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Health and Wellbeing Board

Thursday, 12 September 2024 at 9.30am

in Roger Croft Room Council Offices
Market Street Newbury

This meeting can be viewed online at: www.westberks.gov.uk/hwbblive

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 4 September 2024

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Gordon Oliver on (01635) 519486
e-mail: gordon.oliver1@westberks.gov.uk

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk.

West Berkshire Health & Wellbeing Board

West Berkshire Council

To: Councillor Heather Codling (Executive Portfolio Holder: Children and Family Services), Sarah Webster (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Councillor Jeff Brooks, Councillor Patrick Clark (Executive Portfolio Holder: Adult Social Care and Public Health), Councillor Nigel Foot (Executive Portfolio Holder: Culture, Leisure, Sport and Countryside), Councillor David Marsh (Minority Group Spokesperson on Health and Wellbeing), Councillor Joanne Stewart (Shadow Portfolio: Adult Social Care; Integrated Health; Public Health), Paul Coe (Executive Director - Adult Social Care), AnnMarie Dodds (Executive Director - Children and Family Services), Jessica Jhundoo Evans (Arts and Leisure Representative), Dr Janet Lippett (Royal Berkshire NHS Foundation Trust), Gail Muirhead (Royal Berkshire Fire & Rescue Service), Sean Murphy (Public Protection Manager), Dr Matt Pearce (Director of Public Health for Reading and West Berkshire), April Peberdy (Acting Service Director - Communities and Wellbeing), Rachel Peters (Voluntary Sector Substitute), Supt Andy Penrith (Thames Valley Police), Dr Heike Veldtman (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board), Helen Williamson (Berkshire Healthcare NHS Foundation Trust Substitute) and Fiona Worby (Healthwatch West Berkshire)

Also to: Helen Clark (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)

Agenda

Part I

Page No.

Standard Agenda Items 1

4	**Declarations of Interest** To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct. The following are considered to be standing declarations applicable to all Health and Wellbeing Board meetings: • Councillor Patrick Clark – Governor of Royal Berkshire Hospital NHS Foundation Trust, Governor of Berkshire Healthcare NHS Foundation Trust, and West Berkshire Council representative on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership; and • Councillor Jo Stewart – spouse is Head of Contract Management at the Royal Berkshire NHS Foundation Trust.	19 - 20
5	**Public Questions** Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with the Meeting Rules contained in the Council's Constitution.	21 - 22
6	**Petitions** Councillors or Members of the public may present any petition which they have received.	23 - 24
7	**Health and Wellbeing Board Membership** Purpose: To agree any changes to Health and Wellbeing Board membership.	25 - 26

Items for discussion

Strategic Matters

8	**Hampshire Together Update** Purpose: To provide an update on the Hampshire Together programme, which is developing proposals for how to invest between £700 million and £900 million in hospital services across Hampshire.	To Follow

Operational Matters

Items for Information Only

Standard Agenda Items 2

20 **Future meeting dates**

- 5 December 2024
- 6 March 2025
- 8 May 2025

Sarah Clarke
Service Director: Strategy and Governance

If you require this information in a different format or translation, please contact Gordon Oliver on telephone (01635) 519486.

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Health & Wellbeing Board – 12 September 2024

Item 1 – Apologies

Verbal Item

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DRAFT

Note: These Minutes will remain DRAFT until approved at the next meeting of the Committee

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 11 JULY 2024

Present: Councillor Heather Codling, Councillor Jeff Brooks, Councillor Nigel Foot, Councillor David Marsh, Councillor Joanne Stewart, Jessica Jhundoo Evans, Dr Janet Lippett, Sean Murphy, Dr Matt Pearce, April Peberdy, Dr Heike Veldtman and Helen Clark (Substitute) (In place of Sarah Webster)

Attending Remotely: Dr Janet Lippett, Supt Andy Penrith, Rachel Peters, and Fiona Worby

Also Present: Dr John Ashton, Jo England, Gordon Oliver, and Vicky Phoenix

Apologies for inability to attend the meeting: Sarah Webster, Paul Coe, AnnMarie Dodds and Matthew Hensby

Absent: Councillor Patrick Clark, Gail Muirhead and Helen Williamson

PART I

1 Election of Chairman

RESOLVED that Councillor Heather Codling be appointed as Chairman for the 2024/25 Municipal Year.

2 Election of Vice-Chairman

RESOLVED that Sarah Webster be appointed as Vice Chairman for the 2024/25 Municipal Year.

3 Minutes

The Minutes of the meeting held on 2 May 2024 were approved as a true and correct record and signed by the Leader subject to the following amendment:

- Item 80 – Volunteer Centre West Berkshire did not currently provide Mental Health First Aid training.

4 Actions arising from previous meeting(s)

Progress on actions from the previous meetings was noted.

5 Declarations of Interest

There were no declarations of interest received.

6 Public Questions

There were no public questions submitted to this meeting.

7 Petitions

There were no petitions presented to the Board.

8 Membership

The following changes were noted:

- Councillors Patrick Clark and Nigel Foot had been appointed as Elected Member representatives, replacing Councillors Alan Macro and Janine Lewis.
- Dr Matt Pearce had been appointed as the new Director of Public Health, replacing Dr John Ashton.
- Steven Bow had been appointed as the new Consultant in Public Health, and had been nominated as the substitute for the Director of Public Health, replacing Charlotte Pavitt.
- Bernie Prizeman had been nominated as the substitute for the Voluntary Sector Representative, Rachel Peters.

Members thanked Dr John Ashton for his contribution.

9 West Berkshire's Annual Public Health Report 2024

The Board considered the Annual Public Health Report 2024 (Agenda Item 10). The item was introduced by Dr John Ashton (Interim Director of Public Health).

It was noted that the report would be added to the Health and Wellbeing Board pages on the West Berkshire Council website.

Action: Arrange for the report to be added to the Council's website.

Members thanked Dr Ashton for his interesting report, which was considered to be a good basis for the new Director of Public Health.

There were discussions about the challenges and benefits of social media. It was highlighted that some countries had made effective use of social media during the Covid-19 pandemic to broadcast key health messaging. Also, Reading Borough Council had appointed a PR company to segment the marketplace and target particular groups with key messages and monitor the interaction. Such an approach needed investment.

It was acknowledged how difficult it was for residents to make good choices in the face of commercial promotion of unhealthy options, particularly for families struggling with the cost of living.

The Board recognised that the UK was struggling to maintain progress on a number of health indicators and was heading backwards in some cases and that there was a need for a greater focus on prevention and wider rollout of the Health in All Policies approach.

Officers acknowledged that in many cases prevention was invisible. Good progress had been made in eradicating diseases such as polio and rheumatic heart disease, but the latter was at risk of return due to poor dental health.

It was suggested that too much focus had been placed on medical interventions. The advent of safe water had dealt with a number of infectious diseases, and what was needed now was another 'horizontal measure' that would address a raft of problems. It was suggested that consideration should be given to the upstream determinants of unhealthy behaviours. These related to the extent to which individuals were in control of their lives. Greater levels of self-control were linked to improved health. Issues such as planned parenthood, parenting support, school readiness, prevention of school exclusions, and work readiness were all considered to be 'horizontal measures'.

Members highlighted the prevalence of obesity as a concern in terms of its impacts on other diseases, and it was suggested that this could be the subject for a future 'hot focus

session'. It was recognised that this would need a 'whole system approach' that made it easy for people to do the right thing.

Reference was made to the recent 'hot focus session' on housing and health – it was clear that the cost of dealing with the symptoms of homelessness and poor housing was far greater than the cost of addressing the root causes. The links between poor housing and poor health were clear and it was suggested that an agreed definition of acceptable living standards was needed.

The links between housing and town planning were highlighted and the importance of designing places for people to live in was recognised. It was noted that if dementia patients had the right housing, they could remain in their own homes for 1-2 years longer. Also, the pandemic had highlighted the importance of housing and neighbourhood design in minimising the spread of infectious disease. These issues suggested that a conversation about housing design standards would be beneficial.

Members asked about research in measuring the effectiveness of preventative interventions. It was noted that health economists were mostly concentrated in a small number of universities. It was suggested that evaluation often needed to be multi-disciplinary. An example was given related to 'youth zones' where the evaluation had considered a basket of indicators (e.g., educational attainment, teenage pregnancy, involvement with criminal justice, etc).

RESOLVED to note the Annual Public Health Report 2024.

10 Health and Wellbeing Board Annual Report 2023/24

The Board considered the Health and Wellbeing Board Annual Report 2023-24 (Agenda Item 11). The item was introduced by April Peberdy (Interim Service Director – Communities and Wellbeing).

Members welcomed the report. The format was considered appealing, and the document was praised for being easy to read, which would make it more accessible for residents.

It was recognised that future reports needed to focus more on outcomes. A dashboard of key performance indicators was being developed, which would help with this.

Members suggested that future reports could set out the objectives for the coming year in a tabular format. Officers highlighted that there was a short written description of priorities in the report, but indicated that they could add this to the website when the annual report was uploaded.

Action: Include a table of priorities for the coming year on the website.

RESOLVED to agree the Annual Report for 2023/24 for presentation to Council.

11 Changes to Pharmaceutical Services

The Board considered the report on Changes to Pharmaceutical Services (Agenda Item 12). The item was introduced by April Peberdy (Interim Service Director – Communities and Wellbeing).

It was suggested that the Board should look at the wider contribution of community pharmacy to public health. The Pharmacy First initiative had given pharmacies the ability to offer consultation and prescription services for a range of conditions, but there was a need to consider what their wider role could be in improving health at the population level rather than individual level (e.g., going into schools to talk about drugs).

It was noted that the ICB's Primary Care Strategy was seeking to give a bigger role to community pharmacy. 253 pharmacies across Buckinghamshire, Oxfordshire and

Berkshire West had signed up to help with hypertension case finding, and good progress had been made with case finding in deprived areas in Reading Borough. Also, pharmacies were giving patients advice on how to use inhalers, and were doing new medicine reviews.

Work was ongoing to improve the relationship between pharmacies and GP practices. In some cases, pharmacists had better relationships with their patients than GPs, and there had been cases where pharmacists had alerted GPs when patients had not collected their prescriptions.

It was noted that the new pharmacy application was for an online facility only, with no provision for face-to-face contact. As such, it would be competing with other online pharmacies, and the impacts on local patients and local pharmacies would be limited. The Board had indicated they had no objection to a previous application by the same provider for different premises, so it was suggested that no further response was necessary.

RESOLVED to note the application for the for inclusion in a pharmaceutical list at Kingfisher Court, Newbury, RG14 5SJ in respect of distance selling premises by Halo Pharmacy Limited.

12 Local response to the cost of living crisis

The Board considered the Cost of Living Crisis Update (Agenda Item 13). Sean Murphy (Service Lead - Public Protection) presented this item.

It was noted that the Cost of Living and Poverty Forum intended to invite the local MPs to a future meeting and to write to relevant Minister of State to express their concerns regarding the future of the Household Support Fund.

It was agreed to keep Cost of Living Crisis Updates on future Health and Wellbeing Board agendas, and that the forum should be renamed to People in Poverty or Poverty Forum to recognise its true role.

Members indicated that it would be useful to have trend data to show changes in demand for services over time, recognising that there would be an additional burden on the voluntary sector associated with providing this data.

Action: Develop a standard proforma to capture demand for services in numbers rather than relying solely on narrative.

It was highlighted that a recent Hot Focus Session had explored issues around Housing and Health, and it was agreed that the issues should be presented to a future Board meeting.

Action: Bring a report on Housing and Health to the next Health and Wellbeing Board meeting.

It was noted that in Reading, the Public Health Team had influenced how the Housing Support Fund could be spent, which included female sanitary products and baby milk. The proposal to involve West Berkshire Council's Public Health Team was welcomed.

It was highlighted that community resource centres in other countries had items such as mobility aids that they could distribute to people in need, as well as bulk supplies of frozen food for elderly residents.

It was confirmed that the Community Resource Centre, Shopmobility and NRS Healthcare all accepted donation of mobility aids that were no longer needed and made them available to local residents. It was considered that these services should be better promoted.

Members asked about intelligence from Social Prescribers on issues faced by patients who were experiencing poverty. It was confirmed that there were lots of referrals to the Cost of Living Hub. Lots of organisations were dealing separately with the same people and it was suggested that packages of support were needed. While the priority had been providing immediate financial support, this would need to change going forward. Communications were flagged as being important.

The importance of access to digital services was stressed and it was noted that the Mental Health Action Group was looking at tackling digital exclusion.

It was noted that there had been little evaluation of the value of conversations – those in need often found the ability to talk through their problems as valuable as the practical support that was provided.

It was confirmed that the Corn Exchange had launched the Supper Club. Three families were regularly attending, but there was capacity for more. These families had found alliance in each other, and valued the chance to step away from their challenges and not to feel alone.

RESOLVED to:

(a) Note the report.

(b) Receive an update from the Service Lead – Public Protection at the next meeting.

13 Better Care Fund Monitoring Report - Q4 2023/24

The Board considered the Better Care Fund Monitoring Report – Q4 2023/24 (Agenda Item 14). The item was introduced by Jo England (Service Lead – Adult Social Care).

It was noted that the Better Care Fund Plan was being refreshed for 2024-25. As part of this process, officers had looked at the metrics and any reasons for targets not being achieved, and had developed actions that could be taken to restore progress. The refreshed plan would be presented to the next meeting of the Health and Wellbeing Board.

RESOLVED to note the report.

14 Care Quality Commission Local Authority Assessment 2024

The Board considered the Care Quality Commission Local Authority Assessment 2024 (Agenda Item 15). The item was introduced by Jo England (Service Lead – Adult Social Care).

Members congratulated the officers for the ‘good’ assessment and thanked officers for their ongoing efforts, which had been formally recognised by the review.

RESOLVED to note that the Adult Social Care Department would deliver the following actions:

(a) Develop and implement an action plan to progress issues identified through the assurance process. The plan will include engagement with relevant colleagues including Commissioning & Procurement, Human Resources, Digital and the Equality, Diversity and Inclusion Lead. Wider work with partners and stakeholders will take place.

(b) Incorporate CQC feedback into the updated ASC Strategy.

15 Health and Wellbeing Board Sub-Group Updates

The Health and Wellbeing Board Sub-Group Updates (Agenda Item 16) were provided for information only.

It was highlighted that the Building Communities Together Team was experiencing significant pressures. The Team had a key role in talking to communities and passing on information about local services and Members, and it was hoped that additional resources could be brought into the team.

Members indicated that they found the reports useful, but asked for further information regarding the members of the Sub-Groups.

Action: Provide information about Sub-Group membership.

RESOLVED to note the report.

16 Members' Question(s)

There were no Member questions submitted to this meeting.

17 Health and Wellbeing Board Forward Plan

The Board reviewed the Forward Plan (Agenda Item 18).

Members noted that there were very few items for decision on the Forward Plan. This was something that would be considered at the 'Hot Focus Session' in the autumn.

Action: Matt Pearce to meet with Jeff Brooks and Councillors Heather Codling prior to the 'Hot Focus Session'.

It was suggested that Health and Wellbeing Boards were seen purely as local authority committees, but they should be seen as a way of mobilising and joining up all the disparate services that impacted the health and wellbeing of local residents. There were different models in different locations across the country. It was also suggested that Integrated Care Partnerships (ICPs) had a similar image problem, since these were viewed as NHS bodies.

Members highlighted that the Board had a complex system of governance, with a large number of sub-bodies. Also, significant numbers of senior officers were attending meetings, so there was a need to ensure that they achieved something and moved the dial on key issues.

It was confirmed that this was a common issue across the country. It was important to show how the Board added value and made a difference to residents.

The proposed 'Hot Focus Session' was considered timely, and it was stressed that this should also consider the role of the ICP and its interface with the Board.

It was suggested that a key benefit of Health and Wellbeing Board meetings was to inform the Members of current activities to inform discussions within their own organisations/portfolios, however, it was recognised that it needed to do more.

The proposal for the next 'Hot Focus Session' was considered.

RESOLVED to:

(a) Note the Forward Plan

(b) Agree the proposal for the next 'Hot Focus Session' to improve the effectiveness and operation of the Health and Wellbeing Board

18 Future meeting dates

The dates of the future meetings were noted.

(The meeting commenced at 9.30 am and closed at 11.25 am)

CHAIRMAN .....

Date of Signature .....

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Actions arising from Previous Meetings of the Health and Wellbeing Board

Ref	Meeting	Agenda item	Action	Action Lead	Agency	Status	Comment
245	03/10/2023	Financial Problems and Mental Health	Give further consideration to the potential for improved coordination and discuss this with relevant parties.	Helen Clark	ICB	**In progress**	Scheduled for discussion at the next meeting of the Berkshire West Mental Health Programme Board.
251	07/12/2023	Local Response to the Cost of Living Crisis	Share details of the Supper Club when available.	Jessica Jhundoo Evans	Corn Exchange	**Complete**	Funded via Greenham Trust, the Supper Club supports families struggling financially by providing a hot meal. It is held on the first and fourth Wednesday of each month from 4-6pm. Families can be referred via local schools or other organisations. For details email: Hannah Roche at hannahr@cornexchangenew.co.uk.
263	02/05/2024	Berkshire Suicide Prevention Strategy	Consider how health issues for rural communities could be addressed.	Steven Bow	WBC	**Complete**	This will be picked up as a matter of course within the Strategy. The local action plan work has been initiated (i.e. action 264),
264	02/05/2024	Berkshire Suicide Prevention Strategy	Update the Suicide Prevention Strategy Action Plan in consultation with SPAG and bring this back to a future meeting for approval.	Steven Bow	WBC	**In progress**	The Strategy and Delivery Plan are being updated and will be brought back to a future meeting for approval. A paper is going to Health Scrutiny Committee on 23 September.
265	02/05/2024	Local Response to the Cost of Living Crisis	Discuss how the Public Health Team could be involved in the local response.	Steven Bow / Sean Murphy	WBC	**Complete**	Steven Bow has been invited to attend the next Cost of Living/Poverty Forum meeting.
267	02/05/2024	Delivery Plan Progress Report: Priorities 4 & 5	Discuss actions referred upwards to 'Place' and 'System' levels at the Berkshire West Mental Health Board	Sarah Webster	ICB	**In progress**	This will be raised at the next meeting in July.
24-1	11/07/2024	West Berkshire's Annual Public Health Report 2024	Arrange for the report to be added to the Council's website	Gordon Oliver	WBC	**Complete**	The report is available via the following link: https://www.westberks.gov.uk/article/40911/Annual-Report-into-the-Health-and-Wellbeing-of-People-in-Berkshire-by-the-Directors-of-Public-Health-2021
24-2	11/07/2024	Health and Wellbeing Board Annual Report 2023/24	Include a table of priorities for the coming year on the website	Steven Bow	WBC	**In progress**	This will be done once the Delivery Plan has been reviewed.
24-3	11/07/2024	Local Response to the Cost of Living Crisis	Develop a standard proforma to capture demand for services in numbers rather than relying solely on narrative.	Sean Murphy	PPP	**Complete**	A draft has been sent to partner organisations for consultation.
24-4	11/07/2024	Local Response to the Cost of Living Crisis	Bring a report on Housing and Health to the next Health and Wellbeing Board meeting.	April Peberdy/ Steven Bow	WBC	**In progress**	A paper is being taken to Corporate Board regarding the feedback obtained and potential next steps.
24-5	11/07/2024	Health and Wellbeing Board Sub-Group Updates	Provide information about sub-group membership.	Gordon Oliver	WBC	**In progress**	The update template has been amended to include a membership section.
24-6	11/07/2024	Health and Wellbeing Board Forward Plan	Matt Pearce to meet with Councilors Jeff Brooks and Heather Codling prior to the 'Hot Focus Session'.	Matt Pearce	WBC	**Complete**	Meeting has taken place.

29 August 2024

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Health & Wellbeing Board – 12 September 2024

Item 4 – Declarations of Interest

Verbal Item

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Public Questions to be answered at the Health and Wellbeing Board meeting on 12 September 2024.

Members of the Health and Wellbeing Board to answer questions submitted by members of the public in accordance with Part 3.2 of the Council's Constitution.

(a) Question submitted to the ICB Executive Director – Berkshire West Place and the WBC Executive Director – Adult Social Care from Paula Saunderson:

'Four years ago in September 2020, I started to raise Continuing Health Care in relation to late stage Dementia, then in February 2021 I was advised that Berks West rates of awarding CHC were under review, and on 20th May 2021 I asked for a further update on progress, so how are we getting on please with this review, what are the reported findings and recommendations and when will they be reported to this Board or the Health Scrutiny Commission?'

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Health & Wellbeing Board – 12 September 2024

Item 6 – Petitions

Verbal Item

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MEMBERSHIP OF HEALTH AND WELLBEING BOARD

Name	Role/Organisation	Substitute
Cllr Jeff Brooks	Leader of the Council, Executive Portfolio Holder: Strategy and Communications	Cllr Vicky Poole
Cllr Patrick Clark	Executive Portfolio Holder: Adult Social Care and Public Health	
Cllr Heather Codling	Executive Portfolio Holder: Children and Family Services	
Cllr Nigel Foot	Executive Portfolio Holder: Culture, Leisure, Sport and Countryside	
Cllr Jo Stewart	Conservative Group Spokesperson for Health and Wellbeing	Cllr Dominic Boeck
Cllr David Marsh	Green Group Spokesperson for Health and Wellbeing	Cllr Carolyne Culver
Paul Coe	WBC Executive Director - Adult Social Care	Maria Shepherd
AnnMarie Dodds	WBC Executive Director - Children and Family Services	Rebecca Wilshire
Dr Matt Pearce	Director of Public Health for West Berkshire and Reading	Steven Bow
Sean Murphy	WBC Public Protection Manager, Public Protection Partnership	
April Peberdy	Interim WBC Service Director – Communities and Wellbeing	
Jessica Jhundoo-Evans	Arts & Leisure Representative	Hannah Elder
Helen Williamson	Berkshire Healthcare NHS Foundation Trust	
Sarah Webster (Vice Chairman)	**Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (1)**	Helen Clark
Dr Heike Veldtman	Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (2)	
Fiona Worby	Healthwatch West Berkshire	Jamie Evans/ Mike Fereday
Gail Muirhead	Royal Berkshire Fire and Rescue Service	Stephen Leonard Paul Thomas
Dr Janet Lippett	Royal Berkshire NHS Foundation Trust	William Orr Andrew Statham
TBC	Sovereign Network Group	Kate Rees
Supt. Andy Penrith	Thames Valley Police	
Rachel Peters	Voluntary Sector Representative	Bernie Prizeman

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Cost of Living Update

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Sean Murphy
Report Sponsor:	Sean Murphy
Item for:	Decision

1. Purpose of the Report

The purpose of this report is to update the Health and Wellbeing Board on the collective response to the impact on residents in West Berkshire of the high cost of living.

2. Recommendations

That the Health and Wellbeing Board:

(a) **NOTES** the report and the response of partners to date.

(b) **RESOLVES** that the Service Lead for Public Protection provide an update to the Board at its next meeting.

3. Executive Summary

3.1 The Board has now received five updates on the local response by the Council and voluntary sector partners to support residents facing challenges due to financial pressures. The most recent was on the 11th July 2024. This report updates on matters since the July report was presented to Board.

3.2 In April 2024 the Office for National Statistics reported that the headline Consumer Price Index (CPI) rate in the year to July 2024 stood at 2.2%. This was a slight increase from June when inflation was at the Bank of England target rate of 2%. Food inflation remained static at 1.5%.

3.3 For the period from 1st April 2024 to the 30th June 2024 the 'energy price cap' was reduced to £1,690 per year which amounts to a reduction of £238 per year (12%) for the typical household. For the period 1st July 2024 to 30th September 2024, it has been reduced further to £1,568 which is a further reduction of £122 per year for the average household. However, the regulator has announced that the energy price cap effective from 1st October to 31st December will rise to £1,717 meaning an increase in energy costs for typical users of 10%.

3.4 Whilst many of these baseline inflation indicators show an improving situation it is nevertheless the case that voluntary organisations and charities assisting those struggling financially are reporting significant increases in demand for support and advice. This is also borne out by demand for personal / family grants from the Household Support Fund.

3.5 Significantly the government has announced the end of the winter fuel allowance for those that are not on pension credit. Full details will not be known until the budget in October when will get more detail on any mitigations being proposed. As its stands this will come on top of the £149 increase in the energy price cap.

3.6 The government has already announced that there will be another tranche of funding for the Household Support Fund from October. If this is in keeping with current levels of funding, this will be in the order of £700K for West Berkshire for October 2024 to March 2025. Again, the precise details of the scheme are not known at this time.

4. Update Report

Household Support Fund (HSF)

4.1 In March 2024, the Government announced that West Berkshire Council has been allocated **£694,849** to meet the stated aims of the Household Support Fund of supporting the vulnerable or those that cannot pay for essentials. The funding period for this round of funding runs from April until 1st October 2024.

4.2 The Health and Wellbeing Board the Board was previously notified that the allocations for the grants were set to be approved by Individual Executive Decision. Those allocations were made on the 2nd May 2024 and the details can be found here: HSF May 2024.

4.3 The allocations included a combination of targeted support delivered in partnership with local voluntary organisations. This included help with white goods, furniture, carpets, utility costs and for pensioners and those in emergency accommodation. There was also a further allocation made to the joint Cost of Living Fund with Greenham Trust to support the local voluntary sector further with new projects and increased demand. Finally, there was an allocation of vouchers for those on free school meals for four weeks over the summer holiday period.

4.4 Slight adjustments have been made to those allocations as demand for individual grants has been much higher than expected. In total £50K was re-allocated to the general fund.

4.5 The period for individual / family applications commenced after the decision on the 2nd May 2024. Since May a total of 1,245 applications have been processed and 1,053 granted with a total spend of £256K. At the time of writing, the general fund is expected to be exhausted in the next few days.

5. Voluntary Sector Update

5.1 West Berkshire Homeless report there is still a delay in gaining mental health support for individuals in this area, citing one client is just progressing following an initial enquiry in February this year. They state they are pleased to say that the Healthwatch cards to gain access to a doctor when homeless are still working well.

5.2 Citizens Advice West Berkshire continues to see the same three issues dominating their requests for advice: welfare benefits, debt, and housing. The numbers of clients contacting CAWB about housing issues has also steadily increased year on year and continues to do so. CAWB expect this trend to continue. This includes issues such as private sector eviction (“section 21”), rent arrears, homelessness, housing conditions, and neighbour issues.

5.3 The Community Resource Centre (CRC) reports the rate of requests for assistance with essential household goods continues to remain high. In the period 1st April to 31st August a total of 220 referrals to the Essential Household Goods Scheme (EHGS) were fulfilled at a cost of £70,362, this was for furniture, beds, bedding, white goods etc. During the same period last year, CRC fulfilled 174 cases at a cost of £60,274. Therefore, cases have increased by 26.4% and expenditure by 16.7%, the average cost per referral however has reduced by £36.58 (-7.68%).

5.4 During the same period (April – August 2024) 64.5% (142) of applications received were from West Berkshire Council. This is a slight reduction on previous periods with more applications being received from schools (in particular) and local charities, than was previously the case. By value however, referrals from WBC accounted for 70.64% (£49,706.51) of the total spend.70% of all cases related to families in need.

5.5 Financial hardship continues to be by far the most oft cited reason for the needs identified. There are however a wide range of reasons given. The top five being as follows:

Reason given by Referrer	**% of all cases**
Financial hardship	58.72%
Other*	11.47%
Domestic violence	5.50%
Into emergency accommodation	5.50%
Moving into Temporary Accommodation	4.13%

* Other – these cases mainly relate to individuals with health issues.

5.6 With only 41.66% of the year elapsed, CRC have expended 58.63% of the annual budget. The CRC report this is not sustainable as they anticipate the demand continuing for some time to come.

5.7 In addition to their EHGS activity, they conduct wider work in the community, delivering training, supported volunteering opportunities, adult day services, etc, along with environmental projects that continue apace.

5.8 West Berkshire Foodbank (WBFB) report that client numbers are relatively steady although they have a slight uplift with clients who are disabled and claiming PIP. In the past three months WBFB have seen 157 NEW households come to them for support who have never used a foodbank before. Meanwhile 93.4% of client households have used the foodbank three times or less in twelve weeks. WBFB believe that this is down to robust criteria, budgeting advice and appropriate signposting.

5.9 The foodbanks employed welfare and benefits advisor has made an estimated financial gain for clients of £203,321.79 in the past 12 months. In addition, FWB supported 555 families during the school holiday feeding over 1,200 children.

5.10 Due to lack of stock WBFB purchased 10,421kg of food and essential items to cover this period. WBFB report have unprecedented low stock currently and are working stock of less than 3 weeks (at current client numbers) for most of their core foodbank items. They report this could improve with an exceptional harvest festival to allow us to recover from our stock deficit.

5.11 Finally, WBFB report that they supply 16 schools with either an internal foodbank or breakfast club and it looks unlikely that we will be able to continue this support next year. Likewise, they may also have to stop their regular support to some agencies/ charities if they are to prioritise our own clients.

5.12 Newbury Christians Against Poverty (NCAP) report a continual steady flow of clients since they re-opened the debt centre in January 2024. Some clients have already been made debt-free by way of the Debt Relief Order (DRO) insolvency route. NCAP report that this looks like being the most common route out of debt for their clients as they have built up debts over a period of time which they cannot afford to repay. The DRO means they will find it very difficult to get credit, but CAP work hard with their clients to agree upon a sustainable budget which they can live off moving forward. For some this means seeking further income and reducing expenditures.

5.13 NCAP also report the vast majority of their clients have accompanying health issues and need close support to encourage and support them. They are in the process of planning to make the CAP Money Coaching course available in Newbury, which teaches people how to create their own budgets and how to stick to them. The course enables people avoid getting into debt in the first place. Courses are already scheduled in the Hungerford area.

6. Next Steps

6.1 The Cost of Living / Poverty working group is due to meet the day after Health and Wellbeing Board. West Berkshire's new Service Lead has been invited to become a standing member of that group and the focus of the next meeting will be to gather further evidence of the impacts of poverty and debt on mental health.

6.2 In light of the recent announcement of a further tranche of HSF funding it has been determined to hold a workshop in September with relevant Executive Members and officer service specialists to review how the next tranche should be allocated. The focus will be around the supporting acceptable living standards for residents and how we as a council with Greenham Trust and voluntary sector partners can work together to deliver these over the autumn and winter period. Part of this will include the affordability and impacts of energy costs.

7. Appendices

None

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by helping to mitigate the impacts of the cost of living increases.

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Proposed Review of the Health and Wellbeing Board

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Gordon Oliver
Report Sponsor:	Dr Matt Pearce
Item for:	Decision

1. Purpose of the Report

To present the draft brief for the proposed Local Government Association review of the West Berkshire Health and Wellbeing Board.

2. Recommendation(s)

For the Health and Wellbeing Board to approve the brief for issue to the Local Government Association to inform their review of the Board's governance arrangements and working practices.

3. Executive Summary

At the meeting on 11 July 2024, it was agreed that the next 'Hot Focus Session' should focus on how to improve the effectiveness and operation of the Health and Wellbeing Board. The Local Government Association has a support offer for Health and Wellbeing Boards. They have been approached by the Director of Public Health and have indicated that they have capacity to support a review in the latter part of 2024. A draft brief has been prepared and is provided in Appendix A.

4. Supporting Information

4.1 Health and Wellbeing Boards have been in place since 2013 and are a single point of continuity in a constantly shifting health and care landscape. The last few years have been a time of significant and complex change, with the Health and Care Act 2022 introducing major reforms to the NHS landscape, including the formation of Integrated Care Systems, and a greater focus on 'place' level activity. Health and Wellbeing Boards need to evolve and adapt to operate within this new context.

4.2 Core Membership of Health and Wellbeing Boards is defined in legislation, but in West Berkshire, the opportunity has been taken to expand membership to include additional Members of the Council's Executive, opposition Members, officers, and representatives from NHS Trusts and other partner agencies and organisations, whose activities relate to the wider determinant (or building blocks) of health. In total, there are currently 20 Members.

4.3 Key functions of the Health and Wellbeing Board are:

- To produce a Joint Strategic Needs Assessment

- To produce a Joint Local Health and Wellbeing Strategy
- To develop a Pharmaceutical Needs Assessment
- To encourage greater integration and partnership working (including through the Better Care Fund).

4.4 Health and Wellbeing Boards are also statutory consultees for a number of strategies, plans, and proposals.

4.5 It is important to ensure that meetings are an effective use of Members' time and that the Board is making meaningful decisions in order to drive improvement in the health and wellbeing of the local population and to reduce health inequalities.

4.6 The Board is supported by a Steering Group, which ensures effective forward planning, agenda preparation, performance and programme management, and delivery of the Board's decisions. In turn, the Steering Group is supported by a complex network of sub-groups, many of which were formed to deliver the previous Joint Health and Wellbeing Strategy.

4.7 The West Berkshire Health and Wellbeing Board is looking to undertake a review of its governance arrangements and working practices in order to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities. It was agreed at the meeting on 11 July 2024 that this would be the focus of the next 'Hot Focus Session'.

5. Options Considered

5.1 The Local Government Association (LGA) has a support offer for Health and Wellbeing Boards, which provides an opportunity for them to refocus their purpose, strengthen their role in the new system architecture, and operate effectively in the new context. The LGA can provide a range of support including workshops or peer challenge activity, for single Health and Wellbeing Boards, or groups of Boards.

5.2 An internal review was considered, but it was felt that the external perspective provided by the LGA would be valuable.

6. Proposal(s)

The LGA has been approached and they have confirmed that they would be able to support a review within the 2024/25 financial year. It is proposed to undertake reviews of the Reading and West Berkshire Health and Wellbeing Boards in tandem. This would allow for synergies and opportunities for joint working at the Berkshire West Place level to be identified. A draft brief has been prepared and is attached in Appendix A. It is proposed that the review be carried out towards the end of 2024.

7. Conclusion(s)

The proposed review is timely, given the recent period of change within the health landscape. It would: address Members' concerns about the effectiveness of the Health and Wellbeing Board; ensure that the right partners are represented to deliver the Board's priorities; and that governance structures are fit for purpose.

8. Consultation and Engagement

The Health and Wellbeing Steering Group and West Berkshire Council's Corporate Board have been consulted on this report and the associated brief.

9. Appendices

Appendix A – Draft LGA Review Brief

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by improving the Health and Wellbeing Board's governance arrangements and working practices in order to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities.

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Appendix A:

Draft Brief for LGA Review of the West Berkshire Health and Wellbeing Board

1. Introduction

1.1 The West Berkshire Health and Wellbeing Board is looking to undertake a review of its governance arrangements and working practices in order to increase its overall effectiveness in improving the health and wellbeing of the local population and reducing health inequalities. The Local Government Association has been asked to facilitate the review.

2. Background

2.1 The Health and Social Care Act 2012 requires all top tier local authorities (i.e., unitary and county councils) to establish a Health and Wellbeing Board (HWB). West Berkshire Council (WBC) is a unitary authority with a population of 161,400 *(ONS Census, 2021)*. Unlike most top tier local authorities, due to its relatively small size and population, it sits at the 'locality' level within the health system hierarchy. Together, West Berkshire Council, Reading Borough Council and Wokingham Borough Council form the Berkshire West 'Place', which in turn sits within the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

Membership

2.2 Section 194 of the Health and Social Care Act 2012 sets out a minimum HWB membership of:

- at least one elected Member of the local authority;
- at least one representative from each integrated care board in the local authority's area;
- the local authority's director of adult social services (DASS), director of children's services (DCS) and director of public health;
- a representative from the local Healthwatch.

2.3 The Act sets out that further board members may be appointed by the local authority in consultation with the board, and that the board itself may appoint such additional board members as it thinks appropriate.

2.4 Membership of the West Berkshire Health and Wellbeing Board is set out in Part 6.3 of the Council's Constitution. Current membership is as follows:

- WBC Leader of Council;
- WBC Executive Portfolio Holder for Adult Social Care and Public Health
- WBC Executive Portfolio Holder for Culture, Leisure, Sport and Countryside
- WBC Executive Portfolio Holder for Children and Family Services;
- WBC Conservative Group Spokesperson for Health and Wellbeing;

- WBC Green Group Spokesperson for Health and Wellbeing;
- WBC Executive Director – Adult Social Care;
- WBC Executive Director – Children and Family Services;
- WBC Service Director, Communities and Wellbeing;
- WBC Public Protection Manager, Public Protection Partnership;
- Director of Public Health for Reading and West Berkshire;
- two representatives of the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board;
- a representative of Healthwatch West Berkshire;
- a representative of the Berkshire Healthcare NHS Foundation Trust;
- a representative of the Royal Berkshire NHS Foundation Trust;
- a representative of the arts & leisure sector in West Berkshire
- a representative of Sovereign Network Group (housing association);
- a representative of Thames Valley Police;
- a representative of the voluntary sector.

2.5 A list of current members can be found on the West Berkshire Council website.

Statutory Responsibilities

2.6 The principal statutory responsibilities of the Health and Wellbeing Board are set out below.

2.7 ***To produce a Joint Strategic Needs Assessment (JSNA) -*** The JSNA uses data and evidence, to highlight the current and future health needs of the whole community. It articulates how these vary for different groups, including any health disparities affecting disadvantaged or vulnerable groups. It also considers a wider range of factors that influence the health and wellbeing of individuals, families and local communities, which are also known as the 'building blocks', 'wider determinants of health'. Further information is available on the West Berkshire Observatory.

2.8 ***To produce a Joint Local Health and Wellbeing Strategy*** - This is a long-term strategy for meeting the health and wellbeing needs of the local population, as identified in the JSNA. It sets out how professionals across health and social care will work together to improve the health of the population. The current Joint Health and Wellbeing Strategy was adopted in December 2021 and is based around five health and wellbeing priorities:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help families and children in early years
4. Promote good mental health and wellbeing for all children and young people

5. Promote good mental health and wellbeing for all adults

2.9 Changes to the health landscape following the enactment of the Health and Care Act 2022 mean that there is a new emphasis on the design and delivery of services at 'place' level. In anticipation of this change, the current strategy was prepared jointly with Reading Borough Council and Wokingham Borough Council. The strategy focuses on areas where partnership action adds value and will have a shared direction, but with local delivery plans that reflect the unique challenges and priorities of each local authority area.

2.10 ***To develop a Pharmaceutical Needs Assessment (PNA) -*** Health and Wellbeing Boards are required to produce a PNA every three years. They consider what pharmaceutical services are currently provided across the area, they have regard to circumstances in which the current position may materially change, and they identify any current and future gaps in provision. The current PNA was adopted in September 2022.

2.11 Health and Wellbeing Boards are required to keep their PNA under review and take account of any changes in the provision of pharmaceutical services within their area. A protocol for assessing planned changes in provision of pharmaceutical services was adopted by the Board in April 2023. This delegates decision making to the PNA Sub-Committee where there is not a suitable HWB meeting, but with all Board members being notified of proposed changes and with Sub-Committee decisions being reported to the next Board meeting.

2.12 ***To encourage greater integration and partnership working -*** Health and Wellbeing Boards are responsible for encouraging integrated working between health and social care commissioners. There are various ways this can happen, but a key mechanism is via the Better Care Fund.

Health and Wellbeing Board Steering Group

2.13 The Board is supported by a Steering Group, which ensures effective forward planning, agenda preparation, performance and programme management, and delivery of the Board's decisions.

2.14 The specific objectives of the Steering Group are to:

- Oversee the work of, and receive reports from the HWB's Sub-Groups;
- Undertake effective forward planning of the HWB's work programme and agendas for its public meetings, workshops and conferences, ensuring that its priorities are delivered, and statutory duties are discharged;
- Monitor the implementation of decisions taken by the HWB;
- Oversee any budgets/financial arrangements (not specifically assigned elsewhere) on behalf of the HWB;
- Work with the Shared Public Health Team to produce the JSNA for agreement by the HWB, identifying current and future health and social care needs of the local population so as to inform local decision making;
- Liaise with the Director of Public Health regarding the preparation of the Joint Local Health and Wellbeing Strategy for agreement by the HWB, to

identify actions to meet the health and social care needs of the local population, as identified within the JSNA;

- Liaise with the Director of Public Health regarding the preparation of a Delivery Plan for the Strategy, with prioritised programmes of actions to achieve the Strategy's priorities and objectives;
- Ensure that effective arrangements are put in place to manage implementation of the Delivery Plan, and develop and maintain a suitable reporting mechanism to facilitate the tracking of performance in delivering actions and achievement of targets and outcomes;
- Provide regular updates to the HWB on progress in implementation of the Delivery Plan, highlighting any performance exceptions.

2.15 Membership of the Steering Group comprises:

- HWB Chairman and HWB Vice Chairman (the HWB Vice Chairman chairs meetings of the Steering Group);
- WBC Chief Executive; and
- Chairman/lead officer of each of the Sub-Groups;

plus (if not included above):

- WBC Service Director - Communities and Wellbeing;
- WBC Consultant in Public Health;
- a representative from Healthwatch West Berkshire; and
- a representative from the Voluntary and Community Sector.

2.16 Steering Group meetings generally take place two weeks ahead of Board meetings.

2.17 Annex A provides a schematic of the HWB governance arrangements.

3. Current Strengths

3.1 There are a number of strengths on which future improvements can build. These include:

- Diverse HWB membership, with good representation from external partners;
- An active range of sub-groups, several of which are led by external partners;
- Hot focus sessions provide an opportunity to undertake deep dives to explore key issues/challenges;
- The Board has been responsive to emerging issues, such as the Covid-19 pandemic, and the cost of living crisis;
- There has been an increased focus on prevention, with the development of a Community Wellness Outreach Programme in partnership with the ICB;
- The Berkshire Health Observatory provides a comprehensive, local public health database that is open to all;

- The annual Health and Wellbeing Board Conference attracts delegates from a wide range of organisations, as well as interested residents;
- Good engagement from local residents via public questions at meetings.

4. Drivers for Change

4.1 There are a number of key drivers for change, which have prompted this review – these are summarised below:

- The challenge faced by small unitary authorities of needing to service the same number of meetings and partnerships as larger authorities;
- Uncertainty around the interface between 'system', 'place', 'locality' and 'neighbourhood' and lack of visibility of decision making across tiers;
- Concerns regarding centralisation of decision making within the ICB, rather than delegating decision making to the lowest possible level;
- The Board is not sufficiently strategic in its approach and is not actively driving improvements in public health to the extent that it should;
- Members feel that most decisions taken by the Board are 'rubber-stamping' plans or annual reports;
- The Board is not sufficiently informed by data/evidence and does not have sufficient oversight of the JSNA;
- The Delivery Plan lacks focus, actions are not all SMART, and it is too granular;
- There is a need for more active engagement by external HWB members;
- There is a need to review membership to ensure that the right organisations and people are involved;
- Governance arrangements are complex, with a large number of sub-groups and associated meetings;
- The Board does not feel that is has sufficient oversight of the work of its sub-groups;
- Sub-groups do not feel empowered and lack dedicated funding to deliver additional work.

4.2 Also, a recent Corporate Peer Challenge indicated that West Berkshire would benefit from some focussed work to better understand the links and joint working opportunities between the Integrated Care Board, the Health and Wellbeing Board, and the Locality Integration Board to ensure that the right colleagues are in attendance and that there is a coherent vision for strategic services and outcomes for children.

5. Next Steps

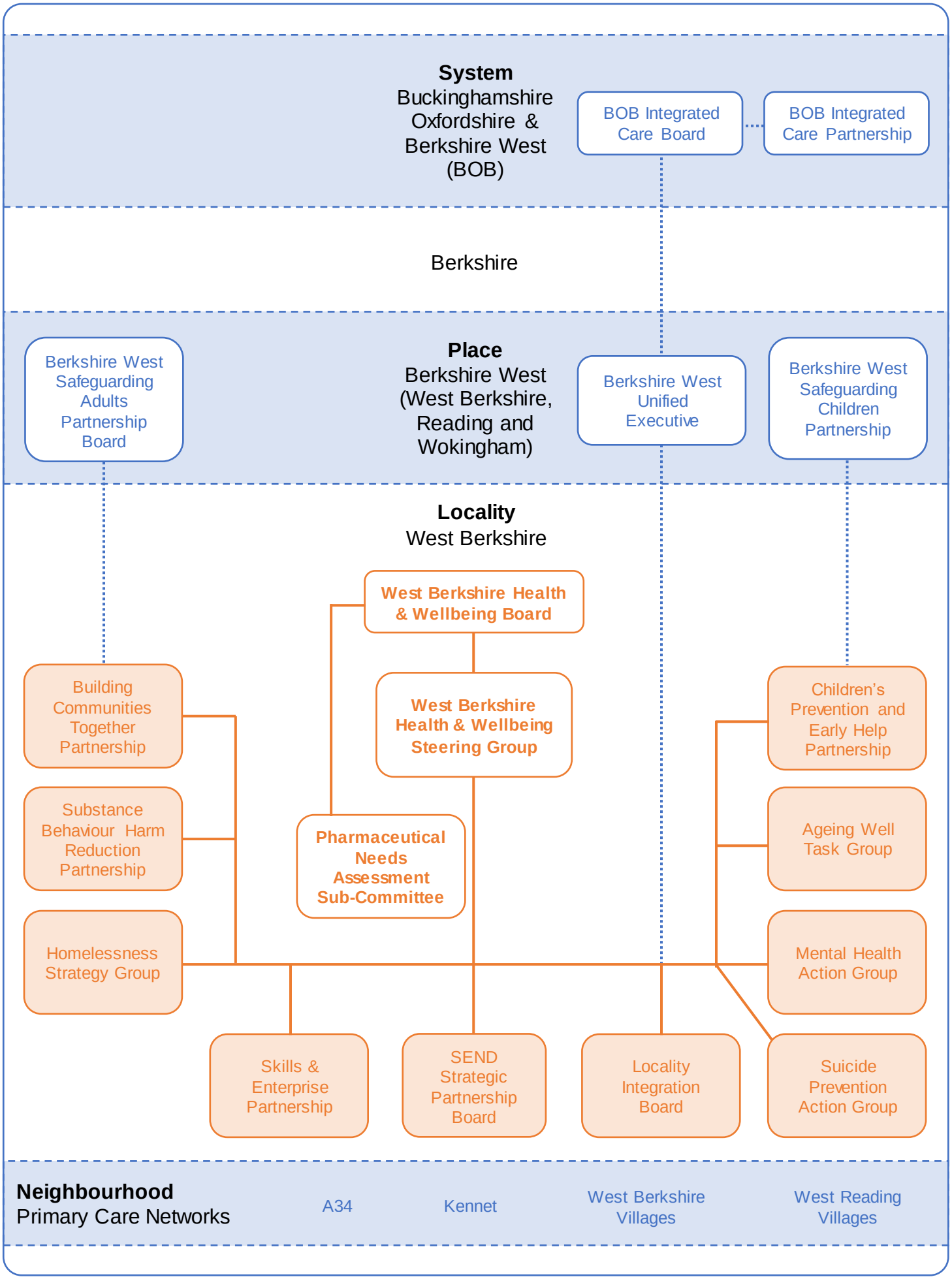
5.1 Whilst our current governance structure supports partnership working, it is timely to undertake a review to ensure the governance arrangements support the delivery of our joint priorities and objectives, and remain fit for purpose.

5.2 Several key lines of enquiry have been identified that will be used as a basis to inform the LGA review and therefore may be subject to change:

1) How can we strengthen the role of the Health and Wellbeing Board so that it can oversee improvements to population health?

2) What does effective governance and accountability look like for the Health and Wellbeing Board and how should it operate/link across the different geographical footprints e.g. neighbourhood, place and system?

Annex A: Health and Wellbeing System Governance



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Joint Local Health and Wellbeing Strategy Delivery Plan Update

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Gordon Oliver
Report Sponsor:	Dr Matt Pearce
Item for:	Decision

1. Purpose of the Report

This report provides an update on progress with the Joint Local Health and Wellbeing Strategy Delivery Plan and how it will be reviewed and updated.

2. Recommendation(s)

For the Board to note the progress made in implementing the Delivery Plan and agree that the Plan be updated, taking account of feedback received as part of the proposed LGA Review of the Health and Wellbeing Board.

3. Executive Summary

This report provides an update on progress in implementing the Berkshire West Health and Wellbeing Strategy Delivery Plan 2021-2030. A summary of performance in implementing the Delivery Plan is provided below:

	Complete	Green RAG rated	Amber RAG rated	Red RAG rated
Priority 1	1	4	3	2
Priority 2	5	11	0	3
Priority 3	5	4	3	0
Priority 4	0	1	1	1
Priority 5	1	4	2	1

The report highlights the need for the Delivery Plan to be refreshed and improved, taking account of feedback received as part of the Local Government Association (LGA) review of the Health and Wellbeing Board.

4. Supporting Information

4.1 The Berkshire West Joint Local Health and Wellbeing Strategy (JLHWS) was adopted in December 2021. This sets out five priorities:

(1) Reduce the differences in health between different groups of people.

(2) Support individuals at high risk of bad health outcomes to live healthy lives.

(3) Help children and families in early years.

(4) Promote good mental health and wellbeing for all children and young people.

(5) Promote good mental health and wellbeing for all adults.

4.2 Each of the three Health and Wellbeing Boards within the Berkshire West 'Place' has developed its own Delivery Plan to address these shared priorities, tailoring the approach to their particular needs and circumstances.

4.3 West Berkshire Health and Wellbeing Board developed its Delivery Plan in the second half of 2021. Not only was this during the latter stages of the Covid pandemic, but it was also in advance of significant changes to the health landscape brought about by the Health and Care Act 2022, included the creation of Integrated Care Systems and a fresh emphasis on delivery at 'place' level.

4.4 The opportunity was taken to review the Delivery Plan in the summer of 2023. This reflected the fact that good progress had been made, with a number of actions having been completed. In some cases, local needs or circumstances had changed since the Delivery Plan was first developed, so some actions were no longer considered to be relevant. In other cases, it had not been possible to deliver the actions as originally planned due changes in the availability of funding or resources. Also, some actions were considered to be 'business as usual' activities that were delivered and monitored through existing service plans / business plans, with no need for additional support or oversight through the Health and Wellbeing Board. As a result, some actions were deleted or replaced with new actions.

4.5 The original Delivery Plan consisted of over 150 individual actions, allocated to over 30 different bodies or organisations. In some cases, these were not assigned to the correct 'owners' and subsequently had to be reassigned. Some actions were assigned to organisations that operated at Place or System level, such as Berkshire Healthcare NHS Foundation Trust or the Integrated Care Board. Such actions were referred upwards for inclusion in delivery plans at 'Place' or 'System' levels.

4.6 As a result of the above changes, the Delivery Plan was reduced from over 150 actions to just over 50 actions. However, this is still a significant number of actions to for the Board to monitor and oversee, so it was agreed to have a rolling programme of reporting focusing on the actions related to one or two of the priorities at each meeting, with case studies used to provide context and allow the Board to have more interaction with the Sub-Groups. A full cycle of reports were delivered over the 2023/24 municipal year.

4.7 It is now just over a year since the Delivery Plan was first reviewed. The full version of the Delivery Plan Monitoring Report is provided in Appendix A. Once again, it can be seen that there are a significant number of actions that have been completed. While most of the other actions are on track, there are a few where progress has not been possible for a variety of reasons, including: budget / resource challenges; a lack of uptake by service users / partner agencies; IT platforms not being delivered as planned, etc.

4.8 Officers are of the view that the Delivery Plan needs a further review to remove the actions that have been completed, and to consider alternatives to those actions where it has not been possible to make progress. In undertaking a refresh, the opportunity could be taken to address a number of other issues as set out below:

- Some of the current priorities have very few actions, particular Priority 4 - Promote good mental health and wellbeing for all children and young people.
- Many of the targets are not fully SMART (Specific, Measurable, Achievable, Relevant and Time-bound).
- Some of the targets are considered to be too small-scale / granular, or are considered to be 'Business as Usual' activities.
- Even 50+ actions are considered to be a lot for the Board to track and meaningfully consider.

5. Options Considered

5.1 Various approaches could be adopted when developing the new Delivery Plan. One option would be to stick with a larger number of actions spread across the five priorities, with reporting by exception where only those items that are not on track are discussed.

5.2 An alternative would be to have a smaller number of more significant actions with a particular focus on one or two of the priorities each year in order to deliver more meaningful progress.

5.3 The intention is that the Performance Dashboard will be developed alongside the Delivery Plan, which would help the Board to establish how effectively the Delivery Plan is being in delivering the Strategy's priorities.

6. Proposal(s)

It is proposed that the Delivery Plan be refreshed, taking account of feedback received as part of the wider LGA Review of the Health and Wellbeing Board, which will be focused on the following key lines of inquiry:

1) How can we strengthen the role of the Health and Wellbeing Board so that it can oversee improvements to population health?
2) What does effective governance and accountability look like for the Health and Wellbeing Board and how should it operate/link across the different geographical footprints e.g. neighbourhood, place and system?

7. Conclusion(s)

Updating the Delivery Plan will allow the Board to be assured that progress towards the Joint Local Health and Wellbeing Strategy priorities is maintained. It will also support improved governance processes.

8. Consultation and Engagement

The following have been consulted on this report:

- Health and Wellbeing Board Steering Group
- Corporate Board

9. Appendices

Appendix A – Delivery Plan Monitoring Report Q1 2024/25.

Background Papers:

Berkshire West Health and Wellbeing Strategy 2021-2030

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring that the Delivery Plan is kept up to date.

Appendix A - New or Refreshed Actions

Health and Wellbeing Strategy Delivery Plan 2022-2025														
								2024/25						
Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary	
Priority 1 - Reduce the differences in health between different groups of people														
1.3: Take a Health in All Policies approach	1.3.3: Identify a current opportunity for a multi-team HiAP pilot project within the Council that can be used as a showcase piece in further staff education.		Health Inequalities Task Force	Elisabeth Gowens	Dec-23	Opportunity identified Project plan put together and approved Commissioning process complete Service delivered Follow-up data collected and analysed Final report on both service and the broader HiAP process	Dec-23					G	This action is complete and the final report is available on request.	
	1.3.5: Refine and improve process for reviewing new council policies and impact on health and emotional wellbeing (including a focus on reducing health inequalities)		Health Inequalities Task Force	Elisabeth Gowens	Mar-24	Process developed. Template implemented	Mar-24					G	Public Health have worked with Environment Delivery to develop the Sustainability Assessment Tool (SAT) which went to Corporate Board in c.February, and was approved for a 4-6 month pilot period of use amongst volunteer service areas. The SAT assesses the environmental and socioeconomic (wider determinants) impacts of work such as commissioning, strategies, projects, events, and gives a RAG-rated breakdown of each area. Subsequent to pilot period, adjustments to the SAT will be made and a policy for usage needs to be devleoped, but thought is that it will replace the 'environment' and 'health' sections on corporate report templates. **Updated April 2024**	
1.4: Address the variation in the experience of the wider social, economic and environmental determinants of health	1.4.1: Pilot a whole community approach in a local ward to tackling health inequalities, using data and engaging with local communities		Health Inequalities Task Force	Catherine Greaves	Mar-24	Approach to be developed Evaluation to demonstrate impact	Mar-24					R	This has not yet been progressed. The Health Inequaliites Task Force has now been disbanded and responsibility for tackling health inequaliites is now part of the workstreams for the other Sub-Groups. **Updated August 2024**	
	1.4.4: Development of a health impact policy for planning to support healthy environments		Health Inequalities Task Force	Elisabeth Gowens	May-24	Process developed Process implemented	May-24					A	Health Scrutiny T&F Group complete, with positive feedback recieved for Public Health on the draft Healthy Planning Protocol which sets out the HIA policy, internal and external processes, governance/ maintanance, HIA templates and guidance for developers. Final edits will be made in collaboration with the Planning Team and the ICB. Recommendations have been sumitted to the ICB and will be submitted to Executive shortly, with responses to come back to Health Scrutiny later this year. The Protocol will be ready for adoption as soon as the Local Plan is approved. **Updated August 2024**	

Health and Wellbeing Strategy Delivery Plan 2022-2025													
								2024/25					
Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
	1.4.6: Green skills and jobs – seeking funding opportunities to extend the successful project, currently delivered in other areas of Berkshire, to develop skills and employment opportunities for people with disabilities in the Green economy (Groundwork).		Skills & Enterprise Partnership	Iain Wolloff	Dec-25	Number of people completing green skills education / training programmes Number of people securing jobs after completing green skills education / training programmes						A	Groundwork South have secured funding in Reading to deliver 3 x 6 week Green Skills and Employability starting in September 24, the courses gives the participant the opportunity to learn new skills and gain a City and Guilds Brushcutter and Strimmer qualification. Funding sources are still being sought for West Berkshire to support a project which benefits both the SEND community and the wider community by improving the mental health and wellbeing of the participants and increasing employment outcomes. Groundwork also have a mixed 'Green and Blue' project in development, which will be a longer project. The participants will learn about river safety, invasive species their removal, and how they can support their local volunteers and employment progression in the industry. Both projects have proven that outdoor working has increased the mental health and wellbeing to the participants and in turn some have gained employment into the Green industries. **Updated May 2024**
	1.4.7: Supported Internships – development of local provision of supported internships to enhance the employment routes for people with disabilities (Newbury College).		Skills & Enterprise Partnership	Iain Wolloff	Jul-25	Number of people on supported internships						G	The College have been working with WBC and 'Ways into Work' in developing two approaches: first, through the NHS 'Route to Recruit' strategy (led by Ways into Work) and identifies placements at the Royal Berkshire Hospital. There are two learners identified for this route from September 2024. Second, is placement in local businesses which links to WBC's target for 12 placements, with seven high needs learners currently identified, starting from September onwards. **May 2024**
	1.4.8: Employability sessions – extension of the support provided by DWP to local schools and colleges to enhance the understanding of employment options for young people. Particularly focussed on under-represented groups and on the wide range of routes to skills and future employment (DWP)		Skills & Enterprise Partnership	Iain Wolloff	Dec-25	Number of people attending employability sessions						G	The DWP have been working with schools around Berkshire to deliver Employability Skills and have had some good feedback from those schools. Further details of West Berkshire activity to follow. **Updated May 2024**
1.6: Ensure services and support are accessible to those most in need through effective signposting, targeted health education, promoting digital inclusion and in particular addressing sensory and communication	1.6.1: Increase awareness and uptake of council support services for those most in need e.g. winter grant (placeholder)		Health Inequalities Task Force	Catherine Greaves	ongoing	Services that are commissioned around council support from Autumn 2022 have a service specification with a clear health inequalities focus and a proportionate universalism approach.	100%					A	The Health In All Policies approach is being rolled out across the Council. Also, the Autism Partnership Board (APB) provides strategic leadership and user and family engagement in the planning and developing of services.

Health and Wellbeing Strategy Delivery Plan 2022-2025													
								2024/25					
Objective	Action	New 24/25	Owned by	Contact	Timescale	Indicator	Target	Q1	Q2	Q3	Q4	RAG Status	Commentary
needs. All in a way that empower communities to take ownership of their own health	1.6.2: Develop Digital Inclusion Champions (specific actions around recruitment and numbers in place)		Mental Health Action Group	Adrian Barker		Number of champions in West Berkshire, Geographical areas covered, communities of interest	Top 5 most deprived wards covered					R	Work ongoing around digital literacy related to use of NHS app but this is not part of MHAG's current role. They are happy to to support this and recommend speaking to Oxfordshire who are leading some positive work on this. **August 2023:** Met with Catherine Mustill and Martha Fischer to talk through their digital inclusion project. Their focus was to increase access to the NHS App. Suggest this action is reassigned as it is beyond the scope of MHAG. Alternatively the objective could be revised to promote co-ordination between the groups working on this, implemented by MHAG with HITF. **October 2023:** Discussed at the MHAG meeting. Cllrs Stewart and Lewis were keen to identify external funding for a project in this area. **March 2024:** MHAG is reviewing what it has the capacity to offer. A first step may be to bring together bodies operating in the area of digital inclusion to share knowledge and learning and consider if there are any ways they could work more productively together. **June 2024:** discussions are continuing to try and bring together those working in this area to see how they could support each other. **August 2024**: MHAG has not been able to find a way in which it could add value to the work promoting digital inclusion that it has identified going on in this space. It does not have capacity to deliver the action around digital inclusion champions and is not the appropriate group to take this forward. This should therefore be allocated elsewhere. It would be happy to work with others in some sort of joint endeavour, inputting the mental health perspective.

Health and Wellbeing Strategy Delivery Plan 2022-2025														
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Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives														
2.1: Raise awareness and understanding of dementia and ensure support for people who have dementia is accessible and in place for them and their unpaid carers	2.1.2: Support the increase of Memory Café provision across West Berkshire		Ageing Well Task Group	Sue Butterworth	Mar-24	Set up and facilitate running of two new memory cafes in West Berkshire, with the objective that this becomes embedded and run in the Community in 2023/24.	Two new memory cafes opened and embedded					G	DFWB is a commissioned service funded by PH&WB. Contract extended until 2025. Complete: Hungerford (monthly) and Theale (Weekly) Cafes are now successfully open with good attendance **Updated August 2024**
	2.1.4: Induction training on Dementia to be undertaken for all Adult Social Care Staff: Event to be held with existing staff to raise awareness. Will be recorded as a webinar for future new staff		Ageing Well Task Group	Sue Butterworth / Hannah Cole	Mar-24	One Big Dementia Conversation held with existing Adult Social Care staff. Webinar to be incorporated into induction training for new staff	As a result of attendance at one Big Dementia Conversation staff are supported and have increased awareness and undertanding of the impact of dementia and how their role can support families in West Berkshire					R	The decision was relutantly taken to postpone. As this event included input and hosting with external partners, the very low confirmed attendance meant it was not viable to run. The timing of the CQC assessment may have impacted numbers. We intend to revisit this again to find out whether there is appetite among adult social care staff for this or whether this can be delivered in another way. We also discussed whether it could be extended to the whole council not just adult social care staff. **No Change - Updated August 2024**
	2.1.5: Work with local businesses in West Berkshire to raise awareness of role with the community, along with role as an employer for those who are unpaid carers		Ageing Well Task Group	Hannah Cole	Mar-24	Number of organisations & businesses that are members of Dementia friendly West Berkshire Number of Dementia Friendly businesses						G	Membership of DFWB has increased to 60 members although this has been driven by DFWB and does not indicate specific engagement around carers. Further discussion to take place around whether this indicator applies to older people living with dementia or all adults with other health conditions. It will be really helpful to understand the work that Carers Strategy group are doing around this too and how we can work together. Going forward it will be good to invite representative SB to the Carers strategy group meetings. **Carers Strategy Group:** New Provider we are working with: Reading and West Berkshire Carers Partnership. Our partners comprise of Age UK Reading, Age UK Berkshire, Reading Mencap and Commonicare. With the implementation of the Carers Leave Act 2023 which came into force in April 2024, it will be worth finding out from Employers whether this has been incorported in their organsations policy. **Updated August 2024**
2.2: Work together to ensure that the Dementia pathway is robust, including pre-diagnosis support, improving early diagnosis rates, rehabilitation and ongoing support	2.2.1 Raising awareness to increase identification of carers		Carers Strategy Group	Hannah Cole		Young carers card Good quality information and advice for carers Explore ways to encourage Carers to gain IT and Digital skills	On going support and encouragement to be provided to Carers to gain digital skills as this will help them to stay connected and be able to access services and support quicker.					G	Re. Social Media : The Young Carers Activity Co-ordinator feedback they have been putting timetables on for Young Carers to access. This is on Facebook and Instagram. In terms of general awareness they have been putting information about Carers Week and sharing articles with young Carers. They want Young Carers to also read about some of the challenges they face and for them to know they are not alone. The new carers strategy is in the process of being agreed - updates to follow. Presently promoting schools to be active to take up responsiblity for Young Carers in their schools. We hope the number of schools who show a committment will increase and by so doing more Young Carers will be identifed. **Updated August 2024**

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	2.2.2 Provide information and advice to carers		Carers Strategy Group	Hannah Cole		Young carers newsletter Linking with GP Practices and Primary Health Care and other partner organisations who provide information and advice to Carers.	GP Practices and BHFT representation in the Carers group- quarterly updates					G	Young Carers Newsletter was launched in September. 1 new newsletter has been issued. The plan is that the newsletter will come out every 8-9 weeks. It contained information about recent summer holiday activities for example canoeing which the young carers enjoyed. We do have BHFT representation in the Carers group and will invite GP Heather Howells to one of our Carers Group meetings to explore how we can work in partnership with the GP Practices. The new carers strategy is in the process of being agreed - updates to follow. **Updated August 2024**
	2.2.3 Enable access to peer support groups for carers and young carers		Carers Strategy Group	Hannah Cole		Increase number of peer support groups available from 10 to 12 - Signpost to charities, other voluntary and private organisations that support carers and young carers.	Increase of 2 groups					G	We have the weekly Youth group for secondary school age carers. During the meetings Carers are offered a hot meal and there are always activities for them (e.g., craft, baking, sport or other physical activity). The new carers strategy is in the process of being agreed - update to follow. One of the priorities in the draft Carers Strategy is easy access to peer support groups for Carers and Young Carers. **Updated August 2024**
	2.2.4 Support carers health and mental wellbeing		Carers Strategy Group	Hannah Cole		Ensure Carers assessments gives Carers time to explore their needs (mental, physical, emotional etc). Ensuring carers have access to services including mental health support groups Link with GP Practices and Social Prescribers Enabling participation in activities working in partnership with local leisure centres.	Quarterly updates on Carers assessment completed, Carers Partnership to provide update on signposting Carers to mental health support groups, gymn, local leisure centres, health checks etc.					G	Carers Partnership continues to report that they signpost Carers to gymn or to their GP's for health Checks (once they are registered as a Carer), leisure centres. The new carers strategy is in the process of being agreed - updates to follow. Carers Strategy Group now has a Social Prescriber who will attend quarterly meetings. In the process of recruting a Social Care Practitioner who will focus mainly on completing and monitoring Carers assessment and signpositing Carers much earlier. **Updated August 2024**
2.4: Work with partner agencies to promote the health and wellbeing of unpaid carers	2.4.2: Review and refresh the Carers Strategy Action plan		Local Integration Board	Maria Shepherd / Hannah Cole	Mar-24	Actions as will be contained within the plan	N/A					G	Draft Carers Strategy including Delivery Plan presented to LIB and Corporate Board. Also presented to Ops Board on 8th August. Will go to Exceutive for full sign off as we need to consult on Strategy and Delivery Plan. **Updated August 2024**
2.5: Reduce the number of rough sleepers	2.5.1: Continue to work together to prevent rough sleeping and reduce the number of people who do sleep rough (Implementation of the Homelessness and Rough sleeping strategy)		Homelessness Strategy Group	Nick Caprara	Jul-05	Number of people sleeping rough	< 2					R	Nationaly numbers have increased significantly meaning this target needs to be re-set for 2024/25. **Updated May 2024**
2.6: Improve the mental and physical health of rough sleepers and those who are homeless through improved access to local services	2.6.2: Increase dental registration among rough sleepers and those in temporary accommodation: work with ICB? to develop a process for registration (placeholder - to be determined)		Homelessness Strategy Group SE inequalities board,	Nick Caprara	Year 1	Process in place for registering	N/A					R	Process to be reviewed & discussed at HSG - recognised as national issue & barrier for homeless households. HSG have previously discussed possibility of outreach dentist but no progress in securing services **Updated May 2024**
	2.6.3: Adoption of the Serious Case Review Protocol		Homelessness Strategy Group	Nick Caprara	Mar-22	Adoption of protocol	N/A					G	This was completed in 2022 & has been in use operationally since this time.
2.7: Prevent, promote awareness and provide support to those who have experienced domestic abuse	2.7.1: Continue to implement the action plan from the Local Domestic Abuse Strategy 2020-2023 to meet identified aims		West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Refresh due in 2023	Action plan	Action plan fulfilled by 2023					G	Completed. New Strategy progreessing through Exec cycle.

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	2.7.2: Implement the new Domestic Abuse Safe Accommodation Strategy 2021 – 23 and accompanying action plan		West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	To be combined with full DA Strategy as part of refresh in 2023	Needs identified being met through action plan	Action plan fulfilled by 2023					G	Completed. New five year Strategy has been signed off by Domestic Abuse Board and was subject to a six week public consultation between 5 April - 19 May. It is due to be signed off by Executive on 19 September 2024. **Updated August 2024**
	2.7.3: Local needs assessment: need and demand for accommodation based support for all victims	Amended indicator	West Berkshire Domestic Abuse Board (BCTP)	Jade Wilder	Every 3 years (next due 2023)	Complete needs assessment by Dec 23	N/A					G	Completed - The needs assessment is now completed and has been signed off by the Domestic Abuse Board.
2.8: Support people with learning disabilities, engaging with them and listening to them through working with voluntary organisations	2.8.2: Implement Positive Behaviour Support across Health and Social care		Skills and Enterprise Partnership (working with MP Laura Farris)	Iain Wolloff	Annual	Delivery of event. Attendance. Feedback	40					G	As previously reported, the 2023/24 annual Work & Careers Fair (the 'Destinations Expo') was successfully delivered on 12th October 2023 at Newbury College, with 1,200 young people from local secondary schools attending, and around 60 employers and other organisations exhibiting. Planning for the 2024/25 Destinations Expo is well underway for 10th October 2024, with ambitious plans to increase attendance to 1,500 young people and to grow the number of employers and education providers exhibiting to 70. Recruitment of employers for the event is progressing well, and the meeting of the specific needs of students with SEND is embedded into the event. **Updated May 2024**
	2.8.4: Extension of the "Delivering Life Skills" Programme, delivered by the EBP.		Skills and Enterprise Partnership	Iain Wolloff	Annual	Delivery of programme attendance Feedback from young people and schools	60 young people attending the DLS programme					G	The H&WB approved funding for this programme in 2022/23, which was delivered in secondary schools by the EBP. All sessions were completed by July 2023, with a significant increase to 250 participants. The further funding bid for 2023/24 was discussed at the HWB Board, however there are currently no identified funds to support these activities in 2023/24. Greenham Trust are providing continuing funding for part of the programme, but, at present, the offer to Schools has been reduced. **Updated May 2024**
2.9: Increase the visibility and signpost of existing services and improve access to services for people at higher risk of bad health outcomes	2.9.3: Re-development of the Health and Wellbeing Board engagement group	Amended	HWB engagement group	TBC		HWEG re-established and ToR agreed	Nov-23					G	A draft Terms of Reference was prepared, which was discused at the HWB Steering Group on 15 September 2023. There were concerns about resourcing the group, who will chair it, and how it would be sustainable in the longer term. It was agreed that coordination of comms could be achieved without the need for a formal sub-group. Sally Moore has been invited to attend Steering Group and is meeting regularly with the LA comms teams. Nothing further is planned for this action. **Updated May 2024.**
	2.9.8: Use targeted paid adverts on social media to improve knowledge and awareness of services, tips and advice about health and wellbeing (placeholder)		Communities and Wellbeing	Steven Bow	Mar-24	To be developed	TBC					G	The Public Health Team puts frequent content on social media to support national campaigns, such as Covid and flu vaccinations, measles vaccinations, Mental Health Awareness Week, etc, as well as hot and cold weather alerts and messaging. They also share blogs from UKHSA on relevant topics. Paid adverts will be considered as necessary going forward.
	2.9.9 Organise an annual Health and Wellbeing Conference, which is focused on current issues and tackling health inequalities		-	Gordon Oliver	Annual Next event April 2025	No. of people registering for the event No. of providers attending the marketplace	100 5					G	The 2024 conference took place on 19 April and was themed around Primary Care and Community Outreach, promoting the ICB's Primary Care Strategy, Pharmacy First and the Community Wellness Outreach Servivce. **Updated May 2024.**
Priority 3 - Help families and children in early years													

Health and Wellbeing Strategy Delivery Plan 2022-2025													
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3.1 Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.1.1 1001 Days Platform		Childrens Early Help and Prevention Partnership	Jo Roberts / Nerys Probert			Feedback from families. Platform live					G	There was a soft launch for the Best Start in Life – The first critical 1001 days digital platform in December 2023. Parents' feedback was collected during the development stage, but we are mindful that we also want to test it further as a live resource so we can get additional feedback and make changes if we need to. We are in the process of doing this and will be able to feedback more information in due course.
	3.1.2 Enhance the Midwifery, Health Visitor and Early Response Hub liaison meeting to identify children and families at early help at the earliest opportunity		Childrens Early Help and Prevention Partnership	Steph Coomber - Early Response Hub	Sep-23	Increase in the number of pregnant women from vulnerable communities accessing support at an earlier stage	Vulnerable women receive support					A	Early Years' sits within Education and therefore we are unable to comment fully however ERH works closely with the family hubs. We have a family hub worker present within ERH and ERH are now the highest referral source into family hubs. Our presence within the community needs to be enhanced and we would want co-location within the family hubs themselves or any other community space available. However we do have reach into many areas of the community via the collaborative work and partnership working via our 16 agencies who are partnered with ERH, the majority of which are community based. We undertake mapping to identify those within the community who may be in greater need. This is amber due to resource challenges and also the lack of buy-in on co-location. **Updated May 2024.**
3.2: Ensure families and parents have access to right and timely information and support for early years health. Working with midwifery, Family hubs, healthy visiting and school nursing	3.2.1 Map parenting provision in West Berkshire identifying any gaps in provision		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Aug-23	Parenting provision (groups, classes, one to one, online) is identified across West Berkshire, with any gaps in provision being identified	To identify parenting provision across different sectors and locations					G	**Complete:** Have identified the gaps and working on parenting provision to addess the gaps. **Updated August 2024**
	3.2.2 Update the West Berkshire Directory with Parenting information to ensure professionals and parents can access courses		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Dec-23	Parenting information is available and accessible through the West Berkshire Directory	To make information about parenting available to parents and professionals, easing access to such provision					G	**Complete:** West Berkshire Directory is maintained directly by the page owner. All owners must take responsibility for updating individual pages. **Updated August 2024**
	3.2.3 Create parenting information on West Berkshire Council website that enables parents to identify the most suitable type of parenting support available to them linking back to the WB Directory		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Mar-24	Parents can identify through age range/stage, specialist need or location the most appropriate course/support to meet their parenting need	Parenting provision is easier to identify and locate by parents and professionals					G	**Complete:** The Website has been updated and additional information added making the navigation or searches more user friendly. **Updated August 2024**
	3.2.4 Develop and promote Parental Conflict training and resources to those involved in providing Early Help		Childrens Early Help and Prevention Partnership	Didge Oku - Reducing Parental Conflict Coordinator	Jan-24	Practitioners and professionals are trained and equipped to identify and address parental conflict in the Early Help space	Practitioners are trained in reducing parental conflict					G	West Berkshire were successful in their funding bid to DWP and Didge has lead on training and development in reducing parental conflict. We are on track to deliver our training plan linked to the funding, and champions for parental conflict are being trained. We are very pleased to inform that we have been successful in our bid for further funding. Didge can continue to deliver further training in the early help space to our community partners, schools, Homestart up until this round of funding ends in March 2025. **Updated May 2024.**
	3.2.5 Work with the wider partnership to address any gaps in parenting provision identified		Childrens Early Help and Prevention Partnership	Amber Clarke - Supporting Families Parenting Coordinator	Mar-25	Gaps identified in parenting provision are addressed through the creation or commissioning of provision to meet identified needs	Gaps in parenting provision are met					G	**Complete:** Provision has been reviewed and gaps in provision identified. Facilitator training for professionals has taken place in Nov 2023 & Feb 2024 with 22 Primary Schools across West Berkshire being trained. Further training is available for SEN once the universal provision has been successfully reviewed. **Updated August 2024**

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3.3 The Early Help system in West Berkshire is designed to meet the needs of children and families who need early help support	3.3.1 Undertake a self-assessment of Early Help in West Berkshire to identify strengths and areas for development		Childrens Early Help and Prevention Partnership	Stacey Clay - Supporting Families	Jul-23	Early Help System Guide is completed covering Leadership, Data, Workforce, Communities and Family Voice	Strengths and areas for development are identified in the our Early Help System					G	**Complete:** This was completed by the deadline of 30th June 2023 and submitted to Department for Levelling Up, Housing and Communities.
	3.3.2 Create, test, pilot and evaluate an Early Help digital referral form that can be used across the partnership		Childrens Early Help and Prevention Partnership	Steph Coomber - Early Response Hub	Oct-23	Partners in community settings have confidence in identifying and referring children and families who need Early Help support	Early Help referral form is created and embedded in practice.					A	The referral form has been created in collaboration with partner agencies who were welcoming of a digital referral form. This form went live in October 2023 and some progress has been made embedding this into the practice of our main referring bodies/agencies. We continue to 'work with' the want to create an environment of collaboration however engaging in partners in completing the form is proving a significant challenge. **Updated May 2024**
	3.3.3 Review, amend and update My Family Plan as a tool that can be used across the Early Help system to drive the early help practice		Childrens Early Help and Prevention Partnership	Karen Atalla - CAAS	Dec-23	Partners in community settings have confidence in leading or participating in a My Family Plan	Children and Families in need of early help find My Family Plan a useful tool to drive change and support					A	There continues to be hesitency/reluctance with some partner agencies in uptaking the MFP. ERH offer consultations and support if needed to partners who undertake MFP's. We have funding for three MFP co ordinators and have been succesful in recruiting to these posts. The three co ordinators focus on supporting partners, particularly within schools to use the MFP as a tool to drive change and support. There remains an issue with the collation of pure data on numbers of MFP's started and closed, as the electronic form has not been accepted/utilised widely. Most agencies that have engaged with an MFP are still utilising the paper forms. It was hoped that MFP's could be placed and accessed by partners on CareDirector to resolve the issues, however unfortunately this is no longer an option. The MFP form was developed using feedback from schools and hubs, and electronic access to the platform for MFP's has been developed, however schools continue to state that they still find this a challenge and it is not being used widely. It is positive that the family hubs are engaging with the MFP's on the digital platform. It is hoped that with the input of the MFP failitators, the ongoing support of ERH, and the influence of senior managers, that the uptake will improve. We continue to drive this agenda forward, however this is marked Amber in the hope that the additional support of the co ordinator, the SW in schools and the ongoing support of ERH, will bring this to Green going forward. I acknowledge the challenges with the electronic platform etc, however the 'buy in' has not yet been evidenced even with the mitigations and levels of support offered by ERH. **Updated May 2024**
	3.3.4 Review the role of Family Hubs in the Early Help system in light of the Social Care Review recommendations		Childrens Early Help and Prevention Partnership	HOS Education / HOS CFS	Mar-24	Family Hubs role in Early Help and Family Help is clarified and strengthened	Families in need of Early Help are able to access support in a timely accessible way					A	There is a want to promote timely accessibility from the site of the hubs by co locating ERH and some partner agencies we link with, within the hubs and ensure that 'families' receive the support only having to tell their story once and in one place. Discussions continue.

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	3.3.5 Develop a Family First assessment that assesses and intervenes with families who require more enhanced early help support		Childrens Early Help and Prevention Partnership	Karen Atalla - CAAS and Steph Coomber	Aug-23	Families presenting with multiple needs are diverted from statutory intervention through a Family First Assessment to have their needs met in the Earlier Help space	Families receive the right support at the right time from the right people					G	CAAS and ERH have and continue to develop their offer, the right support at the right time from the right people has been the vision that ERH was built upon, and the offer from ERH has grown significantly and continues to develop. In response to the Care Review and the national Framework we developed a practice framework that can be used to enhance our offer and is a way of working that ensures that children and families are enabled to bring their own solutions and supported to do so. The success of this model of working is significant. The data clearly evidences the following: reduction in CP plans, reduction in s17 CIN, reduction in families requiring long term support and significantly reduced caseloads in FSM teams. The data within Datazone can be viewed. The risk for this way of working is that resource is not distributed accordingly based on the significant increases of volumes seen in ERH and the significant reductions seen in other parts of the service. **Updated May 2024.**
3.5: Publish clear guidelines on how families can access financial help, tackling stigma around this issue	3.5.4 Work with voluntary sector partners to review options and agree a way forward for providing ongoing support to residents who are struggling to cope with the rising cost of living.		Public Protection	Sean Murphy	Oct-23	Support model agreed.	New arrangements in place from October 2023						
Priority 4 - Promote good mental health and wellbeing for all children and young people														
4.1 Enable our young people to thrive by helping them to build their resilience	4.1.1: Health and wellbeing in schools programme: 1. Health and Wellbeing in Schools Award 2. The Public Health and Wellbeing Health and Wellbeing in Schools programme.		Communities and Wellbeing (Public Health)	Paul Graham	Mar-24	1. No. of schools taking up offer. 2. Universal Year 3 Living Well workshop	1. 75% of schools who start the award completing it 2. 30 schools receiving workshop	1. 0 2. 2				G	1. Three schools completed award in Q1. 3 schools still in progress yet to complete. 2. 30 schools received universal workshops in 2023/24 **Updated May 2024**
	4.1.3: Develop and expand the Young Health Champions programme		Communities and Wellbeing (Public Health)	Paul Graham		Number of champions recruited. Number of young people reached.	2022/23 - 30 per year	4				A	29 YHC created in 2023/24. Target missed by one this year due to student drop outs. Plan in place to increase places and engagement this year with delivery scheduled in school in Q1 of 24/25 . **Updated May 2024**
4.7: Improve the process for transition to adult mental health services	4.7.6 Dedicated 16-25 transitions worker within CYP Substance Misuse services		Substance Behaviour Partnership	Denise Sayles	New contract beginning April 2022	Worker in place						R	DS to prepare new actions to come out of Combatting Drugs Partnership. **Currently on hold due to staff sickness.**
Priority 5 - Promote good mental health and wellbeing for all adults													
5.1:Tackle the social factors that create risks to mental health and wellbeing, including social isolation and loneliness	5.1.3: Work with the Homelessness Strategy Group to understand gaps and/links to poor mental health and wellbeing (e.g. reason for eviction)		Homelessness Strategy Group	Nick Caprara	Jun-22	Gaps identified in service provision % of homeless people reporting being support with their mental health (place holder)	As per Homeless Strategy Group KPI's					A	All RSI cases suffer from MH issues to some degree. Indicator requres review & refining at HSG to aid future bid rounds. Dual disagnosis funding reduced by 50% in 2023/24. £0 for 2024/25 post. **Updated May 2024**

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	5.1.4 Raise awareness of resources and interventions that help to address mental health and wellbeing and related issues (e.g. rural isolation and loneliness) to residents, community groups and key stakeholders		Ageing Well Task Group	Sue Butterworth	Dec-22	Number of entries inputted onto aDoddle (community mapping tool) Number of hits on West Berkshire directory							Z cards updated again and a further 5,000 cards have been ordered. 3,000 for schools and 1,000 for west Berkshire foodbank, 50 to Newbury Soup Kitchen, 100 to West Berkshire Suicide Prevention Action Group. We have also provided some to Healthwatch and the new Be Well this Winter service. Ageing Well Task Group meeting to decide on actions. **Suggestion that this action is split into two - one for MHAG around raising awareness and one for AWTG around rural isolation and loneliness.** **No change - Last updated August 2024**
5.2: Work with local communities, voluntary sectors and diverse groups to rebuild mental resilience and tackle stigma	5.2.4: Run regular service users engagement events to ensure the continuous improvements of local services e.g. Thinking Together		Mental Health Action Group	Adrian Barker	Mar-23	Number of Thinking Together events held Number of service users attending events % service users and % professionals in attendance	As per service specification/ funding agreement					G	**March 2024**: since Healthwatch do not have the necessary resources to run these events, it has been decided to establish a Mental Health Forum. This will involve the same range of stakeholders as 'Thinking Together' events, in smaller numbers, but meeting more frequently. The new forum is being set up in a co-produced way, between professionals and service users. **June 2024:** we are continuing to meet with service users and others to co-design a Mental Health Forum, to ensure the service user voice is heard. **August 2024:** as a result of a series of co-production meetings, the first meeting of the Mental Health Forum is due to take place on 14th October.
5.3: Recognise the importance of social connection, green spaces and different cultural contexts for mental wellbeing. Increase social prescribing by promoting access and signpost to activities that promote wellbeing	5.3.2. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing		Ageing Well Task Group	Sue Butterworth		Work in partnership to develop a supported volunteer programme with residents with a learning disability, which addresses the identified need for gardening help for ageing or vulnerable residents in West Berkshire	Gardening help for elderly and vulnerable residents					A	A feasibility review of these actions has been undertaken and it was agreed that there was currently no budget or staff capacity to take these forward Request to remove **Updated August 2024**
	5.3.3. Support the creation of activities and initiatives that enable people to connect with nature and greenspace to improve their wellbeing		Ageing Well Task Group	Sue Butterworth		Work in partnership to develop a supported volunteer programme with residents with a learning disability, which addresses the identified need for gardening help for ageing or vulnerable residents in West Berkshire	Support and encouragement for people with learning disability to acquire new skills and confidence which could help them into paid employment					A	A feasibility review of these actions has been undertaken and it was agreed that there was currently no budget or staff capacity to take these forward Request to remove **Updated August 2024**
	5.3.4 Using a co-production approach where possible - develop and deliver nature for health activities to reduce social isolation and loneliness and support communities		Ageing Well Task Group	Sue Butterworth		Using a co-production approach develop and deliver nature for health activities to on an intergerne	Deliver a nature for health project to an intergenerational audience					G	**Completed -** Intergenerational gardening project set up working with residents Newbury Grange care home and children from Fir Tree School. This is now operational and proving popular and successful.

Health and Wellbeing Strategy Delivery Plan 2022-2025													
								2024/25					
Objective	**Action**	**New 24/25**	**Owned by**	**Contact**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
5.4: Improve access to, quality and efficiency of services available to all who need them, including improved digital offerings for those who can and prefer to use them.	5.4.4: Develop and promote a range information and tools to support transition across the life course (e.g. birth, school, college/ university, employment, moving house, marriage, divorce/ separation/ widow, bereavement) through Be Well (or similar platform).		Mental Health Action Group	Adrian Barker	Apr-22	Number of resources produced	One per quarter					G	**March 2024:** it has been decided to pursue bereavement as a key transition across the life course. The first step will be to bring together relevant bodies engaged in this area to identify any problems and suggest ways in which they could be addressed. **June 2024:** a first meeting to investigate the impact of bereavement on mental health and identify areas where more could be done, is to be held in July. **August 2024:** a workshop involving a range of stakeholders (15 attendees) was held on 22nd July. A report summarising the event has been sent to attendees for comments. Further meetings are due to be held to take this forward.
	NEW: 5.4.5: Monitor and support the implementation and development of the new Mental Health Integrated Community Service in West Berkshire		Mental Health Action Group	Adrian Barker	Mar-24	Regular reports/updates to MHAG from BHFT	TBC					G	**October 2023:** Some MHAG members attended the MICHS Stakeholder event on Tuesday 10th October. We received an update on implentation of the new service in West Berkshire. Berkshire Healthcare Foundation Trust have plans to set up a Steering Group to oversee the implementation in West Berkshire. **March 2024:** A number of members of the MHAG have been actively contributing to the MHICS (Mental Health Integrated Community Service) Steering Group since its establishment in November 2023. The service had a soft launch at the end of January 2024. It is developing in a phased approach, gradually increasing where it is taking referrals from and building up to its full complement of staff. **June 2024:** This Berkshire Healthcare Foundation Trust service has been recruiting more staff and is now properly up and running. MHAG actively supported a workshop to look at how this could be made a truly integrated service. **August 2024**: MHAG has offered support in taking forward actions from the workshop on integration.
5.6: Improve access to support for mental health crises and develop alternative models which offer sustainable solutions, such as peer mentoring or trauma-based approaches.	5.6.2: Implement and deliver the priorities of the new Berkshire Suicide Prevention Strategy		Shared Public Health Team	Steven Bow	Jan-24	Operational delivery plan produced	N/A					R	Work on the Suicide Prevention Strategy has been delayed due to staff sickness. An update was provided to the Health and Wellbeing Board meeting on 2 May. The new Director of Public Health and Consultant in Public Health are reviewing the allocation of team resource for supporting the local implementation of the Berkshire Suicide Strategy and defining the local action plan. This work will be led by the West Berkshire Suicide Prevention Action Group through appropriate sub-groups, aligned with the Pan Berkshire Suicide Prevention Group, with support from West Berkshire governance structures. **Updated: August 2024**

Health and Wellbeing Strategy Delivery Plan 2022-2025													
								2024/25					
Objective	**Action**	**New 24/25**	**Owned by**	**Contact**	**Timescale**	**Indicator**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**RAG Status**	**Commentary**
	5.6.3 Raise awareness of the issue of suicide, its causes and sources of help to those affected by either feeling suicidal or bereaved as a result of suicide.		West Berkshire Suicide Prevention Action Group	Garry Poulson	Apr-22	Number of organisations contacted	10 per quarter					A	**Q1 2023/24:** Delivered Suicide First Aid Courses during April, May and June. Attendees included Street Pastors, Healthwatch, Solicitor, Citizens Advice, Handybus, Soup Kitchen, Sport in Mind and Time 2 Talk. Continued to visit and leave information / email information to pubs, hairdressers, barbers, tattooists, social and sport clubs amongst others. Had useful meetings with Andrew Spaak from West Berkshire Injury Clinic who is keen to book courses for local rugby clubs. Our Director visited and sent information to the fire station in Theale and Swift local delivery firm, both wishing to explore possibly booking courses. **Q2 2023/24**: Suicide First Aid Courses paused during summer holiday. Had follow-up meeting with Andrew Spaak who is hoping to bid for courses for Hungerford and Thatcham Rugby Clubs. Also had meetings with Waterside Centre and local PCSOs. Contacted SOBS to find out how to set up a support group. Attended meeting in Theale re local mental health services. Continued to deliver leaflets, cards, QR codes, including to shops and businesses.

Changes to Pharmaceutical Services

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Gordon Oliver
Report Sponsor:	Dr Matt Pearce
Item for:	Decision

1. Purpose of the Report

This report provides details of recent and planned changes to pharmaceutical services in West Berkshire and advises the Health and Wellbeing Board on the implications for the West Berkshire Pharmaceutical Needs Assessment.

2. Recommendations

The Health and Wellbeing Board is asked to:

(a) Note that the application offering unforeseen benefits at Gaywood Drive Shops, Newbury, RG14 2PR by Bolcer Ltd has been approved; and

(b) Note that the application offering unforeseen benefits at Kingsland Centre, The Broadway, Thatcham RG19 3HN by LP SD One Hundred Seven Limited has been refused.

(c) Note that the decision is being appealed and resolve to respond that the Board has nothing to add to the comments previously submitted, which remain applicable and relevant, and that NHS Resolution are requested to have regard to those comments when determining the appeal.

3. Executive Summary

3.1 The West Berkshire Health and Wellbeing Board has a duty to keep its Pharmaceutical Needs Assessment (PNA) under review in the light of any notifications of changes in provision of pharmaceutical services within the district.

3.2 As a statutory consultee, the Health and Wellbeing Board is invited to submit comments on applications for new pharmacies.

3.3 This report provides updates on the unforeseen benefits applications for new pharmacies at the following locations:

- Application offering unforeseen benefits at Gaywood Drive Shops, Newbury, RG14 2PR by Bolcer Ltd;
- Application offering unforeseen benefits at Kingsland Centre, The Broadway, Thatcham RG19 3HN by LP SD One Hundred Seven Limited.

4. Supporting Information

Background

4.1 The Health and Social Care Act 2012 established health and wellbeing boards and made them responsible for developing and updating PNAs from 1 April 2013. The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirement for health and wellbeing boards to develop and update PNAs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended, set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.

4.2 PNAs are used and referred to by those wishing to open a new pharmacy or dispensing appliance contractor premises. They are used by NHS England and NHS Improvement to determine applications, and NHS Resolution refers to them when applications go to appeal.

4.3 Following publication of a PNA, health and wellbeing boards must assess the impacts of any changes in provision of pharmaceutical services in their area and determine whether the changes warrant refreshing the PNA, or publishing a supplementary statement to the existing PNA, in accordance with national guidance and legislation, or if no action is required because the changes do not create a gap in provision.

4.4 Any application for a new pharmacy in a location where a gap in provision has not been identified is known as an 'unforeseen benefits application', on the basis that it was not included within the PNA and no significant gap in provision has been identified within the PNA or a subsequent supplementary statement.

Unforeseen Benefits Applications – Gaywood Drive Shops, Newbury, and Kingsland Centre, Thatcham

4.5 A notification was received on 13 March 2024 from Primary Care Support England (PCSE), which administers applications on behalf of NHS England, advising of an unforeseen benefits application by Bolcer Ltd for a new pharmacy at Gaywood Drive shops in Newbury.

4.6 PCSE advised that this should be considered alongside the unforeseen benefits application by LP SD One Hundred Seven Ltd for a new pharmacy at the Kingsland Centre in Thatcham, for which notification had been received on 27 December 2023.

4.7 As a statutory consultee, the Health and Wellbeing Board was invited to submit comments on these applications. They were considered by Pharmaceutical Needs Assessment Sub-Committee on 17 April 2024, which resolved to write to PCSE in support of both applications. The Council's response is included in Appendix A.

4.8 On 19 July 2024, confirmation was received from PCSE that the application for Gaywood Drive had been approved, but the application for Kingsland Centre had been refused. A copy of the decision report is provided within Appendix B.

4.9 On 3 September 2024, notification was received that the above decision was the subject of an appeal. NHS Resolution will need to determine whether it is satisfied that granting the application (or granting it in respect of some only of the services specified in it) would secure improvements, or better access, to pharmaceutical services in West Berkshire. A copy of the correspondence is included in Appendix C.

4.10 The Board has been asked to submit evidence relevant to any of the matters set out below. NHS Resolution will proceed on the basis of the information provided by the parties and determine the appeal accordingly.

4.11 In relation to Regulation 18, the matters to which consideration will be given are whether:

(a) granting the application would cause significant detriment to -

(i) proper planning in respect of the provision of pharmaceutical services in the Health and Wellbeing Board area; or

(ii) the arrangements which NHS England has in place for the provision of pharmaceutical services in the Health and Wellbeing Board area;

(b) notwithstanding that the improvements or better access were not included in the pharmaceutical needs assessment, granting the application would confer significant benefits on persons in the area (which were not foreseen when the pharmaceutical needs assessment was published), having regard to the desirability of -

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the Health and Wellbeing Board;

(ii) people who share a protected characteristic (as listed in section 149(7) of the Equality Act 2010 - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity) having access to services that meet specific needs for pharmaceutical services that, in the area of the Health and Wellbeing Board, are difficult for them to access, or

(iii) there being innovative approaches taken with regard to delivery of pharmaceutical services.

5. Options Considered

5.1 The Board provided comments that addressed the above matters in response to the original applications. The Board supported both applications on the grounds that they would provide better access to pharmaceutical services for residents that were not foreseen when the PNA was published.

5.2 The Board could respond to say that it has nothing to add to the comments previously submitted, which remain applicable and relevant, and that NHS Resolution are requested to have regard to those comments when determining the appeal.

5.3 Alternatively, the Board could choose to make additional comments in response to any matters raised by the appellant.

6. Proposals

It is proposed that the Board should note the decisions in relation to the two unforeseen benefits applications, and the subsequent appeal. It is also proposed that the Board should resolve that it has nothing to add to the comments previously submitted, which remain applicable and relevant, and request that NHS Resolution have regard to those comments when determining the appeal.

7. Conclusion(s)

The changes in pharmaceutical services have been assessed in accordance with national guidance and relevant legislation. The proposal will ensure that NHS Resolution is aware of the Board's views and can take these into account when determining the appeal.

8. Consultation and Engagement

Local ward councillors have been informed of the changes to pharmaceutical services outlined in this report.

9. Appendices

Appendix A – West Berkshire Health and Wellbeing Board representation in relation to applications offering unforeseen benefits at Gaywood Drive, Newbury, RG14 2PR by Bolcer Ltd and Kingsland Centre, The Broadway, Thatcham RG19 3HN by LP SD One Hundred Seven Limited

Appendix B – Decision Report of the Pharmaceutical Services Regulations Committees meeting in common for: Buckinghamshire, Oxfordshire and Berkshire West ICB, Hampshire & IoW ICB & Frimley ICB, 26th June 2024

Appendix C – Appeal documentation relating to Bolcer Limited – application for inclusion in the pharmaceutical list offering unforeseen benefits at Gaywood Drive Shops, Newbury, RG14 2PR

Background Papers:

West Berkshire Pharmaceutical Needs Assessment 2022-2025

Pharmaceutical Needs Assessments: Information pack for local authority health and wellbeing boards, DHSC, October 2021

Pharmaceutical Needs Assessment Sub-Committee Agenda and Minutes, 17 April 2024

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☐ Promote good mental health and wellbeing for all children and young people
☐ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by ensuring that there are sufficient pharmaceutical services in the District to meet the needs of the local population.

22 April 2024

PCSE Enquiries
PO Box 350
Darlington
DL1 9QN

West Berkshire District Council
Council Offices
Market Street
Newbury
RG14 5LD

Our Ref: PNA-2024-03-13
Your Ref: CAS-270183-Q5R4N4 & CAS-261308-H8K8C7
Tel: 01635 519486
e-mail: Gordon.Oliver1@westberks.gov.uk

Dear Mr Hyde,

Re: Applications offering Unforeseen benefits at Gaywood Drive, Newbury, RG14 2PR by Bolcer Ltd and Kingsland Centre, The Broadway, Thatcham RG19 3HN by LP SD One Hundred Seven Limited

Thank you for consulting the West Berkshire Health and Wellbeing Board in relation to the above applications. The applications were considered by the Pharmaceutical Needs Assessment Sub-Committee at its meeting on 16 April 2024. The Board wishes to make written representations on these applications as set out below.

There have been four pharmacies that have closed in Newbury and Thatcham since the Pharmaceutical Needs Assessment was carried out in 2022. Two years ago, the ratio of pharmacies per 10,000 population was 1.3 in West Berkshire, compared to 2.2 for England as a whole, but as a result of the closures across the district in the period since the PNA was completed, the ratio has fallen to just 1.0 per 10,000 population.

When the Health and Wellbeing Board considered the above closures, it did not consider that they had created a significant gap in the provision of pharmaceutical services in the Thatcham area that was sufficient to justify a review of the PNA or publication of a Supplementary Statement. This was because there were no additional households placed outside a 1 mile / 20 minute travel time to their nearest pharmacy as a result of the closures, and because the Local Pharmaceutical Committee had provided reassurance that there would be sufficient capacity at the remaining pharmacies to be able to process the displaced activity.

Notwithstanding this decision, the Board would welcome additional pharmacies in Gaywood Drive, Newbury, and within the Kingsland Centre in Thatcham town centre as a means of helping to increase capacity and choice for patients, and to improve the overall resilience of the pharmacy sector within West Berkshire. The additional pharmacies would also help to support the Pharmacy First Service, which will see greater numbers of referrals to pharmacies for a variety of conditions and minor illnesses.

The proposed pharmacy at Gaywood Drive would be the only one within the Newbury Clay Hill Ward to the north-east of the town centre, which has a population of 7,547 residents according to the 2021 Census. It would also serve parts of Thatcham West ward, as well as major new housing developments that are currently being built to the north of Newbury and on Lower Way, Thatcham.

Both Newbury Clay Hill and Thatcham West Wards have a higher proportion of families with very young children compared with the West Berkshire and England averages. These would be more likely to need pharmacy services than the wider population.

The Gaywood Drive site has good accessibility for a suburban location, with easy walking access from surrounding residential areas, as well as a bus routes and bus stops nearby, and plenty of on-street parking in the vicinity of the site.

The proposed pharmacy would have late evening and Saturday opening, which would be welcomed. Prior to closing in 2023, the Lloyds Pharmacy in Sainsbury's would have been the closest one to offer late evening opening for many residents of Newbury Clay Hill. Currently, residents have to travel to one of the pharmacies on the southern fringe of the town to be able to get to a pharmacy open after 6pm. Therefore, the Gaywood Drive pharmacy would enhance evening access.

As mentioned in our previous submission, the proposed pharmacy at the Kingsland Centre would enhance accessibility for patients living in Thatcham, since the location is well served by local walking, cycling and public bus networks. The Kingsland Centre has its own car park and there is plenty of on-street parking within the town centre, with level, step-free access from both directions. Furthermore, the location is close to a number of sheltered housing / retired living developments and so would be easily accessible by residents of these facilities.

The proposed pharmacy would be the only one in Thatcham to open seven days a week, which would be welcomed, since patients currently have to travel to Newbury to access a pharmacy that is open on Sundays. The application also indicates that the pharmacy will offer free home delivery, which would deliver significant benefits for patients who are less mobile and / or on low incomes.

Although the pharmacy would be in Thatcham Central ward, which has low levels of deprivation, it would be used by all Thatcham residents, including those living in Thatcham North-East, which has significant pockets of deprivation (20% of LSOAs within this ward are in the third decile on the Index of Multiple Deprivation). We see a correlation between poorer health (and health behaviours such as smoking and substance misuse) and increased deprivation. We would therefore expect to see a greater demand on pharmacy services (including Advanced and Enhanced Services, such as smoking cessation and needle and syringe exchange services) serving more deprived areas.

It should also be noted that the West Berkshire Local Plan Review proposes to allocate 1,500 additional homes to the north-east of Thatcham and these residents would also be likely to use the proposed pharmacy at the Kingsland Centre.

In summary, the Board is supportive of both applications and believes that they will deliver significant additional benefits for patients. The Board does not foresee any significant negative effects as a result of the proposal.

Please let us know if you have any queries in relation to the above comments.

Yours sincerely,

Councillor Alan Macro
Chairman of West Berkshire Health & Wellbeing Board

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Pharmaceutical Services Regulations Committees meeting in common for:
Buckinghamshire, Oxfordshire and Berkshire West ICB, Hampshire & IoW ICB & Frimley ICB

Annex 6.1 & 6.2 to the minutes of the meeting held on Wednesday 26th June 2024.

Applications offering Unforeseen Benefits being considered together and in relation to each other:

Application 1: LP SD One Hundred Seven Limited

- ME3093- CAS-261308-H8K8C7
- Kingsland Centre, The Broadway, Thatcham, RG19 3HN
- West Berkshire HWB.
- Buckinghamshire, Oxfordshire and Berkshire West ICB.

Application 2: **Bolcer Ltd**

- CAS-270183-Q5R4N4
- Gaywood Drive Shops, Newbury, RG14 2PR. Map covering best estimate area depicted below, with proposed best estimate sites located within blue box.
- West Berkshire HWB.
- Buckinghamshire, Oxfordshire and Berkshire West ICB.

1. Introduction and background

1.1 Unforeseen benefits applications had been received as detailed above. The Committee was now required to consider the applications in accordance with Regulations 18 and 19 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

1.2 Full details of the applicant's proposals had been notified to the various interested parties in accordance with the regulations.

1.3 It had been previously agreed and notified that the two applications would be considered together.

2. Consideration by the Committee - Applications

Summary of application from LP SD One Hundred Seven Limited.

2.1 The applicant proposed core opening of 40 hours per week and total proposed opening of 61.30 hours per week.

2.2 The hours proposed as indicated in section 3.1 of the application form are:

2.2.1 Proposed core opening hours:

Monday-Friday	Saturday	Sunday	Total
09:00-17:00	None	None	40

2.2.2 Total proposed opening hours:

Monday	Saturday	Sunday	Total
08:30-18:00	09:00-17:00	10:00-16:00	61.30

2.3 The applicant proposed to provide essential, enhanced, and advanced services, if commissioned.

2.4 The Applicant had not provided a floor plan.

2.5 At part 6 of the application form, the applicant describes the unforeseen benefit they are offering to secure as: *"Since the last PNA the number of closures stands as 3 and now with recent news that Boots FE788 will be closing the contract on the 17th of January 2024 the number of closures will stand at 4. With no remaining contract offering 7day a week service that cover the opening hours of the two main two surgeries in Thatcham."*

"*Currently if a patient within the area of Thatcham requires pharmacy service provisions on a Sunday they will have to travel and have the means of travelling over 3 miles away to access these services*."

"*The closure of the 3 pharmacies (excluding the boots closure that is in sight) saw a reduction in the overall availability of essential provision in the district. The closures have led to an increase in the average number of items dispensed in other pharmacies. Remaining contractors were able to accommodate an increase in capacity but since they have absorbed the pharmacy provision needs since the said closures, it is unlikely that they have more capacity to cover the dispensing volume of the boots that is closing (roughly 14,000 items per month) specifically the corporate operators"*.

2.6 *The Applicant also stated;*
"Our delivery service will run 7 days a week as well as our Pharmacy opening provisions. Not only will we be able to improve the provisions in the area for patients but also by being more accessible with opening times and location between other services providers will have a means of providing seamless care to patients that require it out of hours E.G. on a Sunday. There is also several large developments going ahead in Thatcham and the PNA also did not account for the increase in housing/population"

Representations

2.7 The Committee noted the applicant's proposals were notified to various interested parties in accordance with the Regulations.

2.8 Representations have been received from:

2.8.1 Healthcare Plus Consulting on behalf of Bolcer Ltd stated *"My client agrees with the Applicant that a new pharmacy is required in the Newbury/Thatcham area, however, asserts that the application from Bolcer Ltd should be preferred.*

It is of note that the Applicant's proposed site is only 0.3 miles from existing pharmaceutical provision, with the next nearest pharmacy also being only 0.6 miles away. By contrast, the site proposed by my client is situated in a dense residential area and is 1.5 miles away from the nearest pharmacy. Clearly granting my client's application would provide much greater access and choice to pharmaceutical provision for the localised population.

We also note that the Applicant has only provided 40 core hours, whereas my client has provided 45.5 core hours. The Applicant appears to have offered a number of supplementary hours, however as the committee will be aware, supplementary hours can be withdrawn easily and thus no weighting should be placed on them."

2.8.2 Halo Pharmacy stated
*"**Patient Journeys***
In terms of access, the Applicant cannot claim that their proposed pharmacy would be more accessible. Halo Pharmacy is only a 0.3-mile/ 5-minute walk from the proposed premises. A patient journey to the proposed location would essentially be the same as a patient journey to Halo Pharmacy. Indeed, the proposed site and Halo pharmacy are linked by a one-stop bus journey which is practically a door-door service. The proposed site is not more accessible when considering patient journeys.

Recent closures

The Lloyds pharmacy in Reading was situated over 10 miles away from the Applicants proposed site. It is highly unreasonable to suggest that this closure would have any effect on local residents.

The Lloyds pharmacy in Newbury was situated over 3 miles away in a neighbouring town. Again, it is unreasonable to suggest that this closure would have any consequential effect on local residents.

The Boots pharmacy in Thatcham Health centre is granted 0.3 miles from the proposed site. However, this pharmacy is directly opposite Halo pharmacy, and we are well placed and prepared to absorb these patients and provide adequate pharmaceutical access. Indeed, the migration of patients has already begun prior to the Boots closure, and we are unaware of any complaints regarding our service and any capacity issues. We are taking all necessary steps to even improve on the experience patients have ever had even before the closures.

In regard to recent closures, we conclude that the Lloyds in Sainsburys closures are not relevant to an application at the proposed location. The upcoming closure of the Boots will not leave a gap in access, with reasonable choice being upheld by Halo pharmacy.

Opening hours
The Applicant also references improvements in accessibility through the opening hours it proposes, with a particular emphasis on Sunday opening hours.

The Applicant raises the issue of Sunday opening pharmacies not being available for 3 miles, however we highlight that this has been the case in Thatcham for a while (many years) and certainly since the publishing of the last PNA in 2022, where no gaps in Sunday provision were identified.

The closing Boots is not open on a Sunday, and other closures are over 3 miles distant. As a local operator we are unaware of a need for Sunday opening, however, will happily oblige should NHS England commission us to do so. We already have plans to open for longer as soon as the Boots in Thatcham closes doors.

We note that despite placing emphasis on a need for additional opening hours, especially on a Sunday, the Applicant has submitted an application for the minimum 40 core pharmaceutical hours. The remaining 21 and a half hours are supplementary hours, which we highlight can be easily terminated with 3 months notification. It is clear that the Applicant has not committed to providing extended opening hours, despite what is written in the application.

We also note that the Applicant (LP SD ONE HUNDRED SEVEN LIMITED) is already a local operator, currently operating Thatcham Pharmacy, Unit 2 Burdwood Centre, Station Road, Thatcham, RG19 4YA. This pharmacy is 0.7 miles from the proposed site and does not currently open on a Sunday. We suggest that if the Applicant feels that there is a need for Sunday opening provision (a notion that we do not agree with), then an easier remedy would be for the Applicant to open on a Sunday through their current premises and provide all the benefits they have highlighted.

We maintain that there is currently sufficient access and reasonable choice of opening hours.

Other matters
The Applicant also highlights the provision of a delivery service. We note that delivery is not an NHS commissioned service, and much like supplementary opening hours,

can be stopped at any time. As a local operator, we are also unaware of any complaints regarding delivery services."

1.1.1 West Berkshire Health and Wellbeing Board (HWB) stated
"There have been four pharmacies that have closed in Newbury and Thatcham since the Pharmaceutical Needs Assessment was carried out in 2022. Two years ago, the ratio of pharmacies per 10,000 population was 1.3 in West Berkshire, compared to 2.2 for England as a whole, but as a result of the closures across the district in the period since the PNA was completed, the ratio has fallen to just 1.0 per 10,000 population.

When the Health and Wellbeing Board considered the above closures, it did not consider that they had created a significant gap in the provision of pharmaceutical services in the Thatcham area that was sufficient to justify a review of the PNA or publication of a Supplementary Statement. This was because there were no additional households placed outside a 1 mile / 20 minute travel time to their nearest pharmacy as a result of the closures, and because the Local Pharmaceutical Committee had provided reassurance that there would be sufficient capacity at the remaining pharmacies to be able to process the displaced activity.

Notwithstanding this decision, the Board would welcome additional pharmacies in Gaywood Drive, Newbury, and within the Kingsland Centre in Thatcham town centre as a means of helping to increase capacity and choice for patients, and to improve the overall resilience of the pharmacy sector within West Berkshire. The additional pharmacies would also help to support the Pharmacy First Service, which will see greater numbers of referrals to pharmacies for a variety of conditions and minor illnesses.

… the proposed pharmacy at the Kingsland Centre would enhance accessibility for patients living in Thatcham, since the location is well served by local walking, cycling and public bus networks. The Kingsland Centre has its own car park and there is plenty of on-street parking within the town centre, with level, step-free access from both directions. Furthermore, the location is close to a number of sheltered housing / retired living developments and so would be easily accessible by residents of these facilities.

The proposed pharmacy would be the only one in Thatcham to open seven days a week, which would be welcomed, since patients currently have to travel to Newbury to access a pharmacy that is open on Sundays. The application also indicates that the pharmacy will offer free home delivery, which would deliver significant benefits for patients who are less mobile and / or on low incomes.

Although the pharmacy would be in Thatcham Central ward, which has low levels of deprivation, it would be used by all Thatcham residents, including those living in Thatcham North-East, which has significant pockets of deprivation (20% of LSOAs within this ward are in the third decile on the Index of Multiple Deprivation). We see a correlation between poorer health (and health behaviours such as smoking and substance misuse) and increased deprivation. We would therefore expect to see a greater demand on pharmacy services (including Advanced and Enhanced Services, such as smoking cessation and needle and syringe exchange services) serving more deprived areas.

It should also be noted that the West Berkshire Local Plan Review proposes to allocate 1,500 additional homes to the north-east of Thatcham and these residents would also be likely to use the proposed pharmacy at the Kingsland Centre.

In summary, the Board is supportive of both applications and believes that they will deliver significant additional benefits for patients. The Board does not foresee any significant negative effects as a result of the proposal."

1.1.2 Boots UK Ltd had no comments to make on the application.

1.2 The Committee noted the applicant did not provide a response to the consultation responses, but West Berkshire HWB did provide a response."

1.2.1 The West Berkshire HWB stated that

"We would like to add the additional comments:

- Our previous comments remain unchanged, and our previous points around improved access still stand.
- The Halo Pharmacy objection does not mention that there was previously a pharmacy in the Kingsland Centre, which closed between the PNA being undertaken and adopted.
- Sunday opening hours would be a material consideration, since patients currently need to travel to Newbury to access a pharmacy on Sundays, which would be challenging for those without access to a car.

In summary, the Board's position remains unchanged, and supportive of both applications believing that they will deliver significant additional benefits for patients."

Summary of Application from Bolcer Ltd.

1.3 The applicant proposed core opening of 45.5 hours per week and total proposed opening of 50.5 hours per week.

1.4 The applicant had also indicated which hours they proposed to be the 40 core hours, and which hours were proposed as additional core hours (the additional core hours/directed hours were 18:00-18:30 Monday to Friday and 10:00-13:00 on Saturdays)

1.5 The hours proposed as indicated in section 3.1 of the application form are:

1.5.1 Proposed core opening hours:

Monday-Friday	Saturday	Sunday	Total
09:0-13:00; 14:00-18:30	10:00-13:00	None	45.5

1.5.2 Total proposed opening hours:

Monday	Saturday	Sunday	Total
09:00-18:30	10:00-13:00	Closed	50.5

1.6 The applicant proposed to provide essential, enhanced and advanced services, if commissioned.

1.7 The Applicant had not provided a floor plan, but would provide one when once the premises had been secured.

1.8 At part 6 of the application form, the applicant describes the unforeseen benefit they are offering to secure as:

"*We understand that there is currently no pharmacy situated in either ward. We believe that the recent closure of the following pharmacies have left/ will leave a significant gap in pharmaceutical services for Newbury and Thatcham:*

- Lloyds in Sainsburys, Hectors way, Newbury, RG14 5AB – Closed June/ July 2023

- Superdrug, Northbrook Street, Newbury, RG14 1AE – Closed 16/09/2023

- Boots, Thatcham Health Centre, Thatcham, RG18 3HD – Closing 17/02/2024

1.9 The Applicant also stated *"In our view, the closure of the Lloyds in Sainsbury's and Superdrug in Newbury town centre, coupled with the upcoming closure of the Boots in Thatcham Medical Practice will leave a significant gap in pharmaceutical services for Newbury and Thatcham.*

Local residents and those who are using the local amenities would benefit significantly from having a pharmacy located on the parade of shops on Gaywood Drive.

It is clear from the map above that there is a huge gap in geography where pharmaceutical services are required; a gap this application proposes to fill.

By Foot from Proposed site to current nearest pharmacy (Boots, RG14 1DJ)
As can be seen from the map on the following page, this journey is 1.5 miles or 32 minutes, equating to a 1 hour 4-minute round-journey. It is worth reiterating that distance in itself is a barrier to access. This journey is far greater than the 1-mile PNA maximum distance and is clearly excessive, especially considering the sizeable 7000+ population in the Newbury Clay Hill ward who have to endure such a lengthy journey.
Such poor access by foot is especially relevant when we understand that 40.3% of residents access pharmaceutical services by foot in West Berkshire, per the PNA public engagement survey.
We cannot consider a 3-mile round walk to access pharmaceutical services as sufficient access, nor can we consider this as having a reasonable choice to pharmaceutical services. In fact, for residents near the proposed site, we would consider this as no pharmaceutical choice at all, much less than the threshold of 'reasonable choice'.

It follows that other pharmaceutical provision is also not accessible by foot on account of the greater distances involved. The Day Lewis pharmacy in Newbury town centre is 1.6 miles away, and Halo pharmacy in Thatcham is 1.8 miles away. Thus, there is a lack of reasonable choice and access to pharmaceutical services for those travelling by foot.

We also note that car parking is an issue for those accessing the Boots due to its location in Newbury town centre. We understand that there is no car parking outside of the shop with the nearest parking situated in Camp Hopson car park. This car park is pay and display and thus may present a barrier to people who would like to access pharmaceutical services but may be deterred from doing so frequently due to parking charges.
As per the images above, street car parking at the proposed site is ample and free of charge and would introduce reasonable choice and eliminate the current barriers to access.

Gran□ng this application would secure be□er access to pharmaceutical services, especially when we consider the huge gap in geography that exists and access difficulties by foot, bus, and car. The elderly, disabled, and the wider population are likely to find the proposed pharmacy significantly more accessible than their current choices. It would also introduce reasonable choice of a different pharmaceutical provider for those in the local area.

Representations

1.1 The Committee noted the applicant's proposals were notified to various interested parties in accordance with the Regulations.

1.2 Representations have been received from:

1.2.1 LP SD One Hundred Seven Limited stated
"1. A reasonable choice of pharmacy.
Although, the applicant has explained that there have been several closures in the area (Lloyds Pharmacy, (RG14 5AB), Superdrug Pharmacy (RG14 1AE), and Boots (RG18 3HD), there is still a reasonable choice of pharmacies available. The applicant has said that the distance of the next closest pharmacy is more than what is deemed acceptable, we highlight below that the distance between the proposed site and the two closest pharmacies is 1.1 mile, equating to 22 minutes give or take, a non-significant difference between what is stated in the PNA as acceptable.

(I want to also use this opportunity to flag that the PNA is extremely outdated considering the vast change in pharmaceutical provisions in the area since it was published)

The services offered by pharmacies in the area needs to be considered, whether they are less than, or more than, a mile away from the proposed site. Patients in the geographical area that the applicant is seeking to offer better access to, have the options to use the likes of distant selling pharmacies or even local patient facing pharmacies who offer the delivery service such as Thatcham Pharmacy - a free service to all with no inclusion or exclusion criteria for eligibility.

LP SD ONE HUNDRED SEVEN LIMITED has also applied for a new contract to be granted offering unforeseen benefits at a more suitable location with reference: CAS-261308-H8K8C7. This application which has already been supported by the Health and Well Being Board of West Berkshire, offering an additional choice of pharmacy to the residents of this area with a 7-day a week opening service, with over 200 parking spaces.

A consensus of Berkshire showed that 10% of the population had no use of a vehicle and since this consensus was completed there has been a documented increase in road users which demonstrates that the population the applicant is seeking to accommodate have no issues or difficulties in accessing existing pharmacy contractors for services

There is a slight concern that the applicant is submitting an application on the basis that there is now a vacant geographical gap in provision of services following the closures of pharmacies at the following postcodes, however the distance of the proposed site to the now closed sites is not different or improved, so it begs the question that what further benefit is there for the residents if they were already accessing services from these pharmacies regardless of distance?

2) How easy it is for people who live or work near the applicant's proposed pharmacy to travel to other existing pharmacies?

In our most humble opinion, the applicant comes across quite passionately regarding distances covered by patients in the current pharmacy provision, hence the "considerable" improvement that their application could bring to the surrounding community. Upon further looking into it, we firmly believe that as a matter of fact, the application sought does not have a significant positive impact on what is already being offered by the closest pharmacies, in terms of accessibility, i.e. bus routes, car parks or opening times.

The closest car park to the proposed location is a 24-min walk, as opposed to 7-min to Boots in Newbury town centre. Also, the proposed location has no designated parking spaces, and no designated spaces for those that may require a disable parking bay.

As mentioned above, LP SD ONE HUNDRED SEVEN with its application reference number CAS-261308-H8K8C, seeks to considerably improve the opportunity for accessibility for patients in terms of distance and connectivity by bus, with buses running every 30min from Newbury town into Thatcham Broadway, with the bus-stop right outside our proposed location. As opposed to the applicant failing to improve the access for their patients, as they will still have to walk from their bus stop to the proposed location and back. So, again no significant improvement is sensed here.

3) Walking routes, bus services and access by car (including parking)

4) Whether people who are disabled, elderly, have young children or have other needs currently have problems using local pharmacies, and would benefit from the proposed pharmacy.

With regards to point 3 & 4: You will see that the distance from the proposed site (RG14 2PR) to the pharmacies which have closed, is no different to the distance from the proposed site to the next closest pharmacy: Day Lewis, Strawberry Hill, bringing a doubt over whether there is in fact any benefit to the local population, seeing as they are already being serviced by a pharmacy outside of the immediate locality, irrespective of distance, transport, public transport etc..

5) Whether opening another pharmacy would have any significant negative effects

I believe, with the residential build up that exists in the immediate surrounding area to the proposed site, there is what I would call an acceptable level of traffic in the area for the residents to face. However, by introducing a new pharmacy that will lead to a huge increase in traffic that will no doubt raise issues with the residents and create a nuisance. A residential location will always bring the question of suitability, based on how easy it is for patients visiting the location to park and be seen with no time constrictions, as well as not disturbing the already congested and busy neighbourhood life, something we are quite sceptical about, and could potentially lead to local complaints in the long run as well as bringing an unnecessary amount of traffic around a primary school situated less than 300 meters away from the proposed site, bringing much more higher risks of road traffic incidents with young children.

Accessibility is something very important to consider, the proposed site does not have adequate means of access for wheelchair users/patients with disabilities."

1.2.2 Thames Valley LPC stated
"There has been no Supplemental Statements issued against the current PNA published in 2022.

The LPC states that:

- *there is already a reasonable choice with regard to obtaining pharmaceutical services;*
- *there is no evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services; and*
- *there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services.*

There at least 2 Pharmacies (Boots Northbrook and Thatcham Pharmacy within a 9 minute drive, or 20 minutes by a well served public transport system."

1.2.3 West Berkshire HWB stated
"There have been four pharmacies that have closed in Newbury and Thatcham since the Pharmaceutical Needs Assessment was carried out in 2022. Two years ago, the ratio of pharmacies per 10,000 population was 1.3 in West Berkshire, compared to 2.2 for England as a whole, but as a result of the closures across the district in the period since the PNA was completed, the ratio has fallen to just 1.0 per 10,000 population.

When the Health and Wellbeing Board considered the above closures, it did not consider that they had created a significant gap in the provision of pharmaceutical services in the Thatcham area that was sufficient to justify a review of the PNA or publication of a Supplementary Statement. This was because there were no additional households placed outside a 1 mile / 20 minute travel time to their nearest pharmacy as a result of the closures, and because the Local Pharmaceutical Committee had provided reassurance that there would be sufficient capacity at the remaining pharmacies to be able to process the displaced activity.

Notwithstanding this decision, the Board would welcome additional pharmacies in Gaywood Drive, Newbury, and within the Kingsland Centre in Thatcham town centre as a means of helping to increase capacity and choice for patients, and to improve the

overall resilience of the pharmacy sector within West Berkshire. The additional pharmacies would also help to support the Pharmacy First Service, which will see greater numbers of referrals to pharmacies for a variety of conditions and minor illnesses.

The proposed pharmacy at Gaywood Drive would be the only one within the Newbury Clay Hill Ward to the north-east of the town centre, which has a population of 7,547 residents according to the 2021 Census. It would also serve parts of Thatcham West ward, as well as major new housing developments that are currently being built to the north of Newbury and on Lower Way, Thatcham.

Both Newbury Clay Hill and Thatcham West Wards have a higher proportion of families with very young children compared with the West Berkshire and England averages. These would be more likely to need pharmacy services than the wider population.

The Gaywood Drive site has good accessibility for a suburban location, with easy walking access from surrounding residential areas, as well as a bus routes and bus stops nearby, and plenty of on-street parking in the vicinity of the site.

The proposed pharmacy would have late evening and Saturday opening, which would be welcomed. Prior to closing in 2023, the Lloyds Pharmacy in Sainsbury's would have been the closest one to offer late evening opening for many residents of Newbury Clay Hill. Currently, residents have to travel to one of the pharmacies on the southern fringe of the town to be able to get to a pharmacy open after 6pm. Therefore, the Gaywood Drive pharmacy would enhance evening access.

In summary, the Board is supportive of both applications and believes that they will deliver significant additional benefits for patients. The Board does not foresee any significant negative effects as a result of the proposal."

1.9.1 Boots UK Ltd had no comments to make on the application.

1.3 The Committee noted that Healthcare Plus Consulting on behalf of the applicant provided a response to the consultation responses.

1.3.1 The response stated that:

- *It is undisputed that the late evening hours proposed by my client will improve evening access to pharmaceutical provision.*
- *It is undisputed that parking charges form a barrier to access current nearest - pharmaceutical provision.*
- *It is undisputed that pharmaceutical provision in Newbury and Thatcham is currently poor with an effective 10.3 pharmacies per 100,000 residents - half the average for England (20.6 / 100,000)*

It is worth noting that my client's proposed site, within the Newbury clay hill ward, is situated within one of the most densely populated areas in the whole of West Berkshire and is far cry from what could be considered as 'rural'. Yet the nearest pharmacy is still over 30-minute walk away, far in excess of the 20 minute maximum stipulated. The map below of population densities within the West Berkshire highlights how the Newbury Clay Hill Ward is in fact the most densely populated area in the whole of West Berkshire. It is obvious that pharmaceutical provision is required at my clients proposed location.

The other Applicant states that 'there is still a reasonable choice of pharmacies available'. We interpret such a comment as contradictory; if another applicant believes there is already a reasonable choice of pharmaceutical vision, why have they submitted an unforeseen benefits application? It is clear that the committee must treat representation made by the other applicant with scepticism.

The other applicant states that the 'two closest pharmacies is 1.1 mile'. We highlight to the committee that this distances as the crow flies and not in fact the correct distance by the most practical route The journey is in fact 1.5 miles - well in excess of what could be considered reasonable.

The Other Applicant highlights that only 10% of the population surrounding the proposed site has no access to a vehicle. We vehemently contest these claims and analyse the census data an LSOAs (Lower-Layer Super Output areas) that surrounds the proposed site. We can see that there are a large proportion of residents who reside near the proposed site who do not have access to a vehicle. These patients will see huge improvements in pharmaceutical accessibility should my client's application be granted.

The Other Applicant also mentions that the site proposed by my client is not the same as that of recent pharmacy closures. We submit that that is true; we believe that a pharmacy other proposed location provides much better access to the wider population opposed to the pharmacy closure sites. Indeed, it is often that case that pharmacy is closed due to unviability at certain locations. My client has chosen the proposed site as it not only provides much better geographical access, but also provides better viability opposed to pharmacy closure sites.

The Other Applicant raises concern with the parking provision at my client's proposed site. As ratified by the HWB, parking is plentiful at my client's proposed site and directly outside the proposed premises. There is not a need for dedicated disabled spaces as most spaces are accessible, as is usual for suburban areas. This is in stark contrast to the inner-town location proposed by the Other Applicant where car parks are busy and dangerous. It is noteworthy that parking at my client site is free whereas the other app can site is subject to parking charges.

2. Further Consideration by the Committee

2.1 The Committee also considered:

2.1.1 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

2.1.2 Department of Health guidelines on market entry by means of pharmaceutical needs assessment – Chapter 8 – Unforeseen Benefits.

2.1.3 The Report which included:

- maps of the location,
- opening times and distances to surrounding pharmacies and GP Practices,
- a site visit report,
- West Berkshire PNA 2022-25 extracts and a link to the full PNA,
- public transport information,
- prescription information,
- a previous decision report for another unforeseen benefits application in Newbury and,
- the relevant Regulations (18, 19, 31, 51 and 65).

2.1.4 In relation to the applications, the Committee noted the Applicants Fitness to Practise Status:

Application from LP SD One Hundred Seven Limited.
The Committee noted that the applicant's fitness information had previously been considered and approved.

Application from Bolcer Ltd.
Fitness information was determined and approved on 26th June 2024.

2.2 The Committee considered information from a site visit of the Newbury & Thatcham area that had been undertaken by Pharmacy Commissioning Hub representatives who were present at the meeting.

Newbury is a market town in West Berkshire situated in the valley of the River Kennet, it is 26 miles south of Oxford and 20 miles west of Reading. Thatcham is a market town situated to the east of Newbury which now only have one field separating the two town boundaries.

The A339 runs vertically through the centre of Newbury, to the North of Newbury town centre the A4 runs to the east through Thatcham, this is the main link road between the two towns.

2.3 The Committee noted the decision made by Buckinghamshire, Oxfordshire and Berkshire West ICB on 6th March 2024 to approve an application offering to provide unforeseen benefits for the Central/South Newbury area. The Committee noted that this decision is now under appeal with NHS Resolution.

3. Regulation 31 – Refusal: same or adjacent premises

3.1 The Committee first considered Regulation 31(2)(a)(i) and was of the view that Regulation 31(2)(a)(i) is not met as there is currently no person on the pharmaceutical list at the premises to which the application relates.

3.2 The Committee went on to consider paragraph (a)(ii) of Regulation 31(2); whether there is a person on the pharmaceutical list providing pharmaceutical services from adjacent premises.

3.3 The Committee was satisfied that there is no pharmacy providing pharmaceutical services within the area of the best estimate address/proposed premises of either application. The applications did not therefore need to be refused in accordance with Regulation 31.

4. Regulations 40,41 and 44

4.1 The Committee noted that the best estimate address/proposed premises location for both the applications was not in a controlled locality, and therefore, Part 7 of the Regulations (in particular Regulations 40, 41 and 44) did not have to be considered.

5. Regulation 50

5.1 There are 33 dispensing patients living within 1.6km radius of the proposed best estimate address of application 1, LP SD One Hundred Seven Limited and

5.2 6 dispensing patients living within 1.6km radius of the proposed best estimate address of application 2, Bolcer Ltd.

5.3 Therefore, the Committee noted that if either of the applications were approved it would be required to consider the discontinuation of arrangements for the provision of pharmaceutical services by doctors to the affected patients under Regulation 50.

5.4 The Committee agreed that if either of the application is approved, it was inclined that the service provided by the dispensing doctors to the affected patients should be discontinued, and that the discontinuation should be postponed in order to give the doctors reasonable notice of the discontinuation, as follows –

Application from LP SD One Hundred Seven Limited: 33 Dispensing patients

- Chapel Row Surgery for a period of one (1) month – (33 patients)

Application from Bolcer Ltd: 6 patients

- East Lane Surgery Chieveley for a period of one (1) month – (6 patients)

6. Oral Hearing

6.1 Having reviewed the content of each application and the consultation responses for each one, the Committee was satisfied it was not necessary to hold an oral hearing to determine the applications.

7. Regulation 18 – Unforeseen benefits application

7.1 The Committee noted that this was an application for "unforeseen benefits" and fell to be considered under the provisions of Regulation 18 which states:
(1) if –
(a) the NHSCB receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule1,

in determining whether it is satisfied as mentioned in section 129(2a) of the 2006 Act (regulations as to pharmaceutical services), the NHSCB must have regard to the matters set out in paragraph (2).

7.2 The Committee considered that **Regulation 18(1)(a)** was satisfied in that it was required to determine whether it was satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB

7.3 The Committee went on to consider whether **Regulation 18(1)(b)** was satisfied, i.e. whether the improvements or better access that would be secured if the application was granted were or was included in the Pharmaceutical Needs (the 'PNA') in accordance with paragraph 4 of Schedule 1 of the Regulations.

7.4 The Committee had regard to the West Berkshire PNA 2022-2025 (issue date 1st October 2022) (the 'PNA') and noted that no supplementary statements had been issued.

7.5 The Committee also noted that, having considered the entire West Berkshire locality including the area of Newbury & Thatcham, the HWB had reached the conclusion that "The results of the PNA concluded that there are no current gaps in the provision of essential services during normal working hours in their lifetime of this PNA." And "The results of the PNA concluded that there are no current gaps in the provision of essential services during normal working hours in their lifetime of this PNA." [Page 120, West Berkshire PNA, 2022-25].

7.6 The Committee noted that the HWB had considered access (distance, travelling times and opening hours') to assess how current service provisions will meet the needs of the population within the lifetime of the PNA.

7.7 The Committee noted that the improvements or better access that the Applicants were claiming would be secured by their application were not included in the relevant pharmaceutical needs' assessment in accordance with paragraph 4 of Schedule 1.

7.8 The Committee was satisfied that the improvements or better access which the applicants were proposing to secure were not identified in the PNA, and an 'unforeseen benefits' application is the correct type of application.

7.9 In order to be satisfied in accordance with Regulation 18(1), the Committee went on to consider those matters set out at Regulation 18(2).

7.10 **Regulation 18(2)(a)(i)** - *whether or not granting the application would cause significant detriment to the proper planning in respect of the provision of pharmaceutical services.*

7.11 The Committee was not aware of any plans that would be affected and concluded that granting the application would not have an adverse effect on any future plans. Neither of the submissions included any comment or evidence in regard to this matter. Therefore, the Committee concluded that granting an application would not cause significant detriment in this regard.

7.12 **Regulation 18(2)(a)(ii)** - *whether or not granting the application would cause significant detriment to the arrangements in place for the provision of pharmaceutical services.*

7.13 Neither of the submissions included any evidence on this question and the Committee found no proof to support the suggestion that if an application was to be granted, it would cause significant detriment to the arrangements in place for pharmaceutical services in the area.

7.14 The Committee did not find any significant detriment to proper planning or to the arrangements in place for the provision of pharmaceutical services and therefore was not obliged to refuse an application under Regulation18(2)(a).

7.15 **Regulation 18(2)(b)(i)** – *whether notwithstanding that the improvements or better access were not included in the relevant PNA, it is satisfied that, having regard in particular to the desirability of – there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB – granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant PNA was published.*

7.16 The Committee noted that in the area of Newbury & Thatcham, there have been a number new housing developments and population growth. Following the closure of four pharmacies over the past 2 years there is a now significant decrease of pharmaceutical service provision in the area.

7.17 In order to determine whether patients in the area already had a reasonable choice, the Committee considered access (distance, travelling times and opening hours) as an important factor in determining the extent to which the current pharmaceutical service provision meets the needs of the population in the Newbury & Thatcham area.

7.18 The Committee considered the location and distance of the pharmacies in the Newbury & Thatcham Area from the proposed locations as detailed in the site visit report and noted there was no pharmaceutical provision in the North East area of Newbury (in the area of Bolcer Ltd.'s proposed location).

7.19 In particular the Committee noted the location of the two nearest pharmacies to the proposed locations are:

Application from LP SD One Hundred Seven Limited	**Distance from Applicant** Distances given are in a straight line.
Halo Pharmacy 3-5 Crown Mead, Bath Road, Thatcham, RG18 3JW	0.2 miles
Thatcham Pharmacy Burdwood Centre, Station Road, Thatcham, RG19 4YA	0.5 miles

Application from Bolcer Limited	**Distance from Applicant**

	Distances given are in a straight line.
Day Lewis Pharmacy Access House, Strawberry Hill Rd, Newbury, RG14 1GE	1.1 miles
Boots the Chemists 4-5 Northbrook Street, Newbury, RG14 1DJ	1.1 miles

7.20 The Committee noted the details around the nature of the journey to the nearest pharmacies, road layouts and parking.

7.21 The Committee was provided with information on local bus service routes through Newbury and Thatcham showing services run approximately every hour Monday to Saturday for the 1a & 1c bus service.

7.22 On balance, having considered the factors above, the Committee was not satisfied that following the closure of the four pharmacies that residents of the Newbury & Thatcham area have reasonable choice with regard to obtaining pharmaceutical services.

7.23 The committee went on to consider the merits of each of the two applications in relation to choice, based on the proposed locations.

7.23.1 The Committee considered the proposed location of the application from LP SD One Hundred Seven Limited and noted that the proposed location was situated in the main shopping area of Thatcham, with plenty of parking but mainly paid parking except for approx. 23 spaces.

The Committee considered the location of the proposed premises in relation to other pharmacies within the Newbury & Thatcham area. The Committee noted that although the proposed location was in the main shopping area of Thatcham it was geographically close to the nearest pharmacy, which was a 6 min 0.3 mile walk from the proposed location and that the second nearest pharmacy was 0.5 miles away and therefore, may not provide the best location to secure better access for the wider population of Newbury and Thatcham.

7.23.2 The Committee considered the proposed location of the application from Bolcer Ltd and noted that the proposed location was situated in a parade of shops with free parking and people already accessed this location for some daily needs.

The Committee considered the location of the proposed premises in relation to other pharmacies within the Newbury & Thatcham area. The Committee noted that the 2 nearest pharmacies to the proposed location were a 33 & 35 minute (1.5 & 1.6 mile) walk.

The Committee noted that the proposed location was nearest to the two new housing developments of Taylor Wimpey/Shaw Valley and David Wilson Homes/Donnington Heights, both of which are nearing completion.

The Committee considered the location of the proposed premises in relation to the Newbury and Thatcham area as a whole and noted that the proposed location was accessible for the residents of the new housing developments, those who live in the north east of the area and the wider population of Newbury and Thatcham.

7.24 The Committee noted there are several practices dispensing to patients within 1.6km of the proposed location of both applications.

7.25 **Regulation 18(2)(b)(ii)** - *whether notwithstanding that the improvements or better access were not included in the relevant PNA, it is satisfied that, having regard in particular to the desirability of – people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access - granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant PNA was published.*

7.26 The Committee reminded itself that it was required to address itself to people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access. The Committee was also aware of its duties under the Equality Act 2010 which include considering the elimination of discrimination and advancement of equality between patients who share protected characteristics and those within such characteristics.

7.27 The Committee noted that whilst Bolcer Ltd had included statements in their application regarding people who share a protected characteristic there was no evidence provided that identified a group of patients in the Newbury & Thatcham area, sharing a protected characteristic with difficulty accessing services that meet a specific need.

7.28 The Committee felt that none of the applications had addressed the matter of patients with protected characteristics in any detail or suggested any group has difficult accessing services.

7.29 The Committee concluded that based on the information provided, granting an application would not confer significant benefits on people sharing a protected characteristic.

7.30 **Regulation 18(2)(b)(iii)** - *whether notwithstanding that the improvements or better access were not included in the relevant PNA, it is satisfied that, having regard in particular to the desirability of – there being innovative approaches taken with regard to the delivery of pharmaceutical services - granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant PNA was published.*

7.31 The applicants have not offered any information or evidence to demonstrate that their application brings any innovative approaches in the delivery of pharmaceutical services. Therefore, the Committee concluded that there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services.

7.32 In the absence of any suggestion by the applicants that there would be such benefits, the Committee was satisfied that granting the application would **not** lead to any significant benefits by virtue of innovation.

7.33 Other Considerations

7.33.1 Regulation 18(2)(c)-(f) - The Committee had previously determined that there was no need to defer the application under Regulation 18(2)(c) to (f).

8. Overall Decision

8.1 The Committee concluded that it was not required to refuse the applications under the provisions of Regulation 31.

8.2 The Committee had considered whether the granting of an application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the area covered by the HWB, or the arrangements in place for the provision of pharmaceutical services in that area and was not satisfied that it would not.

8.3 The Committee determined an application should be granted under the requirement of Regulation 18(2)(b)(i), there is not already a reasonable choice with regard to obtaining pharmaceutical services.

8.4 The Committee was of the view it was only necessary to grant one of the applications and so proceeded to consider which application should be granted.

8.5 The Committee compared the applications.

8.5.1 It was agreed that application from LP SD One Hundred Seven Limited was situated too close to two other existing pharmacies (Halo Pharmacy & Thatcham Pharmacy) to provide improved access for the residents of Newbury and Thatcham.

8.5.2 The Committee noted that the residents in the area of the Bolcer Ltd's proposed location currently have to travel a greater distance than other areas of Newbury & Thatcham in order to access to pharmaceutical services. The Committee felt that this proposed location offered the best accessibility for the wider population of Newbury and Thatcham, and in particular the residents of the north east of the area.

8.5.3 It was noted that application from Bolcer Ltd has declared more core opening hours (including core opening hours on a Saturday) than the application from LP SD One Hundred Seven Limited and proposes the additional hours over the standard 40 core hours will be Directed (not supplementary), which the Committee noted is currently subject to a 3-year commitment under a Direction arrangement.

8.5.4 The Committee noted that although the application from LP SD One Hundred Seven Limited provided more opening hours on Saturdays and Sundays, they were supplementary hours which could be removed with 5 weeks' notice.

8.6 The Committee agreed that application from Bolcer Ltd is the preferred application. The Application from Bolcer is therefore granted and the application from LP SD One Hundred Seven Limited, is refused.

9. Core opening hours conditions.

9.1 Bolcer Ltd undertakes to provide pharmaceutical services at the proposed pharmacy premises for more than 40 core opening hours per week.

9.2 The applicant and Buckinghamshire, Oxfordshire and Berkshire West ICB have agreed that pharmaceutical services are to be provided at the proposed pharmacy premises during those additional opening hours that exceed the 40 core opening hours at set times and on set days, and

9.3 The application was granted having regard to that undertaking and that agreement.

9.4 Bolcer Ltd has confirmed that the 40 core opening hours are 09:00-13:00; 14:00-18:00 Monday to Friday.

9.5 The applicant and Buckinghamshire, Oxfordshire and Berkshire West ICB have agreed that the additional opening hours are 18:00-18:30 Monday to Friday and 10:00-13:00 on Saturdays.

10. Rights of appeal – Application from LP SD One Hundred Seven Limited, CAS-261308-H8K8C

10.1 The application is refused so the applicant, LP SD One Hundred Seven Limited, has the right to appeal.

10.2 The Committee decided not to grant third party rights of appeal to the LP SD One Hundred Seven Limited decision to any of the parties that responded during the consultation period because the application had been refused.

11. Rights of appeal, Application from Bolcer Ltd: CAS-270183-Q5R4N4

11.1 The application is granted so the applicant, Bolcer Ltd, does not have appeal rights.

11.2 LP SD One Hundred Seven Limited had made a reasonable attempt to express their grounds for opposing the application adequately in their representations.

11.3 The Committee decided that the parties that should have third party rights of appeal are LP SD One Hundred Seven Limited.

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Primary Care Appeals
NHS Resolution
8th Floor
10 South Colonnade
Canary Wharf
London
E14 4PU

15th August 2024

Subject: Appeal Against Decision in relation to the granting of an Unforeseen Benefits application submitted by Bolcer Limited at Gaywood Drive Shops: CAS-270183-Q5R4N4

Dear Appeals Committee,

I am writing to formally appeal the decision made by the NHS Committee during the meeting that took place on Wednesday 26th June 2024 to award a new pharmaceutical contract to Bolcer Limited offering Unforeseen Benefits, while rejecting the application of LP SD One Hundred Seven Limited also offering Unforeseen Benefits. After careful consideration of the reasons provided in the Committee's decision letter, I believe there are several points that warrant a reconsideration of this decision. I respectfully request that the decision be quashed, with a view to either redetermining and awarding the contract to both applicants, LP SD One Hundred Seven Limited and Bolcer Limited, or to LP SD One Hundred Seven Limited alone after taking careful consideration of the following points.

1. Proximity to Existing Pharmacies

The Committee's decision to reject the application from LP SD One Hundred Seven Limited was partly based on its proximity to two existing pharmacies—Halo Pharmacy and Thatcham Pharmacy. While proximity is an important consideration, it should not be the sole factor in determining whether the application from Bolcer Limited should be favoured over the application from LP SD One Hundred Seven Limited. The area served by LP SD One Hundred Seven Limited may still have unmet needs that could be better addressed by a pharmacy that offers additional and unique services. Furthermore, the mere proximity of pharmacies does not necessarily mean that all residents have equitable access to pharmaceutical services, especially in areas with high population density or specific demographic needs such as Newbury.

Since the NHS committee provided a decision on these applications, it has also been circulated that an application has been submitted by Halo Pharmacy Limited (Owner of Halo Pharmacy, 3-5 Crown Mead, Bath Road, RG18 3JW) to open a distant selling

contract within Thatcham to allow for redistribution of their own workload, essentially creating a hub and spoke model for the simple reason being that they are unable to manage the demand they are presented with for both dispensing and service provision, especially given the closure of Boots, Thatcham Medical Practice.

We would also like to highlight the comments made by the West Berkshire Health and Well Being Board who said:

"*Although the pharmacy would be in Thatcham Central ward, which has low levels of deprivation, it would be used by all Thatcham residents, including those living in Thatcham North-East, which has significant pockets of deprivation (20% of LSOAs within this ward are in the third decile on the Index of Multiple Deprivation). We see a correlation between poorer health (and health behaviours such as smoking and substance misuse) and increased deprivation. We would therefore expect to see a greater demand on pharmacy services (including Advanced and Enhanced Services, such as smoking cessation and needle and syringe exchange services) serving more deprived areas.*
It should also be noted that the West Berkshire Local Plan Review proposes to allocate 1,500 additional homes to the north-east of Thatcham and these residents would also be likely to use the proposed pharmacy at the Kingsland Centre."

The comments provided as above should not be taken lightly or overlooked. The Health and Wellbeing board, who have the responsibility to ensure sufficient health and wellbeing provisions are in place for the communities they oversee have themselves made it very clear that "**all** Thatcham residents" would use the pharmacy proposed to be opened by LP SD One Hundred Seven Limited at the Kingsland Centre.

2. Accessibility for Residents

The decision letter highlights that Bolcer Limited's proposed location offers better accessibility for residents, particularly those in the **northeast** of Newbury and Thatcham. While this may be the opinion of the NHS Committee, it is important to recognize once again the most valued and important insight provided by the West Berkshire Health and Well Being board who specifically made a point of stipulating that those residents situated in the northeast ward would be able to use and benefit from the location proposed by LP SD One Hundred Seven Limited. The application from LP SD One Hundred Seven Limited will significantly enhance access for a different subset of the population, particularly those who are closer to the town centre but still experience barriers to accessing pharmaceutical services. The Committee should consider whether the broader community would benefit from the added convenience and service variety that LP SD One Hundred Seven Limited would bring, particularly for vulnerable populations such as the elderly, those with mobility issues, or those without access to private transportation.

3. Opening Hours and Service Commitment

The Committee noted that Bolcer Limited declared more core opening hours, including on Saturdays, as a key factor in its decision. However, it is important to consider the quality and range of services provided during these hours, not just the quantity. LP SD One Hundred Seven Limited proposed additional hours on weekends, which could be crucial for residents who are unable to visit a pharmacy during traditional weekday hours. The flexibility of supplementary hours, though subject to change with notice, allows the pharmacy to adapt to the community's needs, which could ultimately result in better service something that LP SD One Hundred Seven Limited champions daily. Additionally, the fact that these hours can be adjusted should not detract from their potential benefit to the community. Though having said that, we wish for it to be noted that LP SD One Hundred Seven Limited wishes for the committee to reconsider this comparison knowing that we will agree to formally honour the following core hours:

Monday to Friday: 8:30am-6:30pm
Saturday: 10am-2pm
Sunday: 10am-4pm

With Supplementary hours:
Saturday: 9am-10am, 2pm-5pm.

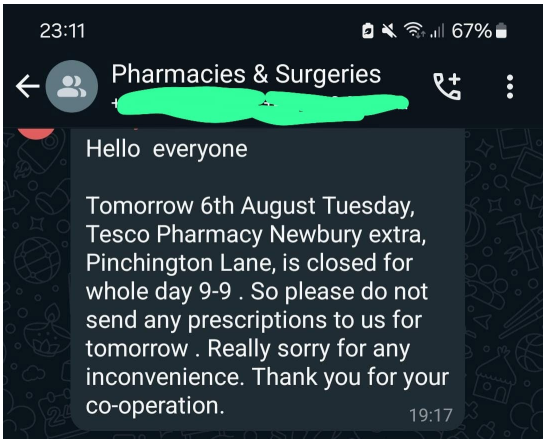
Total opening hours:
Monday to Friday: 8:30am-6:30pm
Saturday: 9am-5pm
Sunday: 10am-4pm

With this commitment to the NHS commissioner, they are now presented with no concern over LP SD One Hundred Seven Limited exercising the right to reduce our service provision. This change and commitment should be something that also allows for a redetermination in favour of the application submitted by LP SD One Hundred Seven Limited, and begs to ask the question that if the committee redetermine in favour of both contracts then is there sufficient resources within the NHS to support the contractor payments for both applicants or would the unforeseen benefit be met in full by the one applicant- LP SD One Hundred Seven Limited.

4. Community Impact and Service Diversity

LP SD One Hundred Seven Limited is committed to offering a wide range of pharmaceutical services that go beyond the basic dispensing of medications. This includes health consultations, medication reviews, and specialized services that could address specific health challenges within the community. The presence of a pharmacy that prioritizes such services could have a substantial positive impact on public health outcomes.

Residents of Newbury and Thatcham currently face limited access to reliable pharmaceutical services especially during the out of hours period as a result of contractors closing for full days without acceptable notice such as Tesco on 6th August 2024 who were closed 9am-9pm (this is merely one recent and relevant example and one that may or may not have been reported to NHS England, but either way demonstrates the lack of reliability that the population of Newbury have when it comes to Pharmaceutical Services and also demonstrates the lack of out of hours access options the residents of Thatcham have should they require care outside of the hours offered by contractors within Thatcham. This again supports the statement offered by the Health and Well Being board, evidencing that all residents of Thatcham and Newbury would gain unforeseen benefits from the extended hours service provided by LP SD One Hundred Seven Limited. (Please see image below which is a screenshot of a WhatsApp group which involves local pharmacy contractors and clinical team members from local GP surgeries across Thatcham and Newbury)



Additionally, the proposed location within a shopping centre is particularly advantageous, as it attracts a diverse range of individuals, including those who are old, young, able, and disabled, for various reasons beyond healthcare. The centre draws people who need to visit charity shops, coffee shops, grocery shopping and more, and even includes two opticians, which already demonstrates an existing demand for healthcare services and a large service user base.

In contrast, Bolcer Limited’s proposed location on Gaywood Drive lacks this level of foot traffic. The area primarily draws visitors who are specifically seeking a fish and chips shop, a Chinese takeaway, or a convenience store, providing fewer incidental opportunities for exposure to pharmacy services. Therefore, the Committee should consider the broader, more inclusive benefits that LP SD One Hundred Seven Limited's central location would provide, which might not be fully realized through Bolcer Limited’s application.

Bolcer Limited is proposing a new contract in a location that has never had a Pharmacy located in before. There is a reason for this, and that is there is no benefit to be had. Patients/residents have not complained about difficulties accessing services, nor has the council highlighted any issues. Residents were able to use the services provided to them by the now closed contracts because they were able to transport themselves there without difficulty, whether it was by public transport or personal vehicles. Bolcer Limited has not detailed any evidence which demonstrates clearly that residents are faced with difficulties in accessing pharmaceutical provisions, and this only supports the fact there is no benefit to be had by granting this application in comparison to that over the application submitted by LP SD One Hundred Seven Limited.

5. Conclusion and Request for Reconsideration

Considering the above points, I respectfully request that the NHS Appeals Committee re-evaluate the decision to reject the application from LP SD One Hundred Seven Limited. Awarding the contract to both applicants, or alternatively if deemed a better distribution of NHS resources, then to LP SD One Hundred Seven Limited alone, would result in a more comprehensive and accessible pharmaceutical services for the residents of Newbury and Thatcham. This approach would better meet the diverse needs of the community, ensuring equitable access to the services they require.

As contractors already providing NHS services, we fully understand the immense pressures faced from an operational perspective specifically the hardships faced with regards to consistent waves of claw backs and poor renumeration. If the Committee decides to grant the contract to both applicants rather than just LP SD One Hundred Seven Limited, we want to remind them that Bolcer Limited will inevitably struggle to achieve sufficient business at its proposed location to maintain viability and It would be a significant loss for all parties involved if the residents of Thatcham and Newbury were let down again by yet another contractor closing due to a lack of financial viability.

I would be grateful for the opportunity to provide further evidence or clarification if required, and I hope that the Committee will consider this appeal with the attention and care that it deserves.

To bring together the appeal put before you I want to raise the following key points:

The commissioner said:
“It was agreed that application from LP SD One Hundred Seven Limited was situated too close to two other existing pharmacies (Halo Pharmacy & Thatcham Pharmacy) to provide improved access for the residents of Newbury and Thatcham.”
- Does the committee not believe that the 2500 new homes that have now had planning permission granted over 170 hectares on the doorstep of Burdwood does not equate to needing improved access? In most cases this could usually warrant a new GP surgery let alone a new Pharmacy within the centre of the town.
In addition to this, does the distance required to travel for residents of Thatcham to go to Newbury for out of hours access on weekends especially, not present a problem with access, and given the demographics of the population I would like to think the committee are able to approach this with common sense and see that there is an unforeseen benefit to be had by granting the application by LP SD One Hundred Seven Limited.

Does the committee believe that the two contractors Halo Pharmacy and Thatcham Pharmacy will have endless capacity to take on the demand that they will be faced with after new developments are completed? Halo Pharmacy are already at capacity and unable to cope, Thatcham Pharmacy is already taking on the demand which is a result of the insufficiencies at Halo Pharmacy (depicted with Thatcham Pharmacy now being the most nominated Pharmacy in Thatcham), but ultimately will hit capacity in terms of space and inevitably Thatcham will be needing another contractor that is central in location and providing these additional out of hours service.

Are the committee ignorant to the improved access that will be provided to all residents in Thatcham as a minimum by granting the application submitted by LP SD One Hundred Seven Limited? The source of improved access is literally detailed in the fact the application submitted by LP SD One Hundred Seven Limited is offering 7 day a week accessibility, and now with the commitment of core hours as written above, offers the access without risk of reduction especially on the weekends when public transport services are usually restricted.

Finally, we wish to ask the committee if it is sensible to grant a contract only to Bolcer Ltd who has yet to secure a premises. The committee are faced with the opportunity to grant a contract to a provider who has access to the proposed site and who genuinely wants to provide the community with what is needed and given that Bolcer Ltd have no guarantee of securing a suitable premises in the already well occupied Gaywood Drive Shops then the committee risks losing the opportunity to allow LP SD One Hundred Seven Limited to provide what would be a first for the residents of Thatcham and Newbury.

If an oral hearing is arranged, then LP SD One Hundred Seven Limited would wish to attend and be represented.

Thank you for your time and consideration.

Yours sincerely,

Nishaan Amin

Director & Superintendent Pharmacist

LP SD ONE HUNDRED SEVEN LIMITED

Primary Care Appeals

SHA/26283

NHS Resolution is responsible for ensuring a prompt and fair resolution of appeals against decisions taken by NHS England or Integrated Care Boards in accordance with the NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 concerning the provision of NHS pharmaceutical services. Such appeals generally relate to the proposed opening of a new pharmacy, relocation of an existing pharmacy or the provision of dispensing services by GPs. This area of work is handled by our Primary Care Appeals.

How long will the process take?
It may take up to 15 weeks for NHS Resolution to determine appeals on the papers and up to 25 weeks for oral hearing cases. We appreciate that parties may wish for faster decisions, on average papers decisions are usually made within 13 weeks. Regrettably some cases may take longer than either 15 or 25 weeks.

Who will take the decision on the appeal?
Decisions are taken either by the Pharmacy Appeals Committee, appointed by NHS Resolution, or by NHS Resolution staff. The Committee's terms of reference is available on line at https://resolution.nhs.uk/services/primary-care-appeals/pharmacy-appeal-committee/

When will the decision on the appeal be made and how will parties be notified?
The agenda for all Pharmacy Appeals Committees are published on line a week before the meeting. These can be found at: https://resolution.nhs.uk/services/primary-care-appeals/pharmacy-appeal-committee/

We do not disclose decisions over the telephone. All parties will be notified of the decision, at the same time, by email/post usually within one week of the Pharmacy Appeals Committee meeting unless cases are deferred.

Is there any other information available?
Further information regarding our process and approach to decision making can be found in the "Guidance note for Parties involved in pharmacy appeals" using the following link: https://resolution.nhs.uk/resources/guidance-for-parties-involved-in-pharmacy-appeals/

We publish appeal decisions at https://resolution.nhs.uk/pca-decisions alongside statistical information and other materials.

Please note however that we do not provide advice to any party wishing to or involved in an appeal.

Contact us: NHS Resolution
Primary Care Appeals
10 South Colonnade
Canary Wharf
London E14 4PU

0203 928 2000
nhsr.appeals@nhs.net

Our ref: SHA/26283

03 September 2024

Distributed to:
Ms Claire Brittain (Boots UK Ltd),
David Dean (Community Pharmacy Thames Valley),
Alan Macro (West Berkshire Health and Wellbeing Board),
Philip Obomighie (Halo Pharmacy)

NHS Resolution

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RE: SHA/26283 - BOLCER LIMITED - APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS AT GAYWOOD DRIVE SHOPS, NEWBURY, RG14 2PR

I am writing to inform you that the decision of the Commissioner on the above application, has been appealed to NHS Resolution. Primary Care Appeals delivers this function for NHS Resolution.

I am contacting you because NHS Resolution has been informed that you were among those notified of the decision in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations").

Matters to be considered

In relation to Regulation 18(1), NHS Resolution will need to determine whether it is satisfied that granting the application (or granting it in respect of some only of the services specified in it) would secure improvements, or better access, to pharmaceutical services (or pharmaceutical services of a specified type) in the area of the Health and Wellbeing Board, in whose pharmaceutical needs assessment the improvements or better access have not been included.

Where you have evidence which is relevant to any of the following matters, it should be provided. Your representations should then deal with each matter in turn. NHS Resolution will proceed on the basis of the information provided by the parties and determine the appeal accordingly.

In relation to Regulation 31, the matters to which consideration will be given are whether:

(1) A routine or excepted application, other than a consolidation application, must be refused where paragraph (2) applies.

(2) This paragraph applies where—

(a) a person on the pharmaceutical list (which may or may not be the applicant) is providing or has undertaken to provide pharmaceutical services ("the existing services") from—

(i) the premises to which the application relates, or

(ii) adjacent premises; and

(b) NHS England is satisfied that it is reasonable to treat the services that the applicant proposes to provide as part of the same service as the existing services (and so the premises to which

the application relates and the existing listed chemist premises should be treated as the same site).

In relation to Regulation 18, the matters to which consideration will be given are whether:

(a) granting the application would cause significant detriment to -

(i) proper planning in respect of the provision of pharmaceutical services in the Health and Wellbeing Board area; or

(ii) the arrangements which NHS England has in place for the provision of pharmaceutical services in the Health and Wellbeing Board area;

(b) *notwithstanding that the improvements or better access were not included in the pharmaceutical needs assessment, granting the application would confer significant benefits on persons in the area (which were not foreseen when the pharmaceutical needs assessment was published), having regard to the desirability of -*

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the Health and Wellbeing Board;

(ii) people who share a protected characteristic (as listed in section 149(7) of the Equality Act 2010 - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity) having access to services that meet specific needs for pharmaceutical services that, in the area of the Health and Wellbeing Board, are difficult for them to access, or

(iii) there being innovative approaches taken with regard to delivery of pharmaceutical services.

The appeal will be determined in accordance with the regulations, although you may also wish to consult the guidance produced by the Department of Health, which can be accessed online at: https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications

Particular guidance can be found in Chapter 8.

Evidence

The Commissioner will provide NHS Resolution with the HWB's most up-to-date Pharmaceutical Needs Assessment (or a link to it) but also expects the parties to refer to any appropriate sections and produce all relevant evidence including reference to any relevant supplementary statements to the PNA (whether in documentary or other form).

Plans and photographs are often particularly helpful. Where provided, these should be of good quality to ensure no loss of detail when they are scanned or photocopied. Any measurements (including the unit of measurement) should be clear.

Representations

You have the opportunity to make representations in accordance with the Regulations. If you wish to make any representations these should be submitted to NHS Resolution within 30 days of the date on which this notice is sent i.e. by 3 October 2024. You should draw attention to any aspects of the Assessment which you consider relevant to the decision to be made. You should be aware that NHS Resolution will circulate your representations to other parties.

Please note that this will be your only opportunity to submit new material. Anything new raised after this stage will have little or no weight placed upon it.

Further information regarding the process which NHS Resolution follows in dealing with appeals – including its approach to information provided by you – can be found in the Guidance Note at https://resolution.nhs.uk/resources/. Parties will be expected to have read this guidance.

As you may be aware, Primary Care Appeals wouldn't normally ask for representations from the Appellant however we are using our discretion under Schedule 3, Part 3, paragraph 7 and allowing the Appellant to make representations on the site visit report, given this is referenced in the decision report, within 30 days from the date of this letter.

Should the Appellant provide representations, on the site visit report to Primary Care Appeals, a copy of those representations will be circulated to parties who will be given the opportunity to provide further comments.

Oral hearings

Your attention is drawn to the provisions of Paragraph 8 of Schedule 3 to the Regulations which sets out those persons who will be permitted to attend any oral hearing that maybe convened. **A failure to comply with these provisions will result in you not being invited and thus not allowed to make oral representations.**

8.— Oral hearings
(1) If the Secretary of State does decide to hear oral representations, the Secretary of State must give not less than 14 days notice of the time and place at which the oral representations are to be heard to (those then listed and) any additional presenters, and they (or their duly authorised representatives) are to be the only persons entitled to make oral representations at the hearing.
(2) For these purposes, a person (P) is an "additional presenter" if—

(a) P was notified of the appeal under Part 2 and has made written representations in accordance with paragraph 3(2), 4(3) or 5(3), and
(b) the Secretary of State is satisfied that P made a reasonable attempt to express P's views on the appeal adequately in P's written representations.

Future communications

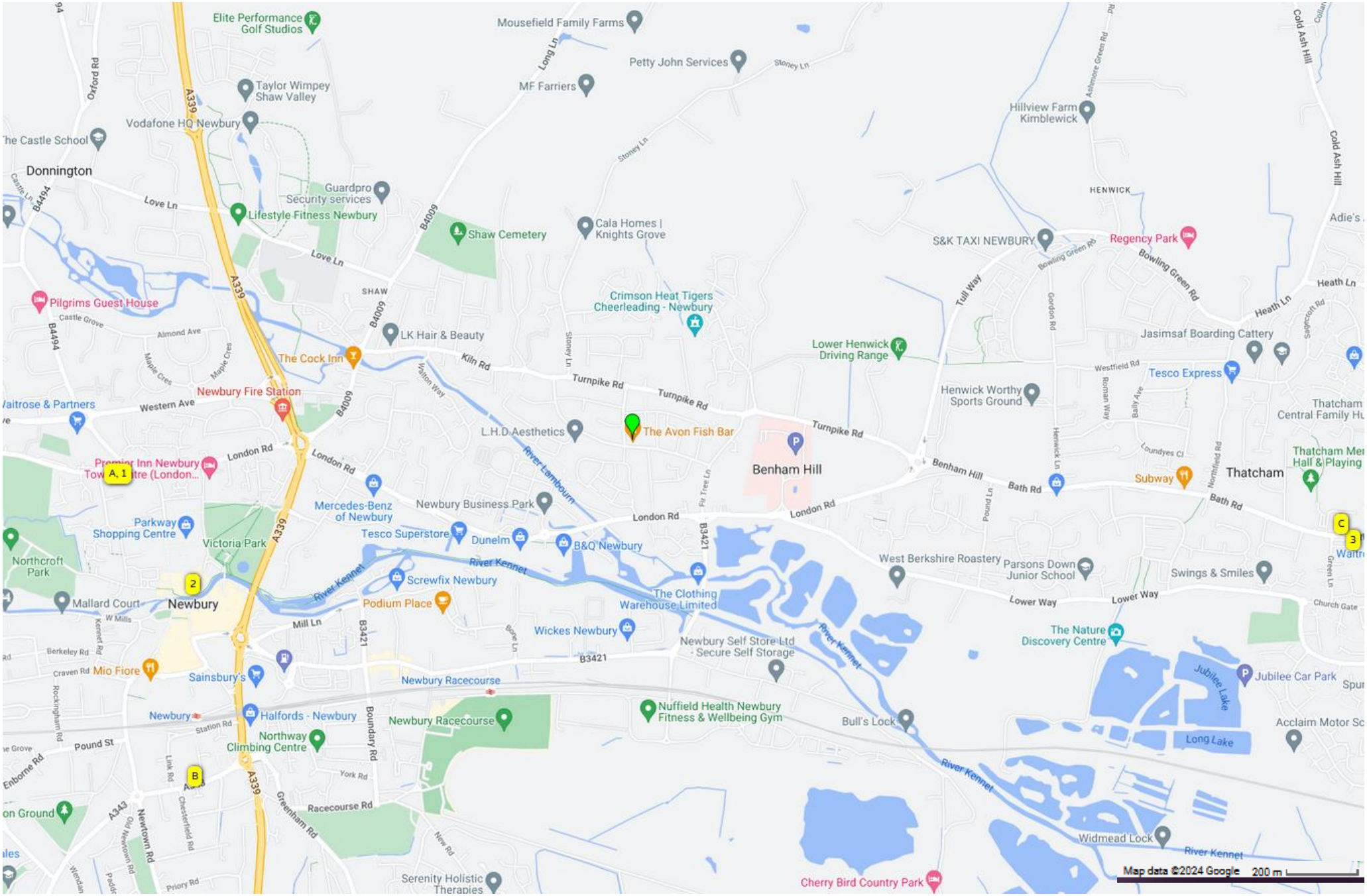
During the appeal process NHS Resolution would prefer to communicate with parties electronically. Please provide us with an up to date email address to which we can correspond. **(There is no need to provide hard copies of electronic correspondence).** If you choose to make submissions by email, we will in future correspond with you by email even if we have not done so before. In this regard, any future correspondence you send as part of the appeal process must be signed and on company/organisation letterhead paper.

Yours faithfully

pp C. Ball

Rachel White
Technical Case Manager, Primary Care Appeals

Enclosures: Letter of appeal
Map & Index
Site visit report
Guidance Leaflet


Elite Performance Golf Studios
Mousefield Family Farms
Petty John Services
MF Farriers
Taylor Wimpey Shaw Valley
Vodafone HQ Newbury
The Castle School
Donnington
Guardpro Security services
Lifestyle Fitness Newbury
Shaw Cemetery
Cala Homes | Knights Grove
Hillview Farm Kimblewick
HENWICK
S&K TAXI NEWBURY
Regency Park
Pilgrims Guest House
Crimson Heat Tigers Cheerleading - Newbury
LK Hair & Beauty
The Cock Inn
Lower Henwick Driving Range
Jasimsaf Boarding Cattery
Tesco Express
Henwick Worthy Sports Ground
Newbury Fire Station
Waitrose & Partners
L.H.D Aesthetics
The Avon Fish Bar
Benham Hill
Premier Inn Newbury Town Centre (London...
Mercedes-Benz of Newbury
Newbury Business Park
Subway
Thatcham
Parkway Shopping Centre
Victoria Park
Tesco Superstore
Dunelm
B&Q Newbury
Northcroft Park
Screwfix Newbury
West Berkshire Roastery
Parsons Down Junior School
Swings & Smiles
Mallard Court
Newbury
Podium Place
The Clothing Warehouse Limited
Wickes Newbury
Newbury Self Store Ltd - Secure Self Storage
The Nature Discovery Centre
Jubilee Car Park
Mio Fiore
Sainsbury's
Newbury Racecourse
Halfords - Newbury
Nuffield Health Newbury Fitness & Wellbeing Gym
Bull's Lock
Northway Climbing Centre
Acclaim Motor Sc
Long Lake
Widmead Lock
Cherry Bird Country Park
Serenity Holistic Therapies
Map data ©2024 Google
200 m

Key to Map

- The green marker represents the best estimate for the proposed location of the pharmacy.

1. Day Lewis Pharmacy, G Floor Unit, Access House, Strawberry Hill Road, Newbury, Berkshire, RG14 1GE
2. Boots, 4-5 Northbrook Street, Newbury, Berkshire, RG14 1DJ
3. Halo Pharmacy, 3-5 Crown Mead, Bath Road, Thatcham, Berkshire, RG18 3JW

A. Strawberry Hill Medical Centre, Old Bath Road, Newbury, Berkshire, RG14 1JU
B. Eastfield House Surgery, 6 St Johns Road, Newbury, Berkshire, RG14 7LW
C. Thatcham Health Centre, Bath Road, Thatcham, Berkshire, RG18 3HD

Annex 2: Site Visit

Bolcer Ltd	LP SD One Hundred Seven Limited
Best estimate address / location	**Best estimate address / location**
Gaywood Drive Shops, Newbury, RG14 2PR Map covering best estimate area depicted below, with proposed best estimate sites located within blue box	Kingsland Centre, The Broadway, Thatcham RG19 3HN
Date and time of visit: 2nd May 2024, 10:20	**Date and time of visit:** 2nd May 2024, 11:50
Rurality status: Non-controlled	**Rurality status:** Non-controlled
Description of the location	**Description of the location**
• The best estimate location is on a residential estate to the east of Newbury town centre • There is a range of housing including terraced, flats and semi-detached. Some properties have driveways, there is a lot of on-street parking • There are lots of cars parked in the surrounding area • Ramps are either side of the proposed location with steps in the middle (no handrail) • There are residential properties above the proposed location • There are wide well used road leading to the proposed location • There is a bus stop 30 yds from the proposed location • There is a care home 0.2 miles away	• The best estimate location is within the Kingsland Centre which is in the town centre of Thatcham • This is primarily a commercial area with premises above shops • The Broadway is a one way system in the heart of the town • The roads that lead of off The Broadway have a range of residential housing including terraced, detached, semi-detached and apartments • Outside of the town centre there are established housing estates that compromise of detached, semi-detached, terraced and apartment housing • There is a range of allotted parking, driveways and on-street parking • There is a mix of private and social housing • Wide well used roads leading to the proposed location • Bus stop 75 yds from the proposed location • There is a care home 0.1 miles away • There are two retirement living homes approx. 0.2 miles away
View of One-Stop from corner of Gaywood Drive and Avon Way	**View from The Broadway**
	

View of Chinese Takeaway and Boarded up Unit from Gaywood Drive

View towards The Broadway

View of Fish Bar from Gaywood Drive

View toward Waitrose car park

Description of facilities • One-Stop shop • A small number of people making use of the One-Stop shop • Cash withdrawal • Post Office • Chinese takeaway • Fish Bar • Boarded up unit • Engaging Potential training centre • Primary School & Nursery at bottom of Gaywood Drive • Playing Field at the bottom of Gaywood Drive	**Description of facilities** • Thatcham is a small market town with facilities including, cafes, hairdressers, charity shops, opticians, Waitrose, Co-op supermarket, Beauty shops, churches, post office, pubs, restaurants, estate agents, banks and public toilets • Primary and pre-schools surrounding the town centre • Secondary school outside of town centre
Description of the roads and pavements • Paving – there is continuous wide paving on both sides, it is flat and has dropped kerbs • Roads – there are speed humps on Gaywood Drive, there are no crossing points, the roads are wide and in fairly good repair • There was a low volume of traffic during the visit • There is good street lighting	**Description of the roads and pavements** • Paving – there is continuous wide paving on both sides, it is flat and has dropped kerbs • Roads – the roads are wide and in good repair, there are traffic lights • There was a high volume of traffic during the visit • There is good street lighting
Parking • 4 parking spaces outside One-Stop • 2 parking spaces occupied on arrival • On-street parking throughout the estate • All parking is free	**Parking** • 228 parking spaces at Waitrose (pay and display) • 23 parking spaces on The Broadway, including 2 disabled spaces (1hr free) • 30 (approx.) parking spaces at Co-Op supermarket (pay and display) • 90 (approx.) parking spaces behind shops on The Broadway (pay and display)
Public transport • Bus Stop on Gaywood Drive (approx. 30 yds from proposed location) <u>Route 1</u> - Reading to Newbury, including stops at Birchwood Road (next to shops on Gaywood Drive), West Berks Community Hospital, Thatcham, Woolhampton, Aldermaston Wharf, Calcot Sainsburys - Operating two buses an hour from 05:10 to 19:39 with last bus at 20:32 (Monday to Friday) - Operating one bus an hour from 06:46, then two buses an hour from 08:07 to 20:32 (Saturday) - Operating one bus an hours from 07:47 to 17:37 with the last bus at 19:18 (Sunday & public holidays) <u>Route 1E</u> - Newbury to Thatcham, including stops at Birchwood Road (next to shops on Gaywood Drive), West Berkshire Community Hospital, Green Lane, Thatcham and Cropper Close - Operating one bus an hour from 21:30 to 00:30 (Friday & Saturday)	**Public transport** • Bus stop on The Broadway (approx. 75 yds from proposed location) <u>Route 1</u> - Reading to Newbury, including stops at Birchwood Road (next to shops on Gaywood Drive), West Berks Community Hospital, Thatcham, Woolhampton, Aldermaston Wharf, Calcot Sainsburys - Operating two buses an hour from 05:19 to 19:49 with last bus at 20:42 (Monday to Friday) - Operating one bus an hour from 06:55, then two buses an hour from 08:18 to 19:47 with last bus at 20:42 (Saturday) - Operating one bus an hours from 07:58 to 17:49 with the last bus at 19:29 (Sunday & public holidays) <u>Route 1E</u> - Newbury to Thatcham, including stops at Birchwood Road (next to shops on Gaywood Drive), West Berkshire Community Hospital, Green Lane, Thatcham and Cropper Close - Operating one bus an hour from 21:39 to 00:39 (Friday & Saturday)

- Newbury Train Station, Station Approach, Newbury, Berkshire, RG14 5DG (2 miles away) – routes include Newbury to London Paddington, Newbury to Reading, London Paddington to Plymouth, London Paddington to Penzance, London Paddington to Frome and London Paddington to Bedwyn

Geographical features

- Moderate hills

Describe journey to nearest Pharmacy

Day Lewis Pharmacy, Strawberry Hill Road, Newbury, RG14 1GE

- Walking: 1.6 miles 37 mins (down London Rd)
- Car: 1.6 miles 6 min drive
- Long drive on busy roads
- Disability access to pharmacy
- Pharmacy is next to Strawberry Hill Medical Centre & Physio Clinic
- 17 parking spaces shared by all services (free)
- Car park is on a slope
- Car park nearly full at time of time
- Bus stop on Oxford Road 130 yds from Day Lewis Pharmacy - routes 3X, 3C & 4 stop here

- Thatcham Train Station, Station Road, Thatcham, Berkshire, RG19 4PP (1 mile away) – routes include Newbury to London Paddington, Newbury to Reading, London Paddington to Frome and London Paddington to Bedwyn

Geographical features

- The area is flat

Describe journey to nearest Pharmacy

Halo Pharmacy, 3-5 Crown Mead, Bath Road, Thatcham, RG18 3JW

- Walking: 0.3 miles 6 mins
- Car: 0.5 mile 3 mins
- Halo Pharmacy is located within a parade of shops including two fast food restaurants, a barbers, a newsagents and a café
- Halo Pharmacy has 4 waiting chairs, 3 people were waiting and 4 were stood in the shop at the time of the visit
- The parade of shops has 14 parking spaces (free to park, all occupied at time of visit) with a fairly fast turnover of cars in this car park
- Also nearby are two churches, Ableworld (mobility scooter shop), Thatcham Medical Practice
- The War Memorial car park is next to the Medical Practice (54 spaces that are pay and display) and Thatcham Dental Care
- Bath Road is a very busy & wide road with traffic lights and a pedestrian crossing
- The paving is wide, flat and has dropped kerbs with good street lighting
- Bus stop on Green Lane 75 yds from Halo Pharmacy routes 1, 1D & 1E stop here

View of parade of shops with Halo Pharmacy on the left

Boots Pharmacy

- 4-5 Northbrook St, Newbury, RG14 1DJ
- Walking: 1.5 miles 33 mins (down London Rd & through park)
- Car: 1.9 miles 7 mins
- Long drive on busy roads to nearby car parks
- This is a commercial area with a variety of retail shops, restaurant and services
- There are three car parks that are 0.2 miles away
- Northcroft Lane West car park (120 spaces, pay and display)
- Parkway Shopping Centre car park (500 spaces, pay and display)
- Kennet Shopping Centre car park (415 spaces, pay and display)
- The closest bus stop is 0.2 miles away – routes 1 jetblack, 4, 4A, 4B, 4C, 6 & 6A stop here
- To walk to this pharmacy travel south down Overbecks, on to Leonardslee Close and then Dorneywood Way. When Dorneywood Way meets the London Road (A4) turn right and follow until reaching the first roundabout. Here you turn left into the car park of Dunlem and B&Q, behind Dunelm you pick up a footpath that runs along the River Kennet all the way into Newbury Town Centre. Once you reach Bridge Street turn right and the pharmacy is 30 ft along on the right. The total walking distance is 1.4 miles and will take 31 mins.

View of Boots Pharmacy on Northbrook Street

Describe journey to GP Practices

Strawberry Hill Medical Centre

- Old Bath Road, Newbury, RG14 1JU
- Walking: 1.5 miles 35 mins (down London Rd)
- Car: 1.7 miles 6 mins
- Long drive on busy roads
- Disability access to Medical Centre
- Pharmacy is next to Strawberry Hill Medical Centre & Physio Clinic
- 17 parking spaces shared by all services (free)
- Car park is on a slope
- Car park nearly full at time of time

View of Strawberry Hill Medical Practice

Describe journey to GP Practices

Thatcham Health Centre

- Bath Road, Thatcham, Berkshire, RG18 3HD
- Walking: 0.3 miles 7 mins
- Car: 0.3 mile away 3 mins
- Walk or drive via High Street and Bath Road
- The High Street is a well-used road that is partially one way. It has on-street parking and is on the bus route
- Bath Road is a very busy and wide road with traffic lights and a pedestrian crossing
- The paving is wide, flat and has dropped kerbs
- There is good street lighting
- The War Memorial car park is next to the Medical Practice (54 spaces that are pay and display)

View of Thatcham Medical Practice from outside Halo Pharmacy

New housing developments

Taylor Wimpey - Shaw Valley

- RG14 2FN
- 179 homes
- 10-12 left to sell
- The development was almost completion at the time of the visit.

David Wilson - Donnington Heights

- RG14 3AF
- Approx. 222 home
- Approx 2/3 sold or for sale
- Development completion date: unknown

Lambourne Meadows

- RG19 3RP
- 91 homes
- Occupancy/sold rate:
- Development completion date: unknown

The Chase @ Newbury Racecourse

- RG14 7WN
- 77 homes
- Not for sale yet
- Development completion date: unknown

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Better Care Fund 2024-2025 Refresh Plan

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Maria Shepherd, BCF Integration Lead
Report Sponsor:	Councillor Heather Codling
Item for:	Information

1. Purpose of the Report

1.1 The purpose of this report is for the Board to note the 2024-2025 Refresh Plan. The refresh was submitted to NHS England on 10th June 2024 with the necessary sign off from the Chairman of the HWB and agreement from the Integrated Care Board.

1.2 We have received notification from the BCF National Team that our plan has been recommended for approval. NHS England have not yet issued formal approval, as soon as we receive this, we must get the S75 agreement signed, this should be in place by the end of September 2024.

2. Recommendation(s)

To note the Better Care Fund 2024-25 refresh plan.

3. Executive Summary

3.1 The Better Care Fund Policy Framework for 2023-25 provides continuity from the previous rounds of the programme and is a two-year plan.

3.2 The Better Care Fund is a pooled budget across Health and Social Care and sits within a Section 75 Agreement with the Integrated Care Board.

3.3 The Policy Framework requires systems to have a jointly agreed plan across Health and Social Care which demonstrates how it meets the two objectives: 1) enabling people to stay well, safe, and independent at home for longer and 2) providing the right care at the right time in the right place.

3.4 The Policy Framework requires quarterly reports to be submitted, using a template to report on the performance against the five national metrics, four for 2024-25.

3.5 The four national metrics for 2024-25 are (the reablement metric has been removed for 2024/25):

1. Avoidable admissions - indirectly standardised rate of admissions per 100,000 population

2. Falls – Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000. (This metric is new for 2023-25)

3. Discharge to usual place of residence – percentage of people, resident in HWB, who are discharged from acute hospital to their normal place of resident.

4. Residential Admissions – long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

4. Supporting Information

The formal governance for the Better Care Fund Plan sits within the Locality Integration Board, a sub-group of the Health and Wellbeing Board.

5. Options Considered

None.

6. Proposal(s)

To note the Better Care Fund 2024-25 refresh plan.

7. Conclusion(s)

The 2024-25 Refresh plan must be signed off by the Chair of HWB and agreed by the Integrated Care Board.

8. Consultation and Engagement

Councillor Heather Codling (Health and Wellbeing Board Chairman), Integrated Care Board, and Locality Integration Board.

9. Appendices

Appendix A – 2023-24 End of Year Template

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

- ☐ Reduce the differences in health between different groups of people
- ☒ Support individuals at high risk of bad health outcomes to live healthy lives
- ☐ Help families and young children in early years
- ☐ Promote good mental health and wellbeing for all children and young people
- ☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by driving health and social care integration, using pooled budgets.

Better Care Fund 2024-25 Update Template

2. Cover

Version 1.0.0

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	West Berkshire
Completed by:	Maria Shepherd
E-mail:	maria.shepherd@westberks.gov.uk
Contact number:	01635 519782
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Heather	Codling	Heather.codling1@westberks.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Nick	Broughton	nick.broughton1@nhs.net
	Additional ICB(s) contacts if relevant		Sarah	Webster	Sarah.Webster42@nhs.net
	Local Authority Chief Executive		Nigel	Lynn	nigel.lynn1@westberks.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Paul	Coe	paul.coe@westberks.gov.uk
	Better Care Fund Lead Official		Maria	Shepherd	maria.shepherd@westberks.gov.uk
	LA Section 151 Officer		Joseph	Holmes	joseph.holmes1@westberks.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	Yes
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: West Berkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,252,624	£2,252,624	£0
Minimum NHS Contribution	£12,455,968	£12,455,969	-£1
iBCF	£806,499	£806,499	£0
Additional LA Contribution	£0	£150,000	-£150,000
Additional ICB Contribution	£0	£0	£0
Local Authority Discharge Funding	£188,450	£188,450	£0
ICB Discharge Funding	£1,365,869	£1,365,869	£0
Total	**£17,069,411**	**£17,219,411**	**-£150,000**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	2024-25
Minimum required spend	£3,370,255
Planned spend	£12,455,969

Adult Social Care services spend from the minimum ICB allocations

	2024-25
Minimum required spend	£6,176,065
Planned spend	£6,909,869

Metrics >>

Avoidable admissions

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	134.9	140.6	132.4	129.0

Falls

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,639.0	1,639.0
	Count	521	521
	Population	31789	31789

Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.1%	91.1%	91.1%	91.1%

Residential Admissions

2022-23 Actual	2024-25 Plan

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	664	627

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2024-25 Update Template

3. Summary

Selected Health and Wellbeing Board: West Berkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
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Expenditure >>

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Planned spend	£6,909,869

Metrics >>

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Residential Admissions

2022-23 Actual	2024-25 Plan

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	664	627

Planning Requirements >>

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NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: West Berkshire

Checklist

Complete:

Hospital Discharge

Capacity - Demand (positive is Surplus)

Capacity - Demand (positive is Surplus)	Capacity surplus. Not including spot purchasing: Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Capacity surplus (including spot puchasing): Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Reablement & Rehabilitation at home (pathway 1)	-47	-62	-54	-28	-60	-54	-37	-41	-39	-49	-27	-32	-3	-18	-10	16	-16	-10	7	3	5	-5	17	12
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	-9	-21	-22	17	17	17	17	17	17	17	17	17	8	-4	-5
Reablement & Rehabilitation in a bedded setting (pathway 2)	-10	-29	-15	-20	-18	-20	-11	-13	-13	-17	-19	-25	26	16	35	24	23	25	24	29	25	21	21	9
Other short term bedded care (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	0	33	43	44	43	42	35	42	39	42	37	30	38
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	-13	-13	-6	-8	-9	-15	-10	-10	-14	-19	-20	-19	17	17	24	22	21	15	20	20	16	11	10	11

Average LoS/Contact Hours per episode of care

Service	Full Year	Units	Checklist
Reablement & Rehabilitation at home (pathway 1)	16	Contact Hours per package	Yes
Short term domiciliary care (pathway 1)	16	Contact Hours per package	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	26	Average LoS (days)	Yes
Other short term bedded care (pathway 2)	20	Average LoS (days)	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	20	Average LoS (days)	Yes

Please briefly describe the support you are providing to people for less complex discharges that do not require formal reablement or rehabilitation – e.g. social support from the voluntary sector, blitz cleans. You should also include an estimate of the number of people who will receive this type of service during the year.

We changed our model in January 2024, only those discharged with clear reablement goals will go into a reablement pathway through the LA's in-house reablement Service or through a health lead pathway. If someone does not have any reablement goals they will be commissioned a package of care to support with their discharge. This could also be a re-start, equipment only or deep clean. (Our figures in this sheet include all Hospital Discharges as we work with 3 Acute Hospitals and a Community Hospital and have been taken from our Joint Care Pathway which receives all discharge referrals from all the hospitals we work with, with the exception of PW2 which has been provided by BHFT).

Yes

Capacity - Hospital Discharge

Service Area	Metric	Refreshed planned capacity (not including spot purchased capacity: Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Capacity that you expect to secure through spot purchasing: Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new packages commenced.	45	45	45	45	45	45	45	45	45	45	45	45	44	44	44	44	44	44	44	44	44	44	44	44	Yes
Reablement & Rehabilitation at home (pathway 1)	Estimated average time from referral to commencement of service (days). All packages (planned and spot purchased)	5	5	4	4	4	4	4	4	5	4	6	3													Yes
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	17	17	17	17	17	17	17	17	17	17	17	17	Yes
Short term domiciliary care (pathway 1)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	5	4	5													Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	36	45	50	44	41	45	35	42	38	38	40	34	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	26	25	24	23	23	25	24	28	27	27	28	28													Yes
Other short term bedded care (pathway 2)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	33	43	44	43	42	35	42	39	42	37	30	38	Yes
Other short term bedded care (pathway 2)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0													Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new packages commenced.	0	0	0	0	0	0	0	0	0	0	0	0	30	30	30	30	30	30	30	30	30	30	30	30	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Estimated average time from referral to commencement of service (days) All packages (planned and spot purchased)	17	23	26	17	38	19	18	18	17	21	19	19													Yes

Demand - Hospital Discharge

Please enter refreshed expected no. of referrals:

Pathway	Trust Referral Source	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Checklist
Total Expected Discharges:	Total Discharges	**105**	**121**	**105**	**81**	**116**	**115**	**92**	**96**	**98**	**123**	**114**	**119**	Yes
Reablement & Rehabilitation at home (pathway 1)	Total	**92**	**107**	**99**	**73**	**105**	**99**	**82**	**86**	**84**	**94**	**72**	**77**	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	42	42	50	35	51	49	44	47	40	50	39	41	Yes
	OTHER	50	65	49	38	54	50	38	39	44	44	33	36	Yes
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Short term domiciliary care (pathway 1)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**9**	**21**	**22**	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	5	6	9	Yes
	OTHER	0	0	0	0	0	0	0	0	0	4	15	13	Yes
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Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	**10**	**29**	**15**	**20**	**18**	**20**	**11**	**13**	**13**	**17**	**19**	**25**	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	10	29	15	20	18	20	11	13	13	17	19	25	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
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Other short term bedded care (pathway 2)	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
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Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	**13**	**13**	**6**	**8**	**9**	**15**	**10**	**10**	**14**	**19**	**20**	**19**	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	7	4	1	2	6	6	4	3	5	8	3	6	Yes
	OTHER	6	9	5	6	3	9	6	7	9	11	17	13	Yes
	(blank)													Yes
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Better Care Fund 2024-25 Update Template

4. Capacity & Demand

Selected Health and Wellbeing Board: West Berkshire

Community **Refreshed capacity surplus:**

Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Average LoS/Contact Hours Full Year	Units	Checklist Complete:
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0	0	Contact Hours	Yes
Urgent Community Response	-7	-14	-14	-5	-18	-11	-12	-17	-6	-9	-18	-24	2	Contact Hours	Yes
Reablement & Rehabilitation at home	-84	-68	-59	-13	-34	-45	-68	-39	-55	-67	-38	-80	0	Contact Hours	Yes
Reablement & Rehabilitation in a bedded setting	42	36	53	44	44	56	52	44	40	35	46	56	0	Average LoS	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	0	Contact Hours	Yes

Please enter refreshed expected capacity:

Capacity - Community														
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	Monthly capacity. Number of new clients.	95	107	118	112	144	154	171	172	204	196	169	159	Yes
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	27	60	79	79	75	64	61	87	51	78	76	56	Yes
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	42	36	53	44	44	56	52	44	40	35	46	56	Yes
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	Yes

Please enter refreshed expected no. of referrals:

Demand - Community													
Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Urgent Community Response	102	121	132	117	162	165	183	189	210	205	187	183	Yes
Reablement & Rehabilitation at home	111	128	138	92	109	109	129	126	106	145	114	136	Yes
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Other short-term social care	0	0	0	0	0	0	0	0	0	0	0	0	Yes

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Better Care Fund 2024-25 Update Template

5. Income

Selected Health and Wellbeing Board: West Berkshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
West Berkshire	£2,252,624
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£2,252,624**

Local Authority Discharge Funding	Contribution
West Berkshire	£188,450

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£1,365,869	£1,365,870	
Total ICB Discharge Fund Contribution	£1,365,869	£1,365,870	

iBCF Contribution	Contribution
West Berkshire	£806,499
Total iBCF Contribution	**£806,499**

Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding
		£150,000	Carry forward from 23/24 (13K Joy App, 57K Falls and 80K
Total Additional Local Authority Contribution	**£0**	**£150,000**	

NHS Minimum Contribution	Contribution
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£12,455,968
Total NHS Minimum Contribution	**£12,455,968**

Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£12,455,968**	**£12,455,968**	

	2024-25
Total BCF Pooled Budget	**£17,219,412**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2024-25 Update Template

6. Expenditure

To Add New Schemes

Selected Health and Wellbeing Board: West Berkshire

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure	Balance
DFG	£2,252,624	£2,252,624	£0
Minimum NHS Contribution	£12,455,968	£12,455,969	-£1
iBCF	£806,499	£806,499	£0
Additional LA Contribution	£150,000	£150,000	£0
Additional NHS Contribution	£0	£0	£0
Local Authority Discharge Funding	£188,450	£188,450	£0
ICB Discharge Funding	£1,365,870	£1,365,869	£1
Total	**£17,219,412**	**£17,219,411**	**£1**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25 Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,370,255	£12,455,969	£0
Adult Social Care services spend from the minimum ICB allocations	£6,176,065	£6,909,869	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

One or more Funding Sources have an underspend/overpend (see first table at top of this sheet)

									Planned Expenditure													
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Previously entered Outputs for 2024-25**	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	Under 65 LD residential and supported living	Residential Placements	Residential Placements	Care home		23.3	21.5	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution		£1,610,113	£1,610,113	7%	No	
2	Carers (Payments to Providers)	Carers Services	Care Act Implementation Related Duties	Safeguarding					Social Care		LA			Private Sector	Minimum NHS Contribution		£392,293	£392,293	36%	No	
3	Reablement	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care packages		11784	19171	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	Minimum NHS Contribution		£481,405	£481,405	23%	No	
31	Reablement	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care packages		7522	12955	Hours of care (Unless short-term in which	Social Care		LA			Local Authority	iBCF		£307,300	£307,300	14%	No	
4	Memory and cognition over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Private Sector	Minimum NHS Contribution		£565,782	£565,782	25%	No	
41	Memory and cognition over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Private Sector	iBCF		£34,700	£34,700	2%	No	
42	Memory and cognition over 65	Residential Placements	Residential Placements	Nursing home		23.3	0.9	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution		£52,170	£52,170	1%	No	
5	Physical Support over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Private Sector	iBCF		£168,800	£168,800	2%	No	
52	Physical Support over 65	Home Care or Domiciliary Care	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Private Sector	Minimum NHS Contribution		£769,847	£769,847	10%	No	
53	Physical Support over 65	Residential Placements	Residential Placements	Nursing home		1.4	1.3	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution		£69,237	£69,237	1%	No	
54	Physical Support over 65	Residential Placements	Residential Placements	Care home		0.4	0.3	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution		£17,874	£17,874	0%	No	
6	LA Discharge Funding	Support with Hospital Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		8193	4992	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	Local Authority Discharge		£188,450	£188,450	0%	No	
61	Carers support	Carers Services	Care Act Implementation Related Duties	Safeguarding					Social Care		LA			Private Sector	Minimum NHS Contribution		£415,369	£415,369	38%	No	
62	ICB Discharge Funding	Support with Hospital Discharge	Home-based intermediate care services	Reablement at home (to support discharge)		290	71	Packages	Social Care		LA			Charity / Voluntary Sector	ICB Discharge Funding		£1,365,869	£1,365,869		Yes	£902k to support homecare = 38,005 hours £464k to support placements = 71 for 6 weeks
66	Under 65 LD residential and supported living	Residential Placements	Residential Placements	Care home		14.6	13.4	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution		£1,005,347	£1,005,347	4%	No	
7	Over 65's Care Homes	Residential Placements	Residential Placements	Care home		23.3	1.4	Number of beds	Social Care		LA			Local Authority	Minimum NHS Contribution		£133,505	£133,505	1%	No	
71	Over 65's Care Homes	Residential Placements	Residential Placements	Supported housing		2.7	2.8	Number of beds	Social Care		LA			Local Authority	Minimum NHS Contribution		£270,036	£270,036	1%	No	

8	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		8654	8392	Hours of care (Unless short-term in which	Social Care		Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution		£199,057	£199,057	100%	No	
81	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		12229	11858	Hours of care (Unless short-term in which	Social Care		Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution		£281,277	£281,277	100%	No	
82	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		9443	9157	Hours of care (Unless short-term in which	Other	Joint Health and Social Care Service	Joint	10.0%	90.0%	Local Authority	iBCF		£217,199	£217,199	100%	No	
83	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		10183	9874	Hours of care (Unless short-term in which	Other	Joint Health and Social Care Service	Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution		£234,211	£234,211	100%	No	
84	Joint Care Pathway	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		25130	23524	Hours of care (Unless short-term in which	Other	Joint Health and Social Care Service	Joint	10.0%	90.0%	Local Authority	Minimum NHS Contribution		£557,993	£557,993	100%	No	
9	DFG	DFG Related Schemes	DFG Related Schemes	Adaptations, including statutory DFG grants		325	84	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG		£2,065,205	£2,252,624	100%	Yes	We recorded the number of referrals in our plan - this should have been the number of actual DFG approved.
10	DTOC Projects	Mental Health Link Worker	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Private Sector	iBCF		£60,000	£60,000	100%	No	
11	DTOC projects	EDS	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	iBCF		£6,000	£6,000	2%	No	
12	CHC Reviews	CHC review	Other						Social Care		LA			Private Sector	Additional LA Contribution		£0	£0	0%	No	
13	Locality Lead	BCF Lead	Other						Social Care		Joint	0.0%	100.0%	Local Authority	Minimum NHS Contribution		£97,093	£97,093	100%	No	
13	CHC Reviews	CHC review	Other						Social Care		LA	0.0%		Local Authority	Minimum NHS Contribution		£0	£0	0%	No	
141	BCF Data Analyst	Other	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Minimum NHS Contribution		£24,853	£24,853	100%	No	
15	IMHA and Veterans	Prevention/Early intervention	Prevention / Early Intervention	Risk Stratification					Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution		£58,462	£58,462	100%	No	
17	BHFT Contract	Intermediate Care Services (Reablement)	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		888	888	Hours of care (Unless short-term in which	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£1,022,682	£1,022,682	33%	No	
18	BW PMO	Share of cross Berkshire West Programme Management	Enablers for Integration	Programme management					Other	ICB	NHS			NHS	Minimum NHS Contribution		£85,771	£85,771	33%	No	
19	CCG Continency	Share of cross Berkshire West Contingency Funding	Other						Other	contingency	NHS			NHS	Minimum NHS Contribution		£0	£0	0%	No	
20	Risk Share	Risk Share	Other						Other	Risk Share	NHS			NHS	Minimum NHS Contribution		£201,000	£201,000	100%	No	
21	Care Homes (RRAT) (ICB Hosted scheme)	Intermediate Care Services	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£503,887	£503,887	33%	No	
22	SCAS falls and frality (ICB Hosted scheme)	Cross Berkshire scheme to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification			0		Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£27,000	£27,000	100%	No	
23	Street Triage (ICB Hosted scheme)	Reduce the number of section 136's	Prevention / Early Intervention	Risk Stratification					Mental Health		NHS			NHS Mental Health Provider	Minimum NHS Contribution		£69,236	£69,236	33%	No	
24	Connected Care (ICB hosted)	Data Integration between Health and Social Care	Enablers for Integration	System IT Interoperability					Other	Joint Health and Social Care Service	NHS			Private Sector	Minimum NHS Contribution		£285,000	£285,000	33%	No	
25	CHS	Service was commissioned by Acute - now done through LA	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		NHS			Local Authority	Minimum NHS Contribution		£0	£0	0%	No	
26	Out of Hospital Services - Speech & Language	Intermediate Care Services	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£86,535	£86,535	33%	No	
27	Out of Hospital Services -Care Home in reach	Support Care Homes across BW to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£356,627	£356,627	33%	No	
28	Out of Hospital Services - Community	Support Care Homes across BW to prevent hospital admissions	Prevention / Early Intervention	Risk Stratification					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£195,358	£195,358	33%	No	
29	Out of Hospital Services - Intermediate Care	Intermediate Care Services	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess		108	108	Hours of care (Unless short-term in which	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£616,231	£616,231	33%	No	
30	Out of Hospital Services - Health Hub	Integrated care planning and navigation	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£452,334	£452,334	33%	No	
31	Out of Hospital Service - Intermediate Care	Intermediate Care Services	Home-based intermediate care services	Rehabilitation at home (to support discharge)		181	181	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution		£852,235	£852,235	33%	No	
42	23/25 priority 1	Recruitment & Retention (Enabler to support BCF Objectives) (using 22-23	Workforce recruitment and retention					WTE's gained	Social Care		LA			Local Authority	Additional LA Contribution		£0	£0	0%	No	
44	23/25 priority 2	Targeted Community Outreach Programme (using 22.23 Carry Forward)	Other				0		Social Care		LA			Local Authority	Additional LA Contribution		£0	£13,000	100%	Yes	used to fund JOY App for PCN's

45	23/25 priority 3	Falls Pathway (using 22.23 Carry Forward)	Other				0		Social Care		LA			Local Authority	Additional LA Contribution		£0	£30,000	100%	Yes	Scheme carried over from 23/24
47	23/25 priority 4	Self Care Programmes (using 22.23 Carry Forward)	Other				0		Social Care		LA			Local Authority	Additional LA Contribution		£0	£80,000	100%	Yes	Scheme carried over from 23/24
48	23/25 priority 5	Market Management Position (winter)	Other						Social Care		LA			Local Authority	Minimum NHS Contribution		£0	£0	0%	No	
43	23/25 priority 1	Recruitment & Retention (Enabler to support BCF Objectives) (using 22-23	Workforce recruitment and retention				5.2	WTE's gained	Social Care		LA			Local Authority	Minimum NHS Contribution		£461,448	£461,448	100%	No	
46	23/25 priority 3	Falls Pathway (using 22.23 Carry Forward)	Other						Social Care		LA			Local Authority	Minimum NHS Contribution		£0	£0	0%	No	
142	BCF Data Analyst	Other	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	iBCF		£12,500	£12,500	100%	No	
48	23/25 priority 1	Recruitment & Retention (Enabler to support BCF Objectives) (using 22-23	Workforce recruitment and retention					WTE's gained	Social Care		LA			Local Authority	Additional NHS Contribution		£0	£0	0%	No	
49	DTOC Projects	MH Link Worker	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Minimum NHS Contribution		£4,274	£4,274	100%	No	
50	DTOC projects	EDS	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Social Care		LA			Local Authority	Minimum NHS Contribution		£427	£427	0%	No	

Back to top

Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'		Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner) (auto-populate)	Provider	Source of Funding	New/ Existing Scheme		Expenditure for 2024-25 (£)	% of Overall Spend
143	falls	Project to support reduction in Falls admissions	Prevention / Early Intervention	Other	Falls				Social Care		LA			Local Authority	Additional LA Contribution	Existing		£27,000	100%

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Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.

15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2024-25 Update Template

7. Narrative updates

Selected Health and Wellbeing Board: West Berkshire

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

2024-25 capacity and demand plan

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

We have been advised by UEC to expect growth of 2.3% which is line with expected growth in admissions. We have taken our actual figures for 2023/24 and applied this percentrage growth for 2024/25. It is also important to note here that our demand figures submitted for C&D community were a best guess in 2023/24, with capacity & demand split 3 ways, rather than by actual usage and our partners in health have now revised these for 2024/25. It was also important to note that our health partners are predicting a 25% growth in demand UCR. All figures in tab 4.2 include all hospitals we work with.

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

We remodelled our Joint Care Pathway (this pathway reviews all Hospital Discharges within West Berkshire) in mid January 2024, now only those discharged from Hospital with clear reablement goals will go into a reablement/rehab pathway; and those without goals will be commissioned a package of care to support their discharge. The clinicians in the hospital will determine if someone has reablement goals. Before this change everyone in West Berkshire was discharged into a reablement pathway. We have made this change to ensure we are using our resources as efficiently and effectively as possible.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

We have not made any changes to our admission avoidance schemes. In terms of preventing admissions to long term residential care we are working hard with our Acute trust to ensure the home first approach is always adopted. We have Social Workers on site every day to ensure staff on the wards are talking to us about any potential Pathway 3 discharges - these are not agreed unless the ward has spoken to a Social Worker.

As a system we are also working on a shared vision: Leaving Hospital in Berkshire West: A combined Goal.
Berkshire West Local Authorities and Health Services working together to promote your independence and wellbeing – to get you home, safe and sound.
Together we will support you to access the care* you need in your community.

* The responsibilities of the Local Authorities in the assessment and support of your social needs and eligibility for funding is outlined in the Care Act 2014.
* The responsibilities of health services in the support of ongoing health needs and eligibility of funding is outlined in the Continuing Health Care (CHC) Framework.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

To ensure people get the most appropriate support we remodelled how we support people of discharge. Those with clear reablement goals will be put onto a reablement/rehab pathway, those without goals will be commissioned a package of care to support their discharge. We have good working relationships with our provider market and continue to have a vibrant domiciliary Care Market despite a challenging year with the high rate of inflation.

Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.

The three Local Authorities in Berkshire West (West Berkshire, Reading and Wokingham) and partners from the Acute Trust (RBHT), Community Health including Mental Health (BHFT) held a series of meetings to agree the data, and our health partners have provided us with their assumptions, which are in-line with the predicted NEL growth for Berkshire West. However, health partners are predicting a 20% increase in demand for UCR. Data granularity has improved during 2023/24 with figures now reported at a Local Authority level. We intend to work collaboratively with partners in-year to further improve the flow of data around capacity and demand and develop a monthly dashboard. In terms of meeting the increase in demand we need to review demand to understand if response is appropriate to need – potential to move some same day cases to next day to free up urgent activity, maximise the use of other pathways in both community and acute settings and review the technological / virtual monitoring opportunities, including Local Authority services to join up care and make best use of resource. These are all being managed through the Discharge and Flow workstream within the UEC workplan.

Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?	**Yes**

Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.

We have involved colleagues from UEC in reviewing our plan for 2024/25 and have agreed that we will mirror expected growth applied across UEC Demand, capacity and flow plans of 2.3%. Our Market Sustainability and Improvement Plan has also been taken into account in our plan. We expect demand to remain stable for long term residential and nursing but challenging for complex care. We are attempting to develop a region-wide plan for nursing home supply for complex needs with neighbouring Local Authorities and Health.

Approach to using Additional Discharge Funding to improve

Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.

We will continue to spot purchase domiciliary care when needed as we have a vibrant care market. We will continue with a number of block bed contracts we have with care homes in our area including a mix of high and low level needs and monitor flow to ensure we do not have any voids. As a system we have just completed a review of the HICM and will be developing an action plan to take foward at a system level.

Please describe any changes to your Additional discharge fund plans, as a result from

- **Local learning from 23-24**
- **the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (www.gov.uk)**

Yes, we have consistently reported a substantial overspend in supporting Hospital Discharge. In 2023/24 the Local Authority spent an additional £1.075m to support Hospital Discharge. We have remodelled our pathways so only those with clear reablement goals will go onto a reablement pathway, others will be commissioned a package of care to support discharge. We will continue to use our intermediate care services within BHFT and our in-house reablement team funded through the BCF to support discharges as well as spot purchasing domiciliary care where needed. We do also spot purchase residential/nursing homes when needed with the exception of 37 block contracts - these increased slightly from November 2023 with the introduction of 6 high needs beds to support those being discharged with complex needs.

Ensuring that BCF funding achieves impact

What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?

We monitor the BCF metrics monthly and these are shared through a BCF highlight report at the Locality Integration Board. The Local Authority reviews all of the Local Authority hosted Schemes that sit within the BCF annually to ensure that resources are being maximised. This year a combined review with the ICB will be taking place for the Local Authority and ICB hosted schemes - this will support ongoing decisions about future funding. Once complete we will then need to engage our partners within BHFT (Community Health) to review the schemes that they host in readiness for 2026.

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Better Care Fund 2024-25 Update Template

7. Metrics for 2024-25

Selected Health and Wellbeing Board: West Berkshire

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Plan	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	136.2	140.6	132.4	129.0	West Berkshire continues to perform better than the England average. We are not investing in any new services for 2024/25 but where we have achieved our target we will apply a 1% reduction, where we haven't we will maintain our peformance from 2023/24. This will be challenging as we have an increasing number of older people (the latest census data indicates significant growth in the older adult population. The number of people aged 65-74 rose by 31.7% and the over 90 population increased by 23%) with higher needs/complexities. Our Acute trust is also expecting a growth of 2.3% in line with the prediction of Non-Elective growth. We achieved our target in Q1 and Q4 only in 2023/24 and have agreed with the ICB that where we met our target we would apply a 1% reduction, where we didn't we would maintain performance from last year .	Continue with: Virtual Wards, Healthchecks, MDT meetings with health partners, Intermediate Care and Rapid Response (2 hrs and 2 day), JOY App, Carers Information and advice, Out of Hospital services including night sitting, the Mental Health Street Triage and recruitment and retention of Social Workers and Occupational Therapists.
	Number of Admissions	249	257	-	-		
	Population	161,865	161,865	-	-		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Indicator value	134.9	140.6	132.4	129		

>> link to NHS Digital webpage (for more detailed guidance)

8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
	Indicator value	1,686.0	1,639.0	1,639.0	As this metric was new for 2023/24 and we have achieved the target set for 2023/24 we have set an ambition for a 2% reduction for 2024/25 in the hope that we are able to review the Falls Pathway across Berkshire West, do a deep dive into the data on falls, and potentially run a pilot across some of our care homes learning from the pilot that has taken place across the BOB ICS on	Continue with: BHFT Falls Service, continue running our Steady Steps prevention classes, a number of prevention activities through our Public Health team including : wellbeing walks, Get Berkshire Active (GBA), Love to Pedal. The Ageing Well task group, which is a sub-group of the Health and Wellbeing Board has develped a falls preventation web page and video and will continually look at
	Count	531	521	521		

Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Population	31,789	31789	31789	falls prevention detection technologies.	opportunities to promote this and raise awareness about falls prevention, and encouraging partners to do the RoSPA and RSA Fall Fighter training so they can onward share information with the groups/staff they work with. We will also continue to link in with the BOB ICS to learn from some of the pilots taking place across Care Homes using different falls prevention detection technologies to see which is having the biggest impact/look to setting up our own pilot. We also want to review the BHFT Falls Pathway and possibly invest in a falls co-ordinator in each of our locality teams to follow up with individuals who have experienced a fall and work with them to prevent further falls.

Public Health Outcomes Framework - Data - OHID (phe.org.uk)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2023-24 Q1 Actual	2023-24 Q2 Actual	2023-24 Q3 Actual	2023-24 Q4 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.0%	92.7%	91.1%	91.0%	Our target for 24/25 will remain at just over 91%. We are aware that there are issues with data reporting from the Great Western Hospital which may be skewing our data - until this is resolved we are not confident in increasing this target.	We are working hard with our Acute Trust (RBH) in enforcing the home first approach. At a recent meeting the Trust shared a system Vision ; Leaving Hospital in Berkshire West: A combined Goal, which needs to be communicated more widely: Berkshire West Local Authorities and Health Services working together to promote your independence and wellbeing – to get you home, safe and sound. Together we will support you to access the care* you need in your community. *The responsibilities of the Local Authorities in the assessment and support of your social needs and eligibility for funding is outlined in the Care Act 2014 *The responsibilities of health services in the support of ongoing health needs and eligibility of funding is outlined in the Continuing Health Care (CHC) Framework
	Numerator	2,452	2,667	2,619	2,631		
	Denominator	2,666	2,878	2,875	2,891		
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan		
	Quarter (%)	91.1%	91.1%	91.1%	91.1%		
	Numerator	2,619	2,619	2,619	2,619		
	Denominator	2,875	2,875	2,875	2,875		

8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 Plan	Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
	Annual Rate	663.8	598.4	640.5	626.6	This templates appears to have picked up the wrong numerator for 2023/24 - our plan for 2023/24 was 205 new admissions/616 per 100,000 population. The final year end outturn was 640 per 100,000 population, which relates to 213 people admitted to a	In 2023/24 60% of new admissions in West Berkshire relate to people coming out of hospital pathways; 127 people. In 2022/23 this was 144 people. We will continue to target and challenge Pathway 3 from acute trusts ensuring great scrutiny on those
	Numerator	211	199	213	213		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Denominator	31,789	33,257	33,257	33,992	residential/nursing home, 8 more than our target. We must continue to target and challenge Pathway 3 from the Acute Trusts to ensure they are adopting the Home First Approach. In 2023/24 60% of new admissions in West Berkshire relate to people coming out of hospital on Pathway 3, this relates to 127 people. In 2022/23 it was 68% - 144 people. The other route of access for new admissions is through the Community, in 2023/24 there were 86 new admissions compared to 66 in 2022/23. Our ambition is to retain performance from 2023/24 as demand is likely to continue as West Berkshire has an ageing population and we are seeing indviduals with increasing complexity.	entering residential/nursing by ensuring the system is adopting the home first approach. We have also seen an increase in the numbers being admitted from Community, in 2023/24 there were 86 people compared to 66 in 2022/23. This demand is likely to continue as we have an ageing population and we are seeing individuals with increasing complexity.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

Please note, actuals for Cumberland and Westmorland and Furness are using the Cumbria combined figure for the Residential Admissions metrics since a split was not available; Please use comments box to advise.

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Better Care Fund 2024-25 Update Template

8. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: West Berkshire

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? **Paragraph 11 as stated in BCF Planning Requirements 2023-25* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Have all elements of the Planning template been completed? *Paragraph 11*	Cover sheet Cover sheet Cover sheet Cover sheet	Yes			
	Not covered in plan update - please do not use	**A clear narrative for the integration of health, social care and housing**	Not covered in plan update					
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet Planning Requirements	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4 & PR6**	**A demonstration of how the services the area commissions will support the BCF policy objectives to:** **- Support people to remain independent for longer, and where possible support them to remain in their own home** **- Deliver the right care in the right place at the right time?**	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service? Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care? Have gaps and issues in current provision been identified? Does the plan describe any changes to commissioned intermediate care to address these gaps and issues? Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans? Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes			
Additional discharge funding	**PR5**	**A strategic, joined up plan for use of the Additional Discharge Fund**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan? Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes			
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	PR 4 and PR6 are dealt with together (see above)					
NC4: Maintaining NHS's contribution to adult social care and investment in NHS	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?		Yes			

commissioned out of hospital services		**the overall contribution**						
Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives? Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable) Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? Is there confirmation that the use of grant funding is in line with the relevant grant conditions? Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area? Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? Paragraph 12		Yes			
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Is there a clear narrative for each metric setting out: - supporting rationales that describes how these ambitions are stretching in the context of current performance? - plans for achieving these ambitions, and - how BCF funded services will support this?		Yes			

Community Wellness Outreach Service (CWOS)

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Kate Toone
Report Sponsor:	April Peberdy
Item for:	Information

1. Purpose of the Report

The purpose of this briefing is to update the Board regarding the Community Wellness Outreach Service (CWOS) programme.

2. Recommendation(s)

There are no recommendations for consideration; this report is for information only.

3. Executive Summary

3.1 In February 2023 the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) confirmed a fund of £2.6m was available for Berkshire West over the two financial years to March 2025, to be used to support local prevention and inequality priorities, alongside the core ICB prevention priority around Cardiovascular Disease (CVD). Funding was allocated to be spent on pilots from January 2024 to end June 2025, revising the original timeframe and taking into account the time required to develop and mobilise. West Berkshire's funding allocation was £375,000.

3.2 The CWOS programme is being delivered across Berkshire West, with different pilot models being undertaken in Reading, Wokingham and West Berkshire.

3.3 The pilots commenced in January 2024 and will conclude in June 2025. Evaluation of the pilots will be undertaken in late 2024, and after programme conclusion in 2025.

3.4 In West Berkshire we have commissioned Solutions4Health to deliver our whole programme, including the NHS Health Checks, social prescribing via developing an onward referral pathway, delivering community engagement to raise awareness of CVD and recruit CVD community champions.

4. Supporting Information

4.1 The CWOS service targets priority groups to ensure that health inequalities are addressed across West Berkshire. Our target during the pilot is to deliver 2,500 NHS Health Checks to eligible residents/those in the priority groups and it is expected that we will meet this target.

4.2 The age range for the purposes of the pilot is 30-74 (the national programme is 40-74). People attending outside of this age range are offered a mini–Health Check and given signposting information if required.

4.3 The priority groups are as follows:

(1) Residents of Newbury Greenham, Newbury Central, Newbury Clay Hill, Lambourn, Aldermaston and Downlands Wards (wards include IMD 1-3 deciles).

(2) Asian, black, mixed minority ethnic groups.

(3) Gypsy, Roma, traveller communities.

(4) Displaced persons.

(5) People with dependencies on drugs or alcohol in contact with services

(6) People with disabilities (who are eligible for the national NHS Health Check programme).

(7) Carers.

(8) Men in routine and manual occupations.

4.4 The decision to target these priority groups was made jointly by the three Authorities taking part in the CWOS pilots in Berkshire West (West Berkshire, Reading, Wokingham) and the BOB ICB. Before the pilots started focus groups were held with stakeholders to determine who should and should not be included in the pilot.

4.5 Overview of headline data as at 4 August 2024 (provided by Solutions4Health):

(1) 22 CVD Prevention Community Engagement Sessions held.

(2) 3 CVD Community Champions appointed.

(3) 278 residents and workers have attended Community Engagement Event, 100% reporting an increased awareness of the importance of early identification of CDV and an increased understanding of the health behaviours which may impact CVD risk.

(4) 192 clinics held to deliver NHS Health Checks.

(5) 3714 people identified as eligible for an NHS Health Check by GP practices; these will all be invited to attend for a NHS Health Check.

(6) 774 NHS Health Checks completed in priority groups, 1025 NHS Health Checks in total.

(7) 221 onward referrals for Behaviour Change Support (lifestyle; could be more than one referral per person).

(8) 341 people signposted/referred to their GP practice for further assessment.

(9) 17 assessments completed where cardiovascular risk score, BMI, cholesterol level, blood pressure, alcohol use (AUDIT-C) score, physical activity level (GPPAQ), diabetes risk and among people aged

65-74 dementia signs and symptoms are communicated in digital or written format to the Service User.

(10) Conditions found (people who have had an NHS Health Check):

(a) High/very high Blood Pressure: 133 (20%).

(b) High\very high BMI: 325 (48%).

(c) High/very high Blood Glucose: 25 (4%)

(d) High Cholesterol: 188 (28%).

5. Options Considered

The West Berkshire CWOS programme will continue as part of the Berkshire West wide programme until the end of June 2025.

6. Proposal(s)

There are no proposals in this report; it is for information only.

7. Conclusion(s)

7.1 The CWOS programme will run until end June 2025 at which point a full evaluation of the three workstreams across Berkshire West will be undertaken.

7.2 The work of the CWOS programme is seen as beneficial in reaching those in our underserved communities and for raising awareness of CVD.

7.3 In the short-term, this programme is supporting the development and delivery of an effective Community Wellness Outreach Model for our residents and those who work within West Berkshire who are disproportionately impacted by CVD.

7.4 In the longer term, this collaboration is expected to strengthen, enabling effective Locality efforts to address health inequity within West Berkshire.

7.5 Following programme evaluation a view will be formed as to the continuation of the CWOS and what format that may take, including funding considerations.

8. Consultation and Engagement

Data in this report is provided to WBC by Solutions4Health, our commissioned provider.

9. Appendices

None.

Background Papers:

Internal performance data was used to collate this report.

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

The proposals contained in this report will support the above Health and Wellbeing Strategy priorities by raising awareness of CVD and the lifestyle factors which can raise a person's risk of developing CVD.

ICB Annual Report and Joint Capital Resource Use Plan

Report being considered by:	Health and Wellbeing Board
On:	12 September 2024
Report Author:	Helen Clark, ICB Deputy Place Director (Berkshire West)
Report Sponsor:	Sarah Webster, ICB Place Director (Berkshire West)
Item for:	Information

1. Purpose of the Report

For the Health and Wellbeing Board to note the Annual Report of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) for 2023/24 and the BOB system's Joint Capital Resource Use Plan for 2024/25.

2. Recommendation(s)

That Members note the two reports presented.

3. Executive Summary

3.1 The ICB has produced its Annual Report for 2023/24 which includes details of activities which support implementation of the *Berkshire West Joint Local Health and Wellbeing Strategy*. The Chair of the Health and Wellbeing Board was invited to comment on this aspect as part of the development of the Annual Report (and to inform NHS England's annual assessment of the ICB) in February 2024. No response was submitted on this occasion.

3.2 In accordance with national guidance for Health and Wellbeing Boards, the ICB is also sharing the Joint Capital Resource Use Plan for 2024/25 for the BOB system. Sharing these plans is intended to support alignment of local priorities and ensure consistency with wider strategic planning.

4. Supporting Information

None

5. Options Considered

Not applicable

6. Proposal(s)

Not applicable

7. Conclusion(s)

Not applicable

8. Consultation and Engagement

There has been prior engagement with the Health and Wellbeing Board as set out above.

9. Appendices

Appendix A – NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Annual Report 2023/24

Appendix B – BOB system Joint Capital Resource Use Plan 2024/25

Background Papers:

None

Health and Wellbeing Priorities Supported:

The proposals will support the following Health and Wellbeing Strategy priorities:

☒ Reduce the differences in health between different groups of people
☒ Support individuals at high risk of bad health outcomes to live healthy lives
☒ Help families and young children in early years
☒ Promote good mental health and wellbeing for all children and young people
☒ Promote good mental health and wellbeing for all adults

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board

Annual Report 2023/24

Contents

Performance Report

The following performance report consists of a performance overview and a performance analysis. It outlines what the Buckinghamshire, Oxfordshire Berkshire West Integrated Board (BOB ICB) is; its purpose, statutory duties and how the ICB has executed those duties. It looks at the work of ICB between 1 April 2023 until the end of March 2024, how the organisation has performed and outlines the risks it faces.

Performance Overview

What do we do?

The BOB ICB is in its second year as an organisation; it was formally established as a new statutory body on 1 July 2022, replacing the three clinical commissioning groups across the area. The ICB has the statutory responsibility to plan, buy and oversee health services for around 1.8 million people from a range of NHS, voluntary, charitable, community and private sector providers. The ICB continues to lead the development of the BOB Integrated Care System (ICS) to remove traditional barriers between services so people can access the support and care they need from NHS and wider care services when they need them.

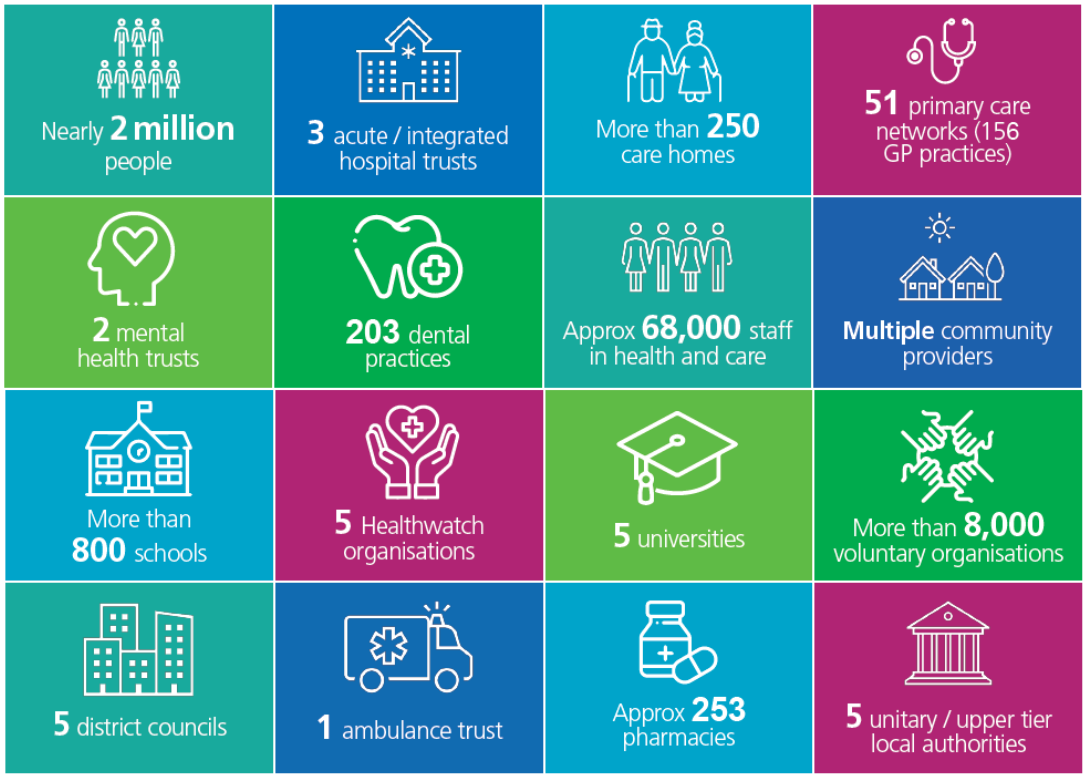
The BOB Integrated Care Partnership (ICP) is the statutory committee between the ICB and our five local authorities across BOB. It also has members which includes all local NHS organisations and primary care providers (GPs, dentists, pharmacists and optometrists), public health, Healthwatch, voluntary and community groups, as well as Oxford Academic Health Science Network. The role of the ICP is to develop and agree an integrated care strategy and to encourage all partners to work together to deliver it.

Our integrated care system is situated in the heart of the Thames Valley; much of our area is rural with more densely populated areas round our towns and cities including, High Wycombe, Aylesbury Oxford and Reading.

Our partner NHS provider Trusts include:

- Buckinghamshire Healthcare NHS Trust (BHT)
- Berkshire Healthcare NHS Foundation Trust (BHFT)
- Oxford University Hospitals NHS FT (OUH)
- Oxford Health NHS FT (OHFT)
- Royal Berkshire NHS FT (RBH)
- South Central Ambulance Service NHS FT (SCAS)

In addition to these organisations we work closely with our primary care providers (GPs, pharmacists, optometrists and dentists) which directly provide health and care services, we have links with schools, universities, businesses and research partners working in health or care in our area. There are more than 8,000 registered charities in our geography and there may be as many as 5,000 more informal community groups.



Most of the registered charities are very small and volunteer-run. As well as making a difference to the health and wellbeing of our population, these voluntary and community groups provide us with a strong link into our communities and a valuable insight into local needs.

Population

The overall age profile of people living in our area is similar to the national average, with a slightly higher proportion of people aged under 18 and a slightly lower proportion of people aged over 65 years. Just over 1 in 5 people are under 18 years and just under 1 in 5 people are over 65 years of age.

This profile is likely to change over time. We anticipate a 5% growth in the overall size of the population by 2042 (an extra 89,000 people). This figure, however, masks significant changes for different age groups. The number of people aged over 65 is predicted to increase by 37% (increasing by 122,000 people) while the number of children and young people (those aged under 18 years) will reduce by 7% (26,000 people) over the same 20-year period.

According to the 2021 census, the ethnic profile for our combined area is very similar to the national average. This masks differences at

local authority level. People who responded that they were White British make up 73% of residents overall which is like the national average but this ranges from 53% in Reading to 85% in West Berkshire. People from many different ethnic groups live in our area including 3.5% of the population who describe themselves as Indian, 3.1% as Pakistani, 1.6% as Black African and 0.8% as Black Caribbean. These relative proportions vary between local authorities and ethnic diversity tends to be higher in our major towns and cities.

Other key facts include:

- People living in our area are generally healthier and live longer lives in good health than the national average. This is true for all our local authorities except for Reading where women do not live as long as the national average and men live as long as the national average. Within each local authority, how long people live varies between wards by up to 10 years, with people living shorter lives in more deprived wards.
- The proportion of babies born at term who were a low birthweight was like the national average of 2.9% except in Oxfordshire where 2.3% of babies born at term were low birthweight.
- A higher percentage of children in our area achieve a good level of development compared to the national average, except in Reading which is slightly lower. However, this average overlooks the experience of some of our most vulnerable children. Children in receipt of free school meals have lower levels of good development, especially in Oxfordshire and West Berkshire
- Young people aged 16-17 who are not in education, employment or training (NEET) are at increased risk of poor physical and mental health. In 2020, Buckinghamshire had a higher proportion of 16-17 years who were NEET than the national average, Reading had a similar percentage to the national average, while rates were lower in other parts of our area.
- 13% of residents in our area smoke according to GP data but this varies significantly between our least and most deprived areas.
- 1 in 4 residents in Buckinghamshire and Oxfordshire and 1 in 5 residents in Berkshire West (Wokingham, Reading and West Berkshire) are estimated to drink alcohol at levels that increase their risk of health problems.
- Around 3 in 10 children aged 10-11 years across our area are overweight or obese and around 6 in 10 adults are overweight or obese.
- Around 1 in 5 adults do less than 30 minutes moderate intensity activity a week.
- Levels of long-term conditions such as heart disease or diabetes are generally lower than the national average. Long term conditions tend to increase with age and it is estimated that 3 in 5 people over 60 years have a long-term condition. However, many long-term conditions are preventable. For example, up to 70% of heart disease and stroke, up to 50% of type 2 diabetes and 38% of cancer cases could be prevented. Smoking causes 15% of all cancers and obesity and being overweight is the second most common cause of cancer in the UK.
- People living in deprived areas develop more long-term conditions and at an earlier age than people living in less deprived areas
- Approximately 12% of adults across Buckinghamshire, Oxfordshire and Berkshire West have a recorded diagnosis of depression which is similar to the national average and 0.8% have a severe mental illness such as schizophrenia.

Overview from Dr Nick Broughton Chief Executive

As I write this introduction NHS BOB ICB has been in existence for 21 months. We are still a young organisation, but over the past year we have been establishing ourselves in the wider BOB system as a key part of the Integrated Care Partnership (ICP). The ICP has really brought together our local authorities, our acute and community Trusts, our ambulance service, GPs and other primary care services, the voluntary sector and academic networks with the aim of working together to better plan and provide health and care services for people who live in our local area.

Despite a backdrop of recovery in the NHS following the pandemic, financial challenges and industrial action, we, together with our partners, have made real progress over the past year. Our main achievements, and indeed challenges, are set out in this report but I want to highlight a few which, I believe, will have a positive effect on our population and build a stable and sustainable health and care system across our geography.

Early in the year the ICP agreed our Integrated Care Strategy for the Buckinghamshire, Oxfordshire and Berkshire West integrated care system. The strategy sets the direction for our health and care system, linking with local plans, to meet the health and wellbeing needs of people who live in our area. To deliver the strategy, we have also developed a BOB-wide NHS Joint Forward Plan (JFP) which outlines how we will manage or provide NHS services to meet our population's physical and mental health needs. We have identified a smaller number of goals that we wish to prioritise to drive forwards collective action across the BOB system. This will allow us to focus our energy and resources to deliver results in targeted areas during 2024/25 (see page 9 for more details).

In the summer of 2023, we started work on the development of a Primary Care Strategy[1]. The strategy in draft form sets out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy and JFP. This is set in the context of a clear national and global direction of travel for primary care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention. Considerable engagement has been undertaken to develop this strategy with our primary care colleagues and our public.

We have successfully built on the Community Pharmacy Consultation Service with the introduction of Pharmacy First in January 2024 – early data shows 3,500 referrals have already been made to the new services and 98% of our community pharmacy workforce have been trained to deliver the service.

Our Local Maternity and Neonatal System (LMNS) has continued to support the enhancement of our maternity services. Over the year they have built on existing relationships and collaborative working with the three acute trusts providing maternity and neonatal care, and the maternity and neonatal voices partnerships (MNVP). Part of their work has been an Early Lives Early Start initiative with maternity advocate community organisers engaging over 100 women and birthing people in the deprived area of Oxford. Maternity vaccine champions have improved access to COVID-19, flu and whooping cough vaccinations.

A significant amount of work has been undertaken over the past year to address health inequalities and level up health outcomes for people across BOB. During 2023, the ICB recruited a Prevention and Health Inequalities Team to really progress this work. The team, working with colleagues across the ICS have already made great progress to create and deliver a programme of work to ensure we meet the needs of our population. Funded projects include the formation of a multi-agency team to provide step-up care and support for homeless residents in

[1] GP services, community pharmacy, optometry and dentistry.

Oxfordshire with the aim to prevent discharges to street and associated readmissions. We have also seen the introduction of three pilot projects to increase the number of health checks undertaken of people with severe mental illness within our harder to reach people communities (page 36).

The past year has seen a real focus on quality improvement across our health and care system; key to this are the forums and interfaces with system partners. Over the last year, the System Quality Group (SQG) has been fully embedded. The SQG has a unique role focused on enabling quality improvement across the health and care system with its remit focused on engagement and intelligence sharing for improvement. The ICB published its Quality Assurance Framework in September 2023; the framework was designed in collaboration with partners across the system and sets out a shared single view of quality for safe, effective, positive, well led, sustainably resourced and equitable care.

Unfortunately, the ICB ended the year with a £38m deficit compared to a small surplus of £248k in 2022/23. A reforecast position was agreed in year with NHS England (NHSE) which flagged a forecast deficit of £26m worsening to £40m in the last quarter of the year. In the event, the ICB ended the year very close to the system reforecast position. However, planning discussions held over 2023/24 surfaced that our system is not yet working in a way that is financially sustainable. This builds on challenges in 2023/24 where our system financial position deteriorated off plan. Given our duty to live within our means and ensure we are managing our collective £3.5bn resources effectively, we need to start working differently as quickly as possible going forward, more details on how we will do this are available on page 46.

During autumn 2023 the ICB launched its Change Programme to review and redesign a new operating model. This has involved carefully working through the ICB functions and considering at which level of the system they are best delivered. This redesign will help us to strengthen our unique role and organisational value within the system and to address the ask by NHS England of all ICBs that we are operating at our optimal size to deliver our strategic function and to achieve a running cost budget reduction of 30% by 2025/26.

The Change Programme brings uncertainty for staff as it will result in a restructure of the organisation, this coupled with pressures facing the NHS means it has been a challenging time for colleagues. However, this report shows the amazing work that has been undertaken during 2023/24 of which they should be proud. I want to take this opportunity to thank staff for their hard work and resilience throughout the past year.

Performance Analysis

The following performance analysis report looks at the work of the ICB between 1 April 2023 until the end of March 2024, how the organisation has performed and outlines the risks it faces.

Improving the health and wellbeing of people across Buckinghamshire, Oxfordshire & Berkshire West

The BOB Integrated Care Partnership (ICP) has a vision '*for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to get the right support when they need it.'*

In 2023, following extensive engagement across the system, the BOB ICP published the Integrated Care Strategy, and subsequently BOB NHS partners published the NHS Joint Forward Plan describing our approach to delivering the relevant ambitions of the strategy.

The ICP recognises the places and circumstances in which people live and work influence their health – housing, the local environment, the cost of living, employment, and communities - which is why we are working together to address this. The Integrated Care Strategy

builds on the three current Joint Local Health and Wellbeing Strategies (JHLWS) across Buckinghamshire, Oxfordshire and Berkshire West.

The Integrated Care Strategy, agreed in March 2023 was developed through local engagement and sets the direction for our health and care system, linking with local plans, to meet the health and wellbeing needs of people who live in the BOB area. It is also based on a commitment from our partner organisations to work together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across our populations. The Integrated Care Strategy identified five priorities outlined below.

Our NHS Joint Forward Plan

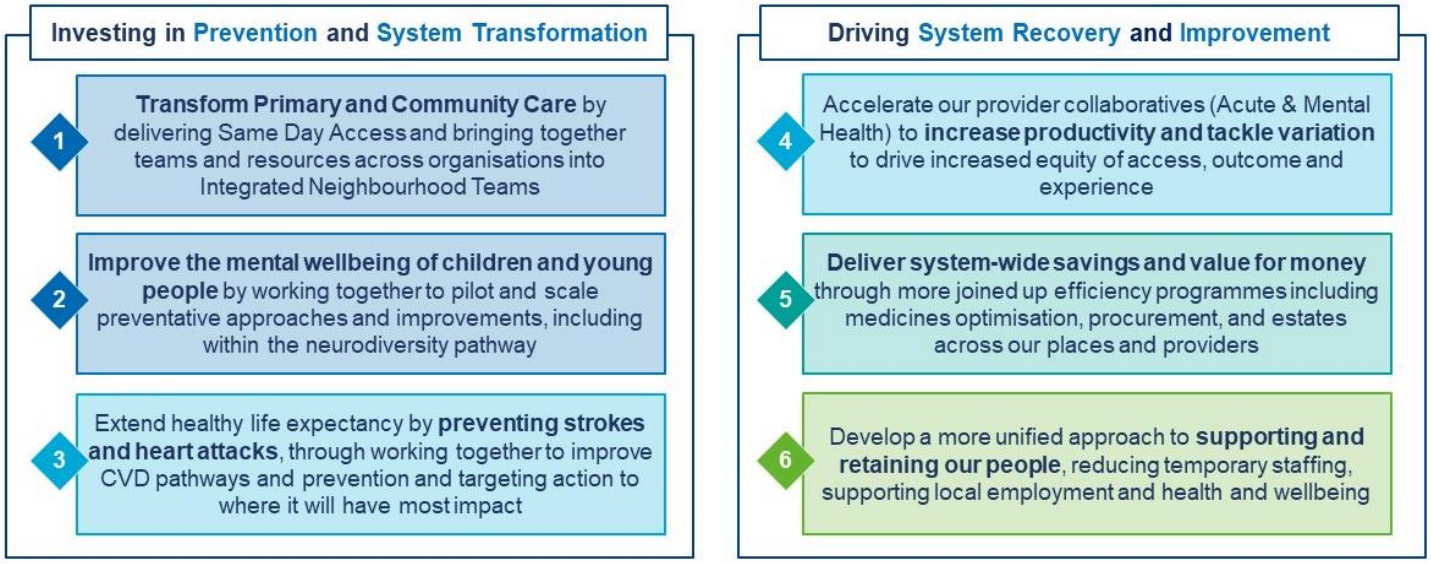
Published on 30 June 2023, the BOB NHS Joint Forward Plan sets out a delivery plan that explains how we will arrange and/or provide NHS services to meet our population's physical and mental health needs, particularly with respect to the ambitions of the Integrated Care Strategy. This plan focuses on actions that will be delivered by the NHS in BOB (ICB, NHS Trusts, primary care, etc). As we develop as a system it is expected that future joint forward plans may reflect more fully our wider partnership activities.

In developing our JFP, we have identified a small number of key challenges that, if addressed, we believe will have the greatest impact on

ensuring our services more effectively meet the needs of people in BOB. Meeting these challenges will require long term change, working in new ways–with greater collaboration across system partners and with our communities-and will require a fundamental change in focus, from a system based on treating illness to one that prioritises prevention and keeping people healthy in their communities.

Both the Integrated Care Strategy and NHS JFP continue to provide the framing and long-term direction for the wider Integrated Care System, including the relevant NHS organisations. Within the wider framing provided by the strategy and plan, during 2023/24 we have identified a smaller subset of goals that we wish to prioritise to drive forwards collective action across the BOB system. This will allow us to focus our energy and resources to deliver impact in a few targeted areas during 2024/25. An update on how we are delivering the JFP is available in our March 2024 Board papers.

To support us in identifying a smaller number of goals to prioritise this year, we held engagement sessions with system leaders from NHS, local government, the voluntary sector and research partners. Within this discussion, we focused on our system vision for the next 3-5 years and the areas we think we should therefore focus on over the next year to help us make progress towards achieving this. The six system goals we will be working towards over the coming year are outlined below:



Delivering the JFP across our three 'Places' is a priority for the ICB. Each place has established a Place based executive partnership which are accountable to the relevant place Health and Wellbeing Board. Membership varies on the partnership boards, but all include health and local authority partners. The Place Partnerships have taken on a variety of functions and include agreement on how to prioritise place-based funding i.e: urgent and emergency care allocation, Better Care Fund, and prioritising focus on strategic areas where greater gain can be achieved through partnership approach. For example, health inequalities, special education needs disabilities, hospital admission avoidance and discharge from hospital.

Place updates with detailed information about initiatives and performance of services at Place are regular agenda items at the ICB Board in public and can be found on our website through the links outlined below.

- Buckinghamshire
- Oxfordshire
- Berkshire West

Improving access and delivery of elective care

Waiting times for elective care (or planned care[2]) within BOB continue to be lengthy. Many patients are waiting significant lengths of time to be seen for a hospital consultation, treatment or surgery. In 2022, NHSE published its elective recovery plan, which set out a vision for how the NHS will recover elective services following the COVID-19 pandemic. Its central ambitions included timelines for the service to bring down long waits for elective care. However, this has been significantly hampered by industrial action taken by doctors, nurses, allied healthcare professional and paramedics in the NHS over the past year.

Industrial action across the NHS started at the end of 2022 and the last rounds of strike took place in February 2024. These have all caused significant disruption to health services across BOB. The ICB has worked with partners across the NHS and care sector to mitigate against the effects of the strike and increased attendances to ensure services remain safe. The NHS has prioritised resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma and cancer surgery and treatments elective care has been severely impacted.

Tackling the backlog of elective care is a priority for the ICB and our provider Trusts. Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time (RTT) standards. The target to eliminate all 65 and over week waits is the end of September 2024.

During 2023/24 a number of initiatives have been undertaken to reduce waiting times overall for our local population. These have included:

- A focus on reducing follow-up appointments withing Trusts to enable more first appointment outpatient activity to take place
- Securing additional capacity with our independent sector providers
- Mutual aid support to NHS Trusts with higher volumes of long waits; patients from a range of postcodes across BOB were offered appointments at other Trusts to improve equity of access and reduce waiting times for some services through Patient initiated Mutual Aid Service (PIDMAS)
- Trialing of new online apps to improve the triage process across Cardiology and Dermatology

[2] Elective or planned care refers to services for pre-arranged health appointments either in the community or in the hospital. It covers diagnostic services, outpatient services and scheduled operations.

- Development of a workforce model to enable staff to work across our Trusts.

At year end, overall elective activity levels remained below planned levels for incomplete pathways over 52 and 65 weeks and on plan for over 78 weeks.

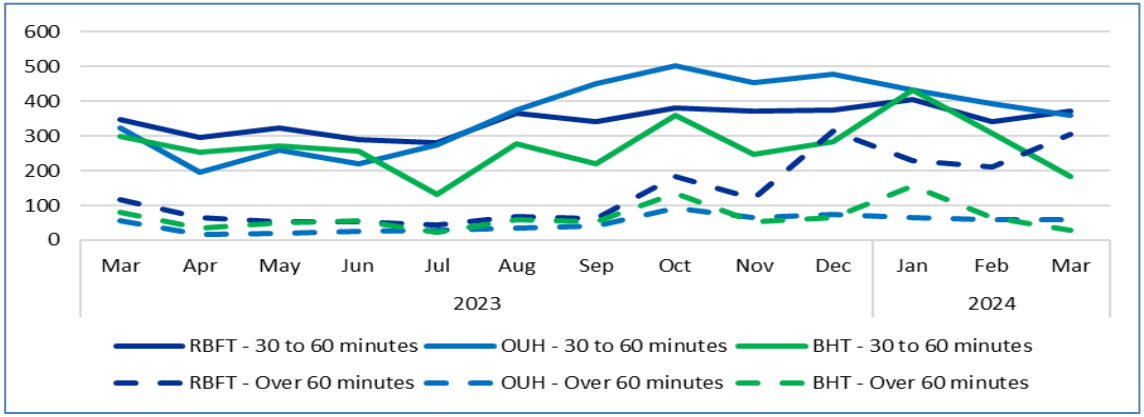
Indicator	Standard		BHT		OUH		RBHT
Incomplete pathways over 52 weeks at month end	Rated against plan		2401		3586		12
Incomplete pathways over 65 weeks at month end			20		685		0
Incomplete pathways over 78 weeks at month end			0		80		0

While we continue to tackle elective waiting times during 2023/24 360,000 elective pathways were completed despite the disruption of industrial action. There were over 1,500 patients waiting over 65 weeks in April 2023; at the end of March 2024 the number of patients had fallen to 1000.

Tackling urgent and emergency care pressures across Buckinghamshire, Oxfordshire & Berkshire West

In common with Trusts and integrated care systems across England, our urgent and emergency care providers across all care settings continue to be under significant pressure. The Trusts in BOB delivered 73.9% (BHT), 71.4% (OUH) and 69.3% (RBH) against the accident and emergency 4-hour NHSE Operating Plan requirement of 76% at year end.

The number of ambulance handover delays also remains challenging and is an area of priority for the system. The below chart shows the total ambulance handover delays throughout 2023/24 and at year end for 30+ minutes handover delays.



Handover delays directly affect SCAS's ambitions to improve waiting times for category 2 calls - 999 calls for a serious condition such as stroke or chest pain that may need rapid assessment and/or urgent transport. These calls should be responded to in under 30 minutes. While we did not achieve our target, we have made progress on last year with the average category 2 ambulance response time reduced by 17 minutes this year.

Across the BOB ICS, teams from hospital and community Trusts, the ICB and local authorities work together to ensure people who need urgent/same day and emergency medical treatment can access services. Extensive work has been done during 2023/24 to help alleviate pressures and improve patient flow through the hospitals across BOB.

Hospital at Home (Virtual Wards)

Over the last two years we have been developing and expanding our hospital at home offer and have seen it grow with a positive impact on patient outcomes and experience. Hospital at Home services aim to provide safe, efficient hospital care and treatment for patients in their own home. The service either avoids an admission to hospital or provides support for early discharge from an inpatient bed, whether from a community hospital or an acute hospital.

Hospital at home services support frail people and those suffering respiratory problems. They are available in each place across BOB with additional pathways available in some areas, including children's virtual wards, palliative and end of life care, alcohol withdrawal and those suffering heart disorders.

In 2023/24 work has been undertaken with providers to standardise the offer to support equitable access to people who would benefit from the service. We have also explored the diagnostics that could be provided in a patient's home in future to avoid unnecessary journeys, for example ultrasound. Work will continue through 2024/25 to identify opportunities to develop the services.

While we did not reach the nationally monitored bed capacity target by end of March 2024 (21 beds below target) or the stretch capacity target set locally (129 beds below target), we continue to see very good use of the virtual ward services averaging 85% bed occupancy between January and March 2024.

Urgent Community Response

Urgent Community Response (UCR) services have been available across BOB since April 2021. They aim to provide a multidisciplinary team response to people who are likely to be admitted to hospital in the next 24 hours unless they receive an urgent assessment and treatment / support. Patients are triaged into two groups – those needing treatment / support within two hours or a same day response. Our aim is to ensure that at least 70% of patients identified as needing a two-hour response should receive it within this time. Services are expected to respond to people with at least one of nine clinical conditions including falls, delirium/confusion, blocked catheters, unpaid carer breakdown and those vulnerable frail patients whose condition is deteriorating.

BOB continues to perform well against the two-hour standard, achieving 88% of patients being seen within two hours of referral in March 2024. Across BOB the services receive an average of 1352 referrals each month. For the service, people are triaged as requiring a two-hour response and through the intervention provided, their imminent admission to hospital is avoided. Most patients seen are over 80 years of age. UCR services are available 8am-8pm, 7 days per week across the system.

The ambition for 2024/25 is to increase referrals into these service from key referral sources such as GPs, community nursing, NHS 111 and SCAS, reducing the number of patients being taken to hospital by ambulance when their healthcare needs can be safely met in the community.

Transfer of Care Hubs

Transfer of Care Hubs help ensure that patients who do not need a hospital bed are discharged in a safe and timely way, either to their home or to a place in which long-term care decisions can best be made with rehabilitation and recovery support through patients, families, carers and professionals working together.

Hubs are focused on the most complex discharges and work to ensure that assessments for long-term care are done in the patient's home/care home. The hubs are established in each of our three Places and achieve real benefits in reducing the length of time a patient is in a hospital bed when they no longer need to be there.

Single Point of Access

Single Points of Access provide a single, simple route for referrals to hospitals for same day/urgent services. They are staffed by qualified clinicians, able to ensure patients get referred to the most appropriate service to meet their needs in a timely manner. In some instances, this may reduce the need for an ambulance to transfer the patient to hospital and to enable them to receive care at home.

Work will continue in 2024/25 to expand and streamline the Single Point of Access offer, increasing access and use to prevent unnecessary hospital attendances and admissions.

Staywell

The BOB ICB website www.staywell-bob.nhs.uk launched last year and signposts the public to key health and care services across the BOB area. It hosts a wealth of up-to-date information on services such as pop-up vaccination clinics for COVID boosters and flu jabs to accessing urgent care.

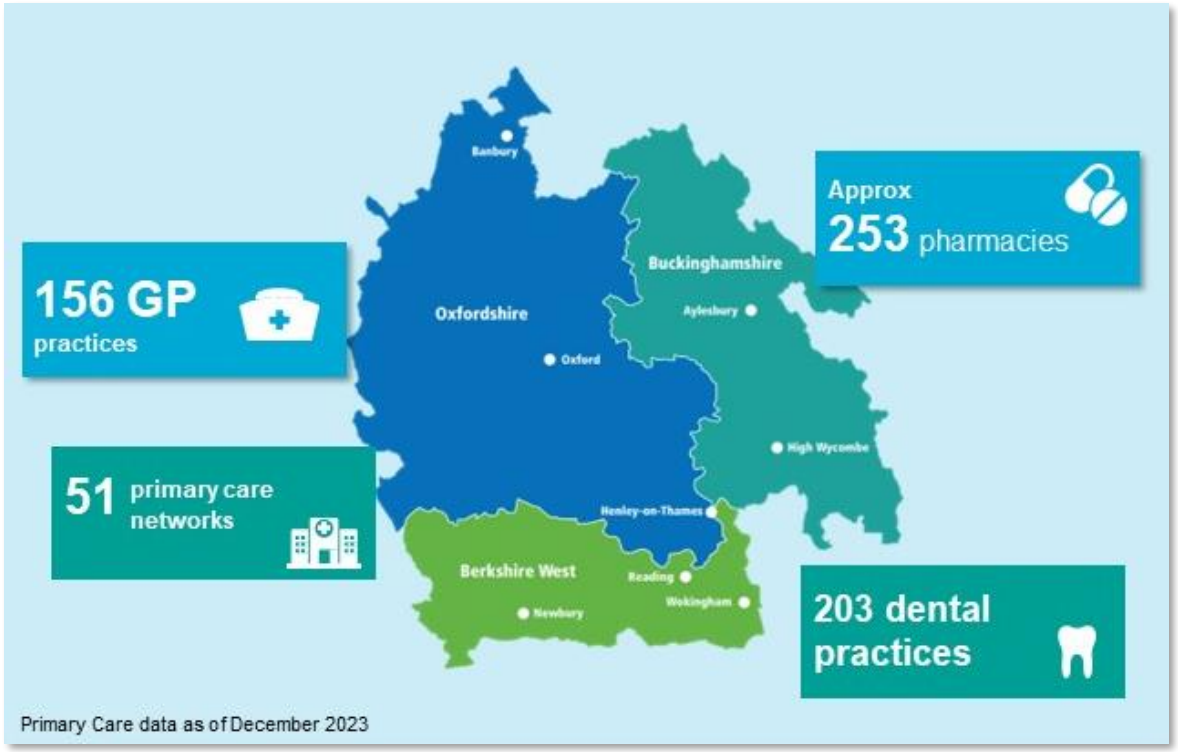
In addition, communications teams from the ICB and system partners have worked together to deliver campaigns to local people encouraging them to look after themselves and stay healthy as part of efforts to reduce pressure on emergency services, especially during times of industrial action and traditionally busy periods in the winter months.

Key messages have continued to be:

- Emergency Departments (EDs) and 999 should be used be for life-threatening conditions only.
- for non-life-threatening conditions use alternative services such as local pharmacies, your GP and NHS 111 which can advise and direct patients to the best place for care.

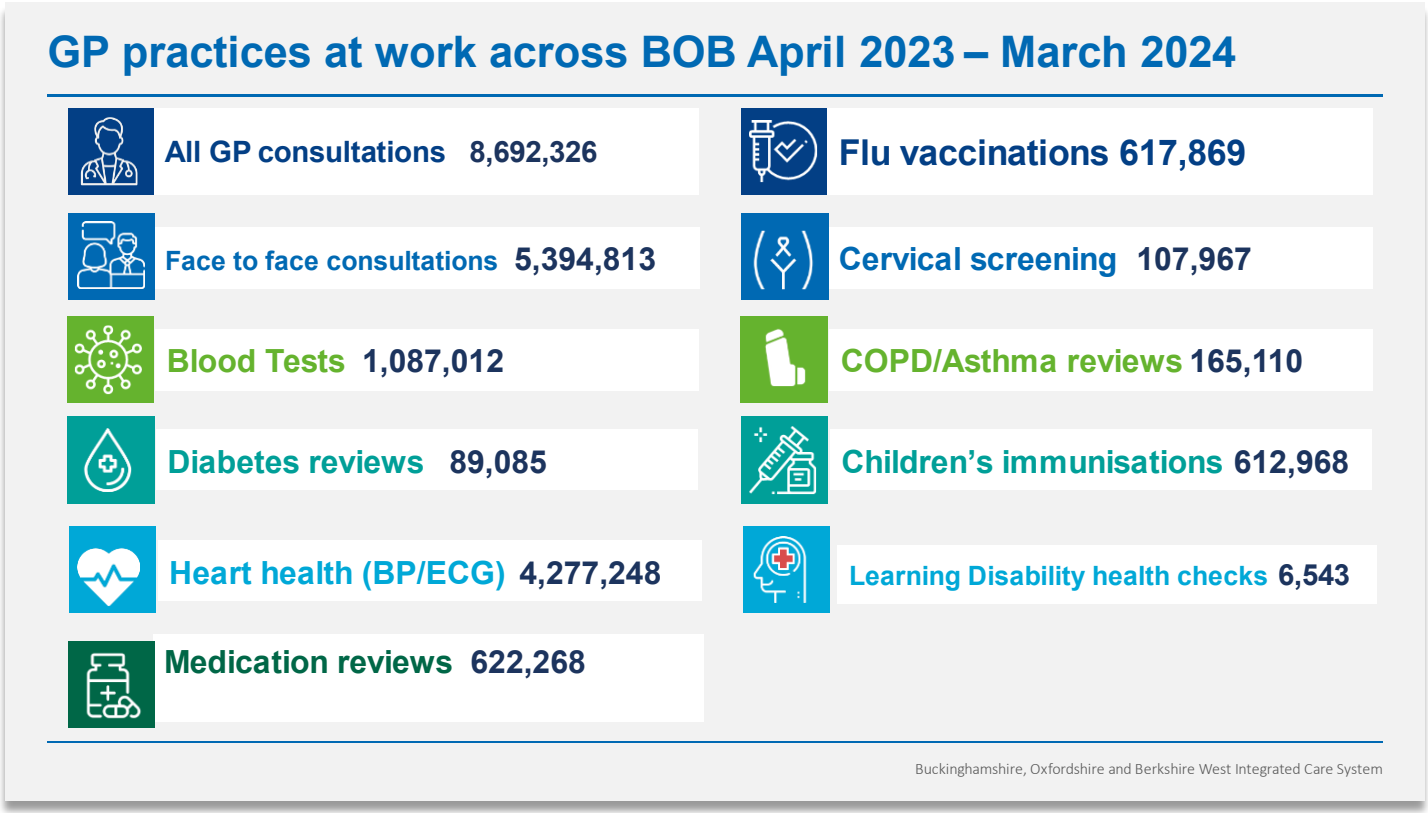
Developing Services Across Primary Care

Primary Care includes General Practice, Community Pharmacy, Optometry and Dentistry services. These services provide the first point of contact, have an ongoing connection with local communities, and lead on improving the 'whole person' health of our population.



Our primary care system has many strengths, with lots of outstanding practice in BOB, and unique capabilities across the area. Below are some key highlights where the system has strengths that can be built upon.

- ***General Practice access and quality metrics in line with or above the national average:*** The proportion of GP appointments seen within 14 days is higher than the national and regional average. Most GP practices have either good or outstanding Care Quality Commission (CQC) ratings. Quality and Outcomes Framework scores are just above the national average.



- ***High uptake of the Community Pharmacy Consultation Service:*** GP referral into the community pharmacy consultation service (CPCS) is designed to improve access for patients to get quicker help and advice and free up GP practice capacity to see patients with more urgent or complex needs. More than 13,260 referrals were made by GP practices (April 2023 -January 2024), which equates to around 211 hours of GP time. BOB has the third highest number of referrals (per population) to the CPCS across the Southeast region. As at December 2023 122 of the 156 GP practices were 'live' and referring their patients to community pharmacists, with a further 27 preparing to start using this service.

  The service Community Pharmacy Consultation Service was replaced by the NHS Pharmacy First Advanced Service on 31 January 2024. The new service builds on the existing CPCS minor ailments pathway and includes a new clinical pathway, which enables Community Pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions without the need to visit a GP.

- ***Strong focus on inequalities, prevention, and wider determinants of health:*** All three Place-based Partnerships have focused on this. For example, 'Opportunity Bucks' targets the 10 most deprived areas in Buckinghamshire. Oxfordshire work focuses on specific communities such as people who are homeless. In Berkshire West, community outreach is focused on

reducing premature mortality.

- **Population Health Management Infrastructure:** In parts of BOB, the Connected Care model has been developed with the addition of Population Health Management tools and is enabling people to be directed to the most appropriate health and care service, based on their needs. This supports better triage and navigation, identification of people who would benefit from intensive case management, and ability to design prevention intervention.
- **Flexible dentistry commissioning for our most vulnerable populations and extended commissioning for Minor Eye Conditions**: BOB has started a pilot for flexible dental commissioning, where 10% of the contract can vary depending on local needs. This has enabled dentists to treat patients from under-served communities. In addition, there has been great uptake of the referrals to the Minor Eye Conditions service and patient feedback has been positive.
- **Strength of existing at-scale delivery structures:** Each Place has a Placed- Based-Partnership which aim to drive and deliver transformation and integration at a local level. There are evolving Federations of General Practices established in each Place – FedBucks, PML in parts of Oxfordshire and the Primary Care Alliance in parts of Berkshire West which can lead change and deliver services for a large part of the population.

Developing a Primary Care Strategy for Buckinghamshire, Oxfordshire and Berkshire West

Since July 2023, the ICB has been developing a Primary Care Strategy for BOB, setting out how we plan to move towards a more preventative and community-based model of providing health and care services and helping people to stay well in the community.

The work was informed by research, analysis and engagement and set out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy and the BOB NHS JFP. This is set in the context of a clear national and global direction of travel for Primary Care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention.

In developing the Primary Care Strategy, many stakeholders across the system (professionals and the public) have been engaged in a variety of ways including focus groups, surveys, and workshops (for more information about the public engagement see page 41) The wealth of insights from this engagement informed the final strategy which was agreed at the ICB Board in May 2024.

Dentistry

BOB ICB has responsibility for commissioning NHS dental services for its local population. This provides an opportunity to work with system partners to align resource and capacity to optimise oral health prevention and early intervention. Work already underway includes:

- Expansion of the Flexible Commissioning scheme which provides care for patients from underserved communities.
- Continuing to undertake oral health assessments and increase dental hygiene in children and young people - targeting prevention interventions.
- Exploring implementation of mobile dental units.
- Building dental clinical workforce resilience.
- Proactive management approach to dentistry though better oversight of access, quality and performance challenges.

Optometry

There are around 195 optical practices across the BOB geography. The ICB recognises the opportunity for increased integration of these services as part of maintaining eye health across the system. Work to date has focused on:

- Implementation of an electronic referral platform which will allow community optometrists to send routine referrals directly to the patients' chosen hospital or single point of access.
- Preparing for the national intent to extend and roll out 'in school' eye testing in all schools from April 2024, with certain schools given priority for the rollout.
- Preparing for the national minor eye condition service to be expanded in 2024 which aims to improve equity and accessibility for patients with most eye conditions seen at eye units and by GPs.

Community Pharmacy

There are around 253 community pharmacies providing services to the BOB population. They are well placed within local communities to support people to live longer, heathier lives, make healthier lifestyle choices and support care closer to home.

Areas of work already underway in this area include:

- Roll out of the Pharmacy First initiative in 2024 (see above).
- Upskilling of community pharmacists so more can provide assessments of patients and make prescribing decisions without patients having to see their GP first.
- Continue to expand vaccination services e.g. flu and COVID.
- Expand GP Connect to enable GP practices and authorised clinical staff (e.g. pharmacy professionals) to share and view electronic health records information and appointments information.

Urgent Care Centres

The ICB has been running an 18-month Urgent Care Centre pilot in Reading. The pilot was established to understand the impact that an Urgent Care Centre, seeing minor illness presentations with clinicians having access to the full GP record, could have on the high demand for GP appointments and high ED attendances rates. An evaluation of the pilot has been conducted and consideration is now being given to future options taking account of the primary care strategy and need to look at a different way of addressing non-complex same day care.

Community

We are expanding the hospital at home approach and redesigning the hospital discharge model, to reduce failed discharges. Integrating our discharge planning with local councils means that more services and care can be moved into the community. We are also continuing to give members of the public better control over their health by opening musculoskeletal, audiology, weight management and community podiatry to self-referral.

We are improving community-based support for those suffering with mental illness. This includes The Thames Valley Link Programme which has been established to provide additional support to children and young people with “complex needs.”

NHS App

BOB have been supporting primary care providers across the area to support the public to utilise the full functionality of the NHS app. This allows the service user to view their medical records, order repeat prescriptions, manage routine appointments and view communications from their practice. This should help lessen the workload for administrative staff and give individuals better control over their healthcare. We will be seeking to improve the interface between primary and secondary care, to streamline processes and touchpoints for patients.

How we are managing long term conditions

The NHS Long Term Plan (LTP) set out clear improvement priorities for the biggest killers and disablers of our population including Long Term Conditions (LTCs). The Global Burden of Disease study included as part of the LTP showed that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.

Our JFP outlines the ambitions for everyone in BOB to have the opportunity to live a healthy life by tackling the factors that influence people's health and how the ICB and partners can support people to make healthy changes to their lifestyle.

The ICB plans to support people to better manage LTCs:

- While levels of LTCs such as heart disease or diabetes in BOB are generally lower than the national average, cardiovascular disease (CVD) is still one of the most common causes of deaths in the local area and a major contributor to the gap in life expectancy between people living in our most and least deprived areas.
- Our focus is on supporting people to manage LTCs and delivering more joined up care for people with personalised care and support plans.
- This includes identifying those at risk of developing LTCs and providing support to address lifestyle factors and earlier detection of those with LTCs and provision of support to avoid unplanned care.

We have established LTCs Integrated Delivery Networks across BOB for cardiovascular (cardiac and stroke), respiratory and diabetes to bring together our providers with clinical leadership to drive forward the LTP priorities including prevention, improving health, reducing inequalities, reducing variation, and co-designing integrated pathways.

The areas of focus (prioritising areas of health inequalities) over the last year through the LTCs Integrated Delivery Networks have been:

1. Prevention of LTCs through earlier detection by increasing NHS Health Checks, focus on cardiovascular (CVD) prevention and targeted smoking cessation.
2. Improving the diagnosis of people with Chronic Obstructive Pulmonary Disease (COPD) symptoms.
3. Increasing the detection of people with hypertension and heart failure to enable earlier management of the conditions.
4. Better management of people with LTCs:
    a. Hypertension (to target blood pressure to reduce stroke and heart attacks)
    b. Diabetes (achieve treatment targets to prevent future complications)
    c. COPD (decrease length of stay and readmission to hospital)
    d. Stroke, Cardiac and Pulmonary rehabilitation (better management after a stroke, heart attack or COPD diagnosis)

Below are examples of work from our CVD prevention workstream and four Integrated Delivery Networks:

CVD prevention:

- The 2023/24 BOB CVD Champions programme, to which 39/51 Primary Care Networks (PCNs) signed up, supported local leaders to deliver quality improvement projects to enhance cholesterol and BP management. The programme also supported sharing of good practice and education opportunities for clinicians involved. There has been an improvement in age-appropriate high blood pressure management in BOB to 65.8% in September 2023 compared with 58.71% in June 2022 (CVD Prevent national data).
- We have launched a new patient leaflet 'managing blood pressure at home' to help patient self-care and clinician engagement. We have also supported the translation of public education resources about cholesterol into the 7 most spoken languages (Portuguese, Arabic, Polish, Ukranian, Albanian, Urdu and Hindi) in BOB and are working collaboratively to support these being used system wide.
- The community pharmacies hypertension identification service now has 86% of BOB pharmacies signed up and they have collectively completed over 26,807 opportunistic BP checks to date. This service enables more people to have their BP checked outside of GP services and helps identification of potential cases of high BP.
- NHS health checks are being provided for staff working in our hospital trusts. RBH ran a successful project to deliver the NHS health check in 2023/24 with 814 people taking up the offer. The trust has now made this offer sustainable for staff longer term. BHT are in the process of exploring expansion of their existing health and wellbeing check to include all components of the NHS health check. OUH offer the NHS health check to staff over 40 years of age registered with an Oxfordshire GP, and a mini health check to others.
- The prescribing quality scheme (PQS) 2023/24 included a BP target for general practices, offering additional incentive to work towards the national targets in BP recording. 98% of practices across BOB signed up to the PQS, demonstrating a system wide commitment to improvement.
- Projects are running in each county across BOB to support the delivery of NHS health checks for people with severe mental illness and learning disability. This project has delivered over 700 health checks in 2023/24 for people who may be less likely to take up the offer. The NHS health check is a valuable opportunity for people to receive advice and education as well as supporting early identification of potential health issues.

Integrated Cardiac Delivery Network:

- We were successful in our bid for additional national funding to support earlier specialist Heart Failure Multidisciplinary Teams (MDTs) to follow up patients in the community.
- Education webinars have been delivered over the past year to support primary care with improving the management of people with high cholesterol through the optimisation of medications and looking at primary care cardiovascular disease prevention indicators. There has been improvement in BOB with 57.23% (October 2023) of patients at high risk of cardiovascular disease now on lipid lowering therapies compared to 51.8% in June 2022.
- A bespoke patient app (Beat Better) has been developed to support Enhanced Cardiac Rehabilitation across BOB. This will help the system to achieve a reduction in relapse in heart conditions and improve patient adherence to the existing cardiac rehabilitation programmes.

Integrated Stroke Delivery Network:

- Work progressed to deliver 24/7 Mechanical Thrombectomy provision across BOB; we did not quite achieve the NHS Long Term Plan target of 10% of stroke patients receiving mechanical thrombectomy for 2023/24.
- The Sentinel Stroke National Audit Programme (SSNAP) latest results (October – December 2023) shows all our acute trust providers are achieving an A-rating (the highest available). This reflects an improvement in access to stroke services and reduction in variation of care across BOB. Variation in our 4-hr admission target remains. To improve this all-stroke pre-alerts should be initiated as video calls; pre-hospital video triage is being piloted at two of our acute provider sites.
- Peer review site visits were undertaken to all acute and rehabilitation providers. These visits recognised good practice and identified specific actions to help our stroke network work towards compliance with national stroke guidelines. These improvements will also improve equity of provision in stroke care across the system. Since a number of these actions require system wide agreements and funding, we aim to deliver all actions within the joint forward 5-year plan.
- We have involved patients working with acute and rehabilitation providers through dynamic Patient Public Voice (PPV) groups in Oxfordshire and Buckinghamshire. Berkshire West continue to be supported to establish a patient public voice group in 2024/25.

Integrated Diabetes Delivery Network

Across BOB, 86,140 of our residents have a diagnosis of Type 2 diabetes and 8,733 are living with Type 1 diabetes (source NDA March 2023) and 68.1% of people with diabetes have one or more other LTC.

- Evidence shows that patients who received all eight care processes have better outcomes and reduced mortality. Therefore, we have focused on eight care processes for management of Type 2 diabetes in all GP practices with an emphasis on practices in areas of higher deprivation. Most BOB practices achieved a higher attainment of the eight care processes for people with type 2 diabetes than the England average of 58%, placing the ICB as the highest attainer in the southeast region with an average of 66.7% (NDA 31.03.2023).
- Work has been underway to develop a standardised approach to the management of patients with Type 2 diabetes. It is planned to be launched in Quarter 1 2024/2025.
- Funding has been secured to support people aged under 40 with Early Onset Type 2 diabetes. This is more aggressive than later onset Type 2 diabetes and is more prevalent in people living within deprived areas and in minority ethnic groups. It has been associated with premature mortality, worse long-term health outcomes and higher risk of diabetes-related health complications such as sight loss, kidney failure, amputation, heart attacks and strokes.
- All adults with Type 1 diabetes and those who are eligible with Type 2 have access to Continuous Glucose Monitoring as recommended in NICE guidelines.

Integrated Respiratory Delivery Network

- We have enabled the accurate diagnosis of respiratory conditions with spirometry access available to the whole population and 4,975 spirometry tests delivered in primary care and Community Diagnostic Centres (CDCs) since April 2023.
- The Oxford Community Diagnostic Centre initiated a breathlessness pilot in November 2023 that enables a fast-track pathway for multiple diagnostics and specialist multidisciplinary team review through the CDC site.

- Phase 2 of the Integrated Severe Asthma Care project has worked with six PCNs located in areas of higher deprivation and health inequality – to identify, review and fast-track specialist treatment for people with severe asthma.
- We have seen increased uptake of COVID-19 vaccination in immunocompromised and at-risk populations in BOB, inclusive of people with COPD and learning disabilities. An additional 270 people received COVID-19 vaccination, 18 clinics and 12 engagement sessions were held over a period of six weeks. It included working with refugee centres, food banks and drug and alcohol addiction clinics, as well as vaccinating several housebound patients in their home.
- Our established Long COVID Assessment Services continue: 1,069 adults and 83 children have received initial assessments from specialist MDT services in 2023.

Delivering our Vaccination Programmes

COVID-19 vaccination campaign: During 2023/24 the vaccination programme continued across the BOB area via a network of centres comprising GP practices, community pharmacies, hospital hubs and pop-up clinics. The spring booster campaign 2023 was a 13-week programme which ran from 3 April to 30 June, with the initial two weeks focusing on care homes only.

The estimated number of BOB patients eligible for 2023 spring boosters was 205,817 with a target of 64%, and we achieved a total of 150,048 patients vaccinated (73%). This was the second highest achievement in the Southeast region and significantly exceeded the national average of 66.4%.

The autumn/winter campaign covered a broader range of cohorts as in previous years and there was a strong emphasis on co-administration of flu and COVID vaccination:

Those eligible were:

- residents in a care home for older adults;
- all adults aged 65 years and over;
- those aged 6 months to 64 years in a clinical risk group;
- frontline health and social care workers;
- those aged 12 to 64 years who were household contacts of people with immunosuppression;
- those aged 16 to 64 years who were carers;
- staff working in care homes for older adults.

The initial plan was for a 12-week campaign from early October, but concerns raised regarding a new variant resulted in the start date being brought forward to mid-September to continue until 31 January 2024. We were also asked to accelerate delivery of the programme to vaccinate as many eligible people as possible by the end of October. Despite the short notice of the new start date, BOB ICB was able to get provision in place in time.

More than 407,000 autumn/winter COVID boosters were given across BOB by 31 January 2024, meaning more than six out 10 people eligible for the jab took advantage of the offer.

As this report is published the Spring 2024 COVID booster campaign has been launched to offer top-up protection to:

- adults aged 75 years and over:
- residents in care homes for older adults:
- individuals aged 6 months and over who are immunosuppressed.

Flu vaccinations: As part of the NHS's commitment to make it ever more convenient for people to book in for their winter vaccines, all eligible adults were able to book their winter 2023/24 flu jab appointment online, by downloading the NHS App or by calling 119.

The campaign for eligible people to get their free flu vaccinations started in mid-September and ran until 31 March 2024.

Eligible cohorts were:

- those aged 65 years and over;
- those aged 6 months to under 65 years in clinical risk groups;
- pregnant women;
- all children aged 2 or 3 years on 31 August 2023;
- primary school aged children (from Reception to Year 6);
- those in long-stay residential care homes;
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person;
- close contacts of immunocompromised individuals;
- frontline health and social care workers;

Across the BOB area, eligible people were able to get free flu vaccinations via GP practices, community pharmacies, employer clinics and pop-up clinics.

MMR immunisation: The number of measles infections among children and young adults is increasing in some areas of England. We have not experienced a surge in cases during 2023/24, but we have seen a small number of isolated incidences in young children in and we are carefully monitoring for new cases.

Parents and carers of children who are not fully immunised have been contacted directly to book vaccinations at their GP practice; school immunisation teams continue to visit local schools regularly; and several dedicated immunisation catch-up clinics have been available.

A communications campaign has been running across BOB to highlight the importance of the MMR jab, not just for babies and children but for young adults aged 18 – 25 who may have only had one dose or none, especially if they are planning university, travel or even working in areas where measles cases are rising.

Delivering improvements in mental health services

Throughout the past year work has continued to support mental wellbeing and improve outcomes for people suffering from mental health conditions.

The publication of the national Commissioning Framework for Mental Health Inpatient Services requires us to produce a three-year transformation programme across all mental health services. This work has commenced, and we aim to publish at the end of June 2024.

Across BOB work has progressed to improve access to NHS Talking Therapies for Anxiety and Depression and has exceeded the national targets as outlined below:

Indicator	Standard		BOB ICB		Bucks		Oxon		Berks W
Talking Therapies – Total Accessing in period	6.0%		6.0%		2401		3586		5.5%
Talking Therapies – Moving to Recovery	March 2024		50		20		685		48.2%

Our providers have noted the increasing complexity of people's needs which means that they do not recover as quickly as the Talking Therapies model is designed for. This will need to be addressed in 2024/25.

Work has continued through the year to achieve the national target of 60% of people with serious mental illness (SMI) to have a physical health check. The ICB is operating two pilot projects – one run in Wokingham by Oxfordshire Mind and working with local GP practices to ensure 'hard to reach' individuals on the SMI register receive their annual check. The aim is to provide a comprehensive physical health assessment and review for people on the SMI register, reducing the health inequality and mortality gap these patients face with over 533 additional health checks completed. The pilot has been extended for one year to September 2024 to cover Reading, Oxford and Wokingham. In Buckinghamshire, there is a nurse-led outreach model (into homes, community and/or health settings) which will run until September 2025 to increase the number of eligible SMI patients having a physical health check. The ICB is also providing regular GP education and webinars to support and encourage excellent practice. PCNs in deprived areas have access to Point of Care Testing for SMI health checks.

BOB ICB has a total of 20 Mental Health Support teams, who work in schools and colleges, with current coverage expected to be approximately 53% by 2024. There are currently six teams in Buckinghamshire, eight in Oxfordshire, and six in Berkshire West. Wave 9 teams started their training course in September 2023 and a further four teams were allocated in Wave 11 but will not start training until September 2024.

Despite efforts to improve the diagnosis of dementia, the dementia diagnosis rate in BOB has consistently remained around 60% which is below the standard of 67%. The ICB has developed a Dementia Work Plan to address the gaps in services which will improve our performance.

The ICB met the Mental Health Investment standard (11.04% increase in investment compared to the target 9.19%).

Learning disability and Autism

The BOB Learning Disability and Autism (LDA) programme is shaped by the national programme. Priority workstreams include reducing health inequalities, improving support for people with autism, pathway improvement, decreasing the reliance on mental health inpatient care, and reducing the people with a learning disability and/or autism in all inpatient contexts. Areas of focus over the past year include:

- Reducing the number of BOB LDA patients in inpatient settings: overall the numbers are showing a downward trajectory. Where inpatient treatment is unavoidable, BOB is committed to ensuring that out of area placements (OAPs) are used only where essential and ensuring improved oversight by commissioners and better patient and family experiences. There is also a drive towards policy standardisation across the ICB and bringing a single framework approach to processes previously led by Place, including the Learning from lives and deaths – People with a learning disability and autistic people (LeDeR), Care Education and Treatment Reviews (CEDR) and Dynamic support registers (DSR) programs.
- The number of children and young people currently awaiting an assessment and the length of time they have to wait for an assessment continues to be challenging as outlined below:

Latest number of CYP waiting for assessment (waiting list)	
Oxfordshire CYP (Autism & ADHD)	3,092 (Jan 2024)
Buckinghamshire CYP (Autism & ADHD)	2,878 (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	5,399 (Jan 2024)

Average (Mean) waited time to assessment for CYP seen	
Oxfordshire CYP (Autism & ADHD)	94 weeks (Jan 2024)
Buckinghamshire CYP (Autism & ADHD)	104 weeks (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	Autism – 58 weeks (Jan 2024)
Berkshire West (Reading, West Berks and Wokingham)	ADHD - 57 weeks (Jan 2024)

- BOB is working with local authorities to support the pathways associated with Special Educational Needs and Disabilities to reduce waiting times and develop services to address the growing demand and backlogs. The BOB children and young people autism program is engaged in the development of a standardised initial 'request for help' and Neurodevelopmental Questionnaire, which uses AI to maximise the resources currently available.
- BOB has been supporting work with Autistica as a research partner to develop a profiling approach to support our adult waiting lists. The new process ensures an individual's strengths and needs are identified to make sure they have the right supportive strategies in place while waiting for a formal diagnosis of autism or ADHD. The team is also working on several current and future projects to embed the Reasonable Adjustments approach across the whole ICB.

- Unblocking barriers to physical health care and addressing gaps in provision for people with Learning Disabilities and Autism both in mental health inpatient settings and the community. We are incorporating mental health care into discharge planning to ensure safe discharge and ongoing physical health monitoring in the community. Although we are currently meeting national targets, BOB are continuing to increase the number of people with autism and/or those with a learning disability, getting an annual health check in the community. To this end, BOB and GPs are trialing the Medii App: the forthcoming roll-out of the Reasonable Adjustments Digital Flag (RADF) will also aid the identification of patients eligible for health checks and allow this to be embedded into the patient record. These initiatives are supported by bi-monthly, ICB-wide health webinars to help clinicians deal with common LDA health issues.
- Progress continues with the Pathway for Eating disorders and Autism, developed from Clinical Experience (PEACE) programme to support young people with eating disorders and neuro-diverse presentations. The ICS has a working group supporting shared practice and joint work, for example with the Avoidant and Restrictive Food Intake Disorder (ARFID) pilot.

During 2023/24, work has continued identifying the health inequalities experienced by patients with a Learning Disability and/or Autism, to better understand the barriers to accessing services and overcoming them. Results suggest that more work needs to be done on identifying and engaging patients/carers from BAME communities and we are looking at tailoring future work to reach these populations more effectively.

Neonatal and maternity care

Safe, effective maternity and neonatal care that is timely and positively experienced is integral to achieving the vision of the ICB Joint forward plan - that everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed.

Through the Local Maternity and Neonatal System (LMNS), the ICB has continued to build on existing relationships and collaborative working with the three acute trusts providing maternity and neonatal care, and maternity and neonatal voices partnerships (MNVP). Incorporating the neonatal service user in the work of the LMNS has been embedded over the last year. Each of the MNVPs are recruiting a neonatal service user lead, which will embed the neonatal voice and strengthen the link between the MNVP and the Parent Advisory Group (PAG).

Quality and Safety: The evolving role of the LMNS was referenced in the ICB annual report 2022/23 and it continues to develop with increasing focus on assurance, considering previous and ongoing maternity reviews such as Ockenden, East Kent and Nottingham, and the context of national maternity safety concerns. The LMNS supports our system partners in the delivery of maternity services and maintains quality and safety oversight through a series of mechanisms including the national perinatal quality surveillance model (PQSM). This enables oversight of good practice, emerging risks and lessons learned.

The system-wide maternity and neonatal daily safety huddle has been embedded across all three BOB acute trusts lead by LMNS, to provide a daily picture of the pressures in services and monitor demand and capacity to evaluate trends over time. A service evaluation has been completed with feedback overwhelmingly positive for the safety huddle, in terms of system oversight, clinical discussions and with requests for mutual aid easier to raise.

The LMNS has a collaborative working relationship with the Oxford and Thames Valley Health Innovation Network (OTVHIN), the Thames Valley Wessex Neonatal Operational Development Network (ODN) and the Thames Valley maternal medicine network. This enables joint working to reduce the number of babies born at term who need to be admitted to a neonatal unit. The number of term admissions in 2022/2023 was 800 across the system, and data to date from April 2023 to December 2023 was 582, so a similar rate to last year. A transition care unit has been

established within each maternity unit, ensuring mothers and babies can remain together. A further focus is the continued improvement in preterm care and improved care for women with complex medical issues during pregnancy.

The number of preterm births in RBH and BHT have reduced over the last year. OUH has had an increase but this means that babies are being born in the right place as OUH has a neonatal intensive care unit (NICU). This remains an ongoing focus within the ODN, and the OTVHIN, with support from the LMNS.

The percentage of babies of less than 27 weeks gestation born in a centre with NICU:

	2021/2022	2022/2023	2023/2024
BOB	71%	84.5%	84%
Thames Valley - Wide	80%	83.5%	86%

BOB trusts sit within the regional rates and have shown improvements and stabilisation. Each birth outside of this requirement triggers an exception report, which will be shared with the LMNS going forward.

The LMNS has continued to work closely with the trusts to gain assurance the Saving Babies Lives Care Bundle version 3 (SBLCBv3) using the SBLCBv3 implementation toolkit. It is an implementation toolkit, and a quarterly trust board report is created and shared with the trusts and the LMNS Board. Each trust met the requirement of 70% implementation by the Maternity Incentive Scheme (MIS) submission on 1 February 2024.

For MIS Year 5, both OUH and BHT submitted full compliance with all ten safety actions of the scheme. RBH submitted full compliance with nine safety actions, the tenth safety action was a technical issue which NHSR were aware of early in Year 5, and therefore NHSR advised this level of compliance, and will upgrade this full compliance on review. This means it is highly likely that all three BOB trusts will reach full compliance for all ten safety actions, which will be a huge achievement.

All three BOB Trusts received visits from the Care Quality Commission during 2023 as part of the national programme, with all reports now published:

- **Stoke Mandeville Hospital** (BHT) inspected 14 June 2023, with an overall rating of Good, with the Safe domain rated Requires Improvement, and the Well-led domain rated good.
- **Horton Midwifery Led Unit** (OUH) inspected 23 October 2023, with an overall rating of Requires Improvement. Both Safe and Well Led domains were rated Requires Improvement.
- **RBH** inspected on 21 November 2023, with an overall rating of Good. Both Safe and Well-Led domains were rated Good.

Trust executives and maternity leaders are working on their action plan to address the ‘must-dos and should-dos’. The BOB LMNS will add this programme of improvement to its oversight of safety work and request updates for every LMNS Board once the action plans have been approved.

All three trusts have submitted their additional Ockenden funding plans to the LMNS. Both BHT and RBH have achieved all seven Immediate and Essential Actions (IEAs) for the Final Ockenden Report, published March 2022. OUH remains with an amber rating for IEA 5, and for Workforce and Guidelines. For IEA 5 – the new digital system (BadgerNet) launched on 23 January 2024 for antenatal care. For Workforce Leadership - the secondment of the Midwifery senior leadership team was extended to 28 February 2024. There is ongoing recruitment to vacant posts, as well as some additional matrons' posts created. The LMNS will continue to monitor these through the assurance processes.

Equity and Equality: The LMNS equity and equality plan continues to draw attention to its success and its positive impact in our communities. The Early Lives Early Start initiative has been running successfully over the last year and the maternity advocate community organisers have engaged over 100 women and birthing people in the deprived OX4 area of Oxford. Projects have reached out to communities in BOB, including black history month events in each area. Maternity vaccine champions have improved access to COVID, flu and whooping cough vaccinations. Healthy Start vitamins have been distributed to populations seeking sanctuary. We have delivered inclusive language workshops in perinatal services and won further funding from NHSE LGBTQ team.

The LMNS is currently planning implementation of the perinatal pelvic health services as part of the national rollout. This will provide further capacity to gynaecology services across the three acute trusts. This is part of our expanding work to deliver the national and BOB Women's Health Strategy, which includes menopause care and fitting of coils and pessaries.

Safeguarding our most vulnerable

Safeguarding adults, children and looked after children (LAC) involves a range of activities spanning the prevention of harm to those at risk, through to actions taken when harm occurs. It remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding adults and children are holistically, consistently, and conscientiously applied, with the well-being of adults and children at the heart of what we do.

Section 11 of The Children Act (2004) places responsibilities on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

The Care Act (2014), and Care and Support Statutory Guidance (Department of Health, 2015) outlines how safeguarding activity is not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- The Care Quality Commission ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

The Chief Nursing Officer is the ICB Board-level Executive Director who holds accountability for ensuring that effective safeguarding processes are in place and that the statutory responsibilities and duties of the ICB are met. This includes oversight of the three place-based partnerships, as equal partner with Thames Valley Police and the Local Authorities, providing financial and expert support, to ensure that the safeguarding arrangements at each geographical 'Place' footprint are safe and robust. The Director of Safeguarding leads the ICB Safeguarding Team, who

work in partnership with statutory and non-statutory agencies at ‘Place’ and at a system-wide level to ensure and support safeguarding practice and strategy.

The three Safeguarding Children Partnerships and three Safeguarding Adult Boards at place have their individual responsibilities to the local populations and must be assured with regards to place-based safeguarding: thresholds, risks, practice (how services work together for those at risk and in need of help and protection). Regulation and inspection are important to the ICB to demonstrate safeguarding assurance and accountability arrangements across the health system, to celebrate best practice and embed new learning. This is achieved through a variety of audits, reports, assessments, including: statutory reviews and learning; CQC Inspections; Joint Targeted Area Inspections; Section 11 self-assessment audits; data sets and reporting. Below lists the partnerships and boards across BOB:

- Buckinghamshire Safeguarding Children Partnership
- Buckinghamshire Safeguarding Adult Board
- Oxfordshire Safeguarding Children Partnership
- Oxfordshire Safeguarding Adult Board
- Berkshire West Safeguarding Children Partnership
- Berkshire West Safeguarding Adult Board

NHS England published a revised Safeguarding Accountability and Assurance Framework (SAAF) in 2022 which provides details of the safeguarding roles and responsibilities of all individuals working within NHS funded care settings and NHS commissioning organisations. ICB Designated professionals are clinical experts and strategic leaders for safeguarding and are a vital source of advice and support to health commissioners in the ICB, Local Authorities and NHS England, other health professionals, regulators, and the Local Safeguarding Adults Boards (LSABs) and the Local Safeguarding Children’s Partnerships (LSCPs). They work with the leadership of the Director for Safeguarding to assure the statutory roles and responsibilities of the ICB.

ICB activity to evidence SAAF compliance includes:

- Maintained oversight of commissioned providers and their standards to safeguard adults, children and LAC.
- Developed safeguarding adults, children, and LAC requirements for commissioned services (in response to new statutory requirements and best practice and developing the safeguarding adults, children, and LAC standards for the procurement of new services)
- Promoted and chaired LSABs and LSCP sub-groups to ensure that learning is taken from cases to drive improvement across the system.
- Provided expert advice in relation to complex cases, including allegations against staff, ensuring that the response is person centred, proportionate and timely.
- Proposed robust responses to improve the Safeguarding System in the health sector.
- Worked with integrated care system leaders, primary care network leaders and GPs to ensure that safeguarding and the Mental Capacity Act are considered and embedded in frontline practice, training, and learning.
- Facilitated safeguarding involvement in all parts of the commissioning cycle, from procurement to quality assurance, developing a safeguarding procurement framework to standardise the process.
- Responded to the interface between Child Death Overview Panel (CDOP), Learning Disability Mortality Reviews, Statutory reviews and serious incidents in relation to safeguarding.

- Proactive members of all statutory reviews; Children Safeguarding Practitioner Reviews, Domestic Homicide Reviews and Serious Adult Reviews, including the chairing and leading workshops for learning.
- Completed the annual NHSE Safeguarding Commissioning Assurance Toolkit.
- Compliance and reporting to the NHSE Case Tracker, to identify themes from statutory reviews and ensure they drive improvement.
- Proactive support of ICBs duty to cooperate with/statutory duty in relation to:
    - Multi-Agency Responsibilities to LSABs and LSCPs including Section 11 Audit Responsibilities and Local Domestic Abuse Partnership Boards
    - Child Death Overview Panel
    - Modern Slavery and Exploitation including Refugees and Asylum Seekers
    - Prevent Agenda - Channel Panel and Prevent Board
    - Serious Violence Duty
    - Mental Capacity Act (MCA, 2005) and Liberty Protection Safeguards
    - Child Protection – Information Sharing

Place based activity to evidence SAAF compliance includes:

Buckinghamshire

- Improved access to primary care for the Gypsy, Roma, and Traveller community with the Margaret Clitheroe Trust.
- Involved in the organising of the Making a Difference week – the looked-after children's annual weeklong series of lunchtime webinars to deliver topical issues related to the looked-after population related to youth justice.
- Planning and delivery of a face-to-face conference for designated looked-after children professionals.
- Chair of the Safeguarding Partnership/Board Policy and Procedures sub-group.
- Facilitated a multi-agency complex case panel, currently under review.
- Delivery of safeguarding supervision to All Age Continuing Care and Named Professionals.

Oxfordshire

- Implementation of SHaRON, the Support Hope and Recovery/Resources online network for families and AnDY research clinic
- Representation at Thames Valley Violence Reduction Unit (VRU) strategic group and chair of A&E Navigator network
- Development of platform to enable GP access to peer support related to safeguarding in Care Homes

Berkshire West

- New Learning Disability child and adolescent mental health service commissioned.
- Quality and Safeguarding support to asylum seekers to improve access to healthcare.
- Leadership of the NHSE Regional and System Mental Capacity Act awareness including the development of new data to support evidence for assurance.
- Chair of the Berkshire West Adult Safeguarding Board Safeguarding Adult Review sub-group.

The ICB Safeguarding and LAC Team continue to support wider ICB compliance with statutory duties and best practice guidance. The team provide supervision, advice, and guidance to ICB teams as required. During the year, the ICB Safeguarding and LAC Team collaborated with providers and commissioners to monitor activity and ensure that provider service procurement, contracts and policies embed safeguarding requirements. This has included:

- Contributing to the procurement of enteral feeding, termination of pregnancy and musculoskeletal services.
- Maintaining assurance conversations and oversight for all health care trusts through our place-based safeguarding provider meetings
- Developing relationships, building support, and agreeing reporting plans with the independent provider hospitals, diagnostic services and other independent providers delivering inpatient and outpatient services to our population.

Safeguarding contributions to contract schedules, reporting processes and procurement assessment processes have been standardised and simplified during the past year, ready for including in every contract update in 2024/25. This will enable a health system dashboard and more comprehensive health overview of safeguarding compliance.

Nationally and within BOB ICB, we continue to see an increase in safeguarding demand and capacity. The current financial position and the impact to invest in new services presents additional challenge which requires us to work in new ways to collaborate and support safeguarding more efficiently. The ICB Safeguarding team has several key priorities which are detailed in the JFP, and which focus upon the strategic management, oversight, and redesign of safeguarding. These will be progressed over the year alongside many statutory responsibilities which are incorporated into business as usual.

Safe and effective use of medicines

The safe and effective use of medicines is an essential element of healthcare and the ICB Medicines Optimisation team continues to support clinicians, patients and carers in making decisions about which medications to use to obtain the best possible outcomes.

Medicines optimisation works as a single team delivering ICB priorities via four key workstreams while also delivering some place-based priorities. In 2023/24, the team comprised a variety of professionals including pharmacists, pharmacy technicians, a GP, dietitians, administrative staff and a wound care nurse.

In August 2022, the first BOB ICB Prescribing Quality Scheme (PQS) was launched to all practices, incentivising improvement in the quality and safety and encouraging cost-effective prescribing. Of the 158 practices, 156 (98%) signed up to take part in the scheme and a detailed review in 2023 showed that the PQS had delivered savings of £437,917 via the savings targets, alongside £3875,000 generated by use of the decision support tools. 92 practices achieved full points in the scheme equating to 59% of those which participated.

Following the success of the PQS in 2022/23, a new scheme was launched for 2023/24 and practices continue to be informed of their progress via publication of the monthly Prescribing Dashboard. The ICB recorded PQS webinars as well as a video explaining what information is available on the PQS Dashboard.

In 2023, with support from the ICB, practices moved to using the ScriptSwitch prescribing support tool, which is fully integrated with patient records, enabling the delivery of prescribing best practice via national guidance and local formulary advice. Use of the tool also helps to optimise cost effectiveness via messages in the GP clinical systems.

In 2023/24, the BOB-wide Area Prescribing Committee (APC) became fully established and met bi-monthly to discuss and agree on strategic

decisions promoting rational, evidence-based, high quality, cost-effective use of medicines. The APC is key to ensuring equity of safe access to medicines for patients and its workplan includes new formulary decisions, the implementation of new guidelines and the introduction of new pathways. A priority is also to work towards a BOB-wide formulary. Continued close working with secondary care is key to the success of APC as well as managing the use of high-cost medicines.

Joint working with PCN pharmacy colleagues continued to be a priority in 2023/24 with regular contact via a programme of learning events led by the ICB PCN Liaison Pharmacists. In May 2023, the ICB held its first face to face Primary Care Pharmacy Conference. The event had a varied agenda delivered by local and national speakers and was attended by almost 200 delegates. Conversations on the day were enthusiastic and the feedback was positive, resulting in a similar event being booked for 2024.

Joint working with our community pharmacy colleagues resulted in a scheme being set up to ensure access to antivirals in the event of a flu outbreak as well as the relaunch on the Minor Ailment Scheme across the whole of BOB. In January 2024, the NHS launched the Pharmacy First scheme which builds on the Community Pharmacy Consultation Scheme). The ICB team worked closely with the Local Pharmaceutical Committee to support this and of the 251 community pharmacies in BOB, 244 are offering the service (see page 17).

Optimising medicines' use to maximise health outcomes and give the best value continues to be the priority for the ICB. As in previous years, in 2023/24, the ICB team has worked collaboratively across the system and delivered many initiatives to support good quality, cost-effective prescribing. The variety of work undertaken by the team continues to expand and joint working with other teams from both within and outside the ICB has resulted in some excellent outcomes.

Digital Data & Transformation

Over the past year, the ICB has continued to develop and strengthen our partnerships with NHS and local authorities across BOB to develop a shared vision and strategy for digital and data which was agreed by the ICB Board in May 2023. The strategy acknowledges the need to change our ways of working to realise the benefits of working as a system, by exploiting and building on collaboration opportunities which already exist. Our digital transformation programme has been extensive for 2023/24 and has improved the way care is provided and accessed across BOB. Below are a few examples:

Primary Care: The ICB has supported primary care colleagues with implementing digital technologies and initiatives during 2023/24:

- We are supporting GP practices with training and raising awareness of the NHS App. More than one million (62%) of our residents have now registered for the NHS App.
- We are supporting people with digital access to NHS services through an active digital inclusion project which includes five 'digital cafés' across BOB where residents can drop in to learn how technology can be used to successfully access and manage healthcare.
- We are supporting GP practices in uploading new health record entries to patients using apps. We led on engagement work with GP practices and currently more than eight out of 10 GP practices across BOB are live, compared with the national average of 80%.
- Telephony is an essential part of a GP practice's ability to provide services to patients. The current analogue telephone network will be decommissioned by 2025 and we are supporting GP practices to move to a digital/cloud-based solution. More than nine out 10 BOB practices are now using cloud-based telephony systems. The benefits include practice resilience and flexibility to manage demand and workload; reduced call waiting times; continuity of care.
- We have supported 23 GP practices to digitise their paper records, to improve access, free valuable premises space for added clinics or meeting spaces, improve efficiency, enable safer storage and easier sharing of information.

- We are supporting GP practices with their online consultation solutions. More than nine out of 10 practices now offer online consultations to their patients. Online consultation solutions offer several benefits to practices and patients: improved workload management; improved access for marginalised groups.

Regular visits to GP practices have helped identify issues, which potentially affect their ability to deliver high quality care. For example, supplying and replacing IT equipment, improving network speeds and record transfers between practices, and resolving third party supplier issues.

To improve cost efficiency of SMS text communications at GP practices and provide value for money, we developed a dashboard to monitor the impact of SMS text messages to patients and worked with GP practices to improve their understanding of SMS spend and how to reduce costs.

BOB wide: We are working with colleagues across BOB to deliver the ICS Digital and Data Strategy through building collective digital and data maturity across our partners and providers. So far, we have:

- Improved the ability of professionals across BOB to access the right information on their patients at the right time, with more organisations now sharing their knowledge of what's happened to patients with our BOB-wide shared care record.
- Continued to expand our Population Health Analytics tool. Clinicians can use this to easily identify patients who may benefit from more proactive and preventative care before their condition worsens.
- Continued implementation of a digital tool to help people better understand their surgical procedures and provide their consent.
- Helped digitisation proceed at pace at OHFT and BHT to enable the recording and storage of patient information digitally.
- Updated the approach to system-wide Digital, Data and Technology (DDaT) projects, moving towards a plan for delivery of ICS DDaT priorities during 2024/25.

We held our first Digital and Data Summit in September 2023, bringing together digital, clinical and data professionals from across BOB and wider area. Over 200 delegates attended the event, with 26 exhibition stands showcasing how digital technologies and data are supporting and enabling our colleagues across BOB. Guest speakers and panelists came from RBH, NHS England and the University of Oxford. Topics discussed ranged from tackling health inequalities, the value of digital in transforming the health of our population, national priorities, and workforce development, to how is data transforming care across BOB and optimising the stroke pathway through AI.

Adult Social Care: Across BOB, we have been working with adult social care providers to support their own digital transformation ambitions through funding provided by NHS England *Digitising Social Care* programme. This enables selection and implementation of various technologies including digital social care records; digital care planning systems; and sensor-based falls technology. Interested care providers have been supported with funding which is enabling better outcomes for residents and service users, as well as improving overall staff satisfaction levels.

More than two-thirds of providers have a digital care planning system. The benefits are:

- Residents receive a higher quality service because carers have more time to care.
- Improved satisfaction levels among staff who are now spending less time on administration.
- Management staff have better visibility of their care services due to the reporting capabilities of the digital solution, which enables them to provide more proactive care.

This programme is key to our digital strategy to deliver high quality outcomes our population. Digitising social care is helping to progress our ambition of supporting our most vulnerable people and joining up our health and care system more widely by enabling closer partnership working

and seamless data sharing.

Improving quality

Working with partners across BOB, the ICB aims to ensure that each patient receives timely, safe, effective care with a positive experience. Our ongoing commitment with partners is to achieve our ambitions which include meeting statutory obligations, sustainable quality improvements in health and care, and addressing inequality and inequity.

Fundamental to enabling quality improvement across the health and care system are key forums and interfaces with system partners. Over the last year, the System Quality Group (SQG) has been fully embedded. All ICS's are required to have a SQG which has a unique role focused on enabling quality improvement across the health and care system. The remit of SQGs is primarily focused on engagement and intelligence sharing for improvement but will also escalate any risks or concerns to the ICB, and regional NHS England teams where response and support is required. Through the SQG, the ICB has been able to work with system partners to understand harm review processes, service provision for people living with learning disabilities or autism and inpatient mental healthcare across BOB.

The ICB has a distinct interface with Health Innovation Oxford and Thames Valley which has enabled joint support to providers with the implementation of the national Patient Safety Incident Response Framework (PSIRF), system wide safety improvements including preterm birth optimisation and improved medicines safety through reduction in opioid prescription.

Our progress in respect of our quality priorities for 2023/24 are summarised below:

- To publish a Quality Strategy to support improvement which will incorporate the National Patient Safety Strategy: The ICB Quality Strategy is currently in development and will be published in the year ahead. It is integral that the Quality Strategy is underpinned by NHS IMPACT (Improving Patient Care Together) which has been launched to support all NHS organisations, systems and providers, including NHS England, to have the skills and techniques to deliver continuous improvement. Organisations across BOB came together following completion of the NHS IMPACT baseline assessment to compare outcomes, stimulate discussion and debate and understand areas for further development to embed the principles of the components of the NHS IMPACT framework across the system.

- Develop a system-wide quality assurance framework to underpin our improvement work: The ICB Quality Assurance Framework was published in September 2023 and will be strengthened in the year ahead with a supporting framework for primary care. The quality assurance framework was designed in collaboration with partners across the system and sets out a shared single view of quality for safe, effective, positive, well led, sustainably resourced and equitable care. It describes the approaches the ICB takes in gaining quality assurance and a clear set of responsibilities and accountabilities so we can all respect the roles of each partner organisation and understand how the system interacts.

- Ensure patient experience and co-design is fully embedded in our quality assurance/improvement work and our quality strategy: The voice of the patient, carer or family has been integral to quality assurance and improvement work undertaken in the last year. Our thanks to Healthwatch partners, the voluntary sector, charities and service user representatives for their contributions and the added value you bring to improvement work across the ICS. We have also introduced a resident's story at the beginning of all ICB Board meetings in public. The aim of this is for the board to hear the voice of our service users and patients and to discuss and share observations and feedback.

During the last year, despite the ongoing challenges faced by the NHS, many key improvements have been made within individual healthcare provider organisations and across the ICS with system partners. Examples include but are not limited to:

- **Call 4 Concern©:** is a patient safety service run by the Critical Care Outreach Team at RBH. This service enables patients and families to call for immediate help and advice when they feel concerned that the health care team has not recognised their own or their loved one's changing condition.
- **Supporting Frailty:** A new frailty area in the emergency department at the John Radcliffe hospital supported by a specialist team including a Frailty Practitioner Gerontology doctor has been launched to avoid unnecessary admissions to hospital.
- **Medication Reviews:** In Children and Young Peoples Services at BHT a successful pilot project focusing on medication reviews for Community Paediatric patients has led to more timely reviews by adopting a "most appropriate professional" approach.
- **Mental Health:** The "True North" improvement work at BHFT has included adoption of Turbo 10, an educational ward-based initiative to support staff with clinical decision making and care planning.
- **Advocacy:** Patients cared for within acute mental health settings are entitled to receive services from an independent mental health advocacy service. The advocacy services help people to understand their rights. OHFT have led a project to increase awareness of the advocacy service by all patients under the care of the Trust.
- **Preterm optimisation care:** Collaboration between Health Innovation Oxford and Thames Valley and the three maternity and neonatal services in BOB has enabled successful implementation of the preterm optimisation bundle. This national toolkit is designed to reduce the number of babies born prematurely and improve the outcomes of those babies who are born early. BOB is in the top three across England for successful implementation of the nine care elements of preterm optimisation care.
- **Recognising the deteriorating child:** Digital observations of paediatric patients in inpatient settings has been implemented in all three acute NHS trusts allowing greater visibility and oversight of deteriorating patients.
- **Mental Health Urgent and Emergency Care Pathway:** OUH and OHFT have embarked on a collaboration aimed at enhancing the experience of patients undergoing mental health crises. This joint initiative, notable for its scale and integrated approach, has focused on streamlining pathways, improving access to care, and ensuring a seamless transition between services for patients that they share.
- **Hospital at Home:** A programme of work has been undertaken by OUH and OHFT to increase efficiency of the hospital at home teams and how they document their interactions with patients, share work with colleagues across the system and refine the escalation pathway they follow.
- **Early Warning Signs:** BHFT and RBH are participating in the national pilot of the Quality Early Warning Signs project. Following the completion of the pilot, the ICB team will feedback their joint experience to influence and shape the next iteration of the national Quality Early Warning Signs dataset.
- **Co-production:** OUH led a BOB wide co-production event as part of the BOB Quality Improvement festival week in November.

Patient Safety: Patient Safety and Incident Learning is a fundamental element of the NHS Patient Safety Strategy, to deliver safety and quality improvements across the NHS in England.

Providers across BOB have been transitioning from the Serious Incident (SI) Framework to the PSIRF. PSIRF aims to improve how the NHS responds to incidents with a much greater focus on improvement, rather than repeated investigation of incidents where there is limited additional learning, or prioritisation of "Serious Incidents" which restricts learning. PSIRF aims to apply four key principles: compassionate engagement of those affected by a patient safety incident; systems approach to learning, proportionate response to these types of incidents and supportive

oversight.

All NHS providers have engaged proactively in the development of PSIRF within their own organisations, as well as contribution to the wider development of a stronger system for sharing learning and identifying systems-level improvement opportunities. In January 2024 BHFT transitioned to PSIRF, joining OUH and OHFT who transitioned in October and December 2023 respectively. BHT, RBFT & SCAS are all due to transition by the end of April 2024.

The first provider to transition to PSIRF in BOB was OUH; they recently reported staff feedback that indicates they feel their time is better spent in relation to patient safety, with a greater focus on meaningful improvement as a result. PSIRF has been a vehicle for a culture change that is taking root, where improvement is prioritised to make services safer.

Looking to 2024/25 our quality and patient safety priorities include but are not limited to:

- Publication of the ICB quality strategy incorporating National Patient Safety Strategy and NHS IMPACT.
- Continuing to develop and embed co- production as a fundamental of quality improvement work.
- Implementation of recommendations regarding Martha's Rule and adoption of the national paediatric early warning score.
- Full implementation of PSIRF ensuring learning and recommendations from national enquiries, guidance and legislation is adopted by the ICB and providers.
- Achieving the quality deliverables set out in the JFP.
- Meeting the requirements of the national quality boards ICB quality functions document.
- Integrating environmental sustainability and planetary health into quality improvement projects.
- Ensuring the work of the ICB aligns with the regulatory standards of the CQC.

Addressing health inequalities

BOB ICB is committed to increasing its focus of preventing ill-health as well as treating it. We are also committed to reducing inequality of access, experience and outcomes across our population and communities. Our JFP recognises the importance of prevention and addressing inequalities in BOB. Our five-year ambition is to reduce health inequalities for our population ensuring that everyone has equal access to the right care and support. We want to keep people healthier for longer through increased primary and secondary prevention activities.

During 2023, the ICB recruited a Prevention and Health Inequalities Team to progress our goals. The new team, working with colleagues across the ICS have already made great progress to create and deliver a programme of work to ensure we meet the needs of our population.

A comprehensive report of activity to support delivery of our JFP and how the ICB has due regard to the aims of the public sector equality duty is available in our Public Sector Equality Duty Report; below outlines some highlights. As part of our work to restore services inclusively since the pandemic we are also developing how we can measure performance against equality of service delivery key performance indicators and metrics.

Primary Care Networks (PCNs): We provided funding to 10 PCNs with the highest levels of deprivation to take forward small projects in their areas to address Core20PLUS5 aligned health inequalities projects. This work is supported by Health Innovation Oxford and Thames Valley which is coordinating learning and evaluation. Projects focus on small specific populations and include work to improve diabetes understanding in local Nepalese community, improving cancer screening for those with a mental illness, increasing childhood immunisation rates and support

those with asthma living in housing that may exacerbate illness. The evaluation of these project is ongoing, and reports will be available in May 2024.

Governance: The Prevention, Population Health and Reducing Health Inequalities Group held its inaugural meeting at the beginning of 2023 and has provided governance oversight to the prevention and health inequalities work. In addition to scrutinising a suite of highlight reports covering the breadth of the work programme, deep dives have been held on smoking, asylum seeker health, screening and immunisations, women's health and the inclusion health framework. Our Place-based partnerships continue to oversee and lead coordination of local initiatives and relationships to support prevention and health inequalities.

Prevention and Health Inequalities Fund: In 2023/24 the ICB devolved £4m to Places to develop local initiatives to tackle health inequalities in targeted local populations.

- In Buckinghamshire a variety of projects have been funded including a research-informed community engagement project targeted towards 'Opportunity Bucks' wards, younger people and ethnic minority groups who experience higher maternal risk factors and aiming to improve pre-conception health and service awareness/access for women of childbearing age. It is led by Buckinghamshire Council and will run until March 2025.
- In Oxfordshire one of the projects funded is an 'Out of Hospital Care Team'. A multi-agency team has been formed to provide step-up care and support for homeless residents in Oxfordshire. With the aim to:
    - prevent discharges to street and associated readmissions.
    - Avoid hospital attendance and admissions (where health, care and support needs can be better met in the community).
    - Support an improvement in a person's health and wellbeing; and prevent rough sleeping and homelessness.
- In Berkshire West, the Community Wellness Outreach Service has been commissioned to deliver the NHS Health Check pathway, a nationally mandated secondary prevention programme, to priority population groups in the community setting. The service adopts population health management approach, using data and intelligence from BOB ICS, which will ensure provision to populations who are disproportionately affected by inequalities in access, experience and health outcomes. The programme will also recruit a Public Health Analyst in each borough to support this programme among other priorities within the Core20Plus population. Nine thousand residents are projected to benefit from a health check by the end of the programme.

Core20PLUS5: Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies five focus clinical areas requiring accelerated improvement. In BOB ICB we continue to align our priorities to the Core20PLUS5 approach.

- Maternity – A continuity of care team was launched in the Northfield Brook area of Oxford, Oxfordshire to support women during their pregnancy. 11.92% of ethnic minority women and birthing people are offered continuity of care in Berkshire West. Equality, Diversity and Inclusion (EDI) midwives are now in post at RBH. Equity work to support women and birthing people at BHT is being led by a transformation midwife and EDI midwives in OUH.
- Severe mental illness (SMI) – three pilots to drive up performance of health checks of people with severe mental illness have started focusing on interventions with harder to reach groups; one focused on primary care and one focused on community hubs (includes VCSE sector). There has also been investment in Buckinghamshire to increase provision through a nurse-led pilot.

- Chronic respiratory disease – a project was launched aligned to the winter vaccination programme which aimed to improve COVID, Flu and pneumococcal vaccine uptake in high-risk patients. The project involved contacting patients directly and offering pop-up clinics to support access. At time of writing the project evaluation is still pending.
- Early cancer diagnosis – we have worked with Thames Valley Cancer Alliance to launch an early cancer warning awareness campaign. Work has also started on the Targeted Lung Health Checks with the specific aim to target those areas/groups identified by Core20PLUS5 criteria.
- Hypertension case-finding and management – There has been a huge focus on hypertension management in primary care to achieve 77% target by end of March 2024. Cardiovascular disease (CVD), Clinical Champions are in place across BOB, supporting priority focus on hypertension and Lipid optimisation[3]. In Berkshire West there has been investment in a community outreach model to deliver health checks to communities in greatest need. In Buckinghamshire, a Locally Commissioned Service is delivering ECG provision across the county with weekly clinics to cover all areas of deprivation.

Inclusion health: Inclusion health describes population groups who are socially excluded, who typically experience multiple overlapping risk factors for poor health and are often not accounted for in electronic records. This includes people who experience homelessness, vulnerable migrants, Gypsy, Roma and Traveler communities, sex workers, people in contact with the justice system, those with drug and alcohol dependence and victims of modern slavery but can also include other socially excluded groups.

People in inclusion health groups often face barriers to accessing primary and preventative care, relying on emergency services to manage acute health needs. This can both further exacerbate health inequalities, but also come at a greater use of emergency services and subsequent financial cost.

Work has been on-going throughout 2023/24 to understand the needs of these groups and identify the areas of good practice that exist across the system and seek to build on this by coordinating and sharing information, skills and understanding. For example, in Oxfordshire, the Prevention and Health Inequalities Forum have established an Inclusion Health Task and Finish Group that is mapping commissioned services and partnerships in reference to our inclusion groups, allowing for greater awareness and opportunity to identify gaps and key areas of focus. In Buckinghamshire constructive discussions are taking place to have a focused Joint Strategic Needs Assessment (JSNA) chapter on inclusion heath groups, as well as to facilitate coordination of inclusion health group work.

Next year, in addition to refreshing the goals outlined in the JFP, we are going to focus on delivering system improvements in line with the Inclusion Health Framework.

Engaging people and our communities

As we implement our ICB Working with People and Communities Strategy, we aim to create an ICB built on effective engagement and partnerships to successfully serve people across BOB. We recognise there continues to be much to do to develop our work with communities and people within BOB.

[3] Managing low-density lipoprotein cholesterol

Your Voice in Buckinghamshire, Oxfordshire and Berkshire West engagement portal***:*** The ICB continues to develop its digital engagement platform to give people across BOB the opportunity to get involved and help shape the future of health and care. 'Your Voice in Buckinghamshire, Oxfordshire & Berkshire West' enables people to have their say on projects and proposals related to health and care. People can register to be regular users of the platform and can be kept informed on work of the ICB and partners.

Developing our partnerships with Healthwatch and the voluntary sector: We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population and are working closely with our five Healthwatch groups across our system. We have strong relationships with our Healthwatches, which have previously supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations.

Healthwatch continue to provide independent scrutiny and challenge where appropriate as they are the independent health and social care champions for their Places. We meet with them regularly and use their insights and public feedback to inform our strategies and plans.

The ICB funds our five Healthwatch groups to support place-based projects including the development of GP patient participation groups and reaching out to local communities we are not able to reach ourselves.

Working closely with our Voluntary, Community and Social Enterprise (VCSE) sector is also key to successful engagement. We continue to work with the sector to better understand people's and community's needs, experiences and aspirations for health, care, and wellbeing. The BOB VCSE Health Alliance is an important channel for engagement and we work closely with them. Through them we will be able to work with community leaders, reaching out to those affected by inequalities - strengthening relationships, building trust, and enabling the voice of people and communities to be heard. The Health Alliance is funded by the BOB ICB and we have a developed a memorandum of understanding to support the way we work together.

Engaging with our local communities: The role of communities is essential to improve health and address health inequalities. We have committed to enhance engagement, understanding and service provision for populations more likely to experience inequitable health outcomes. This year the ICB has made a positive start in building relationships with our communities and gathering essential insights to drive service transformation. The new Prevention and Health Inequalities Team have spent time over the past year attending community events to raise awareness of the team and linking with communities and developing relationships, running focus groups, and supporting partnerships projects to help support work to reduce the health inequalities. A few examples include:

- In Buckinghamshire – An event was organised by the LMNS for Black History Month (October 2023) to have a safe space for discussion around health issues disproportionally affecting black women. The Prevention and Health Inequalities Team attended to raise awareness of the team and to meet local partners and communities.
- In Oxfordshire – the team organised two focus groups with representative from our Inclusion groups including: Asylum Seekers and Refugees, Drug and Alcohol and Homelessness cohorts to gather insight around our draft primary care strategy, listening to lived experiences and barriers experienced when accessing health services within Oxfordshire.
- In Berkshire West – the team joined an Asylum Seekers Event Day in Reading – promoting and attending with the Primary Care team to network with colleagues, provide information to all stakeholders present and to hear about health issues and barriers experienced on the ground.

Community Connectors Programme: We are a Wave 4 Core20PLUS Connectors site and are working with the five Healthwatch organisations, our delivery partners, to develop a network of Community Connectors. The Connectors work with parents and carers of children in more deprived areas to capture their experiences of oral health and we will use these insights to drive improvements.

Through the Connectors programme, we have been successful in bidding for support from the Health Creation Alliance to conduct an appreciative inquiry workshop with a focus on turning insights into action. Work will continue into 2024/25 to develop ways of working.

There are also three Community Participation Action Research projects ongoing across BOB on the Cost-of-Living Crisis exploring the inequalities faced by marginalised communities. Our community researchers are halfway through their training and in the data collection phase of their work.

- *Caribbean Community Lunch Club* – 3 community researchers are using interviews and focus groups to investigate issues around the cost-of-living crisis and mental health of the Black community in Aylesbury.
- *St Vincent & the Grenadines 2nd Generation, High Wycombe* - 3 community researchers are using a survey and interviews to explore links between the cost of living and health inequalities among African, Caribbean, and Indian communities with an additional focus on maternal health.
- *Healthwatch Oxfordshire working with researchers from Oxford Community Action* - 2 community researchers are exploring the reasons why people attend their foodbank service and whether it suits their needs. They plan to use the learning to improve their service as well as taking it to organisations which supply the foodbank. They are using a questionnaire and planning to develop a video.

Patient Participation Groups: There is a wide network of GP patient participation groups across BOB. Locally based groups work with their practice and with the ICB through a variety of practice-based meetings and wider place meetings. These meetings are regularly attended by ICB colleagues to share news and updates on developments within their area, receive feedback and discuss ways of widening their engagement within their communities.

Research Engagement Network: Across BOB we (the ICB, the BOB VCSE Alliance, Health Innovation Oxford and Thames Valley and local research organisations – the NIHR Applied Research Collaboration Oxford and Thames Valley and the Clinical Research Network Thames Valley and South Midlands) have been given money to develop a network to support better ways of working with local communities.

The idea of the network is to help make sure that the views of all communities are included in health and care research and healthcare planning. We want to make sure research and planning becomes more equitable.

We know that great work is already happening but may not always be shared with everyone who could act on it. We also know that the views of all communities are not included, and that, at times, communities can feel overburdened by requests, particularly if they do not receive feedback. We want to understand better what is happening already so that we can improve things for everybody.

We are currently mapping what research and engagement is happening across BOB with local communities via a survey being shared across the NHS, local authorities, research networks and the voluntary and community sector. Feedback will be analysed and a report produced with the aim of developing an action plan to develop a network as outlined above.

Non-emergency patient transport: During 2023/24 the ICB commenced the process of re-procuring its Non-Emergency Patient Transport Services (NEPTS) contract, with the current contract ending in March 2025.

With this re-procurement, the ICB's overarching aim is to commission an improved, dynamic and responsive patient transport service which ensures eligible NEPTS patients are transported in a timely, safe and efficient manner between their homes and the relevant NHS service.

In redesigning our current services, it is essential for us to gather the experiences and insights of non-emergency patient transport users and their family / carers. This provides us with invaluable insight to identify new and innovative ways to review the service.

The ICB undertook an eight-week programme of engagement, between September and November 2023, where we asked current service users and their families / carers how we could improve their experience with transport services in BOB.

Only a small number of responses were received (29) despite promotion through many routes including Healthwatch networks, VCSE sector networks, social media, press etc.

Reading Urgent Care Centre: The Reading Urgent Care Centre (UCC) is an 18-month pilot which was due to end in March 2024 but was extended in order to review how the service can be delivered in the longer term. A short survey was developed to understand patient experience and use of the UCC to input into future plans for the centre. It ran in October and November 2023 and a survey for key stakeholders and providers ran in October 2023.

The survey was publicised on social media, through local authority networks, featured in Berkshire West Place patient newsletter and via RBH's internal and external publications. Staff from the ICB also visited the UCC with paper copies to encourage completion of the survey by people in the waiting area.

226 responses to the survey were received. Most of the respondents were from the Reading area; 151 patients followed by 48 patients from Wokingham. Key findings included:

The predominant source of patient referrals stemmed from the RBH Emergency Department, (ED) with secondary channels including recommendations from family and friends, and subsequent referrals from GP surgeries.

The survey responses demonstrated that the demands on ED, GP practices and NHS 111 would have risen due to patients seeking care from these services if they were unable to access the UCC. 88 respondents would have attended an ED if they were not able to use the UCC.

Primary Care Strategy Development: During 2023/24 the ICB started working with health and care partners to develop a strategy and implementation plan for the future of primary care. This includes general practice, community pharmacy, optometry (eye care) and dentistry across BOB. The work aims to:

- Build a shared understanding of the current state of primary and community services and present a case for change.
- Build a consensus on the future vision for primary care and its integration with community services.
- Design the way we deliver this care (operating model) and other tools such as digital healthcare support.
- Test the practical application of the new model through projects.
- Capture learning and build capability for phased roll-out of the final strategy.

As part of this programme of work, we held the 'Primary Care Conversation' to let people share their views and experiences about these services at: https://yourvoicebob-icb.uk.engagementhq.com/hub-page/primary-care. The draft strategy was published on the same engagement portal along with an easy read version and a survey for people to complete.

The engagement was launched on 17 November and ran until the end of February 2024. In total 529 people responded, 376 answered the survey question and 121 shared comments on the ideas wall. The site remained open until 4 March 2024.

The ICB and partner organisations also hosted events and focus groups with key stakeholders across primary care and local people, to inform our thinking. As part of the work, we developed a toolkit to support raising awareness of the engagement work. This was shared with our NHS partner trusts, local authority communications colleagues plus Healthwatch and the community and voluntary sector organisations to help spread the word about the engagement.

The engagement report and our response to feedback is available on the primary care strategy section of YourVoice in BOB.

Over the coming year we hope to develop further relationships with our local communities, progress the development of a citizen's panel to ensure we engage with a representative group of residents across BOB and develop an advisory panel which we hope will bring together representatives from across the ICS to help develop and guide our approach to engagement. This group will provide an independent "review, check and challenge" function, and we will seek a representative membership from across our partners. The Research Engagement Network project will help inform the development of this panel.

Working toward a Net Zero NHS

Over this past year, the Net Zero Programme Board has focused on refreshing the Net Zero Action Plan, contained within the BOB ICS Green Plan published in July 2022. This aims to clarify the role of the ICB and be clearer about the actions required across the system to achieve the national commitments of a Net Zero NHS by 2040.

The updated plan includes actions that align with the regional NHS England ambitions for change and with the goals, targets and deadlines from partner organisations' Net Zero plans. The action plan is based on the previously agreed 'Areas of Focus' – Travel and Transport, Estates and Facilities, Medicines Management, Supply Chain and procurement, Clinical Transformation (focused on primary care), and Digital Transformation. Each of the groups include representation from across system partners, such as NHS Trusts, Primary Care and Local Authorities. The groups aim to facilitate collaborative working to deliver the ICS Net Zero Action Plan/Green Plan and report on progress.

Through 2023/24 we have seen steady improvements in our environmental ambitions and progress:

In Medicines Management we have achieved the NHS England target of reducing carbon emissions from inhalers by 25% against 2019/20 baseline. This had been led by our medicines optimisation team with crucial support from primary care colleagues, who are educating patients on inhaler use and supporting the switch to less carbon intensive inhalers. Our ambition is to continue this improving trend through the coming year, recognising the environmental benefit this has.

We have great progress towards the target of reducing emissions from Manifold Cylinder Nitrous Oxide and Mixed Gas (Nitrous Oxide and Oxygen) to 19-23% against 2019/20 baseline, within our NHS Trusts. We achieved a 37.7% decrease in nitrous oxide emissions and 15.1% decrease in mixed gas emissions in manifold cylinders between April and October 2023. Two of our Acute Trusts have also conducted a nitrous oxide waste audit to further assess where they can reduce.

We continue to be successful in our applications to the Public Sector Decarbonisation Scheme (PSDS) and other national funds. Following from the success of OUH in securing PSDS funding last year, BHFT has secured £2.6m and plans to convert old heating systems to the greener Air Source Heat Pumps. Other health partners are waiting to hear on the success of their applications. Another application round is expected in 2024/25, continuing the opportunity for change.

BHT was awarded funding via a joint scheme from The Department of Energy Security and Net Zero and The Department of Health and Social Care, to convert lighting systems to LEDS within some of their smaller sites, which they have already achieved in their larger sites. LED lighting is both significantly less energy intensive and has also been shown to lower chances of eye strain/migraines.

Across BOB we continue to make progress with other plans and initiatives that will reduce our carbon footprint including the use of virtual wards, roll-out of the Primary Care toolkit, working more closely with local authorities on travel and transport issues, and strengthening our procurement processes to ensure new suppliers have carbon reduction plans.

Overseeing delivery of the refreshed Net Zero Action Plan:

The system wide Net Zero Programme Board continues to be the forum through which the ICB's progress to deliver the action plan is reviewed. As described above, these focus on system wide activities rather than the individual actions, detailed in the Trust Next Zero plans. The Programme Board meets monthly and includes the ICB Deputy Director of Strategy and Trust Net Zero Delivery Leads as its members and the regular agenda covers progress against the agreed plan, upcoming milestones or deliverables and risks / issues that may impact delivery. Where possible the risks are managed through the Programme Board. However, when this is not possible the risks will be escalated as necessary.

The refreshed action plan sets out a greater emphasis on using regular trust assurance processes to hold each of our providers to account on delivering their agreed Net Zero plans. This activity is still in development but will identify areas of under delivery and therefore be able to escalate these as necessary.

Place based activities also drive forward the Net Zero ambitions of the ICB and local organisations. Each 'Place' has a difference governance structure. In each case the activity is aligned with healthy lifestyles and tackling inequalities and with the ambitions of local Health and Wellbeing strategies. Progress delivering 'Place' plans are reported through the place and system development committee and escalated to the Board as required.

As per guidance from NHS England, the ICB and Trust emergency preparedness, resilience and response (EPRR) team have considered risks associated with climate adaptability as part of the system consideration and contingency planning for adverse weather events. Other ICB risks relating to plan delivery, will be managed through the ICB's directorate and corporate risk infrastructure.

The executive level responsibility for delivering the Net Zero ambitions sits with the Chief Strategy and Partnerships Officer[4].

Responding to an emergency

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a

[4] Correct at time of publishing.

terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (2004), the NHS Act 2006 and the Health and Care Act 2022. These require NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

Under the CCA, the ICB is defined as a Category 1 Responder, meaning it is subjected to the list of statutory duties listed in the Civil Contingencies Act (2004) Contingency Planning Regulations (2005).

In addition to meeting the CCA legislative duties, the ICB is required to comply with guidance and framework documents, including:

- NHS England Emergency Preparedness, Resilience and Response Framework.
- NHS England Core Standards for Emergency Preparedness, Resilience and Response.
- NHS England Business Continuity Framework.
- EPRR requirements laid out in the NHS Standard Contract.
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS).
- ISO 22301:2019 Security and resilience – Business continuity management systems.

The ICB's Accountable Emergency Officer (AEO) is responsible for executive leadership of EPRR, supported by the ICB's EPRR team. The ICB's Chief Delivery Officer holds the AEO portfolio.

The ICB has developed the capacity and capability of the EPRR team to meet the ICB's statutory duties. This has included appointments to several new key posts in the team.

The team have developed a range of new and updated planning arrangements, including Shelter and Evacuation, Adverse Weather, and Key Document Resilience. Significant work has been undertaken on our Mass and Excess Casualty, Communicable Disease and Pandemic, Incident Response and Recovery, and Training and Exercising programmes of work.

The ICB is working increasingly collaboratively with other ICB EPRR teams in the neighbouring geography, forming a South Central EPRR Network with NHS Hampshire and the Isle of Wight, NHS Frimley and NHS Surrey Heartlands. This Network bolsters the capacity and resilience of all ICB EPRR teams, and supports the sharing of knowledge, information, and coproduction of planning arrangements.

Through the South Central EPRR Network over 2023, BOB ICB have taken the lead on a review of both mass casualty planning arrangements, and a complete redevelopment of the training programme for Strategic Commanders. This work will bring benefit to all member ICBs and demonstrates strong collaborative working.

The ICB has responded to a range of incidents and emergencies over the past year, including: communicable disease outbreaks; IT systems failures; power outages; adverse weather including significant flooding; and industrial action.

The ICB leads on NHS engagement with the Thames Valley Local Resilience Forum (LRF), the coordination network of Category 1 responders, Category 2 responders, and Voluntary, Faith and Community groups in regard to emergency preparedness. The ICB co-chairs the Thames Valley Local Health Resilience Partnership (LHRP), where all health partners come together around emergency preparedness.

Within the LHRP, the ICB led the development of a new three-year strategy which was published in 2023. This strategy articulates the vision for

an engaged and committed partnership, fostering a health and care landscape that is prepared for and resilient to emergencies. It aims to achieve this through four core pillars of activity: Collaborative Partnerships and Planning; Joint Training and Exercising; Shared Organisational Learning; and a focus on New and Emerging Hazards.

Within the LRF, the ICB has been leading the NHS representation to the developing central government pilot for Stronger LRFs, including the development of a Chief Resilience Officer role supporting the Forum.

As part of the annual rhythm of assurance, the ICB conducted the 2023 annual assurance process for the NHS England Core Standards for EPRR, both within the ICB and for all providers of NHS funded care within the Integrated Care System. The outcome of this process saw the ICB rated as Partially Compliant, with a robust action plan in place to address all areas that required further work.

How does BOB ICB manage its money and coordinate system finances?

2023/24 is the first full financial year since BOB ICB came into existence on 1 July 2022 following the disestablishment of the three constituent CCGs.

For 2023/24, BOB ICB's total funding was £3,543m. Of this, £3,508m was allocated for healthcare programmes and £35m for the ICB's running costs as reflected in the table below which summarises our budget (plan) and actual expenditure for 2023/24. The ICB ended the year with a £38m deficit compared to a small surplus of £248k in the prior year. A reforecast position was agreed in year with NHS England (NHSE) which flagged a forecast deficit of £26m worsening to £40m in the last quarter of the year.

BOB ICB OVERALL by Service Line Monthly Performance Report	Annual Budget Month 12 £'000	Actual Month 12 £'000	Variance Month 12 £'000
Acute	1,789,354	1,831,327	(41,973)
Community Health Services	386,228	392,133	(5,905)
Continuing Care	191,795	211,786	(19,991)
Mental Health	331,357	341,743	(10,386)
Other Programme	51,612	13,193	38,419
Primary Care	45,548	44,518	1,029
Prescribing, Central Drugs and Oxygen	271,288	279,991	(8,703)
Pharmacy, Optometry and Dentistry (POD)	137,811	129,801	8,010
Delegated Co-Commissioning	334,567	334,542	25
Total Programme Costs	**3,539,559**	**3,579,035**	**(39,476)**
ADMIN Costs	34,988	33,582	1,406
NET SURPLUS / (DEFICIT) before unidentified CIP and Surge budget	**3,574,547**	**3,612,617**	**(38,070)**
Unidentified CIP target	(7,000)	(7,000)	0
Surge Funding	(25,000)	(25,000)	0
NET SURPLUS / (DEFICIT)	**3,542,547**	**3,580,617**	**(38,070)**

BOB ICB brought forward a cumulative historical surplus of £1.6m from the constituent CCGs, none of which was utilised (drawn down) in the year. The ICB also brought forward the cumulative historical deficit for the BOB ICS of £29.5m on behalf of the whole system. The system deficit in 2023/24 will be carried forward into next year and the system is expected to start repaying it in 2025/26.

The planning discussions held over 2023/24 surfaced that our system is not yet working in a way that is financially sustainable. This builds on challenges in 2023/24 where our system financial position deteriorated off plan. Given our duty to live within our means and ensure we are managing our collective £3.5bn resources effectively, we need to start working differently as quickly as possible. We have therefore agreed to adopt a mindset of system financial turnaround and take some tough decisions to immediately reduce our system spend and develop a plan for longer term sustainability.

All system CEOs have agreed a unified set of financial controls which are being implemented immediately to help us gain a firmer grip of our financial challenges as we quickly develop a plan towards longer term recovery and sustainability.

The Turnaround programme has been initiated and this is focusing on delivering the following areas of work:

- *Immediate grip*– Action required across the system to ensure and demonstrate immediate control of costs.
- *Medium term turnaround* (impact in 2024/25) – A set of workstreams focused on cost reduction, greater efficiencies and increasing income. Workstreams include Acute activity, Mental health activity, Prescribing and High-cost drugs, Complex Care, Workforce and Procurement
- *Longer term* (impact in 2025/26 & 2026/27) – develop system plans that will deliver more sustainable care in the right setting, backed with clear financial analysis and corresponding plans for system infrastructure, and system architecture.

Progress against agreed plans will be overseen by System Recovery and Transformation Board (SRTB), made up of the BOB system NHS chief executives, the BOB Turnaround Director and chaired by Martin Earwicker (Chair of Berkshire Healthcare NHS Foundation Trust).

The ICB achieved its other financial targets including the Mental Health Investment standard (11.04% increase in investment compared to the target 9.19%) and Better Payment Practice code (95% of invoices by value and volume paid within 30 days), the ICB achieved the target in paying non-NHS invoices and was under target in paying NHS invoices.

The block payment approach for NHS providers adopted in 2022/23 which continued the simplified arrangements implemented during the pandemic, was replaced with an Aligned Payment Incentive (API) contract for most of the main NHS providers (RBH remained on a block arrangement). There is a fixed element to the contract for non-elective activity and a variable element which reflects elective activity delivered.

BOB ICB has formal delegated responsibility from NHS England for GP Primary Care Commissioning and received an allocation of £335m to deliver this.

BOB ICB also has delegated responsibility for POD services and received an allocation of £138m to deliver this.

The ICB co-ordinates the system finances of its five main NHS providers. The original system plan for 2023/24 was for a deficit of £20.4m for providers, with the ICB itself planned to breakeven. The ICB plan included a £7m system savings target reflecting a planning gap to funding available. During the year it became apparent that the system would not be able to deliver this plan and a revised system reforecast of £44.3m deficit was agreed with NHS England in December 2023. This forecast further deteriorated in the last quarter and the final system position was £53.5m deficit driven mainly by deficits for the ICB and the main acute providers - OUH, RBH and BHT, as shown in the table below:

	Planned surplus / (deficit) 2023-24 £'000	Expected System reforecast M10 £'000	Actual Outturn 2023-24 £'000	Variance to original plan £'000
Berkshire Healthcare NHS Foundation Trust	1,312	3,788	3,788	2,476
Buckinghamshire Healthcare NHS Trust	-12,149	-12,149	-5,546	6,603
Oxford Health NHS Foundation Trust	3,312	4,540	4,634	1,322
Oxford University Hospitals NHS Foundation Trust	-2,854	-5,379	-10,748	-7,894
Royal Berkshire NHS Foundation Trust	-10,052	-10,050	-7,497	2,555
TOTAL Provider	-20,431	-19,250	-15,369	5,062
Buckinghamshire, Oxfordshire And Berkshire West ICB	0	-25,050	-38,070	-38,070
TOTAL ICS	-20,431	-44,300	-53,439	-33,008

To improve delivery of savings targets across the system, the ICS has coordinated work through an ICS Efficiencies Collaboration Group (IECG) which reported to the System Productivity Committee of the ICB and was chaired by the Chief Finance Officer (CFO) of a Provider trust. The work of this group has been in-housed by the ICB for 2024/25. Work will continue across the system to challenge, share opportunities and monitor delivery.

Capital: Under the Health and Care Act 2022 (the 2006 Act) there is an obligation for ICBs and their partner NHS trusts and NHS foundation trusts to produce and publish annual joint capital resource use plans. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims. This aligns with the ICB financial duty to ensure that allocated capital is not overspent and the obligation to report annually on our use of resources.

The BOB ICB and partner Trusts published a Joint Capital Plan for 2023/24 in accordance with this new requirement. This is available on the ICB website here.

The capital allocation to the ICB is small with most funding being allocated to providers as shown below. The year end position against plan by organization is as follows:

System charge against capital allocation:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
System charge against allocation	176,405	119,099	57,306	32.5%	176,405	119,099	57,306	32.5%
Capital allocation						129,679		
Variance to allocation						10,580		
Allocation met						Yes		

ICB charge against capital allocation:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
Buckinghamshire, Oxfordshire And Berkshire West ICB	2,996	2,996	-	0.0%	2,996	2,996	-	0.0%
Capital allocation						3,212		
Variance to allocation						216		
Allocation met						Yes		

Provider charge against capital allocation:

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Variance YTD %	Plan Year Ending £'000	Outturn Year Ending £'000	Variance Year Ending £'000	Variance Year Ending %
Berkshire Healthcare NHS Foundation Trust	12,775	11,981	794	6.2%	12,775	11,981	794	6.2%
Buckinghamshire Healthcare NHS Trust	28,893	23,011	5,882	20.4%	28,893	23,011	5,882	20.4%
Oxford Health NHS Foundation Trust	38,396	17,893	20,503	53.4%	38,396	17,893	20,503	53.4%
Oxford University Hospitals NHS Foundation Trust	35,082	40,092	(5,010)	(14.3%)	35,082	40,092	(5,010)	(14.3%)
Royal Berkshire NHS Foundation Trust	58,263	23,126	35,137	60.3%	58,263	23,126	35,137	60.3%
Total Provider charge against allocation	173,409	116,103	57,306	33.0%	173,409	116,103	57,306	33.0%
Capital allocation						126,467		
Variance to allocation						10,364		
Allocation met						Yes		

The system achieved the target of not overspending the capital allocation in year, delivering a £10.9m underspend against capital allocation.

The Joint Capital Plan for 2024/25 will be available on our website before 30 June 2024

Performance targets

The ICB works collaboratively with providers in the BOB health economy, to deliver timely and robust healthcare provision. Meetings are held to provide assurance on actions being taken by providers to ensure performance achievement. Where performance is not achieved, we work together in partnership to resolve the issues and to develop remedial actions plans to recover performance.

The system continues to be under significant pressure; this has been compounded by unprecedented levels of industrial action taken by doctors, nurses and allied healthcare professionals over the past year; high level of demand during the winter months which continued into spring. The table below outlines the performance in Buckinghamshire, Oxfordshire and Berkshire West from 1 April 2023 to 31 March 2024.

Indicator	OF Flag	Month	Standard	BHT	OUH	RBFT
A&E Performance (All Types)		Apr 24	95%	73.9%	71.4%	69.3%
Incomplete Pathways over 52 weeks at month end	S009a	Mar 24	Rated against plan	2401	3586	12
Incomplete Pathways over 65 weeks at month end	S009a			20	685	0
Incomplete Pathways over 78 weeks at month end	S009a			0	80	0
Percentage meeting faster diagnosis standard	S012a	Mar 24	75%	77.8%	80.9%	69.9%
Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer			85%	65.3%	66.8%	71.4%

Indicator	OF Flag	Report Period	Standard	BOB ICB	Bucks	Oxon	Berks W
Talking Therapies - Total Accessing in Period	S081a	Rolling 3 months to Mar 24		6.0%	6.6%	5.9%	5.5%
Talking Therapies - Moving to Recovery		Mar 24	50%	51.3%	50.4%	54.2%	48.2%
Dementia Diagnosis Rate		Mar 24	67%	62.2%	58.3%	63.3%	65.5%
Severe Mental Illness (SMI) 6 Health Checks	S085a	2023/24 Q3	60%	51.8%	51.6%	47.9%	58.8%

How does the ICB monitor performance?

The ICB Board is responsible for discharging the duties of its constitution, which includes monitoring and scrutinising the performance of service providers. The Board receives a performance and quality report at the bi-monthly meetings in public.

Formal committees of the Board scrutinise in more detail how the ICB and health providers are delivering contracted services; these are the Audit and Risk Committee, Place and System Development Committee, Population Health & Patient Experience Committee and System Productivity Committee (for more information about the committees and their purpose please see page 57).

The ICB also has a memorandum of understanding with NHSE which outlines how we work together to discharge the formal regulatory responsibilities of NHSE, in terms of the national oversight framework for NHS Trusts, through regular tripartite review meetings.

NHS England has a statutory duty to undertake annual assessment of ICBs. This is undertaken using the NHS Oversight Framework. The framework is intended as a focal point for joint work, support and dialogue between NHS England, ICBs, providers and their integrated care systems. NHSE oversees the ICB through this framework through quarterly review meetings.

The 2023/24 NHSE Annual Assurance Assessment takes place in April - May 2024. The ICB is responsible for submitting an evidence portfolio to NHS England, demonstrating how the organisation has achieved and continues to work towards providing high quality healthcare, focusing on:

- The health of the local population;
- Improving unequal access to services and health outcomes;
- The leadership of the BOB system;
- Enhancing productivity and increasing value for money;
- Broader social and economic development of the system.

By the end of May, NHS England provides feedback on the evidence provided, which is incorporated into the BOB 2024/25 system plans.

Managing risk

Reducing risk across the health system is a priority for ICB to ensure patients receive high standards of care. Risks are events or scenarios which can hamper the ICB's ability to achieve its objectives. These risks, divided into strategic/principal, corporate and directorate, are identified, assessed and managed by the organisation and reviewed at the ICB Board meeting in public. They are reviewed at Board committee meetings including the Audit and Risk Committee, People Committee, Place and System Development Committee, Population Health & Patient Experience Committee, System Productivity Committee.

There is a regular review of risk through directorates, the bi-monthly Operational Risk Management Group and the ICB's Executive Management Committee. The ICB Board Assurance Framework and strategic risks is available here.

Dr Nick Broughton
Accountable Officer
21 June 2024

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Chair and Chief Executive Officer

The names of the Chair and Chief Executive Officer for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board are:

- Sim Scavazza, Acting Chair (from April 2023)
- Dr Nick Broughton, Interim Chief Executive Officer (from July 2023)

Javed Khan Chair was on extended leave from 3 April 2023 and stepped down from his role February 2024.

Along with the Chair and Chief Executive Officer, the Board comprises Non-Executive Directors (NEDs), Executive Directors, a Mental Health Member and Partner Members for NHS Trusts and Foundation Trusts, Local Authorities and Providers of Primary Medical Services.

The composition of the board as of 31 March 2024 includes:

- Sim Scavazza, Acting Chair and Chair of the People Committee
- Dr Nick Broughton, Interim Chief Executive

Non-Executive Directors:

- Saqhib Ali, Chair of Audit and Risk Committee
- Margaret Batty, Chair of the Population Health and Patient Experience Committee
- Tim Nolan, Chair of the System Productivity Committee
- Aidan Rave, Acting Deputy Chair, Senior Independent Director and Chair of the Place and System Development Committee and the Remuneration Committee

Partner Members:

- Minoo Irani, Mental Health Member - from July 2023
- Rachael Shimmin, Partner Member – local authorities - from July 2023
- George Gavriel, Partner Member – Providers of Primary Medical Services - from July 2023
- Steve McManus, Partner Member – NHS Trusts and Foundation Trusts - from July 2023

Executive Directors:

- Rachael Corser, Chief Nursing Officer
- Dr Rachael De Caux, Deputy Chief Executive and Chief Medical Officer
- Matthew Metcalfe, Chief Finance Officer

Profiles of the board members are available here

There are six committees of the ICB Board:

- Audit and Risk Committee
- People Committee
- Place and System Development Committee
- Population Health and Patient Experience Committee
- Remuneration Committee
- System Productivity Committee

Details of the committees can be found in the annual governance statement on page 57.

Register of Interests

The Board members Register of Interests is available on the ICB website here.

Personal data related incidents

There have been no personal data related incidents formally reported to the Information Commissioner's Office.

Modern Slavery Act

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2024 is published on our website and can be found here.

Dr Nick Broughton
Accountable Officer
21June 2024

Statement of Accountable Officer's Responsibilities

Integrated Care Boards are required to prepare, for each financial, year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Buckinghamshire, Oxfordshire and Berkshire West ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Dr Nick Broughton to be the Accountable Officer of Buckinghamshire, Oxfordshire and Berkshire West ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding Buckinghamshire, Oxfordshire and Berkshire West ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Buckinghamshire, Oxfordshire and Berkshire West ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Dr Nick Broughton
Accountable Officer
21 June 2024

Annual Governance Statement

Introduction and context

Buckinghamshire, Oxfordshire and Berkshire West ICB, hereafter 'the ICB', is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024 the ICB was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the ICB's Accountable Officer Appointment Letter.

I am responsible for ensuring that the ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically, and complies with such generally accepted principles of good governance as are relevant to it.

The main features that support regular monitoring, review, and assurance, are the Constitution, Scheme of Reservation and Delegation (SoRD), the Standing Financial Instructions (SFIs), the Board and the Board's assurance committees as detailed below. Our Constitution and Governance Handbook sets out the arrangements we have made to meet our responsibilities for commissioning care for our patients and the principles we will operate by with our partners. It describes the governing principles, rules, and procedures that we operate by to ensure probity and accountability in the day-to-day running of the ICB to ensure that decisions are made in an open and transparent way with the interests of our residents and staff central to our goals and ambitions. The matters reserved to the Board are clearly defined in the Constitution and SoRD. Our Governance arrangements of are available here.

The Board has met six times in the period of this report. All meetings were quorate in terms of executive, non-executive and partner members. A table of members attendance is included in Appendix 1. The meetings have considered continued development of the ICB governance and its

functions, performance and quality, financial performance, development of the joint forward plan, public engagement, development of arrangements within Place and establishment of the BOB Integrated Care Partnership Joint Committee, and more recently undertaken a governance and partnership review to improve and strengthen its arrangements.

The ICB has the following statutory committees:

- Audit and Risk Committee
- Remuneration Committee

It has also established:

- ICB People Committee
- Place and System Development Committee
- Population Health and Patient Experience Committee
- System Productivity Committee

The terms of reference for each of these committees sets out the role and purpose and have been ratified by the Board. Committee Escalation and Assurance Reports are publicly available as part of the Board meeting papers (except for Remuneration Committee). Each committee submits an annual report to the Board giving assurance that they are fulfilling their duties, as set out in their terms of reference, and may also undertake self-assessments of their effectiveness.

The SFIs regulate the proceedings of the ICB, as set out in the Health and Social Care Act 2012 (HSCA). The SFIs, together with the SoRD provide the procedural framework within which the ICB discharges its business.

Board Committees

Audit and Risk Committee

The Audit and Risk Committee ensures that all the ICB's activities are managed in accordance with legislation and regulations governing the NHS; and provides assurance to the Board on governance, risk management and internal control processes ensuring appropriate relationships with both internal and external auditors are maintained.

The Committee's duty is also to assure the Board on:

- Other assurance functions
- Counter Fraud
- Financial Reporting
- Information Governance
- Conflicts of Interest
- Emergency Planning, Resilience and Response

The Chair and Chief Executive Officer (CEO), also known as the Accountable Officer, of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations. Other executive directors attend meetings as requested. Representatives of internal audit,

external audit and local counter fraud services attend each meeting. The Agenda of the Audit and Risk Committee is governed by its annual business cycle.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Remuneration Committee

The main purpose of the Remuneration Committee is to exercise the functions of the ICB in relation to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006: set executive pay policy and frameworks; approve executive remuneration and terms of employment. The Committee's duties include:

- Board nominations and appointments
- Executive remuneration policy
- Performance evaluation
- Succession planning
- ICB workforce (members and employees)

The CEO, or nominated deputy, may attend meetings, only when their own remuneration is not being discussed. The Chair may request attendance by other individuals or subject matter experts where necessary.

The Committee met three times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

People Committee

Since April 2023 the Chair of the People Committee has also been acting Chair of the ICB. There have been several changes in Chief People Officer, and as part of the governance review, the Board determined that the committee as set up, was an amalgamation of both assurance role as well as system workforce programme board. As of Q4 we have separated functions and re-set the ICB people committee with Terms of Reference (ToR) agreed by the Board in March 2024.

The Chair may attend any meetings of the Committee. Other individuals may be invited to attend as and when appropriate to assist with discussion on matters.

This ICB People Committee has met twice during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Place and System Development Committee

The Place and System Development Committee provides assurance that our Places and system working arrangements across BOB are being developed and fulfil the aims of improving health and wellbeing, reducing health inequalities, increasing system productivity, and supporting local socio-economic development. The duty of the Committee is to assure the board on place and system development.

The Chair of the Committee may invite others to attend if they would bring important perspectives to a particular discussion. The CEO of the ICB may attend any meeting of the Committee and may be invited to attend to gain an understanding of the Committee's operations.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Population Health and Patient Experience Committee

The Population Health and Patient Experience Committee provides assurance to the Board on service quality and performance, Population Health Management (PHM), and patient and public involvement. The Committee also provides assurance to the Board on governance for quality groups and matrix working.

The Chair and CEO of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations. Other executive directors or senior officers of the ICB may be required to attend at the Committee's request. Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

System Productivity Committee

The System Productivity Committee provides assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals. The Committee's duty is to assure the Board on:

- Financial planning and oversight
- Performance against the delivery of the ICB's Strategy and Operational Plan
- System Oversight Framework
- Sustainability and innovation, including digital and procurement.

The Chair of the ICB may be invited to attend one meeting each year to gain an understanding of the Committee's operations. Other executive directors or senior officers of the ICB may be required to attend at the request of the Committee.

The Committee met seven times during the period of this report. A table of members attendance is included in Appendix 1 (page 89).

Discharge of Statutory Functions

The ICB reviewed all of the statutory duties and powers conferred to it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake the ICB's statutory duties. To strengthen this, the ICB Board has undertaken a governance and partnership review to ensure arrangements are both effective and appropriate.

Risk management arrangements and effectiveness

The Audit and Risk Committee have approved a Risk Management Framework and overseen the development of an ICB Corporate Risk Register (CRR) and an ICB Board Assurance Framework (BAF). This has been supported by reports to the Board public meetings and Board workshop discussion on identifying its principal risks; based around the Integrated Care System (ICS) four core goals. Risk appetite formed a Board Development session in March 2024, and this will strengthen the revised ICB Risk Management Framework due for publication during Q2

2024/25.

The ICB is committed to a risk framework that minimises and/or accepts risks to the organisation, staff and patients and stakeholders through a comprehensive system of internal control, while providing maximum potential for flexibility, innovation, and best practice in delivery of its four core goals. The ICB works to all applicable legislation and NHS guidance, and where risk forms a part of the ICB's work, this is assessed and recorded on the risk register.

The ICB has a comprehensive approach to risk management which has been assessed by internal audit with an opinion of "substantial assurance". The ICB maintains a risk register for all identified risks linked to the relevant element of the ICB's Corporate Objectives/four goals. A 5 x 5 risk scoring matrix is consistently applied to all risks, and the impact and likelihood of all risks are regularly assessed. This ensures that risks across different functions (e.g. finance, patient safety, data security) are objectively rated and assessed.

The full BAF and CRR are reviewed no less than six times a year at Executive Management Committee and Audit and Risk Committee. All risks recorded on the register are assigned to one of the ICB's directors, a risk owner who is an officer within the ICB and are supported by a directorate risk lead who is a member of the Operational Risk Management Group (ORMG), which meets no less than six times a year. Risks are reviewed at least monthly by directorate leads/risk owners, and the length of time a risk has remained at its current risk score is reported along with its assurance rating. We are ensuring that oversight of risk by other Committees of the Board is more systematic in 2024/25.

TIAA provides an independent counter fraud service to the ICB and further narrative is provided under the Counter Fraud Section of this report.

Capacity to Handle Risk

All ICB staff are involved in risk management – the Executive Directors have responsibility to approve risks onto the ICB CRR and the Board approves those risks on the BAF. Senior managers as risk-owners have responsibility for ensuring that risks are operationally managed, and risk owners have responsibility for recording and updating agreed controls, assurances, and action plans.

Guidance on risk management and frequency of training is contained in the ICB's risk management framework. The Board is assured risk management is effective within the ICB by the Audit and Risk Committee. The Audit and Risk Committee receives regular reports on risk and assurances and/or recommendations from its internal auditors. The Audit and Risk Committee Chair includes the discussion and papers in the chairs report to the Board.

To manage our risks effectively, and in line with our risk management framework, we have implemented a Risk Management Reporting System, enabling risk management and reporting across the organisation. The management and evaluation of risk, including its controls and actions, are now fully embedded within our core business decisions and transactions and assists in the identification, preventing and deterring of risks in relation to fraud. We are strengthening our approach to risk management by undertaking regular deep dives across directorates. Risk management is overseen by a series of meetings at Directorate, Senior Management and Executive level; allowing for comprehensive discussion, risk reporting, the sharing and highlighting of areas of good practice and 'lessons learnt'; which ultimately report into the Executive and Audit and Risk Committee and then to Board.

Directorate/team risks to be escalated to the CRR require Executive approval, as does any recommended change in risk score. Risks escalated to the CRR will result in a risk score change in agreement with the relevant Directorate Executive and these are discussed at Executive Management Committee in line with the agreed risk reporting schedule outlined in the Risk Management Framework policy.

The management of risk is overseen and supported by the Governance Team. The Governance Team co-ordinate production of risk reports, offer advice and carry out training, organise and facilitate the Operational Risk Management Group's (ORMG) agenda, and will work with designated risk owners and Executive Directors.

Discussions with our system partners have begun in relation to management of system risk, to ensure that the ICB is cognisant of those risks in common which may impact the ICB, specifically on delivery of services, workforce, finance and reputation.

Risk Assessment

ICB staff are responsible for their risks and for maintaining risk awareness and identifying and reporting risks. Staff ensure they familiarise themselves with the Risk Management Framework and undertake risk management training appropriate to their role.

The ORMG has been put in place to provide a wider organisational oversight and review of risk to ensure consistency of rating, review any directorate risks for escalation to the CRR and make recommendations to Executive Management Committee. The Group's duties, authority, accountability, and reporting is defined within its Terms of Reference (ToR). The Governance Leads will oversee the management of risk ensuring risks are being reviewed in a timely fashion and adhere to the organisational reporting cycle (Operational Risk Management Group/Executive Management Committee/Audit and Risk Committee/Board).

The ICB has no appetite for fraud/financial risk and zero tolerance for regulatory breaches. The ICB supports well managed risk taking and will ensure that the skill, ability, and knowledge is in place to support innovation and maximise opportunities to improve its service.

The BAF sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assess controls against delivery. The BAF is a primary source of evidence in describing how the ICB is discharging its responsibilities for internal control. The BAF sets out the controls in place to manage these risks and the assurances available to support judgements on whether the controls are having the desired impact and describes the actions to reduce each risk. Embedding risk management supports achievement of the ICB's corporate objectives/four goals, through managing risk to delivery.

The ICB currently holds eight risks on the Board Assurance Framework and 27 open risks on the Corporate Risk Register as at 31 March 2024.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the ICB, to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Data Quality

A data quality group has been established across the ICB to standardise data collection and reporting. This will give us a more accurate and equitable picture across our providers, highlighting inequalities in care dependent on geography and allowing the correct interventions in the right place to ensure better outcomes for our population.

Conflicts of interest management

The ICB Conflict of Interest Policy is on our website. The ICB's internal auditors carried out an audit for 2023/24. The conclusion of the audit was that the Board could take reasonable assurance that the controls upon which the organisation relies to manage conflicts of interest are suitably designed, consistently applied and effective. The audit identified some areas where controls could be improved, these related to training and completeness of the register. Actions to address this have been agreed and are being implemented.

During February 2024 NHS England provided national e-learning modules on managing conflicts of interest in the context of the new ICB arrangements and is also exploring developing additional guidance on conflicts of interest in consultation with ICB Chairs. The ICB will revise its conflicts of interest policy once the guidance has been published, in the meantime the ICB conflicts of interest policy is available on our website and forms part of the governance handbook requirements.

Governance and Partnership Review

In line with good practice and as part of our constitutional requirements we reviewed our governance arrangements. The areas considered included reviewing the skills, knowledge and experience necessary for the board to effectively carry out its functions. The review also considered whether its committee structure remains appropriate to deliver the needs of the organisation. Two papers were presented in public to describe the approach to this review, in May and January 2024 respectively, the most recent outlining a timetable of next steps.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees particularly personal identifiable information. The NHS Information Governance Framework is supported by the Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The ICB places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. There are processes in place for incident reporting and investigation of serious incidents. Information governance is reported to the Audit and Risk committee as a standing agenda item and is reviewed regularly through the Information Governance Steering Group. The ICB submitted its Data Security and Protection Toolkit (DSPT) submission in June 2023 'standards exceeded', and we are building on this for our June 2024 submission.

Business Critical Models

The ICB is aware of the Macpherson Report on government business critical models and quality assurance mechanisms, and of its findings. The ICB does not operate any business-critical models as defined in the report.

Third party assurances

Where the ICB relies on third party providers, it gains assurance through service level agreements and contract specifications; regular review meetings with providers on multiple levels; the use of performance data and external regulatory inspection reports; and monitoring and review by

appropriate programme boards and committees. Third party assurances are reported to the Audit and Risk Committee and informs this governance statement and external audit conclusion.

Control Issues

Performance against national constitutional standards remains under pressure, particularly in relation to access to services/capacity such as urgent and emergency care and average waiting times for autism and attention deficit hyperactivity disorder (ADHD); cancer performance with regards those patients waiting over 62 days for treatment, and elective long waiters > 65 weeks.

Performance is affected by physical capacity constraints and workforce shortages, and during 2023/24 significant periods of Industrial Action. The ICB is working alongside its partner colleagues to improve performance including through new ways of working.

Trusts continue to work with SCAS to mitigate handover delays through the provision of queue nurses and instigation of Hospital Ambulance Liaison Officers where required, opening of additional capacity, and ensuring senior decision making is available. Trusts are continuing to support each other with their requests for mutual aid where appropriate, through the elective care programme and speciality level task and finish groups. The ICB has continued its focus on access this year delivering against our Primary Care Access and Recovery Plan and working with system partners and the public to build and engage on a primary care strategy to further develop our primary care services.

For 2023/24, BOB ICB's total funding was £3,543m. Of this, £3,508m was allocated for healthcare programmes and £35m for the ICBs running costs as reflected in the financial table which summarises our budget (plan) and actual expenditure for 2023/24. See page 46 for a detailed summary and in the financial accounts section of the Annual Report. This deficit position required our External Auditors to submit a section 30 referral to the Secretary of State.

Review of economy, efficiency & effectiveness of the use of resources

The ICB has established systems and processes for managing its resources effectively, efficiently, and economically. The Board has an overarching responsibility for ensuring the ICB has appropriate arrangements in place, and delegates responsibilities to its committees. The CFO has delegated responsibility to determine arrangements to ensure a sound system of financial control. An audit programme is followed to ensure that resources are used economically, efficiently, and effectively. The Audit and Risk Committee reviews and monitors the ICB's financial reporting and internal control principles; to ensure the ICB's activities are managed in accordance with legislation and regulations governing the NHS; and to ensure that appropriate relationships are maintained with internal and external auditors. The System Productivity Committee monitors contract and financial performance, savings plans and overall use of resources; it provides assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals. The ICB has a process in place to secure economy, efficiency and effectiveness through its procurement, contract negotiation and contract management processes. Effectiveness is monitored specifically through the quality processes. The CFO meets regularly with the ICB's finance team and holds monthly meetings with the finance leads to review month-end reporting. Regular meetings are also held with system partners' finance leads (CFOs and Deputy CFOs). The ICB informs its control framework by the work of internal and external audit. The ICB's external auditors are required to satisfy themselves that the ICB has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources. Their audit work is made available to and reviewed by the Audit and Risk Committee and the Board.

Delegation of functions

The ICB's SoRD outlines the control mechanisms in place for delegation of functions and is found in the Governance Handbook. The Board receives reports from each of its committees detailing the delivery of work, and associated risks, within their specific remit. Additionally, the Board maintains a high-level overview of the organisation's business and identifies and assesses risks and issues straddling committees. These risks are owned and overseen at Board level and scrutinised at each meeting in public to ensure appropriate management and reporting is in place. Internal Audit is used to provide an in-depth examination of any areas of concern and/or to highlight any gaps in systems of internal control.

Counter fraud arrangements

The ICB is committed to reducing the risk from fraud and corruption and discharges its counter fraud responsibilities locally through its appointed Local Counter Fraud Specialist (LCFS) who acts as the "first line of defence" against fraud, bribery, and corruption, working closely with the ICB and the NHS Counter Fraud Authority (CFA). The CFO is the Executive Lead for counter fraud. The ICB has a Local Anti-Fraud, Bribery and Corruption Policy in place.

Fraud awareness material, including fraud alerts and information on bribery, is regularly circulated to ICB staff. Fraud referrals are investigated by the LCFS, and the progress and results of investigations are reported to the CFO and the Audit and Risk Committee. The Audit and Risk Committee receives an anti-crime progress report at each meeting. There is a proactive risk-based work plan aligned to the NHS CFA Standards for Commissioners to maintain and improve compliance and performance against each of the standards which is assessed on an annual basis. The ICB also participates in the National Fraud Initiative Exercise now run by the Cabinet Office which is a mandatory exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The exercise has been run every two years since 1996.

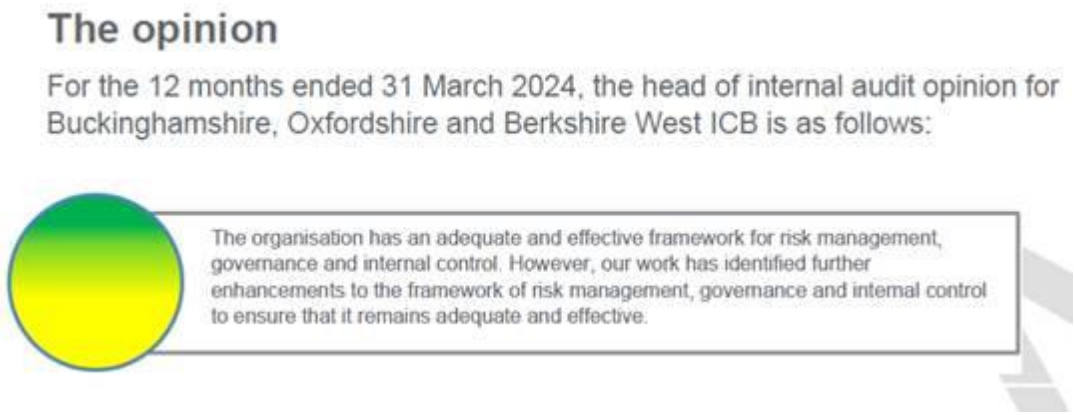
From work conducted during the year Anti-Crime Specialist (ACS) can confirm the following:

- There were no frauds subject to investigation that met the materiality threshold for referrals to the ICBs external auditors.
- No significant system failures or control weaknesses were identified that impact on the organisation's Annual Governance Statement.
- The Counter Fraud function is embedded well within the ICB, and the work undertaken successfully addresses the generic areas of the ICB's Counter Fraud Strategy.

In accordance with the Government Functional Standard 013 Counter Fraud, the organisation is required to complete a Counter Fraud Functional Standard Return (CFFSR) and has been assessed with an overall rating of **GREEN** for 2023/24.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance, and internal control. The Head of Internal Audit concluded that:



Scope and limitations of our work
The formation of our draft opinion is achieved through a risk-based plan of work, agreed with management and approved by the Audit and Risk Committee, our opinion is subject to inherent limitations, as detailed below:

- internal audit has not reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. The assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management /lead individual;

- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;

- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention; and

- our internal audit work for 2023/24 has continued to be undertaken through the operational disruptions caused by the Covid-19 pandemic. In undertaking our audit work, we recognise that there has been some impact on both the operations of the organisation and its risk profile, and our annual opinion should be read in this context.

Factors and findings which have informed our opinion

In forming our Internal Control opinion, we have taken into account the following:

Area of Audit	**Level of Assurance Given**
System Partnership	Substantial assurance
Population Health Management	Substantial assurance
Governance	Substantial assurance
Risk Management	Substantial assurance
Key Financial Controls	Substantial assurance
Financial Planning and Reporting	Reasonable assurance
Emergency Planning, Resilience and Response (EPRR)	Reasonable assurance
Conflicts of Interest	Reasonable assurance
Commissioning and Contract Management	Partial assurance
Continuing Care and Personal Health Budgets (Draft)	Partial assurance
Public & Patient Engagement / Learning from Complaints	Partial assurance
Place audits	Partial assurance
Transformation	Partial assurance

Two advisory reviews were also undertaken in 2023/24:

Area of Audit	**Level of Assurance Given**
Workforce Planning	No opinion / advisory
Data Security and Protection Toolkit	No opinion / advisory

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive directors, and Committees within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board
- The Audit and Risk committee
- Operational Quality Group
- Internal audit
- Other explicit review/assurance mechanisms.

Conclusion

No significant internal control issues have been identified.

Dr Nick Broughton
Accountable Officer
21 June 2024

Remuneration Report

Remuneration Committee

Each Integrated Care Board has a Remuneration Committee, the role of the committee is to set executive pay policy and frameworks; approve executive remuneration and terms of employment. Details of memberships and terms of reference of the committee are available in the ICB's Governance Handbook, for ease the link to the Remuneration Committee Terms of Reference is available here.

Policy on the remuneration of senior managers

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process via bodies that are independent of the senior managers whose pay is being set. No individual is involved in deciding his or her own remuneration. Executive senior managers are ordinarily on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

Policy on the remuneration of very senior managers

All very senior manager remuneration (VSM) is determined by the ICB's Remuneration Committee based on available national guidance, benchmarking data against other ICBs and with due regard for national pay negotiations/awards for NHS staff on national terms and conditions. The Remuneration Committee is also cognisant of public sector pay restraint and its responsibility to ensure that executive pay remains publicly justifiable. The Remuneration Committee acknowledges and commits to complying with the requirement to seek pre-approval from NHS England for salaries in excess of £150,000.

Percentage change in remuneration of highest paid director

Percentage Changes	23/24	22/23	Change	% Change
Highest paid director				
Salary and Allowances	247,500	226,000	21,500	9.51%
Performances and bonuses	0	0	0	N/A
Employees of the entity taken as a whole (Average)				
Salary and Allowances	61,840	62,696	(856)	(1.37%)
Performances and bonuses	0	0	0	N/A

Pay ratio information

The banded remuneration of the highest paid director / member in the BOB ICB in the reporting period 1 April 2023 to 31 March 2024 was £250,000 - £255,000 on an annualised basis.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023/24	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	42,618	52,359	71,280
Salary component of total remuneration (£)	42,618	52,359	71,280
Pay ratio information	5.81	4.73	3.47

2022/23	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	41,108	50,361	67,531
Salary component of total remuneration (£)	41,108	50,361	67,531
Pay ratio information	5.53	4.52	3.37

During the reporting period 1 April 2023 to 31 March 2024 no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £5,000 to £253,000. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in- kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The ICB Year-on-Year ratio variance is below.

Year on Year Pay ratio variance %	**5%**	**5%**	**3%**

Senior manager remuneration (including salary and pension entitlements) 2023/24

Name	Title	BOB ICB Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) * £00	Performance Pay and bonuses (Bands of £5,000) £000	performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Steve McManus (**)	Chief Executive (Interim)	55-60	0	0-5	0-5	0-2.5	55-60
Steve McManus (***)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Nick Broughton	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Nick Broughton (**)	Chief Executive (Interim)	180-185	0	0-5	0-5	0-2.5	180-185
Matthew Metcalfe (**)	Chief Financial Officer	180-185	0	0-5	0-5	45-47.5	225-230
Javed Khan (**)	NED – Chair (extended leave)	65-70	0	0-5	0-5	0-2.5	65-70
Sim Scavazza	NED – Acting Chair	70-75	1	0-5	0-5	0-2.5	70-75
Rachael DeCaux	Deputy CEO & Chief Medical Officer	180-185	1	0-5	0-5	282.5-285	465-470
Rachael Corser	Chief Nurse	155-160	11	0-5	0-5	25-27.5	185-190
Catherine Mountford	Director of Governance	120-125	1	0-5	0-5	0-2.5	125-130
Minoo Irani (***)	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Neil McDonald (**)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Rachael Shimmin (***)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
Stephen Chandler (**)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
George Gavriel (**)	Partner member – Primary medical services	10-15	0	0-5	0-5	0-2.5	10-15
Shaheen Jinah (**)	Partner member – Primary medical services	0-5	0	0-5	0-5	0-2.5	0-5
Karen Beech (**)	Acting Chief People Officer	50-55	0	0-5	0-5	0-2.5	50-55
Matthew Tait	Chief Delivery Officer	155-160	13	0-5	0-5	0-2.5	155-160
Ross Fullerton (**)	Interim Chief Digital & Information Officer	90-95	0	0-5	0-5	0-2.5	90-95
Nick Samuels (**)	Interim Director of Communications and Engagement	60-65	0	0-5	0-5	0-2.5	60-65
Raj Bhamber (seconded from NHSE) (**)	Interim Chief People Officer	0-5	0	0-5	0-5	0-2.5	0-5
Caroline Corrigan (seconded from Frimley ICB) (**)	Interim Chief People Officer	20-25	0	0-5	0-5	37.5-40	60-65
Victoria Otley-Groom (**)	Chief Digital and Information Officer	60-65	0	0-5	0-5	0-2.5	60-65
Hannah Iqbal (**)	Chief Strategy Officer	70-75	0	0-5	0-5	40-42.5	110-115
Rob Bowen (**)	Acting Director of Strategy and Partnerships	60-65	0	0-5	0-5	42.5-45	105-110
Tim Nolan	NED	15-20	1	0-5	0-5	0-2.5	15-20
Aidan Rave	NED - Acting Deputy Chair	15-20	0	0-5	0-5	0-2.5	15-20
Margaret Batty (Aston)	NED	15-20	0	0-5	0-5	0-2.5	15-20
Saqhib Ali	NED	15-20	2	0-5	0-5	0-2.5	15-20

Note:

*Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

- Haider Hussain stopped being Associate NED in March 2023
- Nick Broughton joined the ICB as Interim Chief Executive Officer in July 2023

- Matthew Metcalfe joined the ICB in April 2023
- Victoria Otley-Groom joined the ICB in October 2023
- Hannah Iqbal joined the ICB in September 2023
- Steve McManus was Interim Chief Executive Officer from April 2023 to June 2023
- Steve McManus joined the ICB as Partner member in July 2023
- Raj Bhamber joined the ICB on secondment from NHSE from August 2023 to October 2023
- Caroline Corrigan joined the ICB on secondment in November 2023
- Shaheen Jinah left the ICB as Partner member in June 2023
- Neil McDonald left the ICB as Partner member in June 2023
- Stephen Chandler left the ICB as partner member in June 2023
- Rob Bowen left the ICB in September 2023
- Minoo Irani joined the ICB in July 2023
- Rachael Shimmin joined the ICB as Partner member in July 2023
- George Gavriel joined the ICB as Partner member in July 2023
- Nick Samuels left the ICB in August 2023
- Ross Fullerton left the ICB in November 2023
- Karen Beech left the ICB in August 2023

*** Steve McManus, Minoo Irani and Rachael Shimmin receives no remuneration from BOB

ICB Interim Roles held by more than one person**.**

1. Interim Chief People Officer on secondment handled by Raj Bhamber (NHSE) and Caroline Corrigan (Frimley ICB)

Senior manager remuneration (including salary and pension entitlements 1 July 2022 to 31 March 2023)

Name	Title	BOB ICB Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) * £00	Performance Pay and bonuses (Bands of £5,000) £000	Long Term performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Debbie Simmons (**)	Interim Chief Nursing Officer	25-30	0	0-5	0-5	40-42.5	70-75
Dr James Kent (**)	Chief Executive	70-75	1	0-5	0-5	87.5-90	160-165
Steve McManus (**)	Chief Executive (Interim)	95-100	0	0-5	0-5	0-2.5	95-100
Richard Eley (**)	Chief Finance Officer (Interim)	70-75	0	0-5	0-5	0-2.5	70-75
Jim Hayburn (**)	Chief Financial Officer (Interim)	70-75	0	0-5	0-5	0-2.5	70-75
Javed Khan	NED – Chair	55-60	1	0-5	0-5	0-2.5	55-60
Sim Scavazza	NED – Deputy Chair	10-15	0	0-5	0-5	0-2.5	10-15
Rachael DeCaux	Chief Medical Officer	130-135	2	0-5	0-5	0-2.5	130-135
Rachael Corser (**)	Chief Nurse	80-85	9	0-5	0-5	92.5-95	175-180
Catherine Mountford	Director of Governance	85-90	1	0-5	0-5	57.5-60	145-150
Nick Broughton (***)	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Shaheen Jinah	Partner member – Primary medical services	10-15	0	0-5	0-5	0-2.5	10-15
Stephen Chandler (***)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
Neil McDonald (***)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Matthew Tait	Interim Chief Delivery Officer	105-110	9	0-5	0-5	20-22.5	130-135
Sonya Wallbank (**)	Chief People Officer	95-100	0	0-5	0-5	87.5-90	180-185
Karen Beech (**)	Acting Chief People Officer	80-85	0	0-5	0-5	257.5-260	340-345
Amanda Lyons (**)	Interim Director of Strategy and Partnerships	30-35	0	0-5	0-5	0-2.5	30-35
Rob Bowen (**)	Acting Director of Strategy Partnerships	80-85	0	0-5	0-5	17.5-20	95-100
Ross Fullerton	Interim Chief Information Officer	95-100	0	0-5	0-5	0-2.5	95-100
Rob Beasley (**)	Interim Director of Communications and Engagement	110-115	0	0-5	0-5	0-2.5	110-115
Nick Samuels (**)	Interim Director of Communications and Engagement	15-20	0	0-5	0-5	0-2.5	15-20
Tim Nolan	NED	10-15	1	0-5	0-5	0-2.5	10-15
Aidan Rave	NED	10-15	0	0-5	0-5	0-2.5	10-15
Margaret Batty	NED	10-15	0	0-5	0-5	0-2.5	10-15
Saqhib Ali	NED	10-15	1	0-5	0-5	0-2.5	10-15
Haider Husain (**)	NED – Associate	5-10	0	0-5	0-5	0-2.5	5-10

Notes:

**

- Debbie Simmons left the ICB in September 2022
- James Kent went on secondment to NHS England in September 2022
- Steve McManus joined the ICB in October 2022
- Richard Eley left the ICB in October 2022
- Jim Hayburn joined in November 2022 and left the ICB in March 2023

- Rachel Corser joined the ICB in September 2022
- Sonya Wallbank left the ICB in February 2023
- Karen Beech was appointed Acting Chief People Officer at the ICB in March 2023
- Amanda Lyons finished her secondment to the ICB in September 2022
- Rob Bowen was appointed Acting Director of Strategy at the ICB in March 2023
- Rob Beasley joined the ICB in February 2023
- Nick Samuels joined the ICB in March 2023

*** Stephen Chandler, Neil McDonald and Nick Broughton receives no remuneration from BOB

ICB Interim Roles held by more than one person**.**

1. Interim Chief Finance Officer handled by Richard Eley and Jim Hayburn.
2. Interim Director of Communications and Engagement handled by Rob Beasley and Nick Samuels.

The figure disclosed within the all-pension benefit reflects the position that the benefit would be if the employee was employed by the ICB for the full year. Where an employee has either joined or left the ICB part way through the year this balance has not been time apportioned

Pension benefits 2023/24

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1st April 2023 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2024 £'000	Employer's contribution to stakeholder pension £'000
Matthew Metcalfe (**)	Chief Financial Officer	2.5-5	0-2.5	20-25	0-5	229	63	340	0
Rachael DeCaux	Deputy CEO & Chief Medical Officer	10-12.5	75-77.5	45-50	130-135	487	441	1,001	0
Rachael Corser	Chief Nurse	0-2.5	45-47.5	45-50	115-120	632	228	944	0
Catherine Mountford	Director of Governance	0-2.5	2.5-5	55-60	150-155	94	0	80	0
Karen Beech (**)	Acting Chief People Officer	0-2.5	0-2.5	10-15	0-5	179	0	222	0
Matthew Tait	Chief Delivery Officer	0-2.5	35-37.5	50-55	145-150	1,043	110	1,279	0
Caroline Corrigan (seconded from Frimley ICB) (**)	Interim Chief People Officer	0-2.5	0-2.5	30-35	0-5	378	19	512	0
Victoria Otley-Groom (**)	Chief Digital and Information Officer	0-2.5	0-2.5	25-30	20-25	503	0	523	0
Hannah Iqbal (**)	Chief Strategy Officer	0-2.5	0-2.5	15-20	0-5	125	6	167	0
Rob Bowen (**)	Acting Director of Strategy and Partnerships	0-2.5	0-2.5	10-15	10-15	122	15	201	0

Pension benefits (1 July 2022 to 31 March 2023)

Name	Title	Real increase in pension at pension age (bands of £2,500) £'000	Real increase in pension lump sum at pension age (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2023 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1st July 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000	Employer's contribution to stakeholder pension £'000
Debbie Simmons	Interim Chief Nursing Officer	0-2.5	0-2.5	35-40	85-90	775	7	853	0
Dr James Kent	Chief Executive	0-2.5	0-2.5	10-15	0-5	125	7	203	0
Rachael DeCaux	Chief Medical Officer	0-2.5	0-2.5	30-35	50-55	563	0	487	0
Rachael Corser	Chief Nurse	2.5-5	2.5-5	40-45	65-70	531	35	632	0
Catherine Mountford	Director of Governance	2.5-5	2.5-5	50-55	135-140	1,108	0	94	0
Matthew Tait	Interim Chief Delivery Officer	0-2.5	0-2.5	55-60	95-100	973	15	1,043	0
Sonya Wallbank	Chief People Officer	2.5-5	0-2.5	15-20	0-5	143	33	217	0
Karen Beech	Acting Chief People Officer	0-2.5	0-2.5	10-15	0-5	0	9	179	0
Rob Bowen	Acting Director of Strategy Partnerships	0-2.5	0-2.5	5-10	10-15	101	0	122	0

Notes: CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution

rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023- 24 CETV figures.

During the year the NHS made an adjustment to the pension and lump sum data to consider the impact of the McCloud judgement (a legal case in relation to age discrimination benefits). HM Treasury released a response in February 2021 to the October 2020 McCloud remedy consultation which confirmed that some members will have NHS 2015 benefits replaced with NHS 1995/2008 section benefits by 2023, with an option to switch back to NHS 2015 at their retirement date.

Following the Public Service Pensions and Judicial Offices Act 2022, which came into force 10 March 2022, the implementation of the regulation set a deadline of 1 October 2023. The regulation allows for retrospective adjustments arising due to the McCloud judgement. The adjustment will enable all eligible members to be switched to Final Salary and then providing a choice on their actual retirement date between CARE and Final Salary benefits for their service between 2015 and 2022. Where the McCloud rollback resulted in negative real increases in pension, lump sum or CETV the negative figures have not be shown and a zero has been substituted.

- As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive directors.
- Pension benefit disclosed above represents the full year 2023-24 pension to 31st March 2024.
- The BOB ICB is formally established on 1st July 2022.
- The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.
- Factors determining the variation in the values recorded between individuals include but is not limited to: -
    - A change in role with a resulting change in pay and impact on pension benefits.
    - A change in the pension scheme itself.
    - Changes in the contribution rates.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the

individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office

No payments for compensation on early retirement or for loss of office have been made by the ICB.

Payments to past directors

No payments have been made to any person who was not a director at the time the payment was made, but who had been a director of the entity previously

Staff Report

Staff numbers and gender analysis

The ICB has a workforce comprised of employees from a wide variety of professional groups. At the end of 2023/24 the ICB employed 490 staff (headcount), of which 371 were women and 119 men. As of 31 March 2024, the Chief Executive Office and Board was made up of 10 women and 8 men. Below is a breakdown of gender analysis of staff.

	Female headcount	Male Headcount	Total Headcount
CEO and Board	10	8	18
Very Senior Managers	6	0	6
All other employees	355	111	466
Total employees	371	119	490

The below table shows the number of people (headcount) employed by the ICB and other numbers, either employed by other organisations or temporary staff who are working for the ICB as at 31 March 2023:

	Permanently employed number	Other numbers	1 July 2022 to 31 March 2023
Total (headcount)	490	142	632

The below table shows the average number of people employed (whole time equivalent – WTE)) by the ICB and other numbers either employed by other organisations or temporary staff working for the ICB from 1 April 2023 to 31 March 2024.

	Permanently employed	Other staff	Total number
Average number of WTE people	382	84	416
Of which: WTE people engaged on capital projects	0	0	0

Staff turnover for the ICB is 1.26%.

Employee benefits and cost

	Permanent Employees	Other	2023-24 Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	23,060	4,498	**27,558**
Social security costs	2,471	-	**2,471**
Employer Contributions to NHS Pension scheme	3,957	-	**3,957**
Apprenticeship Levy	97	-	**97**
Termination benefits	233	-	**233**
Gross employee benefits expenditure	**29,818**	**4,498**	**34,316**

9 Months to 31 March 2023

	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	13,649	2,903	**16,552**
Social security costs	1,392	-	**1,392**
Employer Contributions to NHS Pension scheme	2,075	-	**2,075**
Apprenticeship Levy	55	-	**55**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	**17,331**	**2,903**	**20,234**

Sickness absence data

Local electronic staff record (ESR) data shows the sickness figures for the ICB for 2023/24 are as follows.

	1 April 2023 to 31 March 2024
Sum of full time equivalent (FTE)	4585.45
Sum of FTE days available	1,022,555.35
Average annual sick days per FTE	8.01

Sickness absence is managed in a supportive and effective manner by ICB managers, with professional advice and targeted support from human resources (HR), occupational health, employee assistance programme and staff support services which are appropriate and responsive to the needs of our workforce. The ICB's approach to managing sickness absence is governed by a clear HR policy and this is supported by the provision of HR advice and guidance sessions for line managers on the effective management of sickness absence.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored.

Staff engagement percentages

The results of our Staff Survey were released on 7 March 2024. While we had good staff engagement with a response rate of 66.4% (284 questionnaires completed), the headline findings indicate that staff experience in BOB ICB has not significantly improved over the last 12 months. We are currently in the process of reviewing the detailed findings for the organisation and by directorate.

The findings have been presented at our All Staff Briefing and will be discussed at our Staff Partnership Forum, in directorate meetings and at the ICB People Committee. The survey highlights the need for us to re-energise the existing Organisation Development and Wellbeing action plan in collaboration with managers, staff networks and the Staff Partnership Forum with the expectation that this will generate the improvements in staff experience required over the next 12 months. As an organisation we are committed to listening to feedback from staff and will work closely with our staff partnership forum and staff networks to identify what we can do to improve over the next year.

Trade Union Facility Time Reporting Requirements

In January 2024 the ICB and Trade Unions signed a Trade Union Recognition Agreement & Framework. The recognition Agreement is in place from 1 April 2024. BOB ICB will comply with the Trade Union and Labour Relations (Consolidation) Act 1992 and section 25 of the NHS terms and conditions of service handbook 'Time off and facilities for trades union representatives' in relation to both time off and facilities for accredited trade unions, who have been duly elected or appointed, and who represent their members on matters that are of concern to BOB ICB and/or its employees.

Other employee matters

WILD Programme: The ICB has developed an organisational development (OD) programme which focuses on *'Building a better BOB ICB'.* We developed core values in partnership with staff during 2023 which are:

- Respectful – we are inclusive
- Impactful – we make a difference
- Integrity – we are kind and fair
- Leadership – we encourage leadership
- Collaborative – we work together in a positive way

The OD programme is supported by four pillars that serve as guiding principles for the programme's success, including: wellbeing, inclusivity, leadership and development – WILD.

Staff communications: Internal communication is an essential resource for supporting the ICB to develop as an organisation through enabling connection, education, sharing and supporting a healthy and collaborative culture that is in line with the NHS People Promise and People Plan.

Over the past years internal communication channels have developed to keep ICB staff abreast of important system news and information. Below outlines the channels uses across the organisation to communicate and engage with staff.

- Monthly BOB Buzz Newsletter. Despite some fluctuations in the data month on month, we can see BOB Buzz engagement overall has grown significantly.
- The All Staff Briefing continues to attract a high level of attendance with the meeting now a regular commitment in diaries of busy ICB staff. This demonstrates the appetite and importance that staff place on these briefings. As remote and flexible working continues to be part of the culture within the ICB, staff have shared feedback that having opportunities to connect and share information on a regular basis with colleagues is important and the All Staff Briefing provides this forum in a cost-effective way.
- BOB ICB chief executive Dr Nick Broughton publishes a fortnightly blog to update staff and invite feedback on BOB activity. This provides a personal platform on which to acknowledge staff contributions to the ICB, share success stories, showcase innovation, and recognise and offer support to staff dealing with challenges within the system.
- We have implemented *Lunch and Learn* sessions across the organisation covering lots of different topics including High Intensity High Frequency Use of Emergency Departments, Delegated Commissioning and Personalised Care.
- We held an all-staff event in June 2023 to provide an opportunity for all staff across the whole of BOB to come together and celebrate the first anniversary of BOB ICB. Over 300 members of staff attended the event which helped to raise awareness of our priorities for 2023/24 and longer term; enable staff to be introduced to new executive leaders in BOB; provide an opportunity for staff to meet colleagues across BOB and build new connections and support the development of the BOB organisational values and identity as one organisation.

Staff Partnership Forum: The ICB established a Staff Partnership Forum (SPF)which had its inaugural meeting on 23 January 2024. The BOB ICB SPF has been set up to provide a regular and formal means of information, consultation and negotiation between managers, staff directorate representatives and trade union representatives. The SPF will be the main forum for formal consultation with staff and their representatives and the management / executive of the ICB. about the Change Programme. There are staff representatives from each directorate as well as leads from the staff networks.

Staff Networks: As part of our commitment to creating a fairer and more diverse organisation, we have supported the creation of BOB ICB staff networks to address and tackle issues faced by underrepresented groups of people within our workforce.
They also contribute to improving patient experience, as staff develop a deeper understanding of our diverse community.
At present, we have three staff networks:

- Cultural Awareness & Race Equality (CARE) Network,
- Diverse Ability Network
- LGBTQ+ Network.

All three networks have an active membership group and have welcomed speakers and discussed ways in which the whole organisation can

work to ensure it is inclusive.

They align with the newly formed Staff Partnership Forum, which all network chairs attend.

BOB ICB Change Programme: We are part way through our ICB Change Programme to review and redesign the ICB's operating model. This involves carefully working through the ICB functions and thinking through at what level of the system they are best delivered building on the changes we have been through already as an organisation and our learning to date. We are doing this for several reasons:

- to use this redesign as an opportunity to strengthen our unique role and organisational value within the system.
- to have greater clarity on what is best delivered at system level; in local place-based partnerships; or through our provider collaboratives.
- to address the ask by NHS England of all ICBs that we are operating at our optimal size to deliver our strategic function and to achieve a running cost budget reduction of 30% by 2025/26. An additional 10% cost reduction is required to keep us within the financial envelope for future allocations.

We have held workshops to equip managers to support their staff / teams through the consultation process. Following suggestions from staff representatives at the SPF we have also held drop-in sessions, for all staff, to share information and discuss certain subjects including voluntary redundancy / how it will work and the basics of TUPE - Transfer of Undertakings (Protection of Employment) Regulations.

The SPF is a key channel for feedback from staff and discussion around the change programme. In addition, regular Directorate and team briefings will continue to enable the broadest engagement with staff and ensuring staff voice is heard throughout the change process. Staff can also send in questions and feedback about the change programme to the communications and engagement with questions being answered and posted them on the StaffZone.

The ICB launched its staff consultation on the new organisational structure on 29 April, alongside a voluntary redundancy scheme.

Freedom to speak up
Throughout 2023/24 we have strengthened our Freedom to Speak Up (FTSU) arrangements in the ICB endorsing the three key principles of 'speaking up, acting up and following up' to ensure staff feel confident and safe to utilise the FTSU programme and embed positive culture and behaviour within the ICB. We want to ensure our staff are supported in speaking up; that barriers to speaking up are addressed; that the organisation encourages a positive culture of speaking up and that matters raised are used as opportunities for learning and improvement. To support this, we have appointed three members of staff as FTSU guardians. Staff can contact them for advice and support to speak up.

Expenditure on consultancy

Expenditure on consultancy was £2,979k 1 April 2023 to 31 March 2024 (£1,820k 1 July 2022 to 31 March 2023) as per Note 5 to the Accounts page 115.

Off-payroll engagements

Table below: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2024, for more than £245[1] per day:

	Number
Number of existing engagements as of 31 March 2024	39
Of which, the number that have existed:	
for less than one year at the time of reporting	21
for between one and two years at the time of reporting	4
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	5
for 4 or more years at the time of reporting	5

Below table: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 to 31 March 2024, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 to 31 March 2024	21
Of which:	
No. not subject to off-payroll legislation[2]	18
No. subject to off-payroll legislation and determined as in-scope of IR35[2]	0
No. subject to off-payroll legislation and determined as out of scope of IR35[2]	3
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Below table: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 to 31 March 2024

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period(1)	2
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. (2)	15

Exit packages, including special (non-contractual) payments

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000								
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000	1	£73,334						
£100,001 - £150,000								
£150,001 –£200,000	1	£160,000						
>£200,000								
TOTALS	2	£233,334						

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Redundancy Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the ICB has agreed early retirements, the additional costs are met by the ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	n/a	n/a
Mutually agreed resignations (MARS) contractual costs	n/a	n/a
Early retirements in the efficiency of the service contractual costs	n/a	n/a
Contractual payments in lieu of notice*	n/a	n/a
Exit payments following Employment Tribunals or court orders	n/a	n/a
Non-contractual payments requiring HMT approval**	n/a	n/a
TOTAL		nil

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in table 1 which will be the number of individuals.

*Any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

Zero non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual

salary. The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Equality and Diversity

For information on the Public Sector Equality Duty and how we give ‘due regard’ to eliminating discrimination please see here.

As outlined above, the BOB ICB set up three new staff networks Cultural Awareness and Race Equality (CARE), Diverse Ability and Lesbian, Gay, Bisexual and Transgender Plus (LGBTQ+). Each is independently chaired by an employee of the organisation and has an executive sponsor. The networks have supported Black History Month, Disability History Month and LGBTQ+ History Month.

The ICB is committed to reporting annually on ethnicity pay gap, in line with the Gender Pay Gap report and Public Sector Equality Duty report.

Disability information

BOB ICB has developed an integrated approach to delivering workforce equality, so it does not have a separate policy for disabled employees or for any other protected characteristics. Equalities issues are incorporated in policies covering all aspects of the employee lifecycle ranging from recruitment to performance.

Health and Safety

The BOB ICB recognises that the maintenance of a safe workplace and safe working environment is critical to our continued success and accordingly, we view our responsibilities for health, safety and welfare with the utmost importance. As staff mainly work from home, considerable effort had gone into supporting staff do this. This included all staff undertaking risk assessments of their 'at home' working environment and purchasing equipment (for example office chairs and monitors) to accommodate individual staff needs. Health and Safety training forms part of the suite of statutory and mandatory training which is undertaken by all employees.

Whistleblowing

The BOB ICB has a whistleblowing (Freedom to Speak Up) policy that is communicated to all staff and was available on the staff intranet.

Auditable elements

Please note that the elements of this remuneration and staff report that have been subject to audit are the tables of salaries and allowances senior managers and related narrative notes on page 70 to 73, pension benefits of senior managers and related narrative on pages 74 to 76, the fair pay disclosures and related narrative notes on page 68 and 69 and exit packages and any other agreed departures on page 84 and 85.

Dr Nick Broughton
Accountable Officer
21 June 2024

Parliamentary Accountability and Audit Report

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board is not required to produce an Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. For 1 April 2023 to 31 March 2024 there were no remote contingent liabilities, losses and special payments, gifts, fees or charges.

Dr Nick Broughton
Accountable Officer
21 June 2024

Appendix 1:

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Key:

Y = present and attended
A = Apologies
N/A = not applicable as not in post at that time

R = Resigned
T = Term of office ended

Board meetings 1 April 2023 – 31 March 2024

Attendees	May 2023	July 2023	September 2023	November 2023	January 2024	March 2024
Members						
Sim Scavazza Acting Chair, BOB ICB	Y	Y	Y	Y	Y	Y
Saqhib Ali Non-Executive Director, BOB ICB	Y	A	A	Y	Y	Y
Margaret Batty Non-Executive Director, BOB ICB	Y	Y	Y	Y	Y	Y
Tim Nolan Non-Executive Director, BOB ICB	Y	Y	Y	A	Y	Y
Aidan Rave Non-Executive Director, BOB ICB	Y	Y	Y	A	Y	Y
Steve McManus Chief Executive Officer, BOB ICB (Resumed as Partner Member July 2023)	Y					
Dr Nick Broughton Interim CEO July 2023, BOB ICB	N/A	Y	Y	Y	Y	Y
Stephen Chandler Partner Member, Local Authorities	Y	T				
Dr George Gavriel Partner Member, Primary Medical Services	N/A	Y	Y	Y	Y	Y
Dr Shaheen Jinnah Partner Member, Primary Medical Services	Y	R				
Neil MacDonald Partner Member, NHS Trusts/Foundation	A	Y	T			

Trusts						
Steve McManus Partner Member, NHS Trusts/Foundation Trusts		**A***	**Y**	**A**	**Y**	**Y**
Rachael Shimmin Partner Member, Local Authorities	**N/A**	**A**	**Y**	**Y**	**Y**	**Y**
Dr Nick Broughton, Member for Mental Health (became Interim CEO July 2023, BOB ICB)	**Y**					
Minoo Irani Member for Mental Health	**N/A**	**A**	**Y**	**Y**	**A**	**Y**
Rachael Corser Chief Nursing Officer, BOB ICB	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Dr Rachael De Caux, BOB ICB Deputy Chief Executive Officer and Chief Medical Officer	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Matthew Metcalfe Chief Finance Officer, BOB ICB	**Y**	**A**	**Y**	**Y**	**Y**	**Y**
Regular Attendees						
Sarah Adair Acting Director of Communications and Engagement, BOB ICB	**N/A**	**N/A**	**Y**	**Y**	**Y**	**Y**
Rob Bowen Acting Director of Strategy and Partnerships, BOB ICB	**Y**	**Y**				
Ross Fullerton Interim Chief Digital Officer, BOB ICB	**Y**	**Y**	**Y**	**R**		
Hannah Iqbal Chief Strategy and Partnerships Officer, BOB ICB	**N/A**	**N/A**	**Y**	**Y**	**Y**	**Y**
Catherine Mountford Director of Governance, BOB ICB	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Victoria Otley-Groom Chief Digital and Information Officer, BOB ICB	**N/A**	**N/A**	**N/A**	**Y**	**Y**	**Y**
Nick Samuels Interim Director of Communications and Engagement, BOB ICB	**Y**	**Y**				
Matthew Tait Chief Delivery Officer, BOB ICB	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

A* Neil McDonald joined the meeting to replace Steve McManus as Partner Member – NHS Trusts and Foundation Trusts.

Audit and Risk Committee Meetings 1 April 2023 – 31 March 2024

Attendees	April 2023	June 2023	August 2023	October 2023	January 2024	February 2024
Members						
Saqhib Ali Committee Chair and Non-Executive Director, BOB ICB	Y	Y	Y	Y	Y	Y
Margaret Batty Non-Executive Director, BOB ICB	Y	Y	Y	Y	A	A
Aidan Rave Non-Executive Director, BOB ICB	A	Y	Y	A	Y	Y
Regular Attendees						
Adrian Balmer Senior Manager, Ernst & Young LLP	Y	Y	Y	Y	Y	Y
Dr Nick Broughton Interim Chief Executive, BOB ICB	N/A	N/A	Y	A	Y	Y
Rachael Corser Chief Nursing Officer, BOB ICB (** Deputy in attendance)	A	A	**	**	**	**
Dr Rachael De Caux Deputy Chief Executive Officer and Chief Medical Officer, BOB ICB	A	A	Y	Y	Y	Y
Victoria Dutton Anti-Crime Specialist, TiAA	Y	Y	Y	Y	Y	A
Maria Grindley Audit Engagement Partner, Ernst & Young LLP	Y	Y	A	Y	Y	Y
Noreen Kanyangarara Head of Financial Accounts, BOB ICB	Y	Y	Y	Y	A	Y
Matthew Metcalfe Chief Finance Officer, BOB ICB	Y	Y	Y	Y	Y	Y
Catherine Mountford Director of Governance, BOB ICB	Y	Y	Y	Y	Y	**

(Deputy in attendance)**						
Sim Scavazza Acting Chair, BOB ICB						**Y**
Liz Wright Partner, RSM UK Risk Services LLP	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

People Committee Meetings 1 January 2024 – 31 March 2024

Attendees	January 2024	March 2024
Members		
Sim Scavazza, Committee Chair and Acting Chair, BOB ICB	**Y**	**Y**
Dr Nick Broughton Interim Chief Executive Officer, BOB ICB	**Y**	**Y**
Caroline Corrigan Interim Chief People Officer, BOB ICB	**Y**	**Y**
Matthew Metcalfe Chief Finance Officer, BOB ICB	**Y**	**Y**
Catherine Mountford Director of Governance BOB ICB	**Y**	**Y**
Tim, Nolan Non-Executive Director, BOB ICB	**A**	**Y**

Place and System Development Committee Meetings 1 April 2023 – 31 March 2024

Attendees	April 2023	June 2023	August 2023	October 2023	December 2023	February 2024
Members						
Aidan Rave **Committee Chair and Non-Executive Director**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Sim Scavazza **Non-Executive Director (Acting Chair), BOB ICB**	**N/A**	**Y**	**Y**	**A**	**Y**	**Y**
Ansaf Azhar **Director of Public Health and Wellbeing, Oxfordshire County Council**	**A**	**Y**	**Y**	**A**	**A**	**Y**
Philippa Baker **BOB ICB Place Director, Buckinghamshire**	**A**	**A**	**Y**	**Y**	**Y**	**Y**
Robert Bowen **Acting Director of Strategy and Partnerships, BOB ICB**	**Y**	**Y**	**Y**			
William Butler **BOB VCSE Health Alliance Chair**	**Y**	**Y**	**A**	**Y**	**Y**	**A**
Hannah Iqbal **Chief Strategy and Partnerships Officer, BOB ICB**	**N/A**	**N/A**	**N/A**	**Y**	**A**	**Y**
Daniel Leveson **BOB ICB Place Director – Oxfordshire**	**A**	**Y**	**A**	**Y**	**Y**	**A**
Matthew Tait, **Chief Delivery Officer, BOB ICB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Sarah Webster **BOB ICB Place Director, Berkshire West**	**Y**	**Y**	**Y**	**Y**	**Y**	**A**

Population Health and Patient Experience Committee Meetings 1 April 2023 – 31 March 2024

Attendees	April 2023	June 2023	August 2023	October 2023	December 2023	February 2024
Members						
Margaret Batty **Committee Chair and Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**A**
Sim Scavazza **Non-Executive Director (Acting Chair) BOB ICB**	**Y**	**Y**	**A**	**Y**	**A**	**Y**
Daniel Alton **GP Twyford Surgery, Chief Clinical Information Officer, BOB ICB**	**A**	**Y**	**Y**	**Y**	**Y**	**Y**
Rachael Corser **Chief Nursing Officer, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Dr Rachael DeCaux **Deputy Chief Executive Officer and Chief Medical Officer, BOB ICB**	**Y**	**A**	**Y**	**Y**	**Y**	**Y**
Dr Abid Irfan **Deputy Chief Medical Officer and Director of Primary Care, BOB ICB**	**Y**	**Y**	**A**	**A**	**A**	**Y**
Karl Marlowe **Chief Medical Officer, Oxford Health Foundation Trust**	**Y**	**Y**	**A**	**Y**	**A**	**A**
Zoe McIntosh **Chief Executive, Healthwatch, Buckinghamshire**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
David Munday **Deputy Director of Public Health, Oxford County Council**	**N/A**	**Y**	**A**	**Y**	**Y**	**Y**
Raju Raddy **Clinical Lead for TVPC, BOB ICS/Consultant Paediatric Anaesthetist**	**A**	**Y**	**Y**	**Y**	**Y**	**A**
Matthew Tait **Chief Delivery Officer, BOB ICB**	**Y**	**A**	**A**	**Y**	**Y**	**Y**

Remuneration Committee Meetings 1 April 2023 – 31 March 2024

Attendees	September 2023	November 2023	February 2024
Members			
Aidan Rave **Committee Chair and Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**
Saqhib Ali **Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**
Margaret Batty **Non-Executive Director, BOB ICB**	**A**	**Y**	**A**
Tim Nolan **Non-Executive Director, BOB ICB**	**Y**	**A**	**Y**
Sim Scavazza **Non-Executive Director (Acting Chair), BOB ICB**	**Y**	**Y**	**Y**
Raj Bhamber **Interim Chief People Officer, BOB ICB**	**Y**		
Caroline Corrigan **Interim Chief People Officer, BOB ICB**	**N/A**	**Y**	**Y**
Regular attendee (where remuneration is not being considered)			
Dr Nick Broughton **Interim Chief Executive Officer, BOB ICB**	**A**	**Y**	**Y**

System Productivity Committee Meetings 1 April 2023 – 31 March 2024

Attendees	May 2023	July 2023	September 2023	November 2023	December 2023	January 2024	March 2024
Members							
Tim Nolan **Committee Chair and Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Saqhib Ali **Non-Executive Director, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**A**	**Y**	**Y**
Jason Dorsett **Chief Finance Officer, Oxford University Hospitals Foundation Trust**	**N/A**	**A**	**A**	**A**	**A**	**Y**	**Y**
Ross Fullerton **Interim Chief Digital and Information Officer, BOB ICB**	**Y**	**Y**	**A**	**R**			
Victoria Otley-Groom **Chief Digital and Information Officer, BOB ICB**	**N/A**	**N/A**	**N/A**	**Y**	**Y**	**Y**	**Y**
Haider Husain **Associate Non-Executive Director, BOB ICB**	**A**	**A**	**Y**	**Y**	**A**	**Y**	**Y**
Matthew Metcalfe **Chief Finance Officer, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**
Matthew Tait **Chief Delivery Officer, BOB ICB**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**	**Y**

FINANCIAL ACCOUNTS

FOR THE PERIOD ENDED 31 MARCH 2024

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Financial Information - Accounts Year Ended 31 March 2024

These accounts for the year ended 31 March 2024 have been prepared by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board under a Direction issued by the NHS Commissioning Board, now known as NHS England under the National Health Service Act 2006.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board was formally established on 1 July 2022. As a result, the prior year (2022/23) comparatives are for 9 months.

CONTENTS **Page Number**

The Primary Statements:

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF BUCKINGHAMSHIRE, OXFORDSHIRE & BERKSHIRE WEST INTEGRATED CARE BOARD

Opinion

We have audited the financial statements of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board ("the ICB") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 22 including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024, and the Accounts Direction issued by NHS England in accordance with the National Health Service Act 2006.
In our opinion the financial statements:

- give a true and fair view of the financial position of Buckinghamshire, Oxfordshire and Berkshire West ICB as at 31 March 2024 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Social Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the ICB's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

Matters on which we are required to report by exception

We are required to report to you if:

- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the ICB under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

We have nothing to report in these respects.

In respect of the following, we have matters to report by exception:

Referral to Secretary of State:

On 18 April 2024 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we had reason to believe that the ICB, or an officer of the ICB, was about to make, or had made, a decision which involved or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency. The referral was in relation to the ICB reporting a deficit position in its financial statements for 2023-24.

Financial Sustainability: How the body plans and manages its resources to ensure that it can continue to deliver its services

The ICB must exercise its functions with a view to ensuring that expenditure incurred by the board in a financial year does not exceed the sums received by it in that year (Section 223GC (1)) of the National Health Service Act 2006 ("the 2006 Act").

The ICB initially forecast in May 2023 a breakeven position for 2023-24. This forecast was then reassessed in November 2023 leading to a reforecast position of a £26.3 million deficit. We issued a section 30 referral letter to the Secretary of State in April 2024 in respect of this forecast deficit as the ICB had incurred expenditure in excess of its income. The actual deficit as at 31 March 2024 was £38 million.

Furthermore the ICB submitted its 2024-25 financial plan to NHS England in May 2024 showing a forecast deficit of £27.7 million for the ICB and a deficit of £92 million for the wider Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. There are ongoing discussions with NHS England in relation to this plan for 2024-25.

In forming our assessment we have read and considered:

- the original and revised financial plans for 2023-24;
- the 2023-24 draft annual report and accounts which report the deficit outturn for 2023-24;
- the draft 2024-25 financial plan for the ICB including the Integrated Care System;
- relevant reports and minutes from ICB meetings including our discussions with senior officers

The ICB's deficit outturn for 2023-24 has resulted in the ICB breaching one of its key performance targets and has resulted in us issuing a section 30 referral to the Secretary of State.

We recommend that the ICB should work with NHS England to come to an agreed and sustainable position for 2024-25. The ICB should actively review all key areas of overspend with a view to critically assessing key drivers for that overspend and actions to forecast and manage these in the future.

The issue is evidence of a significant weakness in proper arrangements in respect of financial sustainability specifically how the body plans and manages its resources to ensure that it can continue to deliver its services. The ICB will need to agree forward sustainable financial plans with NHS England to reduce the deficit in the medium term. As a key commissioner of health services under Practice Note 10 (revised) there is a presumption around continuation of services and so whilst we are flagging a significant weakness in arrangements we do not have a risk of going concern.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on page 55, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the annual report, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant are the National Health Service Act 2006, Health and Social Care Act 2012 and Health and Care Act 2022, and other legislation governing NHS ICBs, as well as relevant employment laws of the United Kingdom. In addition, the ICB has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

- We understood how Buckinghamshire, Oxfordshire and Berkshire West ICB is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.

- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the ICB is engaging in any transactions outside the usual course of business. In response to the risk of fraud in expenditure recognition for year-end accruals, we reviewed and tested revenue and expenditure accounting policies, year-end accruals and expenditure cut-off at the period end date. We specifically focused on key aspects of unrecorded liabilities to provide assurance that year-end accounts were free form material mis-statement and performed substantive procedures on Department of Health balances data, investigating significant differences outside of Department of Health tolerances.

- Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management, and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations NHS Buckinghamshire, Oxfordshire and Berkshire West ICB has robust policies and procedures to mitigate the potential for override of controls, there is a culture of ethical behaviour, supported by a number of policies in respect of human resources and counter fraud, bribery and corruption.

- We addressed our fraud risk related to management override through implementation of a journal entry testing strategy, assessing accounting estimates for evidence of management bias and evaluating the business rationale for significant unusual transactions.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024 as to whether the ICB had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the ICB put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the ICB had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Certificate

We certify that we have completed the audit of the accounts of Buckinghamshire, Oxfordshire and Berkshire West ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of Buckinghamshire, Oxfordshire and Berkshire West ICB in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
21 June 2024

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £'000	9 months 1 Jul to 31 Mar 2023 2022-23 £'000
Income from sale of goods and services	2	(45,898)	(36,276)
Other operating income	2	-	(324)
Total operating income		**(45,898)**	**(36,599)**
Staff costs	4	34,316	20,234
Purchase of goods and services	5	3,591,085	2,522,298
Depreciation and impairment charges	5	793	463
Provision expense	5	(801)	(757)
Other operating expenditure	5	1,110	565
Total operating expenditure		**3,626,502**	**2,542,803**
Net Operating Expenditure		**3,580,604**	**2,506,203**
Finance expense	7	12	29
Net expenditure for the Year		**3,580,616**	**2,506,232**
Total Net Expenditure for the Financial Year		**3,580,616**	**2,506,232**
Comprehensive Expenditure for the year		**3,580,616**	**2,506,232**

The notes on pages 106 to 127 form part of this statement.

Statement of Financial Position as at 31 March 2024

	Note	2023-24 £'000	2022-23 £'000
Non-current assets:			
Property, plant and equipment	9	256	304
Right-of-use assets	10	1,188	1,391
Intangible assets	11	460	616
Total non-current assets		**1,904**	2,310
Current assets:			
Trade and other receivables	12	51,215	22,037
Cash and cash equivalents	13	584	64
Total current assets		**51,799**	**22,101**
Total current assets		**51,799**	22,101
Total assets		**53,703**	24,411
Current liabilities			
Trade and other payables	14	(224,907)	(220,910)
Lease liabilities	10	(418)	(228)
Provisions	15	(1,049)	(2,851)
Total current liabilities		**(226,373)**	(223,989)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(172,671)**	(199,578)
Non-current liabilities			
Lease liabilities	10	(806)	(1,169)
Provisions	15	(1,752)	(1,840)
Total non-current liabilities		**(2,559)**	**(3,009)**
Assets less Liabilities		**(175,230)**	(202,586)
Financed by Taxpayers' Equity			
General fund		(175,230)	(202,586)
Total taxpayers' equity:		**(175,230)**	(202,586)

The notes on pages 106 to 127 form part of this statement

In line with authority delegated via the Audit and Risk Committee the financial statements on pages 104 to 127 were approved by the Chief Executive and the Chief Finance Officer on behalf of the Governing Body on 21 June 2024.

Nick Broughton
Chief Executive Officer

Matthew Metcalfe
Chief Finance Officer

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2023-24		
Balance at 01 April 2023	**(202,586)**	**(202,586)**
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24		
Net operating expenditure for the financial year	(3,580,616)	(3,580,616)
Net Recognised NHS Integrated Care Board Expenditure for the Financial year	**(3,580,616)**	**(3,580,616)**
Net funding	3,607,972	3,607,972
Balance at 31 March 2024	**(175,230)**	**(175,230)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23		
Balance at 01 April 2022	-	**-**
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23		
Net operating costs for the financial year	(2,506,232)	(2,506,232)
Transfers by absorption to (from) other bodies	(160,323)	(160,323)
Net Recognised NHS Integrated Care Board Expenditure for the Financial Year	**(2,666,555)**	**(2,666,555)**
Net funding	2,463,969	2,463,969
Balance at 31 March 2023	**(202,586)**	**(202,586)**

The notes on pages 106 to 127 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023-24 £'000	2022-23 £'000
Cash Flows from Operating Activities			
Net Expenditure for the financial year		(3,580,616)	(2,506,232)
Depreciation and amortisation	5	793	463
Interest paid / received		12	10
(Increase)/decrease in trade & other receivables	12	(29,178)	(6,903)
Increase/(decrease) in trade & other payables	12	4,077	47,672
Provisions utilised	15	(1,088)	(947)
Increase/(decrease) in provisions	15	(801)	(757)
Net Cash Inflow (Outflow) from Operating Activities		**(3,606,801)**	(2,466,694)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(103)	(242)
Net Cash Inflow (Outflow) from Investing Activities		**(103)**	(242)
Net Cash Inflow (Outflow) before Financing		**(3,606,904)**	(2,466,936)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		3,607,972	2,463,969
Repayment of lease liabilities		*(547)*	*(195)*
Net Cash Inflow (Outflow) from Financing Activities		**3,607,425**	2,463,774
Net Increase (Decrease) in Cash & Cash Equivalents	13	**520**	(3,162)
Cash & Cash Equivalents at the Beginning of the Financial Year		**64**	-
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	3,226
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**584**	64

The notes on pages 106 to 127 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (ICBS) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis on the assumption of a continuation of services for a period of at least 12 months from when the financial statements are authorised for issue. In April 2024 the ICB Local Auditor issued a s.30 referral letter to the Secretary of State based on the ICB's month 8 forecast year end deficit of £26.3 million. This represented a breach of the ICB's financial duties, namely that expenditure incurred by the board exceeded the sum received by it in that year. The year end outturn was a deficit of £38 million.

Non-trading public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by the inclusion of financial provision for that service in published documents. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another body.

Although the ICB breached its financial duty to break even, the going concern status is not called into doubt because it has not been informed of an intention for dissolution without transfer of services to another body.

The ICB financial plan for 2024-25 indicates that the forecast financial position will be a deficit of £27.7 million. The ICB is working closely with its partners to address this forecast deficit with efficiency plans and transformational change to move to a financially sustainable footing in the future. This planning includes strategic decision making beyond the financial year 2024/25 and therefore goes beyond a period of at least 12 months from the date of the 2023/24 external audit opinion.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Joint arrangements**

Joint operations are arrangements in which the ICB has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The ICB includes within its financial statements its share of the assets, liabilities, income and expenses.

Joint ventures are arrangements in which the ICB has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

1.5 **Pooled Budgets**

The ICB has entered into a pooled budget arrangement with Buckinghamshire County Council, Oxfordshire County Council, West Berkshire District Council, Wokingham Borough Council and Reading Borough Council which cover Integrated Care Board geographical area [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for the provision of health and social care services and note 19 provides details of the income and expenditure.

There are different pooled budget hosting arrangements between the ICB and respective Councils. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.6 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

Notes to the financial statements

1.7 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. There are no significant payment terms.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.8 **Employee Benefits**

1.8.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.8.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8.3 **Local Government Pensions**

One employee is a member of the Local Government Pension Scheme (Buckinghamshire Pension Fund), which is a defined benefit pension scheme, administered by Buckinghamshire Council. The ICB recognise on the Statement of Financial Position scheme liabilities arising from employee deductions and the ICB contributions which are paid to the Council.

The liabilities of the Buckinghamshire Council pension fund and valuation methodology are disclosed in the Council's Financial Statements.

1.9 **Other Expenses**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10 **Property, Plant & Equipment**

1.10.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Notes to the financial statements

1.10.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

1.10.2 **Measurement continues**

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11 **Intangible Assets**

1.11.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the ICB's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the ICB;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2 **Measurement**

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

Notes to the financial statements

1.11.3 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.12.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise:
- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the ‘Depreciation, amortisation and impairments’ policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

Notes to the financial statements

1.13 **Cash & Cash Equivalents**
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.14 **Provisions**
Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.40% (2022: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15 **Clinical Negligence Costs**
NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the ICB.

1.16 **Non-clinical Risk Pooling**
The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.17 **Contingent liabilities and contingent assets**
A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18 **Financial Assets**
Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:
- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.19 **Financial Liabilities**
Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Notes to the financial statements

1.20 **Value Added Tax**
Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 **Losses & Special Payments**
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 **Critical accounting judgements and key sources of estimation uncertainty**
In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 **Critical accounting judgements in applying accounting policies**
The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Judgements have been made by management as required by IAS 1.122, in regards to lease classification and revenue recognition.

1.22.2 **Sources of estimation uncertainty**
The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals
Accruals are calculated utilising management knowledge, market intelligence and contractual arrangements. These accruals cover areas such as prescribing and contracts for healthcare and non healthcare services. For goods and/or services that have been delivered but for which no invoice has been received/sent, the Integrated Care Board has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligation.

Prescribing liabilities
NHS England actions monthly cash charges to the Integrated Care Board for prescribing drug costs. These are issued approximately 8 weeks in arrears. The Integrated Care Board uses data from the NHS Business Service Authority on prescribing costs incurred to date, which at year end would be actuals up to January, and would then base a year end prediction on the remaining months using growth patterns incurred from previous years factoring in any other cost pressures such as NCSOs (no cheaper stock obtainable) etc.

1.23 **Continuing Care Provisions**
Sources of estimation uncertainty - CHC provisions

The ICB generates provisions to cover future liabilities with an element of uncertainty over their value and/or resolution trajectory. These provisions are estimated by management based on knowledge of the business, assumptions of probability and resolution delays. These assumptions are reviewed annually.

Provision is made in the ICB books for challenges and other backdated claims for funding under Continuing Healthcare (CHC) or Children's Continuing Care (CCC). These include:

- Assessment of previously unassessed periods of care (PUPoC).
- Local Authority disputes and Responsible Commissioner disputes, where it has not been definitively determined that BOB ICB is financially responsible commissioner.
- Appeals, where a negative eligibility decision has been challenged and is to be resolved, in the first instance, locally.
- Independent review panel cases, where a negative eligibility decision has been challenged and is to be resolved by an independent review panel.
- Retrospective cases, where an eligibility decision has not been made previously.

Each case has an estimated potential liability, calculated on the length of time for which the claim relates and an estimated cost for that period of time, up to the accounting period end.

A "risk" percentage is applied to the cases by category, based on local past experience of the success of such cases to fairly reflect the potential liability of the ICB. Where a case outcome is known to be positive but a settlement value has not yet been finally agreed, the risk percentage is 100%.

1.24 **New and revised IFRS Standards in issue but not yet effective**
- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.
- IFRS 18 Presentation and disclosure in financial statements – Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet endorsed by the UK Endorsement Board, which needs to be done before it is adopted and adapted for public sector by the Treasury before it applies to NHS bodies.

2 Other Operating Revenue

	2023-24 Total	9 months 1 Jul to 31 Mar 2023 2022-23 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	**1**	4,633
Non-patient care services to other bodies	**3,486**	2,019
Prescription fees and charges	**15,989**	11,413
Dental fees and charges	**21,688**	15,877
Other Contract income	**4,733**	2,334
Total Income from sale of goods and services	**45,898**	**36,276**
Other operating income		
Other non contract revenue	**-**	324
Total Other operating income	**-**	**324**
Total Operating Income	**45,898**	**36,599**

3 Revenue - Income from sale of good and services (contracts)

2023-24

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	630	-	-	2,626
Non NHS	1	2,856	15,989	21,688	2,107
Total	**1**	**3,486**	**15,989**	**21,688**	**4,733**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	1	3,486	15,989	21,688	4,733
Over time	-	-	-	-	-
Total	**1**	**3,486**	**15,989**	**21,688**	**4,733**

9 months 1 Jul to 31 Mar 2022-23

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	284	-	-	1,255
Non NHS	4,633	1,735	11,413	15,877	1,079
Total	**4,633**	**2,019**	**11,413**	**15,877**	**2,334**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	4,633	2,019	11,413	15,877	2,334
Over time	-	-	-	-	-
Total	**4,633**	**2,019**	**11,413**	**15,877**	**2,334**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2023-24		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	23,060	4,498	**27,559**
Social security costs	2,471	-	**2,471**
Employer Contributions to NHS Pension scheme*	3,957	-	**3,957**
Apprenticeship Levy	97	-	**97**
Termination benefits	233	-	**233**
Gross employee benefits expenditure	**29,818**	**4,498**	**34,316**
Total - Net admin employee benefits including capitalised costs	**29,818**	**4,498**	**34,316**
Net employee benefits excluding capitalised costs	**29,818**	**4,498**	**34,316**

* Included is £10.8k contribution to the Buckinghamshire Pension Fund

4.1.1 Employee benefits

	9 Months 1 Jul to 31 Mar 2023		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	13,648	2,902	**16,551**
Social security costs	1,392	-	**1,392**
Employer Contributions to NHS Pension scheme	2,075	-	**2,075**
Apprenticeship Levy	55	-	**55**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	17,331	2,902	**20,234**
Total - Net admin employee benefits including capitalised costs	17,331	2,902	**20,234**
Net employee benefits excluding capitalised costs	**17,331**	**2,902**	**20,234**

4.2 Average number of people employed

	2023-24			2022-23		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**332**	**84**	**416**	**256**	**58**	**314**

4.3 Exit packages agreed in the financial year

	2023-24			2023-24
	Compulsory redundancies			Total
	Number	£	Number	£
£50,001 to £100,000	1	73,334	1	73,334
£150,001 to £200,000	1	160,000	1	160,000
Over £200,001	-	-	-	-
Total	**2**	**233,334**	**2**	**233,334**

	0		0
	Compulsory redundancies		Total
	Number	£	Number	£
£150,001 to £200,000	1	160,000	1	160,000
Total	**1**	**160,000**	**1**	**160,000**

There are no special payments made due to departure.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in full.

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Redundancy Scheme . Exit costs in this note are accounted for in full in the year of departure.

4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.
An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

5. Operating expenses

	2023-24 Total £'000	9 months 1 Jul to 31 Mar 2023 2022-23 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	15,079	11,477
Services from foundation trusts	1,879,958	1,307,723
Services from other NHS trusts	472,932	312,919
Purchase of healthcare from non-NHS bodies	428,140	329,395
Purchase of social care	8,230	3,273
General dental services and personal dental services	87,532	61,617
Prescribing costs	275,280	206,698
Pharmaceutical services	46,473	33,282
General ophthalmic services	13,756	10,497
GPMS/APMS and PCTMS	341,681	229,342
Supplies and services – clinical	1,470	1,149
Supplies and services – general	1,723	1,701
Consultancy services	2,979	1,820
Establishment	7,447	4,933
Transport	4	2
Premises	5,423	2,941
Audit fees	321	458
Other non statutory audit expenditure		
· Internal audit services	141	150
· Other services	77	73
Other professional fees	1,928	1,486
Legal fees	403	299
Education, training and conferences	110	1,063
Total Purchase of goods and services	**3,591,085**	**2,522,298**
Depreciation and impairment charges		
Depreciation	637	346
Amortisation	156	117
Total Depreciation and impairment charges	**793**	**463**
Provision expense		
Provisions	(801)	(757)
Total Provision expense	**(801)**	**(757)**
Other Operating Expenditure		
Chair and Non Executive Members	243	147
Grants to Other bodies	-	25
Research and development (excluding staff costs)	421	281
Other expenditure	446	112
Total Other Operating Expenditure	**1,110**	**565**
Total operating expenditure	**3,592,186**	**2,522,569**

6. Payment Compliance Reporting

6.1 Better Payment Practice Code

Measure of compliance	**2023-24 Number**	**2023-24 £'000**	2022-23 Number	2022-23 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	43,406	455,942	25,894	314,600
Total Non-NHS Trade Invoices paid within target	41,361	440,706	24,929	309,196
Percentage of Non-NHS Trade invoices paid within target	**95.3%**	**96.7%**	**96.3%**	**98.3%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	972	49,484	763	25,415
Total NHS Trade Invoices Paid within target	898	45,579	714	24,154
Percentage of NHS Trade Invoices paid within target	**92.4%**	**92.1%**	**93.6%**	**95.0%**

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is greater than 95%. The ICB achieved the target in paying non-NHS invoices and was under target in paying NHS invoices.

7. Finance costs

	2023-24 £'000	2022-23 £'000
Interest		
Interest on lease liabilities	12	10
Other interest expense	-	19
Total interest	**12**	**29**
Total finance costs	**12**	**29**

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

	2023-24 £'000	**2022-23 £'000**
Transfer of property plant and equipment	-	244
Transfer of Right of Use assets	-	1,494
Transfer of intangibles	-	733
Transfer of cash and cash equivalents	-	3,226
Transfer of receivables	-	12,871
Transfer of payables	-	(170,917)
Transfer of provisions	-	(6,396)
Transfer of Right Of Use liabilities	-	(1,495)
Transfer of PUPOC liability	-	(83)
Net loss on transfers by absorption	**-**	**(160,323)**

9. Property, plant and equipment

2023-24	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2023	1,422	573	1,995
Additions purchased	23	-	23
Cost/Valuation at 31 March 2024	**1,445**	**573**	**2,018**
Depreciation 01 April 2023	1,118	573	1,691
Charged during the year	71	-	71
Depreciation at 31 March 2024	**1,189**	**573**	**1,762**
Net Book Value at 31 March 2024	**256**	**-**	**256**
Purchased	256	-	256
Total at 31 March 2024	**256**	**-**	**256**
Asset financing:			
Owned	256	-	256
Total at 31 March 2024	**256**	**-**	**256**
Net Book Value at 31 March 2023	**304**	**-**	**304**

2022-23	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2022	-	-	-
Additions purchased	215	-	215
Transfer (to)/from other public sector body	1,207	573	1,780
Cumulative depreciation adjustment following revaluation	-	-	-
Cost/Valuation at 31 March 2023	**1,422**	**573**	**1,995**
Depreciation 01 April 2022	-	-	-
Charged during the year	155	-	155
Transfer (to)/from other public sector body	962	573	1,536
Depreciation at 31 March 2023	**1,118**	**573**	**1,691**
Net Book Value at 31 March 2023	**304**	**-**	**304**
Purchased	304	-	304
Total at 31 March 2023	**304**	**-**	**304**
Asset financing:			
Owned	304	-	304
Total at 31 March 2023	**304**	**-**	**304**
Net Book Value at 30 June 2022	244	-	244

9.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	5
Furniture & fittings	5	10

10. Leases

10.1 Right-of-use assets

2023-24	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2023	1,644	1,644	593
Additions	363	363	0
Cost/Valuation at 31 March 2024	**2,008**	**2,008**	**593**
Depreciation 01 April 2023	254	254	99
Charged during the year	565	565	99
Depreciation at 31 March 2024	**819**	**819**	**198**
Net Book Value at 31 March 2024	**1,188**	**1,188**	**395**
Net Book Value at 31 March 2023	**1,391**	**1,391**	**494**

2022-23	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2022	-	-	
Additions	87	87	
Transfer (to) from other public sector body	1,557	1,557	593
Cost/Valuation at 31 March 2023	**1,644**	**1,644**	**593**
Depreciation 01 April 2022	-	-	
Charged during the year	190	190	74
Transfer (to) from other public sector body	63	63	25
Depreciation at 31 March 2023	**253**	**253**	**99**
Net Book Value at 31 March 2023	**1,391**	**1,391**	**494**
Net Book Value at 30 June 2022	1,494	1,494	

10.2 Lease liabilities

2023-24	2023-24 £'000	2022-23 £'000
Lease liabilities at 01 April 2023	(1,396)	-
Additions purchased	(363)	(87)
Interest expense relating to lease liabilities	(12)	(9)
Repayment of lease liabilities (including interest)	547	195
Transfer (to) from other public sector body	-	(1,495)
Lease liabilities at 31 March 2024	**(1,224)**	**(1,396)**

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2023-24 £'000	2022-23 £'000
Within one year	(419)	(227)
Between one and five years	(789)	(1,134)
After five years	(18)	(35)
Balance at 31 March 2024	**(1,224)**	**(1,396)**
Balance by counterparty		
Leased from DHSC	(558)	(693)
Leased from NHS Providers	(398)	(496)
Leased from Non-Departmental Public Bodies	(268)	(207)
Balance as at 31 March 2024	**(1,224)**	**(1,396)**

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2023-24 £'000	2022-23 £'000
Depreciation expense on right-of-use assets	565	190
Interest expense on lease liabilities	12	9
Expense relating to variable lease payments not included in the measurement of the lease liability	699	745

10.5 Amounts recognised in Statement of Cash Flows

	2023-24 £'000	2022-23 £'000
Total cash outflow on leases under IFRS 16	547	195
Total cash outflow for lease payments not included within the measurement of lease liabilities	699	745

11. Intangible non-current assets

2023-24	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2023	**780**	**780**
Cost / Valuation At 31 March 2024	**780**	**780**
Amortisation 01 April 2023	**164**	**164**
Charged during the year	156	**156**
Amortisation At 31 March 2024	**320**	**320**
Net Book Value at 31 March 2024	**460**	**460**
Net Book Value at 31 March 2023	**616**	**616**

2022-23	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2022	**-**	**-**
Transfer (to)/from other public sector body	780	**780**
Cumulative amortisation adjustment following revaluation	-	**-**
Cost / Valuation At 31 March 2023	**780**	**780**
Amortisation 01 April 2022	**-**	**-**
Charged during the year	117	**117**
Transfer (to) from other public sector body	47	**47**
Amortisation At 31 March 2023	**164**	**164**
Net Book Value at 31 March 2023	**616**	**616**
Purchased	616	**616**
Total at 31 March 2023	**616**	**616**
Net Book Value at 30 June 2022	733	**733**

11.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	**3**	**5**

12. Trade and other receivables

12.1 Trade and other receivables

	Current 2023-24 £'000	Current 2022-23 £'000
NHS receivables: Revenue	3,429	1,017
NHS prepayments	-	874
NHS accrued income	691	45
NHS Non Contract trade receivable (i.e. pass through funding)	5,100	1,451
Non-NHS and Other WGA receivables: Revenue	556	982
Non-NHS and Other WGA prepayments	4,609	225
Non-NHS and Other WGA accrued income	4,251	3,989
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	4,676	-
Non-NHS and Other WGA Non Contract trade receivable (i.e. pass through funding)	2,260	3,641
Non-NHS Contract Assets	-	27
Expected credit loss allowance-receivables	(21)	(21)
VAT	647	119
Other receivables and accruals	25,017	9,690
Total Trade & other receivables	**51,215**	**22,037**
Total current and non current	**51,215**	**22,037**

12.2 Receivables past their due date but not impaired

	2023-24 DHSC Group Bodies £'000	**2023-24 Non DHSC Group Bodies £'000**	2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000
By up to three months	4,041	166	1,538	68
By three to six months	639	-	29	14
By more than six months	-	1	40	70
Total	**4,680**	**167**	**1,607**	**152**

12.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	**Total £'000**
Balance at 01 April 2023	**(21)**	**(21)**
Allowance for credit losses at 31 March 2024	**(21)**	**(21)**

12.4 Provision Matrix on lifetime credit loss

	2023-24 £'000 Lifetime expected credit loss	2022-23 £'000 Gross Carrying Amount
Current	124	22
1 - 30 days	-	43
31 - 60 days	-	4
61 - 90 days	166	21
Greater than 90 days	1	83
Total expected credit loss	**291**	**173**

13. Cash and cash equivalents

	2023-24	2022-23
	£'000	£'000
Balance at 01 April 2023	64	3,226
Net change in year	520	(3,162)
Balance at 31 March 2024	**584**	**64**
Made up of:		
Cash with the Government Banking Service	584	64
Cash and cash equivalents as in statement of financial position	**584**	**64**
Bank overdraft: Government Banking Service	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2024	**584**	**64**

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB) does not hold any patients' money neither held money on behalf of the ICB Group by the 31 March 2024.

14. Trade and other payables	**Current 2023-24 £'000**	Current 2022-23 **£'000**
NHS payables: Revenue	16,695	19,187
NHS accruals	24,928	7,361
Non-NHS and Other WGA payables: Revenue	33,894	12,146
Non-NHS and Other WGA payables: Capital	23	103
Non-NHS and Other WGA accruals	89,701	109,104
Non-NHS and Other WGA deferred income	107	220
Social security costs	355	266
Tax	365	285
Other payables and accruals	58,839	72,238
Total Trade & Other Payables	**224,907**	**220,910**
Total current and non-current	**224,907**	**220,910**

Other payables include £2,702k outstanding pension contributions at 31 March 2024 (2023: £2,685k)

15. Provisions

	Current 2023-24 £'000	**Non-current 2023-24 £'000**	Current 2022-23 £'000	Non-current 2022-23 £'000
Continuing care	1,049	1,753	2,851	1,840
Total	**1,049**	**1,753**	2,851	1,840
Total current and non-current	**2,802**		4,691	

	Continuing Care £'000	**Total £'000**
Balance at 01 April 2023	4,691	4,691
Arising during the year	1,701	1,701
Utilised during the year	(1,088)	(1,088)
Reversed unused	(2,502)	(2,502)
Balance at 31 March 2024	**2,802**	**2,802**
Expected timing of cash flows:		
Within one year	1,049	1,049
Between one and five years	1,753	1,753
Balance at 31 March 2024	**2,802**	**2,802**

Pension payments are made quarterly and amounts are known. The pension provision is based on life expectancy.

Legal claims are calculated from the number of claims currently lodged with NHS Resolution and the probabilities provided by them.
There were no legal claims outstanding at 31 March 2024.

The provision for Continuing Care is the Integrated Care Board's estimated liability to pay claims in respect of continuing care assessments. The reversal of the provision is related to cases which were evaluated and assessed to be ineligible.

16. Contingencies

	2023-24 £'000	**2022-23 £'000**
Contingent liabilities		
Net value of contingent liabilities	47.9	53

There were contingent liabilities of £47.9k provided by the NHS Litigation Authority as at 31 March 2024 (31 March 2023: £53k) in respect of Clinical Negligence liabilities of the Integrated Care Board. The timing of cash outflow is not certain as the case is still under review.

17. Financial instruments

17.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS integrated care board standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

17.1.1 Currency risk

The NHS integrated care board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS integrated care board has no overseas operations and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The NHS integrated care board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS integrated care board therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the NHS integrated care board revenue comes from parliamentary funding, NHS integrated care board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

NHS integrated care board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS integrated care board draws down cash to cover expenditure, as the need arises. The NHS integrated care board is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS integrated care board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS integrated care board's expected purchase and usage requirements and NHS integrated care board is therefore exposed to little credit, liquidity or market risk.

17. Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 2023-24 £'000	Total 2023-24 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	643	643	306
Trade and other receivables with other DHSC group bodies	10,223	10,223	1,971
Trade and other receivables with external bodies	35,113	35,113	18,563
Cash and cash equivalents	584	584	64
Total at 31 March 2024	**46,564**	**46,564**	**20,904**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2023-24 £'000	Total 2023-24 £'000	Total 2022-23 £'000
Loans with external bodies	-	**-**	-
Trade and other payables with NHSE bodies	828	**828**	3,890
Trade and other payables with other DHSC group bodies	43,801	**43,801**	24,127
Trade and other payables with external bodies	180,675	**180,675**	193,519
Total at 31 March 2024	**225,304**	**225,304**	**221,536**

18. Operating Segments

The Integrated Care Board and consolidated group consider they have only one segment: that being Commissioning of Healthcare Services.

19. Joint arrangements - interests in joint operations

Buckinghamshire, Oxfordshire and Berkshire West ICB (BOB ICB) should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

The NHS Integrated Care Board shares of the income and expenditure handled by the pooled budgets in the financial year were:

Pooled Budget Total

	2023-24				2022-23			
Arrangement schemes	**Assets £000**	**Liabilities £000**	**Income £000**	**Expenditure £000**	**Assets £000**	**Liabilities £000**	**Income £000**	**Expenditure £000**
Adults with Care and Social Needs (ACSN)	10,403	10,403	162,448	162,448	1,287	1,287	66,361	66,361
Better Care Fund	11,765	11,765	167,524	167,524	8,398	8,398	144,913	143,805
Child And Adolescent Mental Health	-	-	8,478	8,478	-	-	7,064	7,064
Community Equipment Stores	-	-	5,240	5,240	-	-	3,266	3,266
Integrated Community Equipment Service (Management)	-	-	57	57	-	-	43	43
Integrated Community Equipment Service	-	-	8,755	8,755	-	-	5,252	5,252
Respite Residential Short Breaks, Occupational Therapy, Physiotherapy	-	-	529	529	-	-	401	401
Speech And Language Therapy, Occupational Therapy & Physiotherapy	-	-	2,060	2,060	-	-	1,536	1,536
Section 117	-	-	13,315	13,315	-	-	8,291	8,291
Written Statement Of Action (WSOA)	-	-	1,027	1,027	-	-	-	-
BOB ICB and Buckinghamshire County Council - Respite Residential Short Breaks	-	-	10	10	-	-	-	-
SpeechLink	-	-	29	29	-	-	-	-
Hospital Discharge Programme	-	-	2,285	2,285	-	-	-	-
UEC	-	-	681	681	-	-	-	-
Total	**22,168**	**22,168**	**372,438**	**372,438**	**9,685**	**9,685**	**237,127**	**236,019**

Buckinghamshire

		Amounts recognised in Entities books ONLY 2023-24		Amounts recognised in Entities books ONLY 2022-23	
Parties to the arrangement and schemes	**Description of principal activities**	**Income £'000**	**Expenditure £'000**	**Income £'000**	**Expenditure £'000**
BOB ICB and Buckinghamshire County Council - Integrated Community Equipment Service	The Pool Budget covers the provision of Integrated Community Equipment Service (including Adult Social Care, Telecare and Children and Young People's Service). Buckinghamshire Council is the host and lead authority for this pooled fund arrangement. The Joint Pooled Fund supports procurement, storage, delivery, installation and technical demonstration as well as subsequent collection, cleaning, recycling, maintenance and repair of equipment, for use by eligible clients.	8,755	8,755	5,252	5,252
BOB ICB and Buckinghamshire County Council - Integrated Community Equipment Service (Management)	The Pool Budget is for the provision of Integrated Community Equipment Service Contract Management. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	57	57	43	43
BOB ICB and Buckinghamshire County Council - Section 117	The Pool Budget covers the provision of Section 117 aftercare providing care packages that are suitable for the clients requirements. Buckinghamshire County Council is the host and lead authority for this pooled fund arrangement.	13,315	13,315	8,291	8,291
BOB ICB and Buckinghamshire County Council - Better Care Fund	The Pool Budget is for the provision of the Better Care Fund, for health and social care. The Joint Pooled Fund supports the provision of community health teams and social care activities for the population of Buckinghamshire. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	12,545	12,545	25,317	25,317
BOB ICB and Buckinghamshire County Council - Child And Adolescent Mental Health	This Pool Budget is for the provision of Children and Adolescence Mental Health Service. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	8,478	8,478	7,064	7,064
BOB ICB and Buckinghamshire County Council - Speech And Language Therapy, Occupational Therapy & Physiotherapy	The Pooled budget is for the provision of Speech & Language Therapies. Buckinghamshire County Council is the host and lead authority.	2,060	2,060	1,536	1,536
BOB ICB and Buckinghamshire County Council - Respite Residential Short Breaks	The Pooled budget is for the provision of Residential Respite Short Breaks. Buckinghamshire County Council is the host and lead authority.	529	529	401	401
BOB ICB and Buckinghamshire County Council - Written Statement Of Action (WSOA)	To support an action plan put in place following a SEND inspection in early 2022 which addressed areas of weakness in therapies, community paediatrics and the neuro developmental pathway for children and young people with ADHD and ASD.	1,027	1,027	-	-
BOB ICB and Buckinghamshire County Council - Children's Specific Training S.75 and other budgets (Respite)	To support training relating to Children and Young People.	10	10	-	-
BOB ICB and Buckinghamshire County Council - SpeechLink	To support the identification and intervention of language and speech needs.	29	29	-	-

Oxfordshire

Parties to the arrangement and schemes	Description of principal activities	Amounts recognised in Entities books ONLY 2023-24 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Amounts recognised in Entities books ONLY 2022-23 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
BOB ICB and Oxfordshire County Council (OCC) - Better Care Fund (BCF) Pool	The BCF pool provides health and social care services to adults of working age and older adults. Services include those covering care homes provision as well as services designed to promote hospital avoidance and prevention of admission to hospital.	11,765	11,765	118046	118,046	8,398	8,398	95,073	95,073
BOB ICB and Oxfordshire County Council (OCC) - Adults with Care and Social Needs (ACSN)	The ACSN pool provides health and social care services to children and adults of working age. Services include those covering mental health, acquired brain injury and learning disability.	10,403	10,403	162,448	162,448	1,287	1,287	66,361	66,361

Berkshire West

Parties to the arrangement and schemes	Description of principal activities	Amounts recognised in Entities books ONLY 2023-24 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Amounts recognised in Entities books ONLY 2022-23 Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Pooled Budget with West Berkshire Council (consortium lead), Reading Borough Council, Wokingham Borough Council, Bracknell Forest Borough Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead, NHS Frimley ICB, Royal Berkshire Fire and Rescue Service and BOB ICB. - Community Equipment Stores	West Berkshire Council acts as the consortium lead hosting the contract with NRS Healthcare Ltd to provide community equipment (also known as home loans) for Berkshire residents and patients. The equipment items are prescribed by social services, health and fire professionals from the partner organisations. The provision of this community equipment is intended to facilitate timely discharges of patients from hospital to home, prevent unnecessary hospital admissions, and promote health and independence in enabling people to continue living safely in their own homes.	-	-	5,240	5,240	-	-	3,266	3,266
Wokingham Borough Council and BOB ICB - Better Care Fund	Short term integrated health and social care, Step up beds at Wokingham Hospital, Community health and social care, Preventative services and Protection of adult social care	-	-	7,615	7,615	-	-	4,324	4,324
BOB ICB and Wokingham Borough Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	-	-	3,564	3,564	-	-	2,965	2,965
West Berkshire Council and BOB ICB - Better Care Fund	Step down beds in West Berkshire Care Home, adult social care, 7 day week service, protecting social care services and delayed transfer of care projects	-	-	7,634	7,634	-	-	5,004	5,004
BOB ICB & West Berkshire Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	-	-	4,356	4,356	-	-	3,373	2,266
Reading Borough Council and BOB ICB - Better Care Fund	Protection of social care, time to decide beds, Care Act costs, carers funding and delayed transfer of care projects	-	-	9,273	9,273	-	-	5,093	5,093
BOB ICB & Reading Borough Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	-	-	4,491	4,491	-	-	3,763	3,763
BOB ICB & West Berkshire Council, Reading Borough Council and Wokingham Borough Council - Hospital Discharge Programme	Costs of care such as nursing and residential home beds, homecare packages, equipment costs etc for the discharged patients.	-	-	2,285	2,285	-	-	-	-
BOB ICB & West Berkshire Council, Reading Borough Council and Wokingham Borough Council - UEC	Urgent and Emergency Care	-	-	681	681	-	-	-	-

20. Related party transactions

Details of related party transactions with individuals are as follows:

Member	Related Party	2023-24				2022-23
		Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Net Payments
		£'000	£'000	£'000	£'000	£'000
Saquib ALI - Non Exec Dir & Chair of the Audit & Risk Committee	Non Exec Dir and Audit Chair - Northamptonshire Healthcare NHSFT	130	-	-	-	124
Nick BROUGHTON Interim BOB ICB Chief Executive Officer (from 01.07.2023); Partner Member Mental Health (01.04.2023 to 30.06.2023)	Chief Exec - Oxford Health NHS Foundation Trust	350,304	42	1,809	-	229,196
	Honorary Fellow and Member - University of Oxford	959	-	-	-	1,177
Rachael de CAUX - Chief Medical Officer	Consultant - Royal Berkshire NHS Foundation Trust	436,123	-	476	110	298,268
	Spouse - Director of Performance - NHS England South East Regional Office	742	6,223	39	4,292	- 7,573
Stephen CHANDLER - Partner member Local Authorities (01.04.2023 to 30.06.2023)	Chief Executive - Oxfordshire County Council	127,981	11,604	11,487	2,265	81,096
Javed KHAN - Chair	Non-Executive Director - Guy's and St Thomas NHS Foundation Trust	17,729	-	465	-	11,661
Neil MCDONALD - Partner member NHS Trusts (01.04.2023 to 30.06.2023)	Chief Executive Officer - Buckinghamshire Healthcare NHS Trust	443,965	821	3,651	292	303,362
	Spouse is Managing Partner - Marlow Medical Group	3,508	-	1	-	2,579
	Spouse is Chair - FedBucks	8,887	148	192	-	8,098
	Spouse is Accountable Clinical Director - Wooburn Green Primary Care Network	1,989	-	-	-	1,260
Steve MCMANUS - Interim Chief Executive Officer (01.04.2023 to 30.06.2023); Partner member NHS Trusts/Foundation Trusts (from 01.07.2023)	Chief Executive - Royal Berkshire NHS Foundation Trust (RBFT)	436,123	-	476	110	298,268
	Vice President - League of Friends (RBFT)	436,123	-	476	110	-
Tim NOLAN - Non Executive Director Chair of the System Productivity Committee	Governor - Royal Marsden NHS Foundation Trust	2,547	-	-	-	339
Aidan RAVE - Non Executive Director & Senior Independent Director and Chair of the Place and Organisational Development Committee	Consultant - Ernst & Young	927	-	-	-	123
Sim SCAVAZZA - Non Executive Director and Deputy Chair of ICB and Chair of the People & ICB Freedom to Speak Up (FTSU) Guardian	Non-Executive Director and Chair of People Committee - Imperial College Healthcare Trust	7,904	-	6	-	5,796
	Advisor on Race - NHS Providers	1	-	-	-	-
Ross Fullerton - Interim Chief Information Officer (01.04.2023 to 30.11.2023)	Director - Starlight Management Consultancy Limited	194	-	-	-	166
Minoo IRANI - Partner member Mental Health	Medical Director - Berkshire Healthcare NHSFT	180,497	393	311	1	-
	Spouse employed by NHS England	742	6,223	39	4,292	-
Rachael SHIMMIN - Partner member local Government (from 07.07.2023)	CEO - Buckinghamshire Council	51,839	2,835	2,136	66	-
Caroline CORRIGAN - Interim Chief People Officer (from 13.11.2023)	Chief People Officer - NHS Frimley ICB	-	883	370	9	-
Victoria OTLEY-GROOM - Chief Digital & Information Officer (CDIO) (from 30.10.2023)	Sister - Director Enst & Young	927	-	-	-	-
Dr George GAVRIEL - Partner member Primary Medical Services (from 12.07.2023)	GP Partner - The Swan Practice, Bucks	29	-	-	-	-
	Accountable Clinical Director - The Swan Network	808	-	-	-	-
	Director - Gavriel Professional Services Ltd	11	-	-	-	-

GP practices within the area have joined primary care networks (PCNs), a group of practices usually within the same geographical area that work together under the PCN DES contract to gain some of the benefits of working at scale and access to additional funding. These partnerships are collaborative arrangements between health and care organisations to design and deliver services to meet local needs within a geographical area, which is supported by Integrated Care Boards. This involves paying GP practices for the delivery of these services, using an ICB placed-based allocations tool which allows the user to aggregate GP practices into defined areas i.e. "places" of interest and calculates the weighted populations and relative need indices for these defined areas. The tool is designed to provide insight into the lower area level data that informs the overall allocations to ICBs by providing information on the variation in need between different areas within ICBs. Using the statistical formula in the allocation process, make geographic distribution fair and objective, so that it more clearly reflects local healthcare need and helps to reduce health inequalities.

The amounts in the table above represent the amounts paid to organisations named rather than the individual. Where an organisation appears several times, it is a duplicate of the previous entry but related to a different Governing Body member.

The Department of Health is regarded as a related party. During the year the Integrated Commissioning Board (ICB) has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- Integrated Care Board
- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and,
- NHS Business Services Authority.

In addition, the Integrated Commissioning Board has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Local Authority in respect of joint commissioning arrangements.

20. Related party transactions

Department of Health and Social Care (DHSC) related party information for group bodies 2023-24

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2024 to assist group bodies in preparing disclosures compliant with IAS 24.

Ministers
The Rt Hon Victoria Atkins MP
The Rt Hon Steve Barclay MP
Andrew Stephenson CBE MP
Andrea Leadsom MP
William Quince MP
Helen Whately MP
Maria Caulfield MP
Neil O'Brien MP
The Lord Markham CBE

Senior Officials
Sir Chris Wormald KCB
Professor Sir Christopher Whitty KCB
Shona Dunn
Clara Swinson CB
Jonathan Marron
Matthew Style
Michelle Dyson
Andrew Brittain
Professor Lucy Chappell
Jenny Richardson
Zoe Bishop
Hugh Harris
Lorraine Jackson

Non-executive Directors
Kate Lampard
Doug Gurr
Gerry Murphy
Samantha Jones
Sir Roy Stone
Will Harris

		2023-24			
	Related party	Payments to Related Party £'000	Amounts Owed to Related Party £'000	Receipts from Related party £'000	Amounts due from Related Party £'000
Entity linked to the individuals above	Accurx Ltd	557	-	9	-
Entity linked to the individuals above	NHS Confederation	42	-	-	-
Entity linked to the individuals above	NHS England	742	39	6,222	4,292

21. Events after the end of the reporting period

The Integrated Care Board has no events after the end of the reporting period to disclose at the point of producing these accounts.

22. Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).

NHS Integrated Care Board performance against those duties was as follows:

	2023-24 Target £'000	2023-24 Performance £'000	Achieved Yes/No	9 Months 1 Jul to 31 Mar 2023 2022-23 Target £'000	2022-23 Performance £'000	Achieved Yes/No
Expenditure not to exceed income	3,588,831	3,626,900	No	2,543,382	2,543,134	Yes
Capital resource use does not exceed the amount specified in Directions	386	386	Yes	303	302	Yes
Revenue resource use does not exceed the amount specified in Directions	3,542,547	3,580,617	No	2,506,480	2,506,232	Yes
Revenue administration resource use does not exceed the amount specified in Directions	34,988	33,582	Yes	25,346	24,882	Yes

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Joint capital resource use plan – 2024/25

Overview

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

In line with the amended 2006 Act, ICBs are required to publish these plans before or soon after the start of the financial year and report against them within their annual report.

The relevant section of the Health and Care Act 2022 can be found via the following Health and Care Act 2022 (legislation.gov.uk) and reference should be made to sections **14Z56 and 14Z57.**

REGION	**South East**
ICB / SYSTEM	**Buckinghamshire Oxfordshire and Berkshire West**

Introduction

Guidance:
Please provide some high level commentary about the joint capital plan which should be developed between the ICB and partner NHS Trust and foundation trusts – key strategic priorities, key schemes throughout the year, background to what happened last year, overview funding sources etc.

Our Vision

Our vision for the Estates workstream across BOB is to work collaboratively to provide an estate that facilitates the delivery of the BOB ICS long term plan, responding to, and supporting the delivery of, the aims of each of the service workstreams.

- Ensuring the ICS Estate can support the delivery of the LTP service aims and objectives.
- Driving efficiency and reducing variation wherever feasible by using information related to utilisation, cost and efficiency in relation to the healthcare estate in BOB ICS
- Working across partners to maximise the use of good quality healthcare buildings, where required, and rationalising poor-quality premises.
- Improving the quality and provision of assets across the ICS
- Ensuring a collaborative approach to use of assets across the full extent of the public estate to support the changing models and locations for delivery of care.

Key Aims of the BOB ICS Estates workstream.

- To develop an estate and capital plan which supports the delivery of the clinical service delivery with the maximum possible flexibility whilst ensuring that estates are safe and as efficient as possible - Continuing to agree priorities and programmes for asset investment and disposal.
- Identifying, prioritising and supporting resourcing options for capital projects, including appropriate involvement and decision making associated with business case development and formal approval.
- Ensuring that the ICS makes the best possible use of assets, and that any capital investment is used to maximise service transformation.
- A commitment to sustainable development and environmental targets and ICS wide sustainable development plans
- Ensuring safe, warm and effective services and environments, recognising the needs of our patients, visitors and staff, working together with our partners in health and public services
- Ensure the Estate responds to the changes and efficiencies driven out by digital transformation.

Current and forthcoming BOB ICS capital & estates activity

Over 2023/24 BOB worked together to support the improvement of the NHS estate and the delivery of the BOB Clinical Strategy by providing suitable accommodation in the required locations (via the BOB Estates work stream). This work continues to progress through collaborative working across places and organisations to deliver:

- Production of priorities for BOB ICS Estates activity, and plans by organisation for the development of place Estates work.
- Development of a prioritisation framework to inform strategic estates and capital investment across the three places within BOB – to be carried forward into capital investment processes.
- Prioritisation and consolidation of the three place strategies into BOB estates and capital investment priorities. Capital investment priorities and plans were rated 'good' by NHSE.
- Reduction of backlog maintenance within the estate. This is recognised as critical to supporting the delivery of the BOB clinical Strategies. It is recognised that funds are limited and we will work together to ensure that the strategic clinical need for the properties within our estate is understood, ensuring that funds are allocated appropriately.
- Removing Unwarranted Variations. The estates work stream is utilising the model hospital data to identify unwarranted cost variations relating to estates and facilities and investigating opportunities to remove these. Opportunities include shared procurement, and where appropriate the development of shared services.
- Development of BOB wide sustainability plans to deliver the system's required reduction in carbon emissions. The workstream will undertake a self-audit, and identify potential areas for improvement, including co-working and procuring, the use of alternative energy systems.

This work will continue into 2024/25 and beyond to align the estates priorities and vision with the overall priorities and vision of the ICS Long Term Plan. Work will include focusing on development and delivery of robust, affordable local estates strategies that include delivery of agreed surplus land disposal ambitions across places and the ICS as well as maximising opportunities for additional capital into the area.

Primary Care Networks (PCNs) across BOB engaged with the national PCN Toolkit programme during 2023/24 which aimed to build on the initial national Primary Care Estate baseline exercise undertaken in the prior year.
Alongside this the ICB has developed a prioritsation matrix to help provide guidance and strategic direction for both decision making and for practices keen to improve their estate. There are a small number of primary care estates schemes in progress which capitalise opportunities from developer's contributions through Community Infrastructure Levy and s106 although lack of NHS capital for primary care makes improvements to meet the growing demand difficult.

The strategic direction of travel across Primary Care (utilizing the Primary Care Strategy published in May 2024) will be built into the overall ICS Estates strategy and allow the evidence base for investment should any new capital streams become available.

Royal Berkshire NHS Foundation Trust has recently been awarded seed funding via the New Hospitals Programme. This will support the development of a long-term investment programme in the health infrastructure, and we are keen to develop these principles further across the ICS and support all our organisations to benefit from future waves to eradicate backlog maintenance, improve safety and transform the way our services are provided to our population.

We are awaiting the formal ministerial announcement relating to associated timeframes for progressing with the project with the ambition likely for delivery in 2028-2030.

Assumed Sources of Funding for 2024/25

Guidance:
Please provide detailed of the overall funding envelopes to which the system will be working to.
Explain any assumptions (and related risks) associated with the assumed sources and quantum's of funding for the ICB and Partner Trusts
Draft table inserted which can be expanded upon.

Source	£k
24/25 Provider Capital Allocation	92,212
	92,212
24/25 ICB Capital Allocation	**2,995**
Total Source of 24/25 Capital Funds	**95,207**

- The above table gives detail of the capital funding envelope that the BOB system will be working to in 24/25.

Overview of Ongoing Scheme Progression

Guidance:
Please provide an overview of scheme progression. Probably should only be schemes above a certain level

The main schemes that will be invested in across BOB during 2024/25 relate to:

- £36m - Routine/Backlog Maintenance
- £18m - Diagnostic Capability Programme
- £20m - Digital & IT Investment
- £14m - Theatre Reprovision
- £7m - Equipment

Risks and Contingencies

Guidance:
Insert any notable risks and/or contingencies associated with the capital plan. Consider RAG rating risks also.

The estate across BOB is a mix of bespoke buildings built in a range of different eras across multiple sites and includes PFI hospitals and LIFT premises. GP estates is a mixture of converted houses, extensions or purpose-built property many of which are many years old. While several hospitals / buildings are relatively new and in good condition, much of the estate is over 35 years old, no longer fit for purpose, cannot be effectively redesigned and used to provide health services in the 21st century. Key details:

- ICS estate extends to some 317 properties on over 116 Hectares and buildings with a gross internal area of over 800,000m2
- ICS total estate cost of c.£116m (exc. GP properties)
- c.£204.5m backlog maintenance
- c.£68m high-risk backlog maintenance

As such there are significant risks across the system

- that buildings will fail to conform to modern building compliance regulations.
- to building structure and service provision due to backlog maintenance issues.
- the historic piecemeal nature of the estate gives potential risks to modern joint service provision.

As a result of historic funding challenges and siloed ways of working the majority of estate in BOB is unfit for purpose and unable to accommodate population growth and new ways of working including integrated neighbourhood teams as described in the Integrated Care Partnership Strategy. there is the risk of: BOB ICB being unable to transform primary and community care and meet its access objectives as per the Operational and Joint Forward plans Resulting in: inadequate primary and community access to essential services and an increase in inappropriate A&E attendance.

Business Cases in 2024/25

Guidance:
Please insert detail of some of the key business cases in the ICB that are likely to be submitted in 2024/25.

In addition to our core system capital Bob is planning to submit business case against national capital schemes as below:

National Upgrades Programme – Wave 2 Capital Funding

- £5.9m Lacehill Primary Care Development North Bucks, BOB ICB

Cross System Working

Guidance:
If applicable, can you detail how your system capital plan is coordinated with other systems or providers located in other systems.

There is continual close system working between BOB and other local systems and providers :

- Hampshire and Isle of Wight ICS (SHIP) - co-ordination of capital programme pertaining to South Central Ambulance Service (SCAS)
- Frimley ICS – interlinked working relationships through Berkshire Healthcare Foundation Trust
- Milton Keynes NHS Foundation Trust & Swindon NHS Foundation Trust – interlinked working relationships with Oxford University Hospitals NHS Foundation Trust through Radiotherapy Outreach Services.

Capital Planning & Prioritisation

Guidance:
Please detail how your system is prioritising available resources for investments which contribute to the wider local strategic priorities of the ICS, and maximise efficiencies within an affordable envelopes as well as how this aligns with and supports the ICS' wider infrastructure strategy - in particular, priorities and plans for future use and development of its estate and assets.

Significant investment is required within the estate portfolio to address lack of investment over a number of years, clinical compliance, backlog maintenance, capacity and to support new models of care and transformation. As such whilst more efficient use of the estate is envisaged (supported through digital transformation opportunities, care closer to home and through acute, primary care and community transformation) it is unlikely that either overall running costs of the estate or the GIA footprint will reduce significantly with the existing estate.
The estate workstream will be working to ensure that opportunities identified via Carter, ERIC and model hospital metrics are identified and progressed. This will include opportunities for identifying and resolving unoccupied space across all health partners, and increasingly across the wider public estate.
The estate workstream has already identified a pipeline of major estate investment that will be required to meet these ambitions and reduce cost.

Annex A – Buckinghamshire Oxfordshire and Berkshire West ICB 2024/25 CAPITAL PLAN

	CDEL	ICB	Berkshire Healthcare NHS Foundation Trust	Buckinghamshire Healthcare NHS Trust	Oxford Health NHS Foundation Trust	Oxford University Hospitals NHS Foundation Trust	Royal Berkshire Hospitals NHS Foundation Trust	Total Full Year Plan	Narrative on the main categories of expenditure
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Provider	Operational Capital		8,570	18,334	9,956	29,511	25,633	**92,004**	Digital/IT; Routine Maintenance; Backlog Maintenance; New build; Equipment
ICB	Operational Capital	2,995						**2,995**	GPIT refresh; Minor improvement Grants
	Total Op Cap	**2,995**	**8,570**	**18,334**	**9,956**	**29,511**	**25,633**	**94,999**	
Provider	Impact of IFRS 16		2,524	4,385	10,700	19,700	30,870	**68,179**	Leases
ICB	Impact of IFRS 16	832						**832**	Leases
Provider	Upgrades & NHP Programmes								
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)			8,639	2,006	4,559	16,899	**32,103**	Front Line Digitalisation; Diagnostic Digitalisation Capability; Elective Care Recovery/Targeted Investment Fund
Provider	Other (technical accounting)		1,578	1,476	1	5,400		**8,455**	
	Total system CDEL	3,827	12,672	32,834	22,663	59,170	73,402	204,568	Total System

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NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Health and Wellbeing Board Briefing Note September 2024

BOB ICB Board Meeting

GP Collective Action

BOB ICB Operational Model

Place Update

BOB ICB Board meetings

The most recent BOB ICB Board meeting took place on 16 July 2024. The papers can be found on then BOB ICB website . The next meeting will take place on 17 September. Please see the website for papers.

GP Collective Action

The British Medical Association's (BMA) GP Committee (GPC) held a ballot of GP partner members during June and July 2024 on taking 'collective action' over the 2024-25 GP contract terms.

The ballot voted in favour of action, which subsequently began across England on 1 August.

When the GP contract was announced earlier this year, there was a 1.9% increase in funding on a contract that has remained static for five years. The BMA argues this increase does not cover staff wage increases and claims GP practices are struggling to balance income and expenditure – financial instability being one of the main reasons that practices hand back their contracts.

Responsibility to deliver the contract is held by GP practice partner(s) who are not NHS employees, but independent contractors to the NHS. Unlike NHS employees, such as junior doctors and consultants, GP partners are not subject to the Trade Union and Labour Relations (Consolidation) Act. The decision to hold a ballot is not statutory but indicative and the action is termed 'collective action' rather than strike action as contracts are unlikely to be breached.

As part of any 'collective action', GP practices as independent businesses may pick and choose from a list of actions suggested by the BMA's GPC, flexing them over time which could increase their impact on health services. The actions are enduring with no end point until an agreement negotiated with the Government. Further information is available on the BMA website.

A BOB ICB Incident Management Team (IMT) has been established and we are working with partners and stakeholders locally to plan for any disruption and to mitigate this where possible to ensure services continue to be provided for patients. We are continuing to closely monitor any effects and to address issues as they arise.

During this time of collective action, the NHS is asking the public to come forward as usual for care. GP practices are still required to be open between 8am and 6.30pm Monday to Friday and it is vital that patients still attend their appointments unless they are told otherwise. Patients should continue to use 111 for urgent medical help when their GP practice is unavailable and to call 999 in a serious or life-threatening emergency.

BOB ICB Operating Model

In July, BOB ICB shared details with partners of its revised way of working ('operating model'). The new approach aims to clarify and strengthen the ICB's role within the local health and care system and focus on where it can uniquely add value within a changing NHS.

Feedback from ICB staff and system partners has been carefully considered and a final operating model will be presented to the ICB Board for approval on 25 September 2024.

Place update – Berkshire West

Our Place Partnership, made up of the ICB, the three local authorities, the two local NHS trusts, our GP Leadership representatives, and with links to our multi-partner Locality Integration Boards, continues to work to progress our integration programme. One of our key live programmes is the Community Wellness Outreach Programme, an initiative involving all three local authorities, primary care, RBFT and the voluntary sector which aims to deliver 10,000 enhanced NHS Health Checks targeted to people who might not otherwise access such care. 2,028 checks had been conducted by the end of Quarter 1 with numbers increasing significantly in recent weeks as GP practices have started to highlight the clinics to identified patients. Early data shows that a significant proportion of those attending have been found to have high blood pressure, body mass index, blood glucose and/or cholesterol levels with around 23% referred back to their GP for further follow-up and others signposted to other services and programmes which can support them. Without this initiative these residents may not have been receiving the support that they now are. A full evaluation of the service will be conducted with a view to assessing its impact on the overall incidence and management of cardiovascular disease within each local authority area.

Further current partnership projects focus on access to same day care and improving joined up working around Special Educational Needs and Disabilities (SEND). We are also working together to plan future arrangements for the seven Mental Health Support Teams which currently support schools across the local area.

Our work to integrate services is underpinned by the Better Care Fund, which is pooled funding between health and social care overseen by Health and Wellbeing Boards. 2024/25 is the second year of a two-year agreed plan for the use of the Better Care Fund. The Locality Integration Boards, which report into Health and Wellbeing Boards, have worked to

develop refreshed plans in accordance with national guidance (which will have been brought to Health and Wellbeing Boards separately for sign-off) and to update the list of local projects to be delivered during the year. We await further guidance with respect to arrangements for the Better Care Fund in 2025/26 and beyond and are jointly considering further review of specific service lines in preparation for any future refresh.

Within Berkshire West, we have three multi-partner place-based programme boards which report into our Place Partnership but also link with wider BOB-level programmes, locality authority-level partnership boards and other relevant local groups. The Children and Young People's Programme Board, chaired by the Director of Children's Services for West Berkshire Council, last met on 8th August 2024 with the agenda focussing on Mental Health Support Teams (see earlier comment above) and next steps following a recent review of children's and young people's therapy services. The Mental Health and LD Programme Board, chaired by a local GP with a special interest in Mental Health, last met on 31st July 2024. As this is a newly re-formed board, its work programme is still evolving however matters discussed included the BOB-level three-year mental health inpatient transformation plan, voluntary sector commissioning arrangements, data flows and the use of population health management data to target care to people who may have multiple risk factors. Finally, the Urgent and Emergency Care Programme Board last met on 15th August 2024, receiving detailed updates on system performance and progress on key projects as we start to prepare for the winter period. This Board was chaired by the ICB Executive Director for Berkshire West until August 24 and the incoming chair for September onwards is currently being agreed by the Board.

Members are also asked to note that Sarah Webster, ICB Executive Director for Berkshire West Place, will be on maternity leave with effect from 23rd August 2024. Interim arrangements have been put in place for other senior ICB staff to lead key programmes of work and to attend Health and Wellbeing Boards and other meetings as required, with longer term arrangements from circa October 2024 onwards to be determined by the outcome of the 'Development of the ICB Operating Model' discussions referred to in Section 2 above.

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Ageing Well Task Group

Update for HWB Steering Group
August 2024

Membership

- **Public Health & Wellbeing**
- **Adult Social Care**
- **West Berkshire Library Service**
- **VCWB**
- **Sovereign Housing (Extra Care Scheme)**
- **Community United**
- **Eight Bells for Mental Health**
- **Corn Exchange**
- **BHFT Memory Clinic, Falls Service, Community Nursing**
- **Falkland Grange Care Home**
- **Winchcombe Place Care Home**
- **Age UK Berkshire – Dementia Friendly West Berkshire, Carers Partnership, Older Persons Services**
- **Get Berkshire Active**
- **SCAS**
- **RBFRS**
- **West Berkshire PCN Social Prescribers**
- **West Berkshire Methodist Churches**

Current Activity

- **Discussions around possible falls prevention interventions for LIB funding continue**
- **Collated information around using the NHS App for residents to better support residents to register and use the App.**

Future Actions

- **Updated falls pathway is mostly aimed at professionals and service providers. To explore creating a public facing pathway to support residents**

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Building Communities Together Partnership

Update for HWB Steering Group
August 2024

Membership

Chair: Nigel Lynn Chief Exec, WBC**; Deputy Chair:** Supt. Andy Penrith

Statutory Partners: West Berkshire Council, Thames Valley Police, Royal Berkshire Fire and Rescue Service, Probation and Health (Public Health and Integrated Care Board)

The BCT Partnership also has representatives from: Community and Voluntary Sector, Healthwatch, Registered Housing Providers, Education, Faith Sector and the Office of the Police and Crime Commissioner.

Current Activity

- The Partnership met on 16/07/2024.
- Needs analysis remains outstanding; this is requirement to inform the Partnership Plan (see 'Challenges').

Serious Violence

- The next meeting of the Serious Violence Steering Group will take place in early September and will be Chaired by Chief Inspector David Whiteaker.
- Under the Serious Violence duty, a yearly needs analysis will be completed by the end of the 2nd Qtr. 2024/25 alongside a review of the current plan (by the end of November 2024). This is dependent on the receipt of needs analysis work which is need to inform the Serious Violence Strategy for 2025/26 (see 'Challenges').
- 27/06/2024 the quarterly report was sent to the OPCC for inclusion in the TVP compilation report prior to submission to the Home Office.
- Focus for the next quarter is on reviewing the needs analysis for serious violence for West Berkshire to identify any new trends or areas of focus in our strategy / delivery plan, and identifying ways to sustain any interventions or posts that are externally funded as current Home Office funding will end in April 2025
- Funding confirmed for the Serious Violence co-ordinator post until November 2025 via OPCC grant funding.
- Key work being developed at the moment links to a repeat of the schools' survey; work to be done with schools re Drugs referral policy; and a focus on understanding more about the risk factors associated with schools exclusions.
- Problem-solving work continues with The Nightingales Estate which has continued to be a hotspot for violence, albeit reducing. This also links to the Safer Streets work referenced below.

Safer Streets Fund

- Work on each of the five interventions continues.

- 2nd clear-up day took place on 30 July 2024. Representatives from both the OPCC and Home Office attended, and the project received some very positive feedback: 'We came away with such a positive impression of the projects and could really see how much hard work and passion goes in to each one from both your teams and the delivery partners".
- CCTV is expected to be installed shortly.

Anti-Social Behaviour

- Work in this area is currently extremely limited – see 'Challenges'.

Prevent

- Annual Prevent benchmarking has highlighted areas where West Berkshire is not meeting its statutory duty.
- Draft Prevent Local Risk Assessment was discussed at the Prevent Steering Group 13/08/2024, after some minor amendments this will be sent to the Home Office to ensure that it meets the statutory requirement.

Channel

- Channel Panel meeting held 14/08/2024.
- 2 cases discussed with agreement that one case can now close after successful intervention.

Domestic Abuse

- 2024/25 funding confirmed for WBC under Part 4 of the Domestic Abuse Act 2021; MOU has been signed.
- Domestic Abuse Strategy 2023-27 consultation period has concluded. The Strategy and associated Action Plan has been to Corporate Board (13/08/2024) and will now progress to Ops Board before going to Executive for approval.

Modern Slavery

- The next Modern Slavery and Human Trafficking Statement covering 1 April 2023 – 31 March 2024 to be completed and submitted, subject to sign off by Chief Executive.

Community Forums

- Arranged for 10 September 2024 at Thatcham Rugby Club Henwick from 6-8:30pm and will address various Planning-related challenges and opportunities within our district. Topics that will be discussed include:
  - Difference between CIL and S106
  - Update on Local and National planning changes
  - West Berkshire's online and digital planning services
  - Nutrient Neutrality

- Future Forum being arranged for November 2024.

Members' Community Bids

- The processing of claims from the last Members Bids Panel continues.
- Funding of Members Bids for 2024/25 has been agreed.
- 2024 Members Bid round to commence 1 November 2024.

Future Actions

- Future District Parish Conference scheduled for October.
- Serious Violence needs analysis to be completed and will inform the Serious Violence Strategy 2024/25.
- BCT Partnership needs analysis to be completed and will inform the BCT Partnership Plan.
- Work to improve fulfilment of Prevent statutory duties.

Challenges

Current uncertainty around the provision of analytical work from the OPCC which will impact needs analysis work that needs to be done ahead of developing the Serious Violence Strategy 2024/25 and the BCT Partnership Plan.

Staffing pressures within BCT Team:

- Senior Community Co-ordinator Resolution post is currently vacant as the postholder is Acting BCT Team Manager. The majority of multi-agency anti-social behaviour related case work is no longer being done but any legislative requirements under the ASB, Crime and Policing Act 2014 are being prioritised.
- Equality Diversity and Inclusion Officer has recently resigned with only employee related work being addressed by HR. Remaining community related EDI work is currently 'on hold'.
- Senior Principal Officer is long-term sick.
- Community Coordinator (Prevention) will leave WBC in early September 2024 which will place considerable pressure on ensuring that a number of statutory duties continue to be fulfilled. Work is underway to recruit to the role.

Statutory Duties:

- Annual Prevent benchmarking has highlighted areas where West Berkshire is not meeting its statutory duty. Areas for improvement have been identified and are to be addressed.
- Community Coordinator (Prevention) continues to fulfil the DA Safe Accommodation duty via overtime.

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Children's Early Help & Prevention Partnership

Update for HWB Steering Group
August 2024

Membership

- The Advocacy People
- Berkshire Healthcare NHS Foundation Trust
- Brighter Futures for Children
- Children and Young People Voice
- Healthwatch West Berkshire
- Home Start West Berkshire
- Pangbourne Primary School
- Parent Carer Forum Representative
- Thames Valley Police
- Thatcham Park Primary School
- WBC Building Communities Together Team Manager
- WBC Emotional Health Academy Manager
- WBC Exclusion Reintegration Team Leader
- WBC Housing Manager
- WBC Operational Manager CFS
- WBC Senior Public Health Programme Officer
- WBC Service Director – Children's Social Care
- WBC Service Director - Communities & Wellbeing
- WBC Service Manager CFS
- WBC Team Manager CFS

Current Activity

The Partnership has not met since the last meeting.

Future Actions

As per the June update.

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Locality Integration Board

Update for HWB Steering Group
August 2024

Membership:

The core membership of this group is as follows:

- Maria Shepherd, Joint Interim SD for Adult Social Care, Co-Chair
- Helen Clark, ICB, Co-Chair
- April Peberdy, Public Health
- Ellora Evans, Clinical Director, Primary Care Network (Primary Care)
- Pete Osbourne, Clinical Director, Primary Care Network (Primary Care)
- Helen Clarke, Clinical Director, Primary Care Network (Primary Care)
- David Dean, Community Pharmacy, Thames Valley
- Fiona Worby, Healthwatch
- Heather Codling, Chair of HWB
- Patrick Clark, Portfolio Holder, Adult Social Care
- Helen Williamson, Berkshire Foundation Healthcare Trust
- Luch Shorthouse, Royal Berkshire Hospital
- Rachel Peters, Volunteer Centre
- Kate Toone, Adult Social Care
- Marion Angas, Adult Social Care

Guests invited during the last 3 months are:

- Ashmita Chandra – Frimley ICS to provide an update on Connected Care
- Hannah Cole – Adult Social Care to provide an update on Carers Strategy and Action Plan
- Sarah Swift, Dementia Care Advisor Service
- Solutions 4 Health (Health & Inequalities Community Outreach Programme)

Current Activity:

- BCF Refresh plan for 2024-25
- Increase Dementia Care Advisor Service
- Regular updates from Health & Inequalities Community Outreach Service
- Quarterly updates from Connected Care Programme
- Carers Strategy & Action Plan

Future Actions:

- Monitor BCF spend and performance
- Monitor BCF schemes
- Deep dive into data from Heath & Inequalities Community Outreach Service

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Mental Health Action Group

Update for HWB Steering Group
August 2024

Membership

Membership includes the following organisations:

- West Berkshire Council – Public Health and Wellbeing
- West Berkshire Council – Adult Social Care
- West Berkshire Council - Members
- ICB GP Clinical Lead for Mental Health
- Berkshire Healthcare Foundation Trust - CMHT
- Berkshire Healthcare Foundation Trust – Older People's Mental Health Services
- Eight Bells for Mental Health
- Recovery in Mind
- Healthwatch
- Let's Connect
- Together for Mental Wellbeing
- Thames Valley Police (for relevant items)
- Community United

In practice, there has not been consistent attendance from a number of organisations . and we are currently reviewing attendance, membership and working arrangements to see how to improve this.

Current Activity

- To help achieve the delivery plan action of running regular service user engagement events, a number of co-production meetings have been held, leading to the first meeting of a new Mental Health Forum to be held on 14th October. This is principally to be owned by service users and experts by experience, but bringing in public and voluntary sector professionals for part of the meeting. The aims are to share experience, learning and information, raise issues and feed ideas to, and receive back from, the Mental Health Action Group.
- To pursue the Delivery Plan action of supporting transition across the life-course, MHAG decided to focus initially on bereavement. A successful workshop was held on 22nd July to explore the impact of bereavement on mental health. It included a good range of stakeholders with 15 attendees. Through a series of exercises and small-group work, the participants identified a range of people and circumstances where there was an increased risk of a disproportion impact on mental health as a result of bereavement. A number of sources of support were identified, and the group started to explore where there are gaps in help and how support could be improved. It is intended to hold further meetings to take this further and identify what could be done to improve things.
- The Mental Health Integrated Community Service (MHICS) is now up and running, so this objective is almost met. However, MHAG raised a concern as to how truly 'integrated' the service is. A workshop was held in June to explore this further and the MHAG is supporting taking forward issues identified in the meeting.
- A meeting has been organised for September to explore what support is, and could be made, available for people with mental health challenges to fill in forms and in other ways deal with

officialdom. This has been identified as a big and growing problem which puts considerable pressure on a number of voluntary organisations.

- Digital inclusion. One of the Delivery Plan actions allocated to the Mental Health Action Group is to 'develop digital inclusion champions' with a target of having champions in the top five most deprived wards. MHAG has been clear that it does not have the capacity to deliver this action but that it would consider ways of moving the agenda forward such as by bringing together bodies working in this space to share information and potentially work co-operatively together. We have not yet been able to identify sufficient bodies working on these issues to make such an endeavour workable. We think this delivery activity should now be allocated elsewhere. The MHAG would be happy to work in partnership with others on this, contributing the mental health perspective.

Future Actions

MHAG will continue to progress each of the areas of work identified above. Actions to be finally determined with partners and stakeholders but could include the following:

- A programme of Mental Health Forum meetings to be established. The arrangements for the meeting to be gradually refined in the light of experience (e.g. invitees, meeting arrangements, topics for discussion etc.)
- Events and information dissemination in National Grief Awareness week, December 2nd-8th.
- Continuing to support MHICS and the integration objective.
- Development of proposals to provide support to help people fill in forms.

Substance Behaviour Harm Reduction Partnership

Update for HWB Steering Group
August 2024

Membership

The S&BHRP includes to following members. Membership is regularly under review.

- West Berkshire Council - Public Health and Wellbeing (Chair)
- West Berkshire Council – Building Communities Together Team
- West Berkshire Council – Housing
- West Berkshire Council - Health in Schools Co-ordinator
- West Berkshire Council – Adult Social Care
- West Berkshire Council – Children's Services
- Public Protection Partnership
- Thames Valley Police
- National Probation Service
- Education
- Combatting Drugs Partnership
- Berkshire West Tobacco Control Alliance
- BOB ICB
- Community Alcohol Partnership
- Solutions 4 Health
- Health Watch West Berkshire
- Berkshire Healthcare Foundation Trust
- VIA
- Soup Kitchen
- Berkshire Women's Aid
- Two Saints
- Sovereign Housing
- South Central Ambulance Service
- Service user
- Community Wellness Outreach

Current Activity

The last meeting of the partnership took place on 17th July 2024.
The S&BHRP plan has been drawn up. It is a 'live' document with progress on actions and additional actions to be added if required at each meeting

Nitazene within Class A drugs continues to be a concern across West Berkshire. The local plan remains in draft awaiting DPH sign off. Via continue to provide two Naloxone kits as standard to service users.

Illegal vapes are being brought into Prospect Park by patients. Comms has been sent out across Prospect Park on how to spot an illegal vs legal vape. In addition, it has been requested that should a patient advise where the illegal vape was from that this intel is submitted to Trading Standards.

Intel was brought to the meeting regarding concerns that members of the homeless community are being recruited into county lines activity. These concerns are being brought to the attention of the Deputy LPA Commander.

Concerns were raised in regard to nicotine pouches often referred to as 'snus' or 'white snus' and their potential use amongst children. These are not regulated, or age restricted so can be sold by and purchased by anyone. They can contain high levels of nicotine and are being promoted by footballers and social media influencers across various social media platforms. Producers of nicotine pouches are currently making requests to undertake promotions of the product within town and city centres. The PPP has shown an interest in being involved in a project relating to nicotine pouches being coordinated through Trading Standards South East.

Lambourn Junction CIC have expressed concerns regarding a substance abuse issue within the Lambourn Valley, which they are keen to address through a collaborative approach. A meeting with all relevant partners is due to be scheduled to take place in September, to which a number of the S&BHRP will be invited.

Harm reduction plans are being finalised for Reading festival. Drug testing facilities are anticipated to be on sight, and working with RBC coordinated comms will be delivered targeting three key issues; needle sticks assaults, sexual assaults and violence against women and girls.

It has been brought to the partnerships attention that the Drugs in Schools policy is not being utilised within schools. Meetings have been set up with schools and professionals involved with the de livery of the policy to review and relaunch at the beginning of the new academic year.

Future Actions

- Local Plan for Nitazene will be shared once finalised.
- PPP's Senior Officer -Community Protection and Health will be briefing secondary schools Senior Leadership Teams, Designated Safeguarding Leads & PSHE leads in regard to nicotine pouches to raise awareness.
- Share schools attitudinal results report and action plan
- Review and relaunch the Drugs in Schools policy

Suicide Prevention Action Group

Update for HWB Steering Group
August 2024

Membership:

- Volunteer Centre West Berkshire
- Newbury Samaritans
- Berkshire Autism
- GAMCARE
- West Berkshire Highways
- Time to Talk
- West Berkshire Refugee Council
- Racing Welfare
- West Berkshire Council Members
- Thatcham Town Council Members
- Oxford Suicide Prevention Officer
- Public Health Officers
- Berkshire Coroners
- Thames valley Police

Current Activity:

Providing accredited half day Suicide Prevention first aid courses to front line workers, managers, HR staff and the voluntary sector in its widest sense. Providing day long accredited suicide prevention courses for adults working with young people. Working with Highways to erect signs at risk locations such bridges, car parks, waterside areas.

Future Actions:

To continue to promote training on a monthly basis. To continue to work with Public Health and others to further expand the work. To endeavour to establish a Newbury/West Berkshire SOBS (Survivors of Bereavement by Suicide Group).

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Health & Wellbeing Board – 12 September 2024

Item 18 – Members' Questions

Verbal Item

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Health and Wellbeing Board Forward Plan (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

Item	Purpose	Action Required	Date Agenda Published	Lead Officer(s)	Those consulted
LGA Review - Effectiveness of the Health and Wellbeing Board (Date TBC)					
5 December 2024 - Board Meeting					
Pharmacy First Update	To provide an update on the implementation of the Pharmacy First initiative within West Berkshire.	For discussion	26/11/2024	Sarah Webster	Health and Wellbeing Steering Group
Health and Wellbeing Board Conference	To agree the themes and date for the next Health and Wellbeing Board Annual Conference	For discussion	26/11/2024	Matt Pearce	Health and Wellbeing Steering Group & Corporate Board
Delivery Plan Progress Report	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the second priority: *'To support individuals at high risk of bad health outcomes to live healthy lives'*	For discussion	26/11/2024	Matt Pearce	Health and Wellbeing Steering Group & Corporate Board
Better Care Fund Monitoring Reports - Q1 and Q2 2024/25	To approve the BCF quarterly monitoring report for Q2 2024/25	For decision	26/11/2024	Maria Shepherd	Health and Wellbeing Steering Group & Corporate Board
Berkshire West Safeguarding Children Partnership - Annual Report for 2023/24	To present the annual report from the Safeguarding Children Partnership	For information	26/11/2024	TBC	Health and Wellbeing Steering Group
Safeguarding Adults Board for Berkshire West - Annual Report for 2023/24	To present the annual report from the Safeguarding Adults Board	For information	26/11/2024	TBC	Health and Wellbeing Steering Group
Hot Focus Session - Topic and Date TBC					
6 March 2025 - Board Meeting					
Berkshire Suicide Prevention Strategy Update	To receive an update on the Berkshire Suicide Prevention Strategy	For decision	26/02/2025	Steven Bow	Health and Wellbeing Steering Group & Corporate Board
Housing and Health Hot Focus Session	To present the outcomes of the Housing and Health Hot Focus Session	For discussion	26/02/2025	April Peberdy	Health and Wellbeing Steering Group & Corporate Board
Better Care Fund Monitoring Report - Q3 2024/25	To approve the BCF quarterly monitoring report for Q3 2024/25	For decision	26/02/2025	Maria Shepherd	Health and Wellbeing Steering Group & Corporate Board
Joint Health and Wellbeing Strategy Delivery Plan	To agree the updated version of the Joint Health and Wellbeing Strategy Delivery Plan.	For decision	26/02/2025	Matt Pearce	Health and Wellbeing Steering Group & Corporate Board
LGA Review of the Health and Wellbeing Board	To present the outcome of the LGA review of the Heallth and Wellbeing Board	For discussion	26/02/2025	Matt Pearce	Health and Wellbeing Steering Group & Corporate Board
Conference (April 2025)					
8 May 2025 - Board Meeting					
Delivery Plan Progress Report: Priority 3	To update on progress in implementing the actions set out in West Berkshire's Delivery Plan, focusing on the third priority to: *'Help children and families in early years'*	For discussion	28/04/2025	Matt Pearce	Health and Wellbeing Steering Group & Corporate Board
Building Communities Together Partnership Plan	To present the updated BCT Partnership Plan.	For information	28/04/2025	Alex O' Connor	Health and Wellbeing Steering Group & Corporate Board
Berkshire West Health Protection Board Annual Report 2024/25	To present the annual report from the Berkshire West Health Protection Board	For information	28/04/2025	Matt Pearce	Health and Wellbeing Steering Group & Corporate Board
Hot Focus Session - Topic and Date TBC					

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