Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

ICB update to West Berkshire Health Overview Scrutiny Committee

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BOB ICB

Executive positions

Arrangements have now been confirmed for the interim Executive CEO position of the Buckinghamshire Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB). Dr Nick Broughton the Oxford Health Foundation Trust CEO, has been confirmed into the position with Steve McManus, the outgoing CEO returning to his substantive position at Royal Berkshire Foundation Trust July 2023

Joint Forward Plan

The ICB is currently engaging on the Joint Forward Plan (JFP), a new joint statutory responsibility for ICB and NHS Trusts. The JFP should describe, as a minimum, how the ICB and its partner trusts intend to arrange and/or provide NHS services including delivery of the universal NHS commitments. The intention for the Joint Forward Plan is for delivery in partnership with leaders and staff working closely with the population at every level, be this system-wide, through our Place Based Partnerships, as integrated locality teams, or extending beyond our ICS borders when that is what is needed.

Systems are encouraged to use the JFP to develop a shared delivery plan for the Integrated Care Strategy. Health and Wellbeing Boards will then review and provide a formal opinion in June 2023 prior to its publication. In future years, ICBs and their partner trusts will have a duty to update their JFP before the start of each financial year i.e. by 1 April.

Berkshire West

Strategic updates

Place Based Partnership developments

Unified Executive attendees (senior leaders across Health and Local Authorities (LAs)) have recently re-confirmed their commitment to joint working and are establishing revised governance arrangements to do so; along with a refreshed workplan that aims to improve outcomes for local residents. The principles of the revised arrangements are currently being tested and a more detailed report will be provided in due course.

Inequalities funding

BOB ICB has allocated funding to each of the three 'Places' to reduce inequalities and for Berkshire West a total of £2.6m of new money is available over a two year period. Public health teams across Berkshire West have been collaborating with Primary Care Networks and Voluntary Care Sector Enterprises (VCSE) to develop a joint proposal for a community wellness outreach model, building on work currently underway to increase health checks in adults here in West Berkshire. Of note Cardio Vascular Disease (CVD) remains a key risk

factor in preventing preventable premature deaths in adults and is an area of focus within the health checks.

Operational matters

Urgent and emergency care

Performance

The 4-hour performance target remained challenged although improved against March 2023. ED attendance numbers decreased in April compared to March 2023 and average daily arrivals were 373. On Monday 17th April attendances peaked at 435. Type 1 performance month end position at 71.59% with all Types at 76.20%.

Ambulance handovers again show a similar picture to 4hr performance, with recent improvement particularly handover delays > 60min performance improved by 50% when compared to March.

The Urgent Care Centre (UCC) continues to operate well and work is ongoing to ensure we are fully utilising this capacity particularly in the early part of the morning.

The management of complex patients remains an area under focus with regard to placement into care homes. This is challenging across Berkshire West due to provider capacity within the care market; this means local targets for length of wait in hospital are not consistently being met although operational teams continue to work well together to resolve on behalf of our residents.

System Challenges in April

RBFT declared a Critical Incident in the early hours of 23rd April, with a major power outage affecting several wards and clinical areas. The initial incident and ongoing recovery posed challenges in regard to admissions and flow through the Trust at the time. The wider system engagement and support was gratefully received.

Primary Care

Access

The Access Recovery Plan for General Practice has been published and sets out a range of actions to be taken by primary care and by the ICB to improve access. For GP practices the action focus is on:

- implementing advanced telephony (which allows for improved call management, better information for patients on wait times etc and call back functionality)
- proactively monitoring demand and matching capacity to it
- continued online access offer and use of NHS App; and

- ensuring patients' needs are assessed on their first contact with the practice.

Wider elements of the plan beyond GP practices include:

- building the role of community pharmacies (including consultation on prescribing antibiotics for a range of common conditions); and
- ICB work to improve interface with secondary care so that patients do not end up contacting practices for fit notes etc, and expanding self-referral pathways e.g for physiotherapy, weight management, community equipment etc.

We will be taking a plan to the ICB Board in September on the actions being taken and progress made at that date.

Primary Care Networks (PCNs) are also producing Access Improvement Plans covering a number of key areas; patient experience, use of advanced telephone and online contact methods and recording of appointment data and these are due to be in place by 30th June.

Additional Roles Reimbursement Scheme (ARRS)

[Add in short note to remind what ARRS is] The Berkshire West PCNs spent 96% of the available funding in 2022/23 compared to 81% last year which is very positive and reflects PCNs working hard to recruit and induct new staff.

Covid Vaccinations

Children aged 6 months to 4 years in a clinical risk group (as defined in Table 4 of the Green Book Chapter 14a here) should be offered two 3-microgram doses of the Comirnaty® 3 (THREE) Concentrate vaccine with an interval of at least 8 weeks between the first and second doses.

- Within Berkshire West, a delivery plan is currently being negotiated and will be communicated once agreed.
- Primary Care plan to commission a team that can handle enquires and make referrals to appropriate clinics.

Community Pharmacy

Community Pharmacy Provision in West Berkshire

The BOB ICB is currently responding to a letter dated 3 May 2023 from the former Chairman of West Berkshire Health Scrutiny Committee Councillor Graham Pask. This full and considered response will be shared with the Cllr Vickers as the incoming Chairperson imminently.

Community Pharmacy Transformation

The Delivery Plan for Recovering Access to Primary Care details the next step in the journey NHS England started in 2019 to make better use of the clinical skills in community pharmacy teams and better integrate community pharmacies into the NHS by making them the first port of call for minor common conditions. It's a national initiative subject to negotiation with Community Pharmacy England and if agreed, is expected to be implemented across BOB and Berkshire West late 2023/ early 2024

The plan includes a commitment to:

- Commission community pharmacies to deliver a common conditions service by enabling the supply of NHS medicines for seven conditions and
- Increase provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service.
- Invest to significantly improve the digital infrastructure between general practice and community pharmacy.

Virtual Wards

Background

A virtual ward is a remote service that helps patients to manage their health and care at home.

NHS England define a virtual ward as "an alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital."

Within Berkshire West, Berkshire Healthcare Foundation Trust and Royal Berkshire Foundation Trust have been working together to deliver both 'Virtual Hospital' and 'Hospital at Home' services. These services have developed with the use of technology and evolving staffing models.

The virtual wards across both providers deliver the same level of high-quality patient care, with access to the same investigations and treatment that patients would receive in hospital. Patients are closely monitored which enable clinicians to recognise early deterioration and adjust treatment if needed.

This approach benefits the patients by providing more personalised care and giving them the choice to remain at home and be treated in a more comfortable home environment. The average length of stay on the virtual frailty ward of around 4-5 days is also generally much shorter than in a physical hospital ward bed.

The next steps for Virtual Ward development is to work more closely with our Local Authority (LA) partners to ensure a seamless discharge out of these services for onward care and holistic needs.

Further detailed information on the Virtual Ward models is included in Appendix 1 below.

END OF REPORT

Appendix 1 - Key information on Virtual Wards

Overview:

- Berkshire West has two Virtual Ward providers – Royal Berkshire Foundation Trust (RBFT) provide the Virtual Acute Clinical Unit (VACU) and Berkshire Healthcare Foundation Trust (BHFT) provide the Urgent Community Response/Virtual Ward for Frailty
- RBFT service have been developing over the last 2-3 years and currently has 69 beds
- BHFT service has been developing over the last 8 years and currently has 39 beds
- Berkshire West currently has 108 virtual wards overall and are currently aiming to have 120 beds by April 2024.

Activity:

- Data submitted by each provider to the national data platform between 9/9/22 and 5/5/23 shows:
    - 2024 admissions to the Berkshire West Virtual Wards (946 RBHFT; 1078 BHFT)
    - 1513 of those admissions, avoided an admission to an acute hospital bed
    - 511 of those admissions, supported an early discharge from an acute hospital bed

Patient Stories

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Integrated Care Board

BHFT Virtual Ward and UCR

Patient Story – Berkshire Healthcare NHS Foundation Trust VW UCR

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Integrated Care System

Background

A VW assessment and continuous care provided as part of the BHFT VW service

Summary

A patient had a background of COPD and was on long term oxygen therapy. He had frequent chest infections and exacerbations of his COPD and was recently discharged from hospital after having a heart attack. He was referred from the community nursing team due to feeling unwell

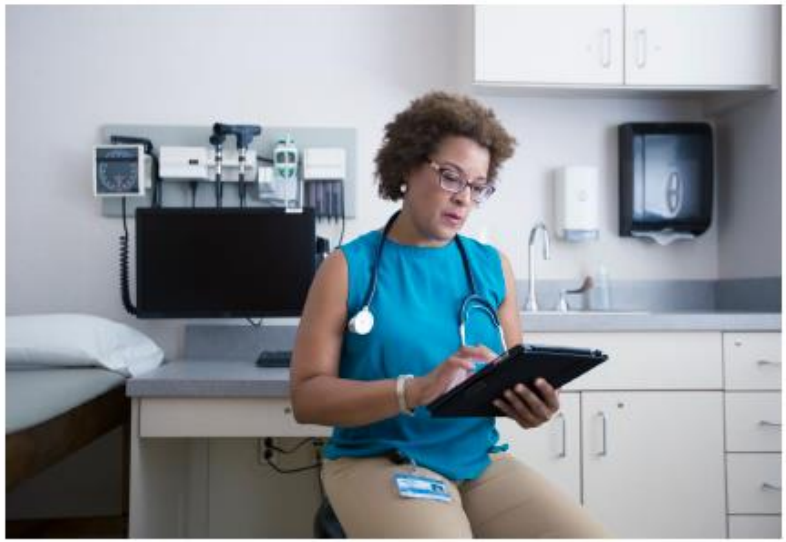
Approach

The VW UCR team visited, conducted an initial assessment and was open with him and family about how frail he was (frailty score 6). His advanced care plan was updated, and a new respect form completed.

He was diagnosed as having pneumonia so received intravenous antibiotics. It was noted he had Grade 2 pressure sores, so a hospital bed and mattress were ordered.

He was struggling with his personal care so a once a day care package was arranged, which was then increased to twice a day to assist his wife.

The patient was on the caseload for three weeks during which time was found to be dehydrated and constipated, and both issues were treated.



It was identified that he needed further support, so was referred to social services for a long term package of care. The time between initial assessment and discharge was 26 days.

He was treated at home and was discharged back to his GP, the community respiratory team (because he was on long term oxygen care), the district nurses for his pressure care and the community matrons for general long term chronic disease management.

He stayed off the caseload for eight weeks and was referred again with deterioration from his chest, at this point it was noted he was experiencing an end-of-life event so all the appropriate measures were put in place with Sue Ryder.

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Integrated Care Board

RBFT Virtual Acute Care unit

Patient Story – Royal Berkshire NHS Foundation Trust – Virtual Acute Care Unit (VACU)

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Delivery Model

Remote management by the Virtual Acute Care unit at Royal Berkshire NHS Foundation Trust.

Summary

A 57 year-old man with sepsis and hypertensive disease. He had aortic value and root replacement. Type A aortic dissection transferred to St Bartholomew's.

Approach

He presented to ED with chest pain, where his condition was stabilised and was transferred to St Bartholomew's. He developed sepsis secondary to Staphylococcus Aureus bacteraemia and also acute kidney injury.

He was transferred back to the Royal Berkshire Hospital to await MDT, dissection management plan and blood pressure optimisation.

He was transferred to the VACU and managed for four days to titrate anti-hypertensive, rate control and monitor for exacerbations of symptoms related to the dissection and previous bacteraemia.

The patient's blood pressure optimised and a plan was put into action and liaised with the cardiothoracic team to ensure progress was communicated with six monthly surveillance.

'My experience was quite amazing and I am really lucky and I felt so reassured. That one phone call daily made life bearable'
- Patient