioning and provider landscape developing, including the role of Clinical Commissioning Groups.

Our plan is being developed by a range of staff and clinicians who are experienced in planning for and delivering a wide range of services, such as mental health, children’s services, primary and hospital care.

In developing their proposals, they are reflecting on the feedback given by local people, patients and carers through the many Clinical Commissioning Group, Local Authority and Healthwatch engagement activities that have taken place in recent years. These health and care leaders are also giving careful consideration to how their ideas and plans address other important areas such as health inequalities, preventing ill health, improving outcomes and being financially sustainable.

We recognise the importance of continuing to link to each area’s Health & Wellbeing Strategy and, as our plan develops, we will be engaging with local councillors on Health and Wellbeing Boards and Healthwatch, as well as talking to our staff and local communities; and keeping all of our stakeholders informed and involved.

How are decisions made?

Our legal and statutory responsibilities are still firmly based in the duties placed upon statutory boards and committees. These Boards are kept fully engaged when key decisions are required

We work collectively as a partnership to make decisions together about strategy and priorities. We have a BOB ICS Systems Leaders Group, made up of Chief Executives of all NHS organisations, Local Authority Chief Executives and clinical representatives. The group works to a set of principles, which have at their heart an agreement that activities and decision making should be kept as local as possible, as this is where the most difference can be made to improving care and outcomes.

The System Leaders Group meets every month. A key role of each member of this group is to ensure their own organisations, local boards, council committees and communities have been engaged on key issues, challenges and decisions and that strategies and plans are aligned at each level of our system. The System Leaders Group will be overseeing the implementation of the BOB ICS five year plan.

We also use other communications to make sure our stakeholders are kept informed – for example, regular updates published following each BOB ICS Systems Leaders meeting:
www.bobstp.org.uk/what-is-the-ics/keeping-in-touch/

Our Timeline

Date	Activity
9th September	We publish this document as the first step in developing the BOB ICS Five Year Plan
Late September	We will publish a slide pack summarising the key points from the first draft of our technical submission to NHS England/ NHS Improvement
Early October	We will publish the full draft “technical submission” sent to NHS England/NHS Improvement – this will describe the responses to the deliverables required in the Long Term Plan
18 October	Deadline to give your thoughts and views
1st November	Final technical document submission to NHS England/NHS Improvement
End of November	Final plan published, following review by NHS England/ NHS Improvement
On-going	Continued engagement with communities and stakeholders

Next Steps – we welcome your views

We would welcome your views on our priorities.
Please do email them to the following contact addresses by 18 October 2019:

- Oxfordshire queries: OCCG.media-team@nhs.net
- Berkshire West queries: communications@royalberkshire.nhs.uk
- Buckinghamshire queries: cgccomms@buckscc.gov.uk

Each of our Integrated Care Partnerships are improving services and developing innovations to better serve their local communities. For example:

Designing Neighbourhoods in Berkshire West with Health and Wellbeing In Mind
The Berkshire West “Design our Neighbourhoods” initiative puts health at the heart of the community in a bid to ease pressures on NHS services. It brings together health and care organisations, local community groups and residents to help create healthy environments across the villages and towns of Berkshire West, in which people can walk and travel safely and access healthy activities, events and support networks. These activities and networks can help to boost physical wellness and mental health and reduce unnecessary GP appointments.

Trailblazer mental health care scheme to benefit children in Buckinghamshire
Around 16,000 children and young people in Buckinghamshire are set to benefit from a new ‘Trailblazer’ scheme to transform children’s mental health care and ensure those in need get the right support at the right time. The county is one of 25 areas across the country so far to receive Government funding for this new initiative, equating to £2 million over a two-year period.

Two dedicated ‘Mental Health Support Teams’ will work closely with 40 schools (both primary and secondary) and colleges, to offer timely assessments and interventions for pupils in need, treating those with mild to moderate mental health issues in school. If pupils have more severe need, the teams can link smoothly to specialist NHS services at Buckinghamshire Child and Adolescent Mental Health Services (CAMHS) and ensure they get the right support and treatment as quickly as possible.

Oxford Hospital Scheme Gets Stroke Patients Home Sooner
Oxford University Hospitals has helped thousands of stroke patients recover in their own homes in the past year. The Oxfordshire Early Supported Discharge (EDS) service for stroke helps patients by continuing their rehabilitation in their home after they leave hospital, providing them with the same level of rehabilitation at home as would be delivered on an inpatient Stroke Unit. The service covers Oxfordshire from three hubs at the John Radcliffe, the Horton General and Cowley. The Trust’s ESD team is made up of stroke consultants, physiotherapists, occupational therapists, speech and language therapists, dietitians, and rehabilitation assistants.

The teams provide a six-day-a-week service helps stroke patients return to normal, daily activities such as walking, shopping, reading, cooking, and driving. In addition, ESD has played a vital role in helping patients avoid an otherwise necessary admission to hospital by delivering the required therapy at home. Overall, 307 patients received therapy in their own homes provided by ESD in its first year.

People are benefiting as innovations in one area are rolled out across all of our Integrated Care System

Good Hydration! – award winning care home residents’ hydration improvement programme
Berkshire East CCG and Oxford AHSN Patient Safety Collaborative won a national Patient Safety Award for Quality Improvement Initiative of the Year for the Good Hydration! Initiative in care homes. The scheme has reduced hospital admissions due to urinary tract infections by 36% and is being introduced across the BOB ICS and more widely.

Atrial fibrillation programme – reducing the number of strokes in the Thames Valley

The Oxford AHSN has brought together expertise from the NHS in Berkshire, Buckinghamshire and Oxfordshire and industry to reduce morbidity and mortality related to stroke caused by atrial fibrillation (AF). AF is the most common cardiac arrhythmia, affecting around 2.5% of the population (58,000 people in the Oxford AHSN region).

AF is a major cause of stroke, responsible for 20% of all strokes in the UK but the relative risk of stroke for these patients can be reduced by up to 66% with oral anticoagulation therapy.

Through the AF programme:

- Over 1,000 patients received a review by a specialist pharmacist to ensure their anticoagulation was optimised and 465 patients received a consultation with a specialist pharmacist. We estimate that up to 13 strokes per year have been prevented
- 4,440 patients across 28 GP practices in had a detailed review, resulting in an additional 266 patients now receiving oral anticoagulation, 227 of whom have a high risk of stroke. This equates to up to 17 fewer strokes each year.

Educating young people about careers in health

Health Education England, has worked with the BOB Integrated Care System to help set up an education programme to educate young people on the NHS and inspire them to become part of its future workforce. Healthtec is a unique health simulation centre located in Aylesbury within the Buckinghamshire College group campus.

Young people are given the opportunity to work alongside NHS professionals whilst learning basic first aid skills in an experiential environment where the hospital is recreated and simulated. Within Healthtec young people are able to learn about the variety of healthcare careers within the NHS and the different avenues there are for entering these careers.

Healthtec professionals ensure these important lessons are spread beyond the Aylesbury located facility and travel to primary schools to ensure that children have the opportunity to learn about health care. Healthtec staff also attend careers fairs to talk about the NHS, and its roles. The programme has currently engaged with 7,000 students.

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