



Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership

Responding to the feedback from public engagement

1. Background

The proposed 'Strategic Priorities' for the Integrated Care Partnership were developed by multi-agency working groups including representatives from NHS organisations, local authorities and the voluntary sector.

These were shared with the public and wider stakeholders via a first draft of the Integrated Care Strategy in December 2022, with a formal engagement activity held between 13 December 2022 and 29 January 2023. A summary of the feedback submitted during this formal engagement period has been published in a separate document – *The Strategic Priorities Engagement Report*.

2. Overall support for both our Principles and our Strategic Priorities

The feedback from the engagement demonstrated widespread support for both the proposed principles and our priorities. A large majority of respondents to the survey agreed with both (87% agreeing with the proposed principles and 79% agreeing with the priorities) and this was echoed in the written feedback.

Very low numbers of respondents to the survey disagreed with either the principles (14 individuals) or the priorities (20 individuals) and the reasons they gave for this related to how the strategy would be funded or delivered, and in sufficient detail on the proposed priorities (including the number of priorities).

The concerns expressed in written feedback again echoed these with added comments about the importance of addressing socio-economic factors and wider determinants of health as well as observations that the draft strategy did not reference previous work and progress in these areas.

The feedback at the online events was broadly similar to both the online survey and written feedback.

3. Key Themes

The engagement report summarises the feedback in more detail and also groups the comments submitted into key themes. Both the detail in the engagement report and the key themes have been used to inform the development of the strategy.

This report has been produced to give an overview of the changes that have been made to the draft Integrated Care Strategy in response to the feedback raised in the consultation.

4. Summary of changes made to the draft Integrated Care Strategy in response to feedback raised in the consultation

Theme	Feedback we received	Our response to the feedback
<p>Priorities and Principles</p>	<p>Overall, the vast majority of respondents to the formal survey and those who submitted separate feedback agreed that the principles and priorities in the strategy were right.</p> <p>Most felt that the principles and priorities were of equal, high importance and it was impossible or meaningless to rank them in order of importance.</p> <p>Some people commented that the draft strategy contained too many unachievable priorities, particularly from those respondents who pointed to the '18 priorities' listed in the draft strategy.</p> <p>While some people commented that 18 objectives appeared to be too many, other people strongly argued that additional specific health conditions/services should be added.</p>	<p>Given the widespread support for both our principles and priorities we have not made major changes to these.</p> <p>However, we have reworked the text to emphasise that we have five strategic priorities, each with a number of objectives. As a large geography and large population, and with many partners coming together as a system, we recognise that the strategy covers a lot of areas. However, it was felt these were important and the endorsement from the engagement process would support this. The delivery plans will phase this work.</p> <p>We have revised the 'tag lines' for each of the five strategic priorities to improve the clarity. We have removed the numbering of both the five strategic priorities and the objectives beneath them to avoid any perception that they are not of equal value.</p>
<p>Importance of tackling existing challenges</p>	<p>While most respondents to the consultation agreed with the principles and priorities, those who disagreed or weren't sure cited a reason relating to the need to tackle the existing challenges in the health and social care system. For example, 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.</p>	<p>We have redrafted the introduction to the priority around 'Improving quality and access to services' to make our commitment to improving current service provision clearer. This section includes objectives to tackle some of the important challenges facing our system, including access to primary and urgent care services.</p> <p>Issues around staff recruitment and retention are picked up under the new 'Our People' section.</p>

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<p>Specific health conditions and/or services missing</p>	<p>Some specific health conditions and/or services were perceived to be missing from the strategy. Services for people suffering from poor Mental health and people with learning disabilities (including autism) were mentioned, as well as primary care services (specifically dental, pharmacy and optometry), services for people experiencing physical disabilities (especially in adults), dementia, carers, and end of life services.</p> <p>Linked to this, the consideration of age in relation to access/availability of specific services was also highlighted as a gap. This included mental health, autism, learning disabilities and physical disabilities.</p>	<p>There are two specific objectives around mental health in the strategy (children/young people’s mental health in Start Well and adult mental health in Live Well) . A reference to these has been included in the introduction to each section. We have also changed the order of the objectives in the Live Well section to put mental health first. We recognise that mental health cuts across ages and across many of our other priority themes and have added text to recognise this.</p> <p>The needs of people with learning disabilities and autism cover all ages and cut across all of our priorities. Text has been added to better reflect this throughout the strategy, particularly with respond to inequalities</p> <p>We have taken the same approach to both dementia and physical disabilities.</p> <p>Changes to ‘Improving quality and access to services’ (see above) now better reflects our commitment to improving current service provision. We have explicitly acknowledged the need to improve access to primary care services (including dental, pharmacy and optometry) and the objectives all reference improvements to specific services.</p> <p>The strategy already contained a dedicated objective around improving support to carers in Age Well.</p> <p>In response to feedback we have added a new section on improving end of life services in the priority on ‘Improving quality and access and services.’</p>

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<p>Integration and collaboration across both health and care services and the wider system</p>	<p>A key theme in the survey, written feedback and online consultation events was the importance of improving integration and collaboration across health and care services and the wider system to improve patient outcomes.</p> <p>Survey respondents pointed to the importance of including 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.</p> <p>Written feedback echoed this, pointing to the importance of collaboration to delivery of 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.</p> <p>Feedback at the online events also highlighted the importance of learning from other ICBs, partner organisations and businesses and working in partnership with other ICBs, across borders and the broader South-East region.</p>	<p>There is a golden thread throughout the strategy emphasising the importance of integration and collaboration and this has been reiterated in both the revised introduction and the new section focusing on delivery.</p> <p>Two out of the five principles in the strategy document rely explicitly on integration and collaboration (supporting local delivery and improving the join up between our services), highlighting the importance of working closely across organisation boundaries at both place and system level.</p> <p>Whilst acknowledging we are at an early stage in this journey, the strategy aims to make it clear that collaboration needs to go beyond traditional health and care providers to include all organisations from the private and voluntary sector as well as from local communities.</p> <p>New text has been added on digital, data and technology and also a section describing how we intend to share best practice as part of our focus on continuous improvement.</p>

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Support for prevention	<p>There was widespread support for the strategy's emphasis on prevention.</p> <p>Many responding to the survey 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.</p> <p>This was echoed in written feedback which frequently pointed to the need to take a holistic approach to the individual and the importance of recognising that physical and mental health are interdependent.</p>	<p>The feedback from the consultation strongly supported the focus on prevention.</p> <p>The commitment to prevention has been strengthened in the strategy document, adding references in the revised introduction, throughout the text on each of the five priority areas, and in our new section on delivery.</p> <p>This should make the commitment to prevention clear and emphasise that collaborative approach remains essential for successful delivery of the strategy.</p>
The impact of the wider determinants on health inequalities	<p>A key theme from the survey was that 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.</p> <p>Written feedback welcomed the strategy's recognition of the impact of the wider determinants on health inequalities. A key theme in this written feedback was a strong suggestion that partnership working across all sectors such as transport, education, housing etc would help ensure success.</p>	<p>The feedback from the consultation supported our focus on tackling both health inequalities and addressing the social, economic and environmental factors that shape people's health.</p> <p>As with prevention, we have added text to strengthen our commitment to tackling health inequalities. This includes a formal explanation of health inequalities in the opening section and more focused information in each of the priority sections.</p> <p>We have strengthened our description of the factors that affect people's health in the introduction to the priority 'Promoting and protecting health'. We have also changed the order of the sections within this priority to give more prominence to the section focusing on factors that influence people's health and wellbeing.</p>

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Improve access to services for all and addressing barriers	A key theme emerging in the written feedback was the need to improve access to services for all and addressing barriers to delivery. Examples given in the engagement report include transport, rural isolation and digital exclusion.	In the section on ‘Improving quality and access to services’ a more explicitly description of the commitment to addressing the barriers that people face when trying to access health and care services. This includes tackling the inequality in access for individuals from specific population groups as well as a recognition of the challenges created by the rural nature of our area where there is a limited public transport infrastructure. Digital exclusion is covered in the new section on digital, data and technology.
Deliverability	Perhaps the most significant concern raised during the consultation exercise was around the deliverability of the strategy. A number of specific elements were highlighted. These are covered below.	In response to the concerns raised around delivery, a substantial new section has been added outlining both our approach to delivery and the essential supporting work. This includes specific information about crucial work that the implementation will rely upon, such as staffing and digital and data.
More clarity and detail around how the strategy will be delivered	Many individuals, community groups and organisations responding to the consultation requested more detail on how the strategy will be delivered. This included a request from some to include timeframes, measurable outcomes, and processes for ongoing review.	<p>We have not at this stage described in detail how the strategy will be delivered and funded as more detailed work is required. We have, instead, made a commitment to publishing the detailed delivery plans as they are developed. The strategy document was always written to set a direction for the system, with partner organisations responsible for the development of delivery plans.</p> <p>The section ‘Delivering our priorities’ outlines the requirements for delivery plans to consider resourcing and other ‘enabling’ capabilities such as workforce, digital, data and technology and continuous improvement.</p>

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Concerns about the resources to enable delivery	There was concern that the draft strategy did not mention how the ambitious programme of work will be resourced in terms of both workforce and funding.	<p>We have acknowledged the issue of funding, recognising that this will be picked up in the detailed delivery plans. We have explained that we will seek to maximise opportunities to consider new ways of collaborating, including options such as the pooling of budgets.</p> <p>We have included a separate section on workforce – see below.</p>
Investment in staff recruitment and retention to enable delivery	<p>Survey respondents highlighted the need to address some challenges across our system relating to our workforce - staff wellbeing, recruitment and retaining staff, especially nurses and GPs.</p> <p>Written feedback highlighted the workforce shortage across the NHS, voluntary sector and social care.</p>	<p>A new section has been added ‘Our People’ which outlines our commitments to working together where possible to support our people and address the challenges our system faces with respect to our workforce and making BOB a great place to work.</p> <p>We recognise that the people who provide care and support to our population (including those in paid employment and volunteers) are vital to the delivery of this strategy.</p>
Importance of working with the voluntary sector and local communities	<p>The importance of working with the voluntary sector and local communities was highlighted in the engagement feedback. This emphasised the invaluable knowledge, insight, and networks that the voluntary sector and local communities can bring to the Integrated Care System.</p> <p>The importance of the role of the voluntary sector and patient groups was also raised at the online events.</p> <p>There was some criticism of the consultation/engagement process in the written</p>	<p>Representatives from the voluntary sector have been engaged in the development of this strategy and will be essential its delivery. We have sought to improve how this is reflected through revisions to the text.</p> <p>We have added a new section on ‘working with our communities’. This acknowledges that we are at the beginning of a process and our dialogue with our communities needs to be ongoing and move beyond simply asking people for their views.</p>

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	feedback and a call to improve communication and engagement routes.	
Clear language and explanations of terminology	Some respondents to the survey asked for clearer language and explanations of terminology.	<p>We have reviewed all the text in the strategy and simplified language where possible.</p> <p>We have removed more technical terms and replaced them with simpler terminology or clear explanations. For example, we have removed references to “wider determinants of health” and replaced with “factors that influence health and wellbeing”.</p> <p>We have added an explanation of what we mean by health inequalities in our revised introduction.</p>