



## **Buckinghamshire, Oxfordshire & Berkshire West Update Briefing November 2023**

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### **1. ICB Board Meeting**

The BOB ICB held its board meeting in public on 21 November; papers are available here: <https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/>

### **2. BOB Joint Forward plan and Integrated Care Strategy: shared system goals**

In early 2023, following extensive engagement across the system, the BOB Integrated Care Partnership (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.

These documents continue to provide the framing and long-term direction for the wider ICS, including the relevant NHS organisations. Within the wider framing provided by these documents, we are proposing that this year, we identify 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.

Our objectives as an ICS are to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

To support us in identifying a smaller number of goals to prioritise this year, we held a strategic engagement session with system leaders from NHS, local government, voluntary sector and research partners on 30 October. Within this discussion, we focused on our system vision for the next three to five years and the areas we think we should focus on over the next year to help us make progress towards achieving this.

A draft report on the BOB shared system goals can be found on the [BOB ICB website](#). All NHS and partner organisations have been sent this paper and asked for comments and views during November / December 2023. Following this, we will finalise our system goals and move into organising ourselves to deliver on these during 2024/25.

### **3. BOB ICB Primary Care Strategy**

The Fuller Stocktake, published in May 2022, set out a vision for Primary Care in England and an agenda to help manage these pressures. It emphasised the need for action in three key areas: Access, Continuity and Prevention. It aligns with BOB's local vision and ambitions and now there is a need for a localised strategy to take this forward.

BOB ICB is working with colleagues across the system to document understanding of the current state of primary and community care services, to identify good practice to build on (both locally and nationally), to design a new approach to primary and community care delivery, and to set a plan of how to deliver this together over the coming months and years.

More than 140 stakeholders and system partners gathered in High Wycombe for a Primary Care Strategy Day on 18 October. This was a successful and engaging event where we started to develop the vision and guiding principles for the strategy. An excellent panel session featured representation from all disciplines, including our provider Trust partners and colleagues in Public Health, highlighting the current challenges across different sectors. The voluntary services, Healthwatch, patient participation groups and public health all provided vital contributions.

The challenges facing primary care across BOB:

- Increasing demand from an ageing population with multiple conditions. BOB's population is predicted to grow by five per cent by 2042 (37 per cent increase in those over 65)
- Patient dissatisfaction with access is growing
- Capacity is not keeping pace with demand. Average patient list size has increased from 2,500 per FTE in 2020 to 3,250 today
- General practice staff would like to spend more time on prevention and chronic care, from 50 per cent today to 68 percent
- BOB spends more on acute services than on primary care, community services and mental health combined
- Estates are a barrier to change, e.g., in Buckinghamshire, 70 per cent of practices have more patients per square metre of estate than recommended
- People in our more deprived areas develop poor health 10-15 years earlier than those in wealthier areas

The model for primary care services is expected to focus on:

- Access – people get to the right support first time to meet their needs
- Continuity – people receive personalised, joined up care from an integrated neighbourhood team
- Prevention – we use data to understand outcomes then deliver support that makes a difference

A draft strategy is expected to be available later in December.

As part of our programme of work to transform primary care, the ICB launched its public engagement exercise – the ‘**Primary Care Conversation**’ at: <https://yourvoicebob-icb.uk.engagementhq.com/hub-page/primary-care> to gather the views of local communities through online events, focus groups and a survey which will help inform and shape the strategy.

#### **4. Primary Care Access and Recovery Plan**

NHSE published the national Delivery Plan for Recovering Access to Primary Care on 9 May 2023 in response to the growing demand and pressures in primary care and their impact on the ability of patients to access services.

The BOB ICB Primary Care Access and Recovery Plan (PCARP) has been written in the context of the [BOB ICB Joint Forward Plan](#) and the developing primary care strategy (see above).

The components of the BOB ICP plan are:

- Empowering patients through self-referral pathways; improving NHS App functionality; expanding community pharmacy services  
Modern General Practice including cloud-based telephony and digital pathways
- Building capacity by growing multi-disciplinary teams and expanding training and retention of workforce
- Reducing bureaucracy by improving the interaction between primary and secondary care

All ICBs were asked to report on progress against the Primary Care Access & Recovery Plan (PCARP) at public boards in November 2023.

Among the progress highlights across BOB are:

- patient self- referral pathways in Musculoskeletal; audiology; weight management; community podiatry; wheelchair services.
- All GP practices in the BOB area have enabled the NHS App with more than six out of 10 patients aged 13 and over now registered to use it.
- Eight out of ten BOB residents live within a 20- minute walk of a pharmacy and there are twice as many pharmacies in areas of deprivation than in affluent areas. Across BOB we have 253 community pharmacies offering a range of clinical services. More than 7,760 referrals have been made from GP practices into community pharmacies since April 2023, which equates to approximately 1,295 hours of saved practice appointment time.
- Nearly nine out of 10 BOB GP practices are live with digital telephony and the remaining practices are signed up to make the change by March 2024.
- Initiatives in place to support the recruitment and retention of GP practice staff including a coaching and mentoring service and a return to practice programme for all Allied Health Professionals and nurses returning to primary care.

The full BOB Board report can be found on the [ICB website](#).

## **5. BOB ICB Digital and Data Strategy**

The ICB board approved the [Digital and Data Strategy](#) in May 2023. The strategy sets out a range of outcomes and priorities under three strategic themes of Digitise, Connect and Transform, a delivery programme and a costed (but not fully funded) plan.

The first BOB Integrated Care System digital summit was held in September in Reading. We believe this may be the first ICS-wide summit of its kind nationally, with more than 200 colleagues in attendance from across the NHS, local authority, VCSE, Health Innovation Network, patient groups and social care.

The summit provided an excellent foundation to showcase the outstanding work underway across BOB and provide an opportunity for people to connect and learn how they can contribute to, share and use the capabilities being developed across the system.

Good progress has been made on digitising social care records, falls prevention, digital diagnostics and virtual wards/hospital at home.

The full Board report on progress can be seen on the [BOB ICB website](#)

## **6. Covid and Flu vaccination programme Autumn 2023**

The BOB autumn/winter vaccination programme is benchmarking well against regional and national counterparts for Covid vaccination uptake. BOB has delivered nearly 370,000 Covid top-up vaccinations since the programme launched in September, which is above both the national and regional average.

BOB continues to perform well with flu vaccination with early indications showing we are ahead of rates delivered at this point in previous years, with nearly 470,000 vaccinations delivered.

Outreach and inequality work will continue to ensure all those who wish to access a Covid vaccination are able to before the end of the programme. There are currently 26 access and inequality projects running across BOB for this Autumn/Winter campaign which are all targeting Covid-19 vaccine hesitancy and uptake through understanding barriers and dispelling myths across different populations, particularly those from ethnic minority/low uptake areas. This includes community champions projects, where champions are engaging with communities/populations where hesitancy is high.

BOB ICB is working with local authorities to run this (through community insight) as part of a wider health promotion/protection approach to health and well-being. Cohorts being targeted as part of this include BAME populations; pregnant women; people with learning disabilities and serious mental illness; homeless and asylum seekers/refugees as well as areas of high deprivation.

Maternity champions are working with hospital trusts across BOB targeting hesitancy in pregnant women and aiming to raise vaccine uptake. We are running engagement projects where our providers contact eligible, often vulnerable, patients to encourage them to book a vaccination. Pop-up clinics target geographical gaps where patients have little access to vaccinations, and this has allowed us to increase uptake in these areas.

Providers are working in hotels for asylum seekers to administer vaccinations to eligible people, who would otherwise not have access to a vaccination.

In addition, a pilot workforce project offers attendees training in vaccine hesitancy conversations with eligible groups. Attendees have reported an increase in confidence, knowledge and skill when talking to patients about having a vaccine. Work with care home staff has allowed our provider to promote consistent, non-judgemental messaging to staff and in turn, increase vaccination uptake.

The programme is underpinned by a wide-ranging campaign communications plan through all digital and traditional media channels, with emphasis on targeted advertising to those communities which maybe vaccine hesitant or face other challenges.

Among the resources used this season;

- In house materials for Black African and Pakistani communities (+ translated materials to Place)
- Banners, posters, and pullups vaccine packs to for partner use
- Social ad sets to key groups + pharmacy bags to 75 pharmacies
- Maildrop to all fixed budget households

## **7. Berkshire West specific updates**

- Plans are progressing to utilise the £1.3m of Inequalities Funding allocated to Berkshire West (£2.6m over two years) to implement a pilot Community Wellness Outreach Service, taking health and wellbeing support into the heart of our communities that are most in need by offering NHS Health Checks to patients who might otherwise not have access to them through targeted outreach clinics. This initiative has been co-produced with partners via the three integrated partnership boards within the Health and Wellbeing Board governance structures across Berkshire West. The Reading component of the service has now launched with the Wokingham and WestBerkshire services to follow early in the New Year. The pilot will be evaluated against a key set of metrics measuring the impact of the service on CVD prevention and wider patient wellbeing. An update report will be brought to Health and Wellbeing Boards in Q4 of 23/24 with more detailed progress and evaluation reports to follow in 2024/25.
- The Berkshire West-wide Mental Health Programme Board has now met twice, bringing together partners from across the system to develop and oversee a joint transformation programme to improve and enhance our mental health services for our residents in Berkshire West, linking with wider ICB and national initiatives as appropriate. Details of this work programme will be shared in a future meeting.
- The Berkshire West Mental Health Programme Board sits alongside the Urgent and Emergency Care Programme Board, the Berkshire West Children's Board and the Place Enablers Board to form the programme governance framework which will take forward the key shared priorities identified by place partners. All of the programme boards report into the Berkshire West Unified Executive which now meets bi-monthly and involves a core set of senior leaders from each of the partner organisations, working to further refine and oversee key programmes of work. As well as the Community Wellness Outreach Service, other current programmes include the review of the Reading Urgent Care Centre pilot service, optimising intermediate care and reviewing same day access models across primary care and secondary care. Further updates on these programmes will be scheduled for future Health and Wellbeing Board agendas.