



Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership

Strategic Priorities Engagement Report



February 2023

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1. Purpose of report

This report outlines the public engagement activity from 13 December 2022 until 29 January 2023 on the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP) strategic priorities for the local health and care system and reduce health inequalities.

The proposed strategic priorities were developed between the local authorities, the NHS the voluntary sector, and other stakeholders.

We sought feedback on the proposed priorities from wider partners, local communities and with people who live and work in Buckinghamshire, Oxfordshire and Berkshire West.

2. Background

The BOB ICP is a group of organisations which plans and provides health and social care services for the nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire, West Berkshire, Reading and Wokingham (the latter three authorities under the umbrella of 'Berkshire West').

Members of the ICP include local authorities, local NHS organisations, public health, Healthwatch, care providers, voluntary sector, the Oxford Academic Health Science Network and other research partners.

We are committed to working together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across our populations.

Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West ('BOB') 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.

To achieve this vision, we are developing a [strategy](#) for the partnership. The BOB ICP strategic priorities build on our local authority health and wellbeing strategies and sets the direction and a common set of priorities for our health and care system.

3. Purpose of the public engagement

The engagement sought to get local people and communities to help refine the proposals for a common set of priorities for our health and care system. We invited people to comment on the direction (principles) of the strategy and a common set of priorities for the partnership, through which we aim to meet local needs and take pressure off services.

The draft strategy proposes priorities in the following categories:

- **Promoting and protecting health** – to support people to stay healthy, protect people from health hazards and prevent ill-health
- **Start Well** – to help children achieve the best start in life
- **Live Well** – to support people and communities to stay healthy for as long as possible
- **Age Well** – to support people to live healthier, independent lives for longer
- **Improving quality and access to services** – to help people access services at the right place and right time

This public feedback is being used to refine the principles and priorities for the BOB ICP strategy. We will continue to engage with stakeholders and the public as the strategy is agreed and put into practice. We will continue to consider public views and patient experience as we develop new ways to provide care.

4. Process and methodology

We sought feedback on the strategy from 13 December 2022 until 29 January 2023.

We drafted a document that explained the rationale for the strategy, the need for change, who is involved in the work, the principles that will guide the work of the ICP and the proposed strategic priorities.

We made the document available on the new ICB engagement site '[Your Voice in Buckinghamshire, Oxfordshire and Berkshire West](#)' and published both an [easy read version](#) and a [Word version](#) to support online translations. We also shared recordings of the public events and a Q&A session. Through a survey, we asked people if they felt the proposed principles and priorities were the right ones and to add any ideas / suggestions to the strategy. We also asked them to rate the priorities.

We asked the public and wider stakeholders to give their feedback via:

- an online survey at <http://yourvoicebob-icb.uk.engagementhq.com>
- a hard copy version of the survey
- three online public meetings (held between 23-27 January 2023) to promote thought and discussion on the strategy with question and answer sessions
- emailing engagement.bobics@nhs.net or writing to the Communications and Engagement Team at BOB Integrated Care Board who were coordinating the engagement on behalf of the BOB ICP.

We held three online meetings on the dates / times below and the [recordings were available on the BOB engagement platform](#).

- Monday 23 January @ 6.30pm – 7.30pm (Buckinghamshire)

- Thursday 26 January @ 5pm – 6pm (Oxfordshire)
- Friday 27 January @ 11am – 12 noon (Berkshire West)

Over 120 people attended the events which were chaired by the local Healthwatch chief executives.

The key issues and questions raised at these events are shown below in section six.

5. Promotion

The various ICP partner organisations had a key role in promoting this engagement. The ICB developed a partner toolkit to help partners of the BOB ICP. This included articles for newsletters, an email inviting people to get involved, the press release launching the engagement and social media assets. We shared the toolkit with communication and engagement leads in:

- BOB NHS Provider Trusts
- All BOB Local Authorities
- BOB Healthwatch organisations
- BOB VCSE Alliance

We promoted the public events through social media, NextDoor (neighbourhood online platform) and local newspaper adverts.

The engagement was promoted in many ways as outlined below:

- [Press release](#) launching the engagement and [another sent](#) out to Buckinghamshire, Oxfordshire and Berkshire West press on 13 January 2023.
- Newbury weekly news <https://www.newburytoday.co.uk/news/give-your-views-on-health-care-priorities-9294512/>
- Adverts in local newspapers across Buckinghamshire, Oxfordshire and Berkshire West promoting the events and the engagement
- Newsquest group covering Oxfordshire and Buckinghamshire: Print readership 139,475; with digital there were 480 clicks in total and 429,346 impressions.
- Banbury Guardian: Weekly print readership - 15,000, monthly online users - 126,000
- Newbury Weekly News: online and in the newspaper (18 Jan 2023)
- Henley Standard: print circulation 10,000 across South Oxfordshire; web ad
- 2 x email distributions to over 2,500 members of the public in Oxfordshire (list of registered participants from legacy CCG consultation database)
- 2 x direct communication to key stakeholders e.g. Buckinghamshire, Oxfordshire and Berkshire West MPs, county, district and city council and parish councillors , Local Medical Committee, Local Pharmaceutical Committee, Care Provider Associations
- Information sent to GP practice patient participation groups

- Social media postings across Buckinghamshire, Oxfordshire and Berkshire West through multiple organisations



- An article in December issues of Buckinghamshire, Oxfordshire and Berkshire West VCSE Alliance newsletter and social media posts
- Articles and links in Local Authority communication channels. Examples of this promotion is outlined below from Reading Borough Council, Buckinghamshire Council & Oxfordshire County Council

Reading Borough Council:

- We shared the engagement information with +600 members of the Reading Adult Care Forums – comprising of members of the public, Councillors, voluntary sector partners, statutory services and RBC staff.
- The information was shared by email and news item via the Reading Services Guide.

Oxfordshire County Council activity:

- News items about the survey and online meetings in residents' newsletter (Your Oxfordshire) on 12 December 2022 and on 12 January 2023. The newsletter has a circulation of 35,479 subscribers.
- Published [a news release](#) about the consultation on 22 December and posted on Twitter and Facebook (46,712 followers and 26,996 followers respectively).
- Included details in internal comms to both staff (21 December – sent to c.6k staff) and councillors (22 December – sent to 63 councillors)
- Details shared with the Oxfordshire Association of Local Councils for onward distribution to all town and parish councillors across Oxfordshire, and with Oxfordshire Community and Voluntary Action (OCVA) for distribution to the voluntary and community sector
- Shared with local authority partners (Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council) and with OxLEP for inclusion in their newsletters, websites and social media channels.

Buckinghamshire Council:

- Email in staff updates to 2,500 council staff
 - Information shared via the family information service
 - Shared via email and conversations with community groups and leaders
 - Briefing shared and follow up email sent as a reminder to Bucks Councillors (153 councillors)
 - Shared via email with 142 town and parish councils
 - Information shared on community boards (16)
- Articles and information shared via local NHS Trusts:

Berkshire Healthcare NHS Foundation Trust:

- Email out to Foundation Trust (FT) Governors and membership
- Information was shared on / in
 - Staff intranet
 - Staff newsletter
 - FT Membership newsletter
 - Trust website
 - Trust social media channels.

Oxford University Hospitals NHS Foundation Trust:

- Internal communications to OUH staff
- Item included in Staff Bulletin on 25 January and on 27 January – the Bulletin is emailed to all 14,000+ staff with an OUH email account
- Stakeholder communications to OUH governors
- Agenda item at [Council of Governors](#) meeting on 18 January
- Post on Governors web forum on 25 January in advance of the virtual event on 26 January focusing on Oxfordshire
- Social media posts
- Tweets 13 January and 16 January (19,500 followers on Twitter)

Oxford Health NHS Foundation Trust:

- Website article and social media postings – [26 September 2022](#) and updated [18 January 2023](#)
- Email to all Trust public members and governors (circa 3,200 people, mainly in Oxfordshire and Buckinghamshire) – 13 January 2023
- Article placed on Governor extranet – 13 January 2023
- Article placed on the Trust's staff intranet, linked to articles in the weekly e-bulletin – 18 January 2023 (6000+ staff)
- Article in the January 2023 edition of Membership Matters sent to all FT members (public, staff and patient members – circa 10,000 people): [OHFT Membership Matters January 2023 \(flippingbook.com\)](#) – 20 January 2023

Royal Berkshire NHS Foundation Trust:

- Articles in Pulse, the Trust's member's magazine and in the Trust's Non-Executive Briefing
 - Article in the Trust's internal staff bulletin twice and was included in a CEO blog
 - Social media activity across the time of the consultation
- Information on library and GP practice screens in various locations across Buckinghamshire, Oxfordshire and Berkshire West
 - Publicising the engagement on Next Door neighbourhood platform: 16,000 people reached
 - Healthwatch publicised through their community networks:
 - Healthwatch Oxfordshire activity included two news items one at launch and another publicising the events on their website; included articles about the engagement and encouraging people to have their say in two news briefings (1,600 people including a mix of public, stakeholders, councillors, parish councils) and emailed details of it to all PPGs in Oxfordshire. They also shared it several times on social media using Instagram, Facebook and Twitter – including one promoting the Oxfordshire public event as shown below:

This week **Online**
Thursday 26th January
5.00-6.00pm

Share your views on the
BOB Integrated Care Partnership's
strategic priorities



Meeting chaired by
healthwatch
Oxfordshire **#YourVoiceCounts**

- Healthwatch Buckinghamshire included articles on their website: [Read the latest news from Healthwatch Bucks \(campaign-archive.com\)](#) and [Read the latest news from Healthwatch Bucks \(campaign-archive.com\)](#) (875 subscribers)

6. Key themes

6.1 Survey Feedback

Support for the priorities and principles - Overall, the majority of respondents agreed that the principles and priorities of the strategy were right.

Impossible and or/meaningless to rank the principles and priorities in order of importance - Respondents thought the principles and priorities were of equal, high importance and are interdependent, therefore cannot be ranked separately.

Reasons for disagreement - Those that disagreed or said that they weren't sure about the principles (14%) and/or priorities (22%), the main reasons cited by respondents were:

- The need to address existing problems and demand first
- Staff recruitment and retention
- Access to GPs/primary care
- Lack of social care and bed blocking
- Some priorities are outside of the control of the BOB ICP
- Specific health conditions and/or services not included in the strategy

Key gaps that are missing in the principles and priorities:

- **Specific health conditions and services missing** - Mental health and Learning Disabilities were the two main themes that emerged as gaps, but others included a range of specific physical and mental health conditions as well as other Primary Care services such as dental, pharmacy and optometry.
- **Consideration of age in relation to access/availability of specific services** was highlighted as a gap. This included mental Health, autism, learning disabilities and physical disabilities.

Some general themes also emerged across the survey in responses to several of the questions:

More clarity, detail and information is needed on both the principles and the priorities - Specific reference was made to more details on funding, how and when things would be delivered, clear language and explanations of terminology and that there were too many/unachievable priorities.

Improve integration and collaboration across not only health and care services, but also the wider system to improve patient outcomes - This includes social care, housing, transport, education and the voluntary sector. It was suggested this was achieved through better data sharing, integrated systems, digital technology and sharing best practice.

Support for prevention and personal responsibility - Many felt that there should be a shift from illness and treatment to proactive prevention with a holistic approach. Only a few felt that costly/ineffective public health campaigns should be reduced.

Investment in staff recruitment and retention to enable delivery -The need to improve pay, conditions, and support staff wellbeing to recruit and retain staff, especially nurses and GPs. .

Health inequalities are affected by additional factors – The longer-term impacts of Covid, social isolation and the increase in cost of living were highlighted as having a significant impact on people’s health.

See Appendix 1 for full details on the survey analysis.

6.2 Written Feedback

We received twenty-two detailed written feedback submissions from both individuals and organisations. The organisations included:

- John Hampden Surgery PPG
- Homestart Oxfordshire
- National Academy for Social Prescribing
- Get Berkshire Active
- Cherwell District Council
- West Oxfordshire District Council
- NHS Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board
- Buckinghamshire Healthcare NHS Trust
- BOB VCSE Health Alliance
- Reading Borough Council – Health and Wellbeing Board
- Oxfordshire Health and Wellbeing Board
- BOB Joint Health Overview and Scrutiny Committee
- Mind – Oxfordshire Mind, Mind Buckinghamshire, Berkshire Mind

The themes raised in the feedback broadly reflected those raised through the responses to the online survey: broad support both the principles and priorities, with the following additional points:

- **More clarity and detail** on how the strategy would be delivered. To include timeframes, measuring outcomes, and an ongoing review. There was also a call to be realistic with the priorities and consider the current status of services and resources.
- A recognition that **good collaboration across all partners is needed to successfully deliver the strategy**. Respondents also highlighted many benefits of collaborative

working and integrated services, including more joined-up processes and systems to enable delivery and the benefits of sharing best practice.

- Greater recognition of **the impact of the wider determinants on health inequalities**. But also, a strong suggestion that partnership working across all sectors such as transport, education, housing etc would help ensure success.
- **Concerns about the resources to enable delivery**, including the workforce shortage across the NHS, voluntary sector and social care and the necessary funding to support it.
- **Support for prevention, with more emphasis on a holistic approach** to the individual and recognition that physical and mental health are interdependent.
- **Improve access to services for all and address the barriers** such as transport, rural isolation, digital exclusion and more.
- **Importance of working with the voluntary sector and local communities** and the knowledge, insight, and networks that they bring to BOB.
- **Some criticism of the consultation/engagement process** and a call to improve communication and engagement routes.

See Appendix 2 for full analysis of the written responses.

6.3 Events

The themes raised in the Q&A at the online events broadly reflected those raised through the online survey, such as the need for more detail, clarity, missing health conditions – particularly mental health and dementia services, and too many/unachievable priorities.

Additional themes raised in the online events included:

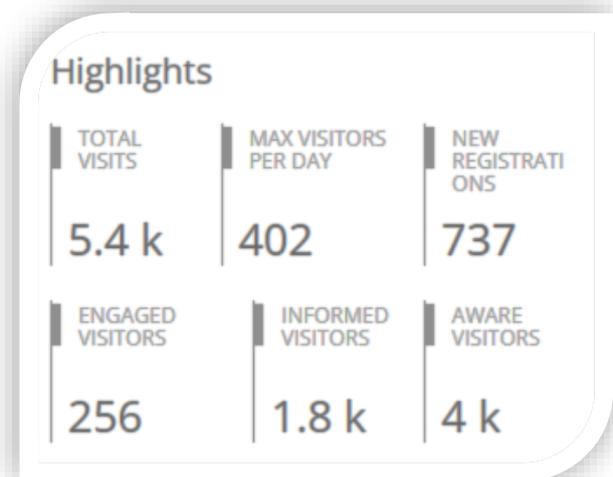
- Working in partnership with other ICBs, across borders and the broader South-East region.
- Learning from other ICBs, partner organisations and businesses to inform the strategy and digital improvement.
- The importance of the role of the voluntary sector and patient groups.
- The impact of housing/population growth in specific areas, e.g. Didcot, on access to healthcare.
- The need to look at the wider context and do not consider healthcare in silo.
- Create structures to enable conversations with other organisations and partners in the future.

See Appendix 3 for further details of the Q&A from the online events.

Appendix 1: Analysis of survey responses

In total, 256 responses were received online via BOB ICP engagement platform at <http://yourvoicebob-icb.uk.engagementhq.com>

An additional 10 responses were received via hard copy.



Engaged, informed and aware

Throughout the engagement period the online engagement site for BOB ICP's Strategic Priorities was visited over 5,400 times. Of those visitors, 256* were actively involved and responded via the engagement platform, over 1,800 were informed (downloaded and read the documents or watched the videos) and over 4,000 were made aware (visited the site to read about the engagement).

*(Additional hard copy survey responses were also received and analysed).

Most activity took place in the latter half of January, around the dates of the engagement events. Over the course of the online engagement, there were 519 downloads of the strategic priorities and 247 downloads of the easy read version, in addition to downloads of the hard copy survey.

Survey - Share your views on the strategic priorities

We will use the draft principles to guide the work we do on the development of health and care services for the future:

1. Preventing ill-health: We will help people stay well and independent, enjoying better health for longer. We will help develop healthy places and thriving communities to protect and improve people's health.
2. Tackling health inequalities: We will seek to improve the physical and mental health of those at risk of poorest health. This will include making sure people can access health and care services, whatever their background.
3. Providing person centred care: We will work together to provide help in a way that meets people's needs and helps them to make informed decisions and to be involved in their own health and care.
4. Supporting local delivery: We will plan and design support and services with local people and provide support as close as possible to where people live, learn and work.
5. Improving the join up between our services: We will improve the way our services work together to ensure people get support where and when they need it and residents have a better experience of health and care services.

Question 1:

Are these the right principles?

266 people answered this question.

The majority of respondents, 86.5% (230 people) agreed with the proposed principles for BOB ICP. 5.3% (n=14) of respondents disagreed and 8.3% (n=22) said they weren't sure.

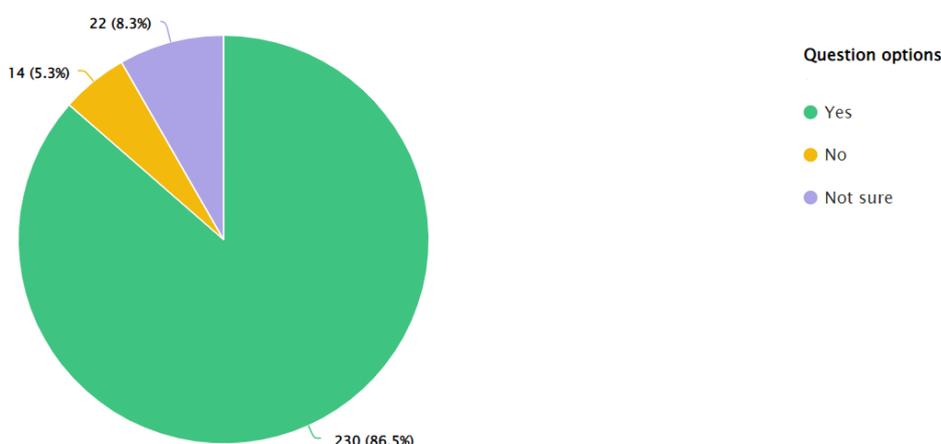


Figure 1: Pie chart showing percentage of respondents who agreed with, disagreed with or were unsure on whether principles were right

Question 2:

If you said no, or not sure please could you tell us more about why you think this?

31 people answered this question.

Of the 13.6% of respondents that disagreed or weren't sure about the draft principles, the reasons given included the lack of detail with no mention of how they would be delivered, funding or how outcomes would be measured. Also, that they were unachievable, too aspirational and that too many were listed.

“There are far too many priorities and no indication of where the large amount of money that will be needed to make much if this happen is going to come from. Budgets across the piece are under severe strain”

“I don't believe they are achievable, so they overreach and mislead”

In addition, a few comments indicated that these principles were duplicating previous approaches to health and care, and that learning had not been incorporated or evidenced.

“You make no reference to previous initiatives and achievements, that have been going on for some time, have made significant developments and identified tasks at a very granular level.”

Other themes were that the principles did not recognise or address the existing problems such as inadequate staffing, access to GPs/primary care, lack of social care and bed blocking. There needed to be an increased focus on staff, including pay, working conditions, wellbeing and training.

“Agree with those stated but primary health care, particularly GP access is a major issue and requires immediate action. Unless this is sorted out other services will not function as intended.”

Question 3:

Please rate the following principles from 5-1 in order of importance, where 5 is the most important and 1 is the least important.

OPTIONS	AVG. RANK
Supporting local delivery: We will plan and design support and services with local people and provide support as close as possible to where people live, learn and work.	2.90
Tackling health inequalities: We will seek to improve the physical and mental health of those at risk of poorest health. This will include making sure people can access health and care services, whatever their background.	2.93
Improving the join up between our services: We will improve the way our services work together to ensure people get support where and when they need it and residents have a better experience of health and care services.	3.01
Providing person centred care: We will work together to provide help in a way that meets people’s needs and helps them to make informed decisions and to be involved in their own health and care.	3.03
Preventing ill-health: We will help people stay well and independent, enjoying better health for longer. We will help develop healthy places and thriving communities to protect and improve people’s health.	3.13

262 people answered this question.

The average ranking of importance given to each of the proposed principles was very similar, ranging from an average ranking of 2.90 to 3.13 out of five. This indicates that respondents felt the principles were all similar in importance.

Question 4:

Are there any gaps in these principles that we need to think about?

141 people answered this question.

Respondents highlighted several gaps, noting specific conditions, groups and services that were missing within the principles.

The two main areas highlighted as missing were mental health and learning disabilities.

Other services/conditions mentioned included:

- Physical disabilities (adults)
- Autism
- Dementia
- Carers
- End of life care
- Dental
- Optometry

“More needs to be done to support the health of people with a learning disability. This needs to be part of everything that is done rather than an add on.”

“Committing to ensuring that mental health services are funded and offered in a meaningful way to meet local people's needs”

Another gap highlighted was the need for an increased focus on health promotion/personal responsibility for your own health. It was suggested this could be enabled through sharing of information and choices for services and use of supportive digital technologies for personal health and care access.

“Needs to have an underpinning focus on health education and awareness of personal responsibility. I feel people can quickly latch on to their rights but can fail to grasp the concept of also having personal responsibilities.”

“Health promotion as a long-term preventative approach”

“Empowering individuals to use self-help”

The detail of the delivery was again highlighted with respondents stating the principles are unrealistic, too generic, and no timescales. There was a call for an actionable delivery plan - the how, who, when and how this would be delivered – as well as recognition of those factors are that outside the control of health.

“Measurement of efficiency and effectiveness missing, the principles have to be capable of being implemented”

Other gaps included the need for greater integration of services across the system, including health, social care, housing and the voluntary sector. Also a greater focus on retaining and recruiting staff.

“Integrating health and social care - clearly critical; long neglected”

“In addition to joining up health and care services also need to focus on joining with other local services (eg education/housing/environment) to enhance focus on inequalities and the wider determinants of health”

“Nothing on ensuring adequate staffing with suitably qualified health practitioners to meet the needs of patients”

In addition to these gaps, respondents also called for clarity of language used in the principles, including definition of terminology, explanation of services and ease of understanding.

Question 5:

We have identified five draft priority areas where we expect to do more together to improve people’s health and wellbeing.

Promoting and protecting health – to support people to stay healthy, protect people from health hazards and prevent ill-health

Start Well – to help children achieve the best start in life

Live Well – to support people and communities to stay healthy for as long as possible

Age Well – to support people to live healthier, independent lives for longer

Improving quality and access to services – to help people access our services at the right place and right time.

Are these the right priority areas?

266 people answered this question.

When looking at the proposed areas of priority for BOB ICP, just over three quarters of respondents agreed with them (78.6%, 209 people). However, 13.9% (37 people) were not sure and 7.5% (20 people) disagreed with the priorities.

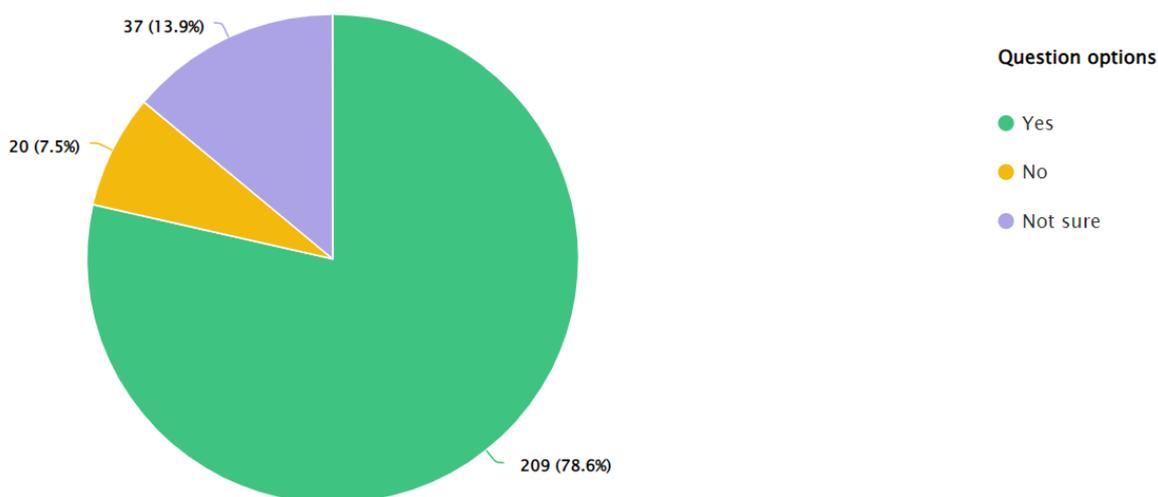


Figure 2: Pie chart showing percentage of respondents who agreed with, disagreed with or were unsure on whether priority areas were right.

Question 6:

If you said no, or not sure, please tell us more:

53 people answered this question.

Of those that disagreed or were not sure about the priorities, the main reasons given were that the priorities were too vague, a lack of clarity, poor terminology/language, lack of delivery details and too many/unachievable priorities. In addition, some priorities were highlighted as being outside of the control of the BOB ICP. For example, they are priorities controlled at a national level or are heavily influenced by socio-economic factors and wider health determinants of health. In addition, it was highlighted again that no reference is made to previous work and progress in these areas.

“A number of these priorities are not within your provenance and there are far too many of them to have any effect”

“It depends what specific actions underpin these priority areas. Being clear about the action that can be taken either across BOB or at a very local level is very important. Some of the priorities are significantly impacted by national policy and socio-economic factors so focussing on what local organisations and people can do is critical.”

“The principles are sound and great in principle, the How and when and planning of the delivery.”

“As with the principles, these are all good priorities, working at top-level aspirations across the whole system, but seem consistent with starting from a standing position with no history. You are not the first people to be setting those priorities. You make no reference to previous initiatives and achievements.”

A number of respondents included suggestions and recommendations to improve the access to and quality of services. This included the need to improve integration and collaboration across health and care services, underpinned by data sharing and integrated systems that work as well looking at existing problems such as access to face-to-face GP services and health referrals.

“There must be a priority to meet current health and care needs. The system, as a service user, feels utterly broken. It is clear how services have degraded in the last few years and much will be needed to bring the NHS up to an acceptable standard.”

“Improving GP to Hospital referral speed to ease repeat GP visits.”

Respondents identified some specific gaps in the priorities including mental health, dying well/end-of-life care, autism, learning disabilities and physical disabilities. Age was also highlighted as a factor in the ability to access services.

“It doesn't specifically mention mental health, if this is implied in the term 'health' that's fine but if not it does also need to be a priority.”

“I think we should have a dying well strategy, supporting identification and recognition of people in their last year of life and putting in measures to care for them outside of an acute hospital setting.”

“There is something for younger people and older people, but what about those in the middle? Also it is very difficult, for example, to get an adult diagnosis of ADHD, you have to jump through a lot of hoops.”

Prevention was again mentioned. It was suggested that it can exclude those who are ill and requires reframing to highlight dual approach for prevention *and* treatment. Also, that there should be greater emphasis on personal responsibilities, particularly through physical activity and selfcare.

“Taking personal responsibility to protect others - it's not just about the unhealthy and includes how the healthier public behave to help the less healthy/ more at risk.”

“I think quality and access to services is very important. It's great to prevent ill health but you've got to help those who are already ill to get the help they need.”

Question 7:

Is there anything you would like to tell us about these principles? Any other comment / suggestions?

117 people answered this question.

Of those who answered this question, the clearest theme that emerged was that ranking of the principles was not useful or had no value. The reasons respondents gave for this were that the principles were of equal importance, were interdependent and all should be high priority. Also, that some priorities will depend on local needs and that there may be local variation.

“The 5 principles are really interdependent and the way they interact is complex. Each locality will probably have a different view on the priorities. Each are really equally important.”

“They are all important and so it was hard to choose which ones are most important. All are needed.”

“The above are not mutually exclusive, ranking as above will not work. It will be necessary to integrate all of the above to meet individual cases”

Another theme highlighted was the need for greater joined-up working and integration of health, social care and wider services to enable better patient care. This included the need for better communication between organisations, sharing best practice and links with the community and voluntary sector.

“I think if you can improve the join up between services and deliver services locally this will help with the other three principles.”

“Where sufficiently integrated care and information is available then that will naturally encourage service users to become more engaged.”

There were mixed views on tackling health inequalities and prevention. Some people felt that there should be shift from illness and treatment to proactive prevention with specific mentions of physical activity and patient empowerment. However, a few felt that we need to reduce ineffective public health campaigns and referred to a ‘nanny state’.

“We need to move from a 'firefighting' illness service to a proper proactive 'health' service”

“Physical Activity has significant and profound benefit to physical and mental wellbeing, as well as many wider determinants of health and should be a continuous theme that runs through each principle”

“Enabling residents to take ownership of their own health and wellbeing, underpinned by good information, facilities and access to support when they need it, should be the highest priority.”

“Do not spend massive amounts of money on campaigns/advertising. Be more efficient by identifying who would benefit from resources and targeting the right patients.”

There was also acknowledgement and suggestion for focus on wider determinants of health such as income, housing, education and transport.

“The main factors in inequality are income and housing. These are outside the remits of health and social care services which should concentrate on the areas for which they are directly responsible.”

Some gaps in services were highlighted. In particular, the lack of GPs/GP appointments, the need for investment in retaining and recruiting staff, healthcare infrastructure and to address the existing backlog/immediate levels of demand at a local level.

“Principles fine but first port of call - GPs need improvement first.”

In addition, the details of funding, staffing and availability of services were highlighted as essential to the delivery of the principles as well as a way of measuring them once they have been implemented.

“Broadly the principles are well designed, however there needs to be more emphasize about how resources to achieve the principles will be deployed.”

“While the principles are admirable, they can only be achieved if there are sufficient resources, which are not reflected in the principles.”

“It's easy to say but without agreed outcomes difficult to measure achievement.”

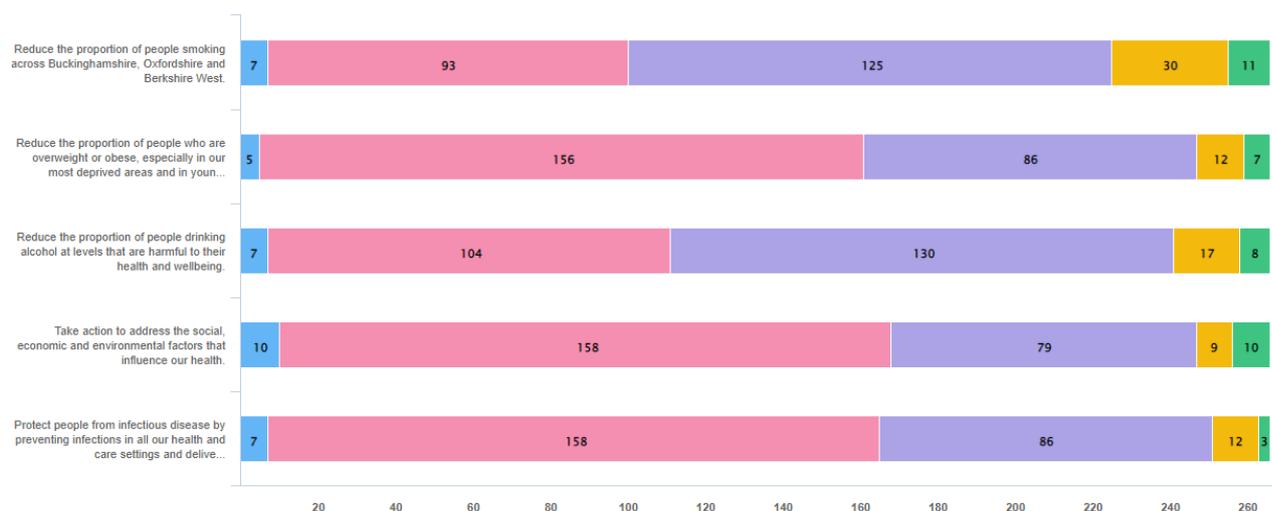
Question 8:

Thinking about the priority area ‘Promoting and protecting health - supporting people to stay healthy, protect people from health hazards and prevent ill-health’, we have identified five priorities to focus on, please could you tell us how important these priorities are to you?

266 people responded to this question.

Three of the five priorities within this area had a higher level of respondents who indicated they were ‘very important’. These were:

- Reduce the proportion of people who are overweight or obese, especially in our most deprived areas and in younger people.
- Take action to address the social, economic and environmental factors that influence our health.
- Protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes.



Question options

(Click items to hide)

- No opinion
- Very important
- Fairly important
- Not important
- Not at all important

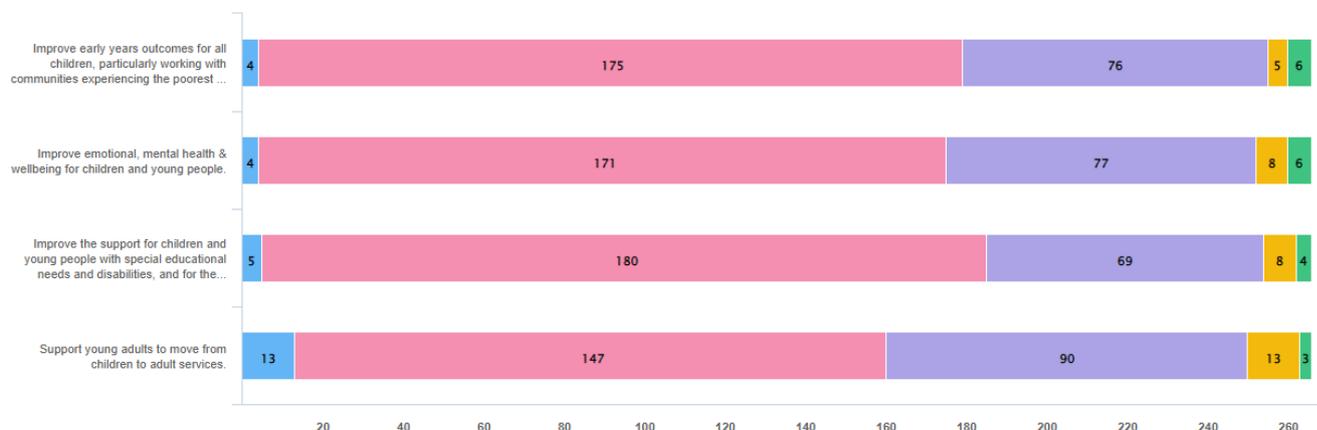
Figure 3: Relative rankings for 'Promoting and protecting health' priorities

Question 9:

Thinking about the priority area 'Start Well - helping children achieve the best start in life', we have identified four priorities to focus on, please could you tell us how important these priorities are to you?

266 people responded to this question.

All four priorities within this area were ranked similar in terms of importance, with them all showing as mostly very important or fairly important. However, the priority 'Support young adults to move from children to adult services' was ranked slightly lower and had 13 respondents indicating that they had no opinion.



Question options

(Click items to hide)

- No opinion
- Very important
- Fairly important
- Not important
- Not at all important

Figure 4: Relative rankings for 'Start Well' priorities

Question 10:

Thinking about the priority area ‘Live Well - supporting people and communities to stay healthy for as long as possible’, we have identified three priorities to focus on, please could you tell us how important these priorities are to you?

266 people responded to this question.

All three priorities within this area were ranked mostly very important or fairly important. The priority with the highest number of respondents ranking it as very important was ‘Increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes’

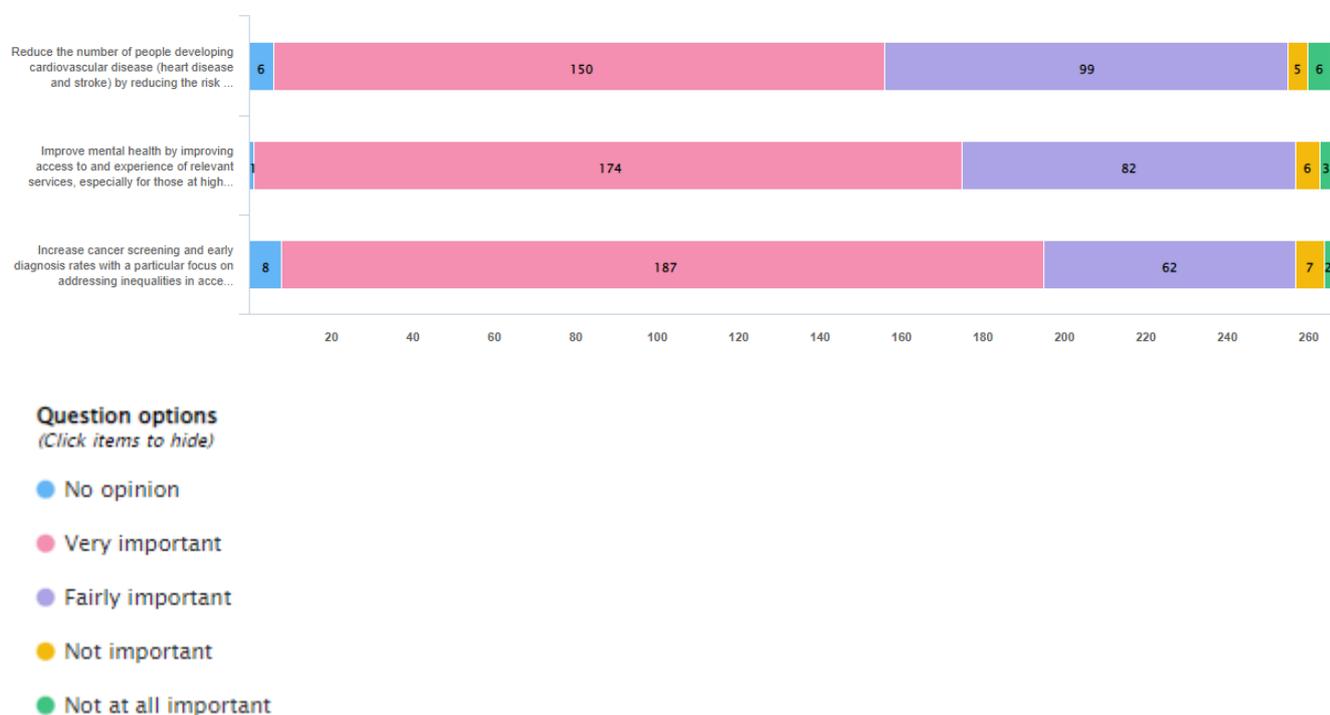


Figure 5: Relative rankings for ‘Live Well’ priorities

Question 11:

Thinking about the priority area ‘Age Well – supporting people to live healthier, independent lives for longer’, we have identified three priorities to focus on, please could you tell us how important these priorities are to you?

266 people responded to this question.

All three priorities within this area were ranked mostly very important or fairly important. The priority with the greatest rankings of very important in this area was to ‘Provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex.’



Question options

(Click items to hide)

- No opinion
- Very important
- Fairly important
- Not important
- Not at all important

Figure 6: Relative rankings for ‘Age Well’ priorities

Question 12:

Thinking about the priority area ‘Improving quality and access to services - helping people access our services at the right place and right time’, we have identified three priorities to focus on, please could you tell us how important these priorities are to you?

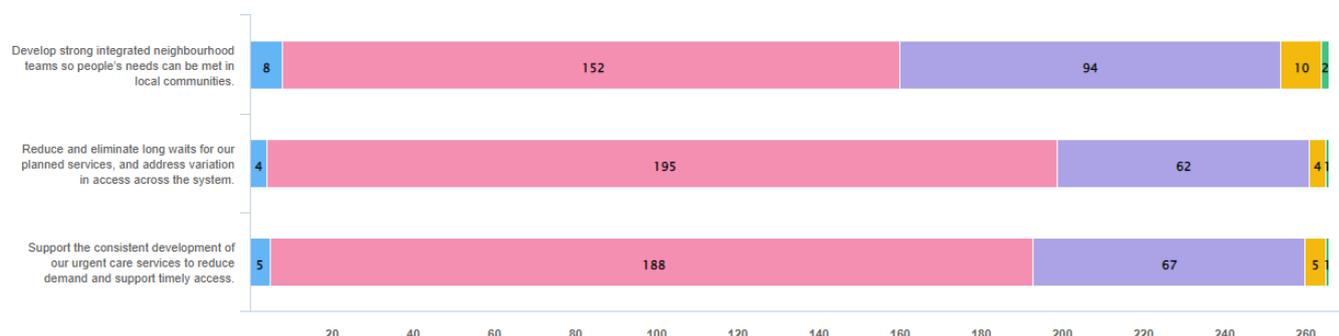
266 people responded to this question.

Within this area the priorities:

- ‘Reduce and eliminate long waits for our planned services, and address variation in access across the system.’ and,
- ‘Support the consistent development of our urgent care services to reduce demand and support timely access.’

were ranked similar in terms of mostly very important and fairly important.

The priority ‘Develop strong integrated neighbourhood teams so people’s needs can be met in local communities.’ had a lower ‘very important’ ranking, and x people ranked it as not important, not important at all or no opinion.



Question options
(Click items to hide)

- No opinion
- Very important
- Fairly important
- Not important
- Not at all important

Figure 7: Relative rankings for ‘Improving Quality and Access to Services’ priorities

Question 13:

Which of the areas below would you prioritise to improve the health and wellbeing needs of the people living in BOB? (Please place the priorities in order, where 5 is the most important and 1 is the least important):

OPTIONS	AVG. RANK
Live Well – to support people and communities to stay healthy for as long as possible.	2.89
Age Well – to support people to live healthier, independent lives for longer.	2.92
Promoting and protecting health – to support people to stay healthy, protect people from health hazards and prevent ill-health.	3.02
Start Well – to help children achieve the best start in life.	3.02
Improving quality and access to services – to help people access our services at the right place and right time.	3.15

261 people responded to this question.

The average ranking of importance given to each of the proposed priorities was very similar, ranging from an average ranking of 2.89 to 3.15 out of five. This indicates that respondents felt the principles were all similar in importance and could not determine one area as more important than another.

Question 14:

Is there anything else you would like to tell us that will help us develop our draft strategy?

143 people answered this question.

Several areas were highlighted as missing or lacking from the BOB ICP strategic priorities. This includes dental services, pharmacy, optometry, mental health, learning disabilities, dementia services, epilepsy support, breastfeeding services, drug user support services, support for carers, child health, improvements in cancer screening services, access to GPs, SEND and support for military veterans.

“After reading the draft document including the 18 priorities, I feel that they don't address specific services clearly including Pharmacy, Optometry and Dental Services (POD) There are also no specifics of how and by when the ICP are going to action these priorities.”

“It would be good to see an increased focus on adults with learning disabilities and it is quite shocking to see so little mention of this group in your whole report. They are greatly disadvantaged, and eliminating them from a main focus in this will have a knock-on effect to funding, grants, and other avenues of support for this group.”

“More recognition of substance-misuse; the effects on health and wellbeing. Improving access to drug-related services and reducing stigma.”

“Dementia should be included, particularly in your live well category. It would be easier for diseases such as dementia to fall between the gaps in your strategy.”

There was a large emphasis also on there being too many priorities/principles within the strategy, that they were difficult to rank and that the priorities/principles were either not detailed enough or not realistic.

“It is impossible to rank things which are equally important.”

“There are far too many priorities, actions, desires - whatever one chooses to call them. Guaranteed to substantially increase the risk of failure.”

The recognition of staffing problems across the NHS and the need to retain and recruit staff, but also improve pay, working conditions and support.

“Pay nurses and care staff a great deal more, to prevent so many leaving their occupations through poverty/overwork/other adverse working conditions.”

Better integration and joined-up working across the health and care system was again highlighted, including improved collaboration with social care, education, the voluntary sector and community groups. This included sharing of information, data and best practice to ensure the best possible experience for the patient.

“NHS and social care needs to be linked up. They are fighting each other.

There needs to be a smooth transition into care from hospital.”

“What is missing is a recognition that health and social care needs a collaborative approach.”

“Priority should be to resolve the battles between the services GP, adult social care, hospital health trusts and community services. To clarify roles, responsibilities, policies and procedures.”

“Artificial boundaries between mental health and social care, mental health and autism etc are a big issue for many of us.”

Respondents highlighted the wider determinants of health. These included the impact of social isolation and longer-term impacts of Covid, the increase in cost of living and the impact on access to health and care caused by transport issues in more rural/remote areas.

“We will be facing ongoing problems with the next generation of children I believe. Largely due to the isolation from the COVID and now from the cost-of-living crisis.”

“Active transport to be treated as a priority. This will help with all priorities.”

Some respondents mentioned education, user-centred design and wider engagement across the community. They indicated that better knowledge and involvement in health and care would lead to better health outcomes for all.

“Better signposting for the public to know how, why and where to get help.”

“Engage with as many people in as many ways as possible.

Communication is the key to everything.”

“Local Information hubs connecting all of our services – a one stop shop advice service whether be health, finance, housing, benefits, vaccines etc.”

Finally, the need for both the principles and priorities in the strategy to be SMART (Specific, Measurable, Achievable, Realistic and Timely) and to continue to involve patients and carers more – both in the development of the strategic and in the design and delivery of services.

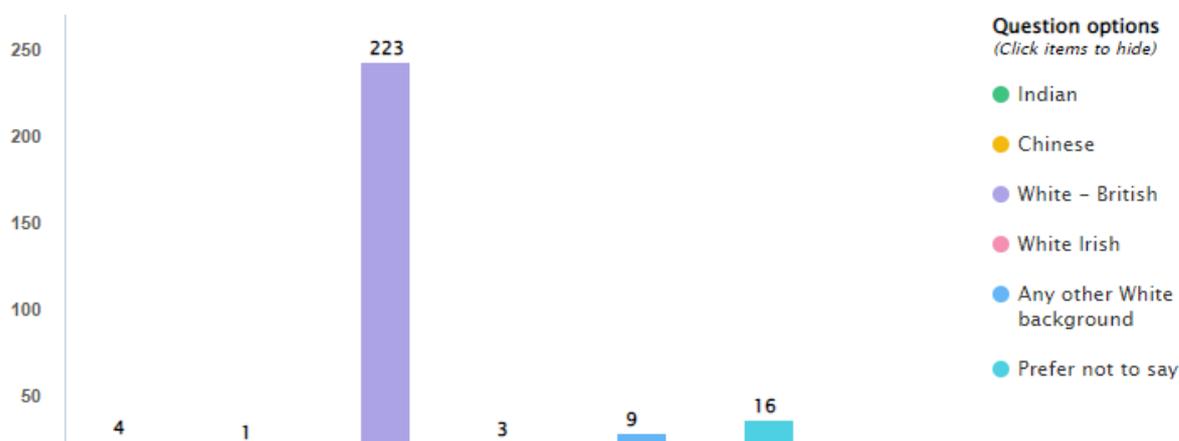
Demographics

The demographics for 256 respondents were captured in response to the survey. The remaining respondents chose not to complete this part of the survey.

The demographic data helps us understand more about who has got involved in this engagement activity.

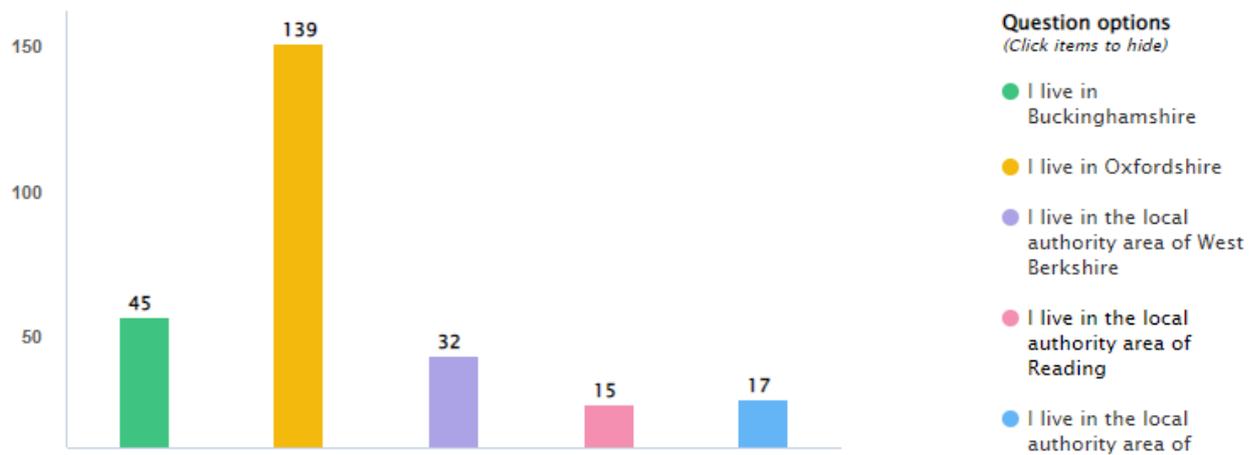
Ethnicity

The majority of respondents to the survey identify as White British with 16 preferring not to say. Other ethnicities included any other white background, Indian, white Irish and Chinese.



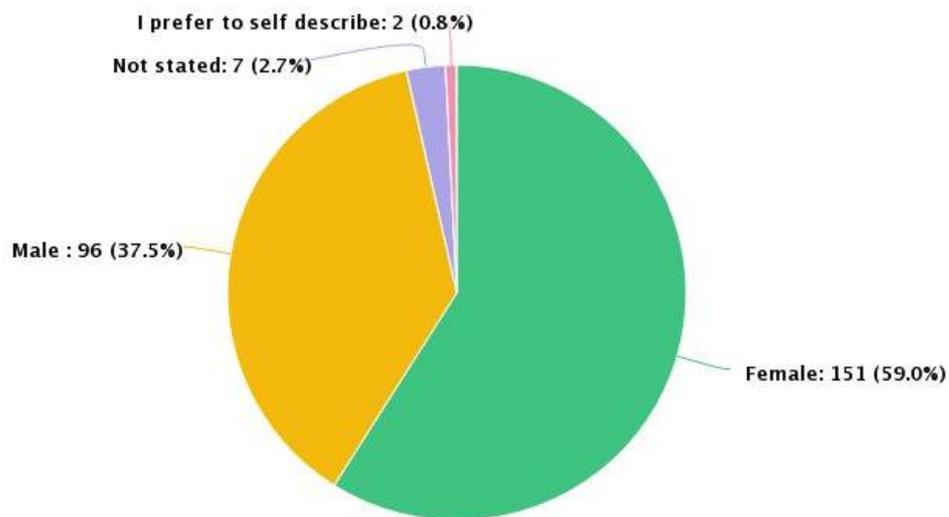
Location

Approximately 50% (139 people) of respondents to the survey live in Oxfordshire. The remaining respondents are split across Buckinghamshire, West Berkshire, Wokingham and Reading*.



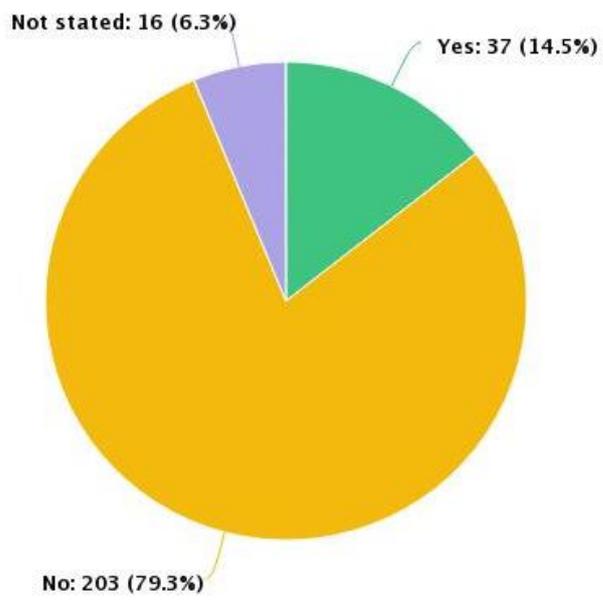
Gender

Over a half of respondents identify as female, over a third identify as male. The remainder either have not stated (2.7%, 7 people) or prefer to self-describe (0.8%, 2 people).



Disabilities

Over three quarters of respondents said they do not have a disability. 14.5% (37 people) indicated they do have a disability and 6.3% (16 people) of respondents have not stated.



Appendix 2: Analysis of written responses

In addition to the survey responses, 22 written feedback submissions were made via emails and letters. These were received from both individuals and organisations. The organisations included:

- John Hampden Surgery PPG
- Homestart Oxfordshire
- National Academy for Social Prescribing
- Get Berkshire Active
- Cherwell District Council
- NHS Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board
- Buckinghamshire Healthcare NHS Trust
- BOB VCSE Health Alliance
- Reading Borough Council – Health and Wellbeing Board
- Oxfordshire Health and Wellbeing Board
- BOB Joint Health Overview and Scrutiny Committee
- Mind – Oxfordshire Mind, Mind Buckinghamshire, Berkshire Mind

Feedback on the Principles



The written responses provided agreed broadly with the principles outlined, but a number of common themes emerged:

Good collaboration across all partners is needed to successfully deliver the strategy

This was a strong theme across most responses. Working together, pooling resources to solve problems and deliver effective solutions across health and social care was seen as a priority.

“Ensuring prevention and tackling long standing health inequalities whilst recognising the wider determinants, requires an explicit expectation that organisations should pool their resources to deliver against the priorities.”

“The day-to-day experience of good person-centred care and support requires joined-up services across Health, Social care and VCSE sector. The strategy should avoid siloed thinking and problem-solving and promote and implement early joined-up planning and co-production.”

“...We feel that this spirit could be much stronger through the strategy, weaving a golden thread of how system partners can work together across health, social care and voluntary sector, highlighting both prevention and integrated support as experienced by the person.”

More clarity and detail on delivery

There were calls for increased clarity throughout the strategy and more details on the delivery, a need for an action plan and specifics on measuring outcomes/success of the strategy. In addition, respondents highlighted the value and importance of the patient/user experience and embedding this feedback throughout the strategy

“...we think there should at least be a timescale for development of the ‘how’ during 2023.”

“The vision is ambiguous, and it needs to be clarified before progressing any further.”

“It would be good to see “lived experience leadership” or “expert by experience forums” to demonstrate commitment to co-production principles.”

Support for prevention and a holistic approach

Respondents supported a preventative approach to healthcare but highlighted that the strategy focused heavily on the medical side of prevention. For mental health and wellbeing in particular, it was felt that a holistic approach to an individual’s health was much more likely to succeed.

“Prevention is presented in a medical sense of screening and health checks but in this integrated partnership the strategy should reach beyond Health and encompass life choices, outcomes and wellbeing. family and community.”

“In the VCSE, ‘person-centred’ means recognising the holistic factors that affect an individual’s health and happiness: family, the individual’s need for validation and confidence building, the interplay of different needs.”

Greater recognition of the impact of the wider determinants of health

Many of the respondents raised the impact of other factors on an individual’s health.

“The Prevention principle focuses on disease identification in primary care and yet it seems to us that we need to be thinking about the social, economic and wider determinants of illness/health”

“This could for example be about barriers of language or childcare, poverty, physical disability barriers, housing issues, anxiety, social isolation, and recognition of financial barriers that prevent someone from taking the steps they would like to take to improve their well-being.”

“I welcome most of the priorities set out, though suspect that there may slightly too many.”

“There are too many priorities, and they are very variable in scope e.g. some are high level and some quite specific.”

“Your ‘priorities’ are in fact objectives and would be interested to see which couple of objectives the ICP identify as true priorities.”

“The strategy is lacking in an approach that values evaluation and measurement.”

“The ‘What we want to achieve’ section is sparse – one statement is not good enough and implies a lack of critical thinking, desire for change, and listening to young people, parent/carers, and professionals. There must be more we want to achieve.”

“An ambition to monitor, evaluate and make sure that interventions are built upon insight and timely investment should be included.”

Use of language and explanations needed

Language, terminology and clarity throughout the strategy document was also needed.

“Your reference to the ‘system’ is too narrow.”

“What is place? Network? Locality?”

“The vision is ambiguous and it needs to be clarified before progressing any further.”

Support for prevention and acknowledgement of wider factors needed

There was wide support for prevention but a call for a greater focus on wider determinants: social, environmental, healthy habits (nutrition, physical activity), adequate housing, reducing food insecurity etc. Also, that a greater focus on prevention over treatment would be enabled through better access to services and things such as social prescribing.

“We have some concern that actions (‘what we want to achieve’) don’t sufficiently reflect the ambition of prevention.”

“The priorities and intended actions do not track back far enough to the principle of preventing ill health.”

“Prevention and upstream not weighted enough and not enough ambition for these. e.g. being disconnected, lonely, inactive – leading to serious health issues.”

“Impact of Housing and wider determinants [is] missing. Link to physical activity is missing.”

Enabling better access to services

Improving access to services was an important theme to improve healthcare of the BOB population. This included specific services such as dental, mental health and end-of-life/palliative care. Some of the barriers that need to be addressed included digital exclusion, rural isolation, deprivation, transport, housing growth/town planning, and cultural factors. It was suggested that co-designing services through engagement would help ensure they meet the needs of patients and local communities.

“It should also include Dying Well and this shall be less around keeping independent and more around choice and dignity at the end of our lives.”

“Whilst priority 4 includes objectives around adopting local planning principles that have health at the heart of the built environment, we feel that modelling future healthcare needs, based on housing growth, needs to be addressed.”

“There is a lack of references to rural deprivation and rural isolation which is prominent across some areas of BOB.”

“People need to be supported and empowered to seek help for mental health which relies on broad based messaging to address stigma at individual, community and institutional levels.”

“Improve access – stronger by shared approach using local assets... Join-up plans/services between local authorities and NHS. Work with neighbourhoods/localities/districts/PCNs/council – integration.”

“There is no mention of access to dentistry or the development of partnership working with pharmacists.”

The benefits of collaborative working and integrated services

There was a strong desire for integrated services that focus on partnership working between health, social care and communities – with many highlighting how their services aligned with/could support the priorities. The benefits identified included better sharing of best practice and more cohesion between existing programmes, services and groups. It was suggested this should be underpinned by improved digital infrastructure to enable data sharing and patient choice.

“In the ICP strategy the reader should see a golden thread of the value and potential of joint working across health care, social care and the voluntary sector.”

“The resulting strategy therefore fails to make the best connection between with the investment the councils make in programmes and infrastructure to create healthy places for residents to live and work in and the nascent health system.”

Greater engagement and empowerment of people

The value and importance of engagement with service users and patients was highlighted. There was also a call for transparency with regards to engagement and how this feedback is integrated.

“People, families and communities want, prevention, and enablement and empowerment.”

“It gives no inkling of the strategic steps the partnership intends taking to deliver on these ambitions, and the priorities themselves are for 2022/3 which doesn't constitute a strategic time horizon.”

“Perhaps a section could be added describing what the process of developing the ‘how’ will be in 2023 with a specific timetable.”

“Whilst acknowledging the ICP is in its early stages, we would like to see clear governance structures in place soon with clarity around the decision-making process, clarity around where and how regularly the ICP priorities will be monitored and evaluated, and who will be directly responsible for overseeing this work.”

Joined-up processes and systems to enable delivery

Many respondents said that successful delivery of the strategy would need to involve all partners working closely and effectively together, including non-health organisations and departments such as housing, transport and education.

It is essential that there are "joined up" facilities throughout the whole system so that everyone is working together to achieve the best end results for each and every one of us.

“Primary prevention needs a cross partnership approach and co-production with our communities as good health begins in healthy behaviours, healthy homes, community connectivity, good jobs, education. Therefore, partnership working and meaningful community influence and engagement will achieve this.”

“We consider the successful delivery of the priorities depends on working together with many local organisations and service areas within local authorities (for example, housing, planning, environment, and education).”

Importance of the voluntary sector and local communities

The insight, knowledge, feedback and networks available through the voluntary sector and local communities and groups were highlighted as important and valuable resources to both shape and support the delivery of the strategy.

“Working with communities and local organisations will be key to gaining invaluable insight to help shape the local services and make ongoing improvements...”

“Opportunities are available for feedback online through virtual meetings and existing communication opportunities will be used through VCSE and Healthwatch to capture views.”

Be realistic

Respondents reminded BOB to be realistic in the principles and priorities in the strategy, particularly in the current economic climate.

“We all know that because of funding and capacity constraints this will be gradual.”

“I suggest that it is nothing short of farcical to have eighteen priorities. Maybe call them themes for improvement but select a few to identify as priorities.”

Inequalities and the wider determinants of health

The impact of the current cost-of-living crisis, isolation and long-term impacts of covid, as well as other wider determinants of health such as housing, transport, education, digital exclusion etc were highlighted as having a significant impact on health inequalities and access to services.

“Therefore seeking to minimize the impact of poverty and ensuring that people who are deprived as a result of poverty and may be unable to access services, as a result of this and other factors such as disability and old age must be a major priority.”

“Health inequalities amongst disabled people with care needs will not improve until social care accessibility is improved.”

“The draft ICP Strategy feels distant from the reality of the cost-of-living crisis this winter and strike action by public sector unions.”

Workforce and resources

Again, respondents highlighted the need to strengthen workforce across health and social care in addition to the voluntary sector. Funding for the voluntary sector was also identified as a critical success factor.

“Workforce is a key limiting factor to delivery, and this should be acknowledged along with what we will be doing to address this.”

“Achieving the transformation we want to see across the system will require a workforce strategy that builds on the expertise of all partners – including the VCSE.”

“As expectations of preventive work and joint working rise within the integrating care system, then funding for the voluntary sector needs to rise with it.”

Criticism of the consultation/engagement process

A couple of respondents raised concerns about the quality and integrity of the consultation process, quoting national guidelines and calling for wider communication and improvements in engagement across BOB.

“JHOSC Members recognise the importance of the Patient Participation Groups, as part of primary care and would urge the ICP and ICB to prioritise a consistent approach to developing these across the BOB footprint to help bring the local patient voice to the fore and help to meet the objectives outlined within the priorities.”

...not enough local people know about the consultation. Supposing the consultation were easily intelligible in terms of messaging and readability, it has still not been circulated widely.”

Other points raised included:

- Missing groups identified – physiotherapy, dental services.
- The disparity in women’s health versus men’s health.
- Harnessing learning, research and innovation to deliver digital and healthcare improvements.
- The potential impact of the current state of children’s and adults’ social care on the delivery of the priorities.
- The importance of focusing on and reflecting the local context and differences in the strategy.
- A reminder of the need for a holistic approach and that physical and mental health are interdependent and need equal emphasis.

Appendix 3: Analysis of online events

Three online meetings were held on the dates / times below and the [recordings are available on the BOB engagement platform](#).

- Monday 23 January @ 6.30pm – 7.30pm (Buckinghamshire)
- Thursday 26 January @ 5pm – 6pm (Oxfordshire)
- Friday 27 January @ 11am – 12 noon (Berkshire West)

The key issues and questions raised at these events are shown below:

Summary and themes of questions from three workshops

Who are you collaborating with?

- How BOB will work with other Integrated Care Boards (ICBs) and partnerships, especially bordering areas and the broader South East region.
- The need to share priorities with other integrated care boards to prevent geographical inequalities and to prove access efficiency and seamlessness. Which bodies are doing this work?
- The role volunteers can play in some of the priorities.
- The need to reach beyond the NHS to bring together local authority, VCSE organisations and other local partners.
- The importance of local community organisations such as GP patient groups.

Access to healthcare

- The impact of housing/population growth in specific areas, e.g. Didcot, on access to GPs and other health services. Many surgeries have no availability to register new patients.
- Missing health conditions e.g. support for dementia.
- National Pensioners representative highlighted how difficult it is to get access to a healthcare professional, before and after Covid.

Too many priorities

- Overuse of the word 'priorities in the strategy - confusing for the public.
- A priority for some things means lots of priority for others. Which services would you deprioritise and how would you decide how to move resources from low to high priority?
- Is it achievable? - The strategy has as 18 priorities and 86 areas of focus.
- More detail, clarity and evidence are needed for the priorities as they are too general.

Gaps in the strategy

- The workforce needed to deliver the strategy.
- Learning from best practice/other systems – e.g. for integration and improvement.
- More information on the Core20Plus5 (NHS England’s approach to support the reduction of health inequalities at both national and system level.) Specifically, around core health for children and young people.
- The benefits of physical activity to improve health and wellbeing.
- Enabling PPG's to communicate with the wider range of consenting patients at their practices.
- The physical, mental and well-being needs of children and young people and how it will involve children and young people.

Looking at the wider context

- Do not look at healthcare in silo. Include and collaboration with the economic, social development, education, community and environmental factors.
- Work with businesses, economic development agencies and the local enterprise partnership to deliver digital improvement.
- Learn from and integrate with other organisations across the system who will also have similar strategies to inform the ICP strategy.
- Create structures to enable conversations with other organisations and partners in the future.