Buckinghamshire, Oxfordshire and Berkshire West Joint Health Overview and Scrutiny Committee agenda

Date: Wednesday 25 January 2023

Time: 2.00 pm

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF

Membership:

Councillor Peter Brazier (Buckinghamshire Council), Councillor Nigel Champken-Woods (Oxfordshire County Council), Councillor Phil Cunnington (Wokingham Borough Council), Councillor Imade Edosomwan (Oxfordshire County Council), Councillor John Ennis (Reading Borough Council), Councillor Jane Hanna (Oxfordshire County Council), Councillor Damian Haywood (Oxfordshire County Council), Councillor Carol Heap (Buckinghamshire Council), Councillor Nick Leverton (Oxfordshire County Council), Councillor Dr Nathan Ley (Oxfordshire County Council), Councillor Tony Linden (West Berkshire Council), Councillor Jane MacBean (Buckinghamshire Council), Councillor Adrian Mather (Wokingham Borough Council), Councillor Ruth McEwan (Reading Borough Council), Councillor Freddie van Mierlo (Oxfordshire County Council), Councillor Howard Mordue (Buckinghamshire Council), Councillor Susan Morgan (Buckinghamshire Council), Councillor Claire Rowles (West Berkshire Council) and Councillor Alan Turner (Buckinghamshire Council)

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Agenda Item	Time	Page No

1	**Election of Chairman** For Members of the joint committee to elect a Chairman for the ensuing 24 months.	**14:00**	
2	**Election of Vice-Chairman** For Members of the joint committee to elect a Vice-Chairman for the ensuing 24 months.		
3	**Apologies for absence**		
4	**Declarations of interest**		
5	**Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership - Strategic Priorities** The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership is engaging with partner organisations, the voluntary sector, other stakeholders and residents to understand their views on a set of priorities for the partnership to help improve the health and care system for local people. The draft strategy focusses on the following priorities - promoting and protecting health, start well, live well, age well and improving quality and access to services. Members will hear from Integrated Care Partnership representatives on how the draft strategy has been developed, the feedback so far and the next steps. **<u>Presenters:</u>** Cllr Jason Brock, Chairperson, Integrated Care Partnership Rob Bowen, Deputy Director of Strategy Jane O'Grady, Director of Public Health, Buckinghamshire Ansaf Azhar, Director of Public Health, Oxfordshire Tracy Daszkiewicz, Director of Public Health, Berkshire West **<u>Papers:</u>** Draft Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership Strategic Priorities	**14:10**	**5 - 36**
6	**Work Programme** For Committee Members to discuss items for forthcoming meetings.	**15:50**	
7	**Date of next meeting**	**16:30**	

To be confirmed

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For further information please contact: Liz Wheaton on 01296 383856, email democracy@buckinghamshire.gov.uk.

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Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership

Strategic Priorities

December 2022

Contents

1 Welcome

There is little doubt we are living through a time where pre-existing assumptions about health outcomes are being challenged. From the shock of the pandemic to a cost of living crisis likely to widen health inequalities rather than reduce them, the task of setting a course for the years ahead is not easy.

We already know that the places and circumstances where people are born, grow up, live and learn influence how happy and healthy they are, which makes it particularly difficult to set a strategy for catchment areas as large as ours. Many strategies cross over county lines, others do not.

The pandemic shone a bright light on the health inequalities in our societies. We always knew they existed, but we maybe don't talk about them enough. As always, the biggest impact was felt by deprived communities and the same will apply to the economic conditions in the year ahead.

My own patch of Reading ranks as the third most unequal town or city nationally for wealth distribution. Looking at the wider area of Buckinghamshire, Oxfordshire and Berkshire West – which covers nearly 2 million individuals – life expectancy can vary between areas by up to a decade. And people in less affluent areas experience poor health 10-15 years earlier than their more affluent neighbours (the so-called 'healthy life expectancy gap').

The pandemic also taught us the importance of partnership. The work of one organisation can be quickly undermined if other bodies are pulling in a different direction. This consultation is about finding common ground on broad strategies which can help give people the best possible start in life, to be happier and healthier and to ensure they have access to support they need it.

Partner organisations and local communities know best what the challenges are in their own areas. It's why we have worked with a range of people and organisations to pull together this draft document which is intended to promote thought and discussion. The detail, of course, comes later on, in particular how the NHS and all partners can direct limited resources so as to have the biggest positive impact on people's lives. In the meantime, it's important we identify the strategies which will help us achieve that.

Thank you for taking the time to take part in this important process.

Cllr Jason Brock
Chairperson, Integrated Care Partnership
Leader of Reading Borough Council.

2 Introduction

Our integrated care partnership (ICP) is a group of organisations which plan and provide health and care services for nearly two million people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire's three westerly local authority areas of West Berkshire, Reading and Wokingham (known as 'Berkshire West').

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

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.

We recognise the places and circumstances in which people live and work influence their health – our housing, our local environment, the cost of living, our employment and our communities - which is why we need to work together to address this.

If we are to achieve the vision for our population, we must develop a strategy, with clear priorities we will take forward across our partnership. **This document introduces our strategic priorities**. They are based on a commitment from our partner organisations to work together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across our populations.

We are developing a strategy that builds on our current joint local health and wellbeing strategies. These have been developed between NHS, local authority and other partners at local authority level. We have worked with members of our partner organisations, the voluntary sector, and others to understand their areas of focus and ambitions. The BOB ICP strategy will set the direction for our health and care system, linking with local plans, to meet the health and wellbeing needs of people who live in the Buckinghamshire, Oxfordshire and Berkshire West area.

We want to work with local people and partner organisations to shape the future of health and social care in response to local needs. We want people, communities and partner organisations to get involved in the development of this strategy, as it will inform plans and proposals for the future of our health and care.

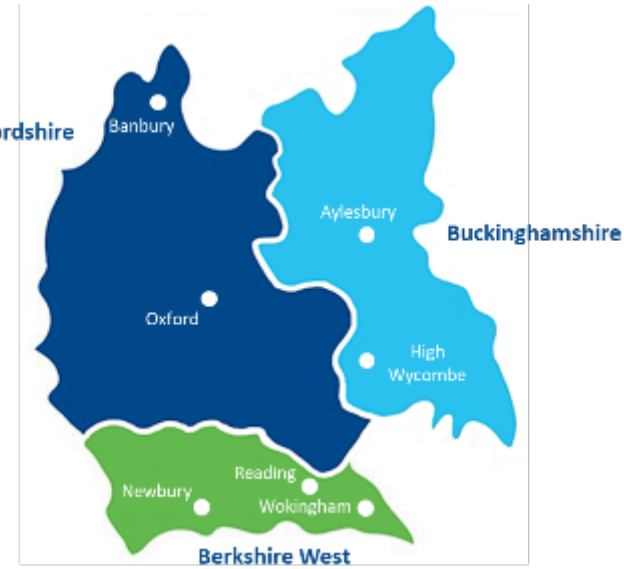
Our draft principles will guide everything we do. Our draft priorities outline the areas where we expect to do more together, locally and across the health and care system, to improve health and wellbeing in a manner that is fair and inclusive.

We want feedback on these proposals so are sharing these with our wider partners and with people who live or work in Buckinghamshire, Oxfordshire and Berkshire West.

3 Who are we?

3.1 Our health and care system

Our health and care system is made up of many organisations who all play a part in helping people to be as healthy as possible, for as much of their lives as possible. These include local councils, social care support, hospitals, emergency services, GP practices, dentists, mental health providers, care homes, and many voluntary, community and social enterprise organisations.



In addition to these organisations who directly provide health and care services, we have links with schools, universities, businesses and research partners working in health or care in our area.

There are well over 8,000 registered charities in our geography and there may be as many as 5,000 more informal community groups. Most of the registered charities are very small and volunteer-run.

Some of the people and organisations playing a part in the health and wellbeing of BOB's population include:


Nearly 2 million people
3 acute / integrated hospital trusts
More than 250 care homes
50 primary care networks (159 GP practices)
2 mental health trusts
Approx 68,000 staff in health and care
182 dental practices
Multiple community providers
More than 800 schools
5 universities
5 Healthwatch organisations
More than 8,000 voluntary organisations
1 ambulance trust
Approx 260 pharmacies
5 district councils
5 unitary / upper tier local authorities

3.2 Our population and our health and wellbeing

Our population

Nearly two million people live in the five local authorities that make up Buckinghamshire, Oxfordshire and Berkshire West.

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

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

According to the 2021 census the combined data from our five local authorities shows a very similar ethnic profile to the national average, however this masks individual differences at local authority level. People who responded that they were White British make up 73% of residents overall which is similar to the national average but this ranges from 53% in Reading to 85% in West Berkshire. People from many different ethnic groups live in our area including 3.5% of the population who describe themselves as Indian, 3.1% as Pakistani, 1.6% as Black African and 0.8% as Black Caribbean. These relative proportions vary between local authorities and ethnic diversity tends to be higher in our major towns and cities.

Our health

Living long lives in good health

People living in our area are generally healthier and live longer lives in good health than the national average. This is true for all our local authorities except for Reading where women do not live as long as the national average and men live as long as the national average. Within each local authority, how long people live varies between wards by up to 10 years, with people living shorter lives in more deprived wards.

Across our local authorities, both men and women spend more years in good health than the national average apart from women in Reading who spend fewer years in good health. The gap in years spent in good health is even wider than the gap in how long people live. People in more deprived areas develop poor health 10-15 years earlier than people living in less deprived areas.

A good start in life

The early years are a crucial time for the health and wellbeing of children and their development with far reaching impacts throughout their school years and adult life. A mother's physical and mental health during pregnancy can affect the health and development of her baby before it is born. Children undergo rapid physical, mental and emotional development in the first five years of life and the circumstances in which they live and early life experiences have a profound effect on their development and subsequent mental and physical health as teenagers and adults.

The proportion of babies born at term who were a low birthweight was similar to the national average of 2.9% except in Oxfordshire where 2.3% of babies born at term were low birthweight.

A higher percentage of children in our area achieve a good level of development compared to the national average, except in Reading which is slightly lower. However, this average overlooks the experience of some of our most vulnerable children. Children in receipt of free school meals have lower levels of good development, especially in Oxfordshire and West Berkshire.

Young people aged 16-17 who are not in education, employment or training (NEET) are at increased risk of poor physical and mental health. In 2020, Buckinghamshire had a higher proportion of 16-17 years who were NEET than the national average, Reading had a similar percentage to the national average, while rates were lower in other parts of our area.

Healthy behaviours

The four main health behaviours – smoking, physical inactivity, an unhealthy diet and alcohol misuse account for 40% of all years lived with ill health and disability. These behaviours are major risk factors for long-term conditions such as heart disease and cancer. People with all four unhealthy behaviours are four times more likely to die prematurely than people with no unhealthy behaviours and the risk increases with each behaviour.

13% of residents in our area smoke according to GP data but this varies significantly between our least and most deprived areas.

1 in 4 residents in Buckinghamshire and Oxfordshire and 1 in 5 residents in Berkshire West (Wokingham, Reading and West Berkshire) are estimated to drink alcohol at levels that increase their risk of health problems.

Around 3 in 10 children aged 10-11 years across our area are overweight or obese and around 6 in 10 adults are overweight or obese.

Around 1 in 5 adults do less than 30 minutes moderate intensity activity a week.

The circumstances in which people live affect their health behaviours and on average people living in more deprived circumstances tend to have lower levels of healthy behaviours.

Long term conditions

Levels of long term conditions such as heart disease or diabetes are generally lower than the national average. Long term conditions tend to increase with age and it is estimated that 3 in 5 people over 60 years have a long term condition. However, many long term conditions are preventable. For example, up to 70% of heart disease and stroke, up to 50% of type 2 diabetes and 38% of cancer cases could be prevented. Smoking causes 15% of all cancers and obesity and being overweight is the second most common cause of cancer in the UK.

People living in deprived areas develop more long-term conditions and at an earlier age than people living in less deprived areas.

Mental health and wellbeing

Good mental wellbeing supports people to get the most out of life. However mental health problems are common and can be worsened by adverse social and economic circumstances. Approximately 12% of adults across Buckinghamshire, Oxfordshire and Berkshire West have a recorded diagnosis of depression which is similar to the national average and 0.8% have a severe mental illness such as schizophrenia.

The determinants of health

The places and circumstances in which people are born, grow up, live learn and work profoundly influence their health. Although the health of the population across Buckinghamshire, Oxfordshire and Berkshire West is generally better than or similar to the national average this masks many differences between different groups of people. These

differences are often the result of the different social, economic and environmental conditions in which they live.

Deprivation

From birth to old age people living in more deprived circumstances tend to have worse physical or mental health.

Buckinghamshire, Oxfordshire, West Berkshire and Wokingham are in the 10 least deprived local authorities in the country. Levels of deprivation in Reading are slightly better than the national average. However, within each local authority, levels of deprivation vary between wards and 3% of our population (57,000 people) live in a ward that is one of the 20% of the most deprived wards in England.

The percentage of children living in poverty, and the percentage of households living in fuel poverty are all below the national average and unemployment levels are lower than the national average, except in Reading.

The proportion of people who are defined as homeless is below the national average, apart from Reading where rates are higher.

Recorded rates of domestic abuse and hospital admission rates due to violence are lower than the national average. However, we know there is significant under reporting of domestic abuse.

Poorer health outcomes for some groups

We know that some people living in deprived areas tend to have poorer health. There are several other groups that also tend to have poorer health.

People from different ethnic groups are at higher risk of some diseases. For example, people from Black and South Asian ethnic groups are at a higher risk of diabetes and cardiovascular disease (which causes heart disease and stroke). Mothers from Black and South Asian ethnic groups are at greater risk of complications and death during pregnancy and child birth.

Other groups with poorer health include people with a physical or learning disability, people suffering severe mental illness and those who are homeless.

These differences in health are due to a complex mix of societal, economic, environmental and biological factors. However, health problems can also be compounded by people's knowledge of, or ability to access services. Services may not be accessible or acceptable or appear welcoming to some groups of people. Some groups of people also report having worse experiences or poorer outcomes from services.

Inequalities are often multiple and overlapping – for example, a study by the Race and Health Observatory highlighted for example - that people from Black and Minority Ethnic (BME) groups are disproportionately affected by socioeconomic deprivation – a key determinant of health status.

3.3 Our vision and principles

Our vision is for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to be able to access the right support when it is needed.

Five principles will guide everything we do

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.

TACKLING HEALTH INEQUALITIES

We will seek to improve the physical and mental health of those at risk of the poorest health. This will include making sure people can access health and care services, whatever their background.

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 be involved in their own health and care.

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.

IMPROVING THE JOIN UP BETWEEN OUR SERVICES:

We will improve the way our services work together to ensure people get support when they need it and residents have a better experience of health and care services.

4 Our priorities for 2022/23

This Integrated Care Strategy builds on our local authorities' health and wellbeing strategies and seeks to provide a clear direction for our health and care system and the people who live in the Buckinghamshire, Oxfordshire and Berkshire West area.

We have identified five areas where we expect to do more together to improve people's health and wellbeing. These are:

- ***Promoting and protecting health*** – to support people to stay healthy, protect people from health hazards and prevent ill-health
- ***Start Well*** – to help all 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 older people to live healthier, independent lives for longer
- ***Improving quality of and access to services*** – to help people access our services at the right place and right time.

In this section we explain why we have selected each priority, what our areas of focus will be, and what we hope to achieve.

There is little detail included in this document about 'how' the strategy will be delivered. This detail will be worked up with partner organisations once the priorities have been agreed. They will be published as more formal plans for delivery in due course.

Additionally, we know there are several essential supporting plans that will need to be developed to make delivery possible. Notably these relate to:

- Our staff - ensuring we have a realistic plan for recruiting, developing and retaining a workforce that can sustainably support our people's health and wellbeing
- How we use our data – Our plans to make the data professionals need to plan support or treat their patients available at the time of need or treatment

We are keen to hear what people who live or work in Buckinghamshire, Oxfordshire and Berkshire West think about our priorities.

There are instructions how to have your say at the end of this document. We will use your feedback to refine and finalise our plans.

4.1 Promoting and Protecting Health

To support people to stay healthy

Although people in Buckinghamshire, Oxfordshire and Berkshire West are generally healthier than the national average, many people suffer poor health from conditions that could be prevented or delayed. Behaviours such as smoking, drinking too much alcohol, having an unhealthy diet, not being physically active or being overweight can lead to a wide range of conditions including diabetes, cancer, heart disease, stroke, lung disease and dementia.

The choices we make are shaped by our circumstances – the people we see around us, the places we live, and other influences such as the availability and pricing of unhealthy foods, alcohol or cigarettes. This leads to differences in the opportunity for healthy lives across our area.

By working better together and focusing on prevention in everything we do, we can help people stay healthy for longer and help reduce inequalities in health. We plan to do this by:

1) Improving the conditions in which people live and addressing the wider social, economic and environmental issues that affect our health.

2) Supporting people to live healthier lives by addressing some key health behaviours that lead to many long-term conditions.

3) Ensuring our staff are trained and supported to help people who want to adopt healthier behaviours

Priority 1: Reduce the proportion of people smoking across Buckinghamshire, Oxfordshire and Berkshire West.

Why this matters:

Smoking is one of the biggest causes of preventable disease and early death in our area, accounting for over 4,000 premature deaths each year. It is also the biggest factor behind the gap in life expectancy between people living in the most and least deprived areas.

According to GP data, 13% of people in Buckinghamshire, Oxfordshire and Berkshire West smoke (154,000 people), but rates are higher in more deprived areas. An estimated 22% of people working in routine and manual occupations and 36% of people with a severe mental illness smoke.

Smoking and tobacco consumption rates are high in some ethnic minority communities and among immigrants from countries where tobacco regulations and cultural approaches to its use are different from UK.

Smoking causes a very wide range of ill health from the earliest years to older age.

Smoking while pregnant can harm the unborn baby and result in babies being born too early and having a low birthweight. Parental smoking harms children's health.

Smoking increases the risk of cancer, heart disease, stroke and lung disease and the need for social care occurs 10 years earlier in smokers.

Smoking is estimated to cost health and care organisations in Buckinghamshire, Oxfordshire and Berkshire West £94 million each year (£69 million for health and £25 million for social care).

1 in 6 Lesbian Gay Bisexual and Transgender people are found smoke every day, the prevalence being higher among younger LGBT people.

Our areas of focus:

- Partners work together in effective tobacco control partnerships at a place based/local authority level to help reduce the numbers of people smoking.
- Partners provide or proactively refer people to services to help them stop smoking.
- More people in deprived areas are referred to smoking cessation services by their primary care team.
- Providing culturally appropriate services, where necessary, to encourage giving up of smoking or tobacco consumption in other forms
- More people in contact with the NHS are supported to stop smoking. This includes helping people to stop smoking before planned operations to help their recovery, helping people admitted to hospital, pregnant women and their partners, and people with severe mental illness to stop smoking.

What we want to achieve:

- The overall number of smokers in Buckinghamshire, Oxfordshire and Berkshire West will reduce, especially in our most deprived areas.
- Fewer young people will take up smoking.
- More people will stop smoking, especially in deprived areas.
- A reduction in conditions made worse by smoking, including fewer people developing cancer and lung disease
- A reduction in the gap in life expectancy between the most and least deprived areas

Priority 2: Reduce the proportion of people who are overweight or obese, especially in our most deprived areas and in younger people.

Why this matters:

Across Buckinghamshire, Oxfordshire and Berkshire West, approximately 6 in 10 adults are overweight or obese and approximately 3 in 10 children aged 10-11 are overweight or obese.

Obesity increases the risk of many long-term conditions including cancer, diabetes, heart disease and dementia. Obese people die up to 10 years earlier than people with a healthy weight.

Adults and children living in more deprived areas are more likely to be obese.

The risks of many illnesses could be reduced by increased physical activity. Indeed, 1 in 3 deaths are from illnesses where being physically active is an important protective factor against becoming ill. Approximately 1 in 5 adults are inactive.

Our areas of focus:

- Partners work together in place based multi-agency partnerships to improve physical activity levels and reduce obesity.
- Promote active travel and increasing access to green spaces

- Work together with school aged children to increase physical activity and promote healthy lives
- Support changes that help people to eat healthily and improve access to affordable healthy food. This includes promoting healthy schools and hospitals, and healthy weight in hospital initiatives.
- Support more people to lose weight.

What we want to achieve:

- A reduction in the proportion of people who are overweight or obese
- More children and young people will be physically active, especially in our most deprived areas.
- More children and young people will have access to healthy food and are a healthy weight, especially in our most deprived areas.
- More adults are physically active.
- More adults have access to healthy food and are a healthy weight.
- A reduction in the proportion of people who have type 2 diabetes

Priority 3: Reduce the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing.

Why this matters:

1 in 4 Buckinghamshire residents, 1 in 4 Oxfordshire residents and 1 in 5 Berkshire West adults drink alcohol at levels that are harmful to their health and wellbeing. This is higher than the national average.

Alcohol is one of the most common causes of disability and of death in adults aged 15-49. Alcohol increases the risk of several cancers (including breast cancer), heart disease and stroke as well as liver damage.

Alcohol can lead to family breakdown and increases the risk of domestic violence and child abuse or neglect. It also increases the risk of accidents and violence.

7 out of 10 people with an alcohol disorder have mental health problems.

While drinking at levels that increase risk of harm is most common in the wealthiest fifth of the population, both alcohol-related admissions and alcohol-related deaths are most common in the most deprived areas nationally.

Our areas of focus:

- Partners work together in effective multi-agency drug and alcohol partnerships at place level
- More people are identified and supported to reduce their harmful drinking particularly in higher risk groups such as people living in more deprived areas, people with mental health conditions, veterans of our armed forces, and ex-offenders.
- Hospitals and other care providers have clear pathways for identifying and supporting people who misuse alcohol.
- Develop more coordinated help for people who have substance misuse and mental health problems.

What we want to achieve:

- A reduction in the proportion of people drinking alcohol at levels that are harmful to their health and wellbeing.
- Increase in the number of people receiving support to tackle their alcohol misuse.

- A reduction in conditions caused by alcohol including high blood pressure, cancer and liver disease
- A reduction in the numbers of violent incidents, accidents and domestic violence triggered by alcohol and a reduction in children being taken into care because of parental alcohol abuse.
- A reduction in the number of people with mental illness who also are regularly drinking at levels that increase the risks of harm

Priority 4: Take action to address the social, economic and environmental factors that influence our health.

Why this matters:

Tackling health inequalities requires action across the social, economic and environmental determinants of health. It is essential that we provide an equitable and sustainable approach to improving health outcomes for our communities. For this we need a place-based approach and coordinated action across many sectors and organisations, working with our communities. Health and economic prosperity are interlinked, while wealth and income are a major determinant of health, health is a major determinant of economic performance.

The first wave of the Covid 19 pandemic highlighted the stark differences in health outcomes for different population groups – with the risk of poor outcomes including deaths being higher in more deprived areas and certain ethnic groups. The pandemic highlighted the need to build trust and confidence among diverse healthcare staff communities to improve outcomes and reduce serious infections and deaths.

The places and communities we live in have a significant impact on how healthy we are. The world around us influences the choices we make and the quality and length of our lives.

Feeling safe in our local area, with safe places to play and exercise makes it easier to stay healthy and active. Similarly, safe travel routes to school, shops or work make it easier to build physical activity into our day for example, by choosing to walk or cycle.

Secure employment is important. The rising cost of living may damage people's health, especially those already experiencing financial hardship. National figures from 2020 found more than 1 in 7 households were affected by fuel poverty, with single parent households most likely to be fuel poor (1 in 4) and couples aged over 60 making the largest average reduction in fuel usage to avoid fuel poverty. The price rises in 2022 mean more households are struggling. It is harder to stay healthy and well if food and heating are unaffordable.

The quality of our housing and the air we breathe also has a direct impact on our health and wellbeing. Poor air quality, contaminated land and water pollution can lead to serious acute and chronic disease.

Air pollution is responsible for a range of respiratory conditions, cardiovascular disease, cancers and birth defects. Approximately 29,000 people in the UK die of illnesses caused by air pollution every year and air pollution is currently estimated to reduce the life expectancy of every person in the UK by an average of seven to eight months.

Organisations across Buckinghamshire, Oxfordshire and Berkshire West have committed to reduce their carbon footprints. The NHS target is to achieve net zero by 2040. This will require significant changes to how we live and work but will ultimately improve and protect the health of the people who live or work across our area.

Our areas of focus:

- Seek to support the local economy and develop job opportunities and routes into employment for people who live in our area.

- Improve public and staff awareness of services tackling income, fuel and food insecurity, and help staff to refer people to appropriate services.
- Help our most vulnerable people and communities access information and local offers of help, including community food projects, benefits entitlements and debt advice.
- Ensure safe and accessible options for exercise and active travel.
- Encourage a public health approach to planning and development, to ensure our built environments supports healthy lives
- Ensure schemes and services are in place so people are helped to live in warm homes.
- Work together to ensure people accessing social housing have safe, warm, damp free homes.
- Ensure that new housing developments adequately reflect the needs of older people and those with disabilities and are resilient to the impact of climate change.

What we want to achieve:

- The adoption of local planning principles that have health at the heart of the built environment
- Greater community connectedness through a consideration of community in the structures and services we provide
- A physical environment that supports people to live independently through thoughtful design
- That all our communities have green space within their locality
- More sustainable road travel, particularly for staff members who use their cars often as part of their work.
- Reduced carbon emissions across all our providers to deliver the commitments each organisation has made to achieving net zero.

Priority 5: Protect people from infectious disease by preventing infections in all our health and care settings and delivering national and local immunisation programmes.

Why this matters:

The prevention of infectious disease requires an integrated effort across health and social care and direct action by the people and communities affected. It is only this collective effort that can stem or prevent the acceleration of transmissible infection.

We need a shared understanding of the threats and the possible and probable infections. We need to be able to take preventative measures and intervene early. This will require an understanding of the different requirements affecting the varying populations and settings in which we live, work and learn. We must work as a system to; prevent and protect, detect and control, prepare and respond, collaborate, and reflect and learn

Vaccinations are important to protect against ill health. However, since 2013 there has been a decline in the uptake of childhood vaccines in England. In Buckinghamshire, Oxfordshire and Berkshire West, we estimate only 8-25% of 15-16 year-old children have had all the recommended adolescent immunisations. There are also noticeable differences in the uptake of immunisations across our area, leaving some communities vulnerable to infectious diseases.

Our areas of focus:

- Protect more people by immunising them against serious diseases.
- Raise the public's awareness of anti-microbial (antibiotic) resistance and continue to work with professionals to reduce it

- Ensure robust infection control measures amongst our staff and in all health and care settings.
- Develop linked data that gives early indication of local outbreak risks through closer working with UK Health Security Agency that means effective prevention and earlier intervention
- Stimulate local action to prioritise tackling blood born virus' and reduce transmission through earlier diagnosis and treatment.
- Continue to work together across our area to prepare robust responses to future pandemics and other environmental or public health emergencies
- Use local public health expertise to understand global health activities to protect our populations.

What we want to achieve:

- A reduced number of adults and children catching or becoming ill from serious infectious diseases.
- A reduction in the inequality of vaccine uptake across our communities
- A reduced impact of outbreaks and spread of disease by achieving herd immunity thresholds for a range of diseases such as measles.
- Stronger protection for those whose immune systems are compromised, are too young, or otherwise unable to receive certain live vaccinations.
- A population that is free from Hepatitis B and C, HIV, Tuberculosis and a halt in the rise in sexually transmitted infections
- An intelligence platform which provides the evidence to address infectious diseases linked to health inequalities
- A robust Public Health led Health Protection and Resilience Partnership to establish a gold standard system to protect our populations

4.2 Start Well

To help all children achieve the best start in life.

The foundations for a person's future health and wellbeing are set in the early years of life. We need to give every child in Buckinghamshire, Oxfordshire and Berkshire West the best possible start. This begins with supporting mothers during and after their pregnancy and then working together to ensure children achieve their early development milestones so they are ready to get the most out of life, their education and future opportunities.

We want to promote communities and environments that support children to make healthier choices and which will ensure our children thrive and achieve. However, we recognise that some children, young people and their families will need additional support and we are committed to working together to provide joined up services to enable these children and young people to reach their full potential.

Priority 6: Improve early years outcomes for all children, particularly working with communities experiencing the poorest outcomes.

Why this matters:

The first five years of a child's life are crucial to their healthy development and these years can have a lasting impact on the rest of their life.

The best start for a child begins with a healthy pregnancy. The mental and physical wellbeing of the mother and their home environment is important for the baby's healthy development. Proactively supporting mothers during and after pregnancy, therefore, improves outcomes for both mothers and their children. Some mothers and babies have a higher risk of complications during pregnancy and this includes women living in more deprived circumstances and those from Black and Asian ethnic groups. This can result in a range of poorer outcomes including babies being born too early or with low birthweight. Although deaths in pregnancy are rare , national research finds that mothers from some minority ethnic groups are more likely to die during pregnancy than their White British counterparts.

The Covid-19 pandemic lockdowns have impacted on the development of many younger children, who lost time in school and nursery and missed out on common social and developmental opportunities. This has led to more children who are not as ready to learn at two years old and not ready for school at five years old.

Families have told us that they sometimes experience difficulty interacting with the complex service landscape and have to 're-tell their story' to different services and professionals. This is often the case for disadvantaged and vulnerable families

Our areas of focus:

- Support is offered to women to ensure a healthy pregnancy with targeted actions focused on women from deprived communities and from minority ethnic groups who have historically experienced more problems during pregnancy and poorer outcomes.
- Support women experiencing mental health difficulties during pregnancy and after their baby is born.
- Improve the help we offer to pregnant women and their partners to stop smoking.

- Strengthen and simplify the links between services for under fives and simplify access for family services to help families navigate and receive the support they need without stigma.
- Work together to provide support to children under five to enable them to fulfil their full potential.

What we want to achieve:

- An increased proportion of mothers will have a healthy pregnancy, including those living in more deprived areas and those from targeted minority ethnic groups.
- Fewer babies will be born prematurely or with a low birthweight.
- Fewer mothers will smoke during pregnancy.
- The number of women who receive effective support for their mental health during pregnancy and after their baby is born will increase.
- The number of children achieving their early development milestones on the way to school readiness will increase, especially in our most deprived communities, so that they can get the greatest benefit from their education.

Priority 7: Improve emotional, mental health and wellbeing for children and young people

Why this matters:

Mental health problems are a leading cause of disability in children and young people. Problems experienced as a child can have long-lasting effects. Indeed, half of those with lifelong mental illness experience symptoms by age 14.

The number of children suffering from mental health problems in our area has increased over the past five years with more children admitted to hospital for mental health conditions including more cases of self-harm.

Measures of positive mental wellbeing have also reduced. The pressures children have faced as a result of the Covid-19 pandemic have made this situation worse.

We need to help our children by identifying mental health problems as early as possible and providing treatment before their condition worsens. Unfortunately, it takes too long for children and young people to access mental health and wellbeing services in our area.

We need to do more. We will work with the many active voluntary, community and social enterprise organisations who tell us that they could do more to help us support our children and young people.

Our areas of focus:

- At every opportunity across our system (health, care, and education), support children to get the right mental health and wellbeing advice at the right time at a place near to where they live and learn.
- Improve access to mental health support teams for more pupils, prioritising schools with higher numbers of students eligible for free school meals, a high proportion of students with special education needs or high proportion of students who live in the in most deprived neighbourhoods.
- Reduce the waiting times and improve the experience for children and young people accessing mental health services, particularly NHS Child and Adolescent Mental Health Services (CAMHS).

What we want to achieve:

- Better mental health for children living and learning in Buckinghamshire, Oxfordshire and Berkshire West, through earlier intervention and support.
- More children have easier access to support when they need it, including reduced waiting times for formal mental health services.
- Reduced rates of hospital admissions for self-harm among people aged 10-24 years.

Priority 8: Improve the support for children and young people with special educational needs and disabilities, and for their families and carers.

Why this matters:

The number of children and young people who have special educational needs or disability (known as SEND) has been increasing since 2016 and there are currently 1.5 million in England. This includes children and young people with speech, language and communication needs, social emotional and mental health needs, moderate learning difficulties, autism spectrum disorder and other neurodevelopmental disorders or specific learning difficulties.

In Buckinghamshire, Oxfordshire and Berkshire West, we need to improve the identification of children and young people with SEND and ensure they get appropriate and timely support. This will help them to take as full and active part in their daily lives as they can and enable them to reach their full potential.

Effective support at the right time and in the right place can improve educational attainment, employment, social mobility and mental health, which in turn impacts on longer-term health and wellbeing. Timely support for the child or young person also helps to support the broader resilience of the family.

Our areas of focus:

- Children and young people with special educational needs and disability are identified early, and are able to access right level of support, with their families, at the earliest opportunity.
- Support is provided for these groups in a broad range of settings based on their presenting needs rather than whether they have a diagnosis.
- Children and young people with special education needs and disabilities, and their families, have opportunities to shape their support with their clinical and professional teams, who work together to meet these needs.

What we want to achieve:

- Children, young people and their families report that they know where and how to access available support and services and report positively on their experience.

Priority 9: Support young adults to move from child centred to adult services.

Why this matters:

Services designed for children will not be appropriate for young adults as they get older. There comes a point where the young person's care needs to move from a team focussed on supporting children to professionals who provide services for adults. This varies from individual to individual and usually happens between the ages of 16 and 25.

Young adults, particularly those with more complex needs, can find this change difficult. It is important the process is as clear and supportive as possible, meeting the young person's needs while building their resilience to look after their own health as much as possible.

We can work better together to support young adults through this process, understanding the needs and wishes of the individual and their carer(s) to ensure the right support remains available.

What we will do:

- Build the confidence of young adults, their independence and resilience as they transition so that they and their families and carers are actively involved in the changes in support.
- Work together across our services to provide more holistic support, recognising the needs to the individual and supporting them through the move to adult services

What we want to achieve:

- An increased number of young adults who contribute to the development their personalised plan that addresses their specific needs as they move to adult health or social care services
- An increased number of young adults who meet and actively engage with the adult services team that will be working with them after their transition.
- A sustained and personalised support for individuals in preparation for, during and after the transition phase to adult services

4.3 Live Well

To support people and communities to stay healthy for as long as possible.

We want everyone in Buckinghamshire, Oxfordshire and Berkshire West to have the opportunity to live a healthy life. To do this we need to focus more on keeping people well and strengthening the things that contribute to a person's health and wellbeing.

We also want to help people to understand how they can stay healthy and support them to look after themselves.

Priority 10: Reduce the number of people developing cardiovascular disease (heart disease and stroke) by reducing the risk factors, particularly for groups at higher risk.

Why this matters:

Cardiovascular disease is one of the most common causes of death in Buckinghamshire, Oxfordshire and Berkshire West and a major contributor to the gap in life expectancy between people living in our most and our least deprived areas.

Certain groups of people are more likely to develop and die from cardiovascular disease. This includes people living in more deprived areas, people from Black and South Asian communities and people with serious mental illnesses such as schizophrenia.

Up to 70% - 80% of cardiovascular disease is preventable and we know what works to help prevent it, including behaviours we can change and clinical conditions we can treat. These include smoking, drinking too much alcohol, lack of physical activity, unhealthy eating and being overweight, having high blood pressure, diabetes or high cholesterol. We need to ensure that people at higher risk can access the support they need to reduce their risk.

Many people who have diabetes or high blood pressure have not yet been identified and so people are not receiving the treatment they need to prevent cardiovascular disease.

Our areas of focus:

- Identify more people with risk factors and support them to take action.
- Increase the number of people receiving NHS health checks that detect cardiovascular risk factors, especially in deprived areas and in people at higher risk of heart disease and stroke.
- Increase the number of people with high blood pressure detected and well controlled
- Increase the numbers of people helped to stop smoking.
- Undertake community engagement and use a tailored approach to improve people's health with communities at higher risk of heart disease with a particular focus on Black and South Asian groups.
- Increase capacity and infrastructure for prevention and cardiovascular support in the most deprived areas to improve access to and experience of services and improve health outcomes.
- Ensure people are supported to increase physical activity and achieve a healthy weight and diet, as these are key factors in cardiovascular health.

- Help people understand how to stay healthy and know where to access the support to do it.

What we want to achieve:

- Fewer people will develop heart disease, stroke and vascular dementia particularly in the communities at higher risk.
- More people will know their blood pressure and be supported to manage it effectively, via lifestyle changes or clinical treatment.
- The gap in life expectancy between people living in deprived areas and the rest of the population will narrow as cardiovascular disease is a major driver of that gap.
- The gap in life expectancy between people living with severe mental illness and the rest of the population will narrow as cardiovascular disease is a major driver of that gap.
- The death rates from cardiovascular disease in Black and South Asian groups will reduce towards the levels experienced in the rest of the population.

Priority 11: Improve mental health by improving access to and experience of relevant services, especially for those at higher risk of poor mental health.

Why this matters:

Mental illness is common – every week around 1 in 6 adults will experience a common mental health disorder such as anxiety.

Mental health problems are the biggest single cause of disability in the UK, and suicide is one of the leading causes of death in England in people aged between 20 and 64 in England.

People with a severe mental illness (schizophrenia, bipolar disorder, and major depressive disorder) have more than a 50% higher risk of having cardiovascular disease and an 85% higher chance of dying from cardiovascular disease.

Mental health problems can affect anyone, but some groups are at higher risk of poor mental health than others due to social and environmental factors. People living in the most deprived areas in England are twice as likely to be in contact with mental health services as those in the least deprived. Emergency mental health admissions are also higher in our more deprived areas

People from some groups in society find it harder to access mental health services and have a poorer experience of services when they do. This includes people from certain ethnic minority groups

We expect the cost of living increase to have a significant impact on the mental wellbeing of people who live in our area and we know the risk of deaths by suicide increases in times of economic crisis. People living in the most deprived areas, and with known risk factors for poorer mental health, are most likely to be most vulnerable to the health consequences of the cost-of-living crisis.

Our areas of focus:

- Join up support for people with mental health problems including access to employment support, health care, psychological support and services led by the voluntary community and social enterprise sector.
- Listen to ethnic minority groups on how to best provide mental health support relevant for their communities.

- Provide services that are culturally sensitive that improve access, experience and outcomes for people from ethnic minorities at highest risk of deteriorating mental health.
- Ensure that people living in our more deprived areas have better access to a wider range of support and information to improve their mental health at an early stage.
- Improve the physical health of people with severe mental illness by increasing the number of people with severe mental illness who stop smoking and increasing the uptake of regular physical health checks, with appropriate advice and treatment.
- Ensure mental health treatment and support is tailored to individuals' needs to ensure improved accessibility for all people, including people who are neuro diverse.
- Provide better community-based support for adults and older adults with mental illness.

What we want to achieve:

- Improved mental health of everyone who lives in Buckinghamshire, Oxfordshire and Berkshire West, with particular improvements for those at highest risk of poor mental health.
- Improved mental health of people from ethnic minorities and those living in our more deprived areas
- Improved access to, experience of and outcomes from services that support mental health.

Priority 12: Increase cancer screening and early diagnosis rates with a particular focus on addressing inequalities in access and outcomes.

Why this matters:

The number of people being diagnosed with cancer is increasing. However, only half of these cancers are diagnosed in the early stages when there is a greater chance of successful treatment. Although there is variation across different types of cancer, early detection rates are lower in more deprived areas.

There are three national screening programmes which are important in detecting cancer early and starting treatment sooner. These are for breast, bowel and cervical cancer. Screening rates across Buckinghamshire, Oxfordshire and Berkshire West vary depending on which part of the area they live, the GP practice they are registered with, and population characteristics such as ethnicity, level of deprivation, people with severe mental illness or with a learning disability.

Cervical and breast screening uptake has declined over the last five years. National data show some ethnic minority groups are less likely to attend cervical screening. We are currently analysing our data to understand the uptake of cervical screening from ethnic minorities in Buckinghamshire, Oxfordshire and Berkshire West.

Overall cancer screening uptake is also lower in people with learning disabilities compared to those without a learning disability. Nationally, it is recognised that cancer screening rates are also lower in people with severe mental illness and among Trans people.

We already have projects that target work with specific communities to increase screening and early detection rates but we know we need to do more. We plan to support community-based teams, who know and understand their local communities best, to spread the importance of cancer awareness and screening and increase uptake rates.

Our areas of focus:

- Improve understanding of, and accessibility to, all screening services for those from diverse communities and backgrounds through better community engagement and ensuring services are culturally competent
- Use the data we have available to improve identification and support for communities that have low uptake of screening and detection services.
- Increase uptake of screening where rates are low. This includes:
    - increasing uptake of cervical screening in younger women and people with a cervix
    - increasing the uptake of cervical screening in women from ethnic minority groups who are less likely to attend cervical screening compared to White British women
    - ensuring discussion of screening is embedded into the health check for those with learning disabilities and severe mental illness
    - recognising the screening needs of different people will vary and therefore make reasonable adjustments to ensure screening and detection services are tailored and accessible to all people.

What we want to achieve:

- Deliver the national ambition of ensuring 75% of cancers are diagnosed early (at stage 1 or stage 2) by 2028.
- Reduce the variation and inequality in cancer screening, access and uptake.

4.4 Age Well

To support people to live healthier, independent lives for longer.

Approximately a quarter of people in Buckinghamshire, Oxfordshire and Berkshire West are aged over 60. This number will grow by around 11% over the next five years. As people get older, they generally need and expect more support in their communities and from formal health and care services.

We want people to stay as healthy and independent in their homes and communities for as long as possible. We also want people to be able to get the help and support they need at the right time.

Priority 13: Support older people to remain healthy, independent, and connected within their communities.

Why this matters:

Positive relationships and social interactions contribute to our quality of life and wellbeing in many ways. Staying as physically active as possible enables people to get out and about to meet friends, enjoy a wide range of activities and access services and shops as well as maintaining health and independence. Isolation and loneliness increase the risk of poor health in older people, including increasing the risk of anxiety and depression.

Six per cent of people aged 75 and over say they often or always feel lonely. People with a limiting long-term illness or disability are more likely to say they often feel lonely.

Working together to help older residents to stay active and connected within their communities, will help them be healthier and independent for longer and, reduce social isolation and loneliness.

Our areas of focus:

- Work with our communities and older residents to co-design support and services to encourage activity and positive community connections
- GPs, community connector/social prescribers, community services, social care and the voluntary community social enterprise sector will work together to increase opportunities for people to connect socially with others and remain physically active.
- Ensure health and care staff are more aware of opportunities available in the local community so they can direct older people to appropriate activities.
- Consider opportunities for assistive technology and telecare for people to help more people stay independent for longer
- Support older people access relevant technologies and increase their technology skills and confidence so they can remain virtually connected.

What we want to achieve:

- Older people will be more aware of opportunities to connect with others in the community and be physically active.
- More older people will have the social contact they want.

Priority 14: Provide joined up care for people as they grow older, and as their long-term conditions advance and care needs become more complex.

Why this matters:

We want people to remain as healthy and independent for as long as possible and be able to access the right support to manage their health and care needs well when they need it. However, some people will require more support as they age.

As people get older, they are more likely to develop a long-term health condition such as arthritis, heart disease or dementia and may recover less quickly from illness or health setbacks. Living with long term conditions can also impact on people's mental health.

Social factors directly affect people's resilience. These can include help from informal support networks such as family and communities, access to carers, appropriate housing, the ability to eat well and stay warm. A rapid change in social situation can lead to poorer health and the need for more formal care. This need for more formal care could often be avoided if the right support is available.

We aim to improve support for older people with long term conditions. We want to ensure that everyone's support is well planned, joined up, and developed with the person, their family and carers, health, social care and the voluntary and community sector when appropriate. This will be underpinned by personalised care and support plans that are visible to all professionals involved in the person's care.

Our areas of focus:

- Support people to prevent or delay the development of long-term conditions by increasing our focus on prevention as outlined in the Live Well section.
- Identify people with long term conditions earlier
- Help people learn about their condition(s), providing advice and support so they are empowered to better manage their condition(s) and improve their wellbeing.
- Ensure that more people with multiple long-term conditions, or who are frail, have personalised care and support plans.
- Ensure people's care plans are accessible to all relevant health and social care professionals so they can provide effective and coordinated care.

What we want to achieve:

- Improved management of long-term health conditions as a result of earlier identification and support.
- Older people, and people with long term conditions, are less impacted by poor mental health.
- A reduction in the number of people aged 65+ or with multiple long-term conditions being admitted to hospital unnecessarily.

Priority 15: Improve support for carers.

Why this matters:

Around 3 in 5 people will be unpaid carers at some point in their lives. In 2011, there were nearly 27,000 unpaid carers across the Buckinghamshire, Oxfordshire and Berkshire West area and this number is likely to have increased since then.

Unpaid carers perform vital work to keep people safe and well. In doing this they also significantly reduce the demand for formal health and care services. However, many carers

do not get the support they need to help them with their caring role and to help them look after their own health and wellbeing.

Being a carer can have a significant impact on an individual's physical and mental health. Many carers are juggling employment and other commitments alongside their caring responsibilities, with some facing significant financial difficulties.

Nationally nearly half of carers are more than 55 years old and nearly a third of carers are disabled themselves. In 2018, Carers UK reported that people providing high levels of care are twice as likely to be permanently sick or disabled. 7 out of 10 carers said they had suffered mental ill health as a result of caring, and 6 out of 10 said they had suffered physical ill health as a result of caring. 8 in 10 people say they have felt lonely or socially isolated.

Carers have reported that they are finding it harder to access adequate advice and support, and satisfaction with carer support services is declining.

People of all ages are providing this vital contribution, including younger carers. Their needs are different but will need to access support and advice that is similar. We will agree how to provide better and more consistent support to younger carers across Buckinghamshire, Oxfordshire and Berkshire West.

Our areas of focus:

- Help carers understand the support available to assist them with their caring role.
- Help carers access support including ways to look after their own health and wellbeing.
- Empower carers to be an active participant in shaping the personalised care and support plans that are developed for the people they care for.
- Working across our system to share best practice and promote a consistent level of support for carers.

What we want to achieve:

- Carers experience a consistent level of support that is seamless and consistent, including better access to support in a crisis.
- The health and wellbeing of carers is improved.

4.5 Improving quality and access to services

To help people access our service at the right place and right time.

In a national survey conducted in 2021, respondents said that the two most important priorities for the NHS were:

1. making it easier to get a GP appointment
2. improving waiting times for planned operations.

In Buckinghamshire, Oxfordshire and Berkshire West these are priorities we share across all our services.

It is important that people can access the support they need at the right time, in a place they can get to. Unfortunately, accessing the support or services we need can sometimes be difficult or slow. We are determined to make this experience better.

We know there are some communities across our system whose access to services and outcomes is worse others (including some minority ethnic groups, people living with learning disabilities or people with physical disabilities) and we want to address these disparities.

More investment is being made available to help teams identify and support people who find it harder to access services or are part of communities that often feel socially excluded or have poorer outcomes. Across different local areas, our teams have experience of working with some of these communities, including with people who are homeless, sex workers, and people who are part of gypsy, Roma and traveller communities. We have provided support that has been adjusted to meets their needs in a personalised and holistic way.

It is important that we continue to understand how we can work more closely and sensitively with these and other communities to encourage good health and ensure access to services and support when they are needed. This will require adjustments to how some of our services are planned and delivered, taking into account the needs, social and cultural expectations of individuals and communities. Most of this activity will be done through local partnerships, working with the local communities, to co-produce, design and deliver relevant and accessible support.

Our aim across the system is ensure that all people, irrespective of their personal characteristics, or their personal circumstances, are able to access high quality services in the right place at the right time.

Priority 16: Develop strong integrated neighbourhood teams so that people's needs can be met in local communities.

Why this matters:

Primary care, as the first point of contact into health and care services, has an essential role to play in preventing ill health and tackling health inequalities. However, many of these services in our area are struggling.

Patient satisfaction with GP services is falling. In the 2022 GP patient survey, less than 6 in 10 people in Buckinghamshire, Oxfordshire and Berkshire West described the experience of making an appointment to see their GP as good.

GPs are reporting it is harder to balance caring for people with non-urgent, longer term care needs with the increasing pressure from more people who want urgent, same day support. More people are living with long term conditions but these pressures mean maintaining continuity of care is getting harder.

The number of GPs per person also varies across our area.

All our GP practices have joined a Primary Care Network with other practices. These networks are bringing together a wider range of professionals who can provide support to people when they need it.

GPs often see patients who could be seen by another member of the locally based team such as community, district and practice nurses, pharmacists, social workers, dentists, opticians, and health coaches. More people could be helped by these professional to manage their health or support needs, reducing the burden on GPs.

In some parts of the country there are examples of non-health and care services, such as Citizens Advice, employment advisors, or money and debt specialists sharing space with clinical teams to provide support for people in other aspects of their lives that can directly impact their health or wellbeing.

Our areas of focus:

- Ensure people understand the alternative options to access care and support in the community and are supported to use them.
- Integrate health, care and voluntary services at neighbourhood level better
- Strengthen the networks of professionals in our communities to make it easier for people to get support when they need it.
- Ensure there is greater continuity of care for those that need it, particularly those with long term conditions.

What we want to achieve:

- More people access the right support and care when they need it.
- People are more satisfied with the care they receive from primary care professionals in the community (increased patient satisfaction, measured through patient survey).
- Inequalities in access to GP services are reduced across Buckinghamshire, Oxfordshire and Berkshire West.

Priority 17: Reduce and eliminate long waits for our planned services, and address variation in access across the system.

Why this matters:

Faster treatment generally results in more positive outcomes while delays can lead to worse outcomes. Unfortunately, there are long waits to access some of our services.

Waiting times for some diagnostic and specialist services are particularly high, with some people waiting more than a year and a half. Many of these waiting times increased during the pandemic and continue to increase as the number of referrals is still growing.

Waiting times vary across Buckinghamshire, Oxfordshire and Berkshire West because the demand for services and the capacity of our specialist services is different. By working better together across our entire system we plan to make better use of capacity and provide a faster service to patients. We will further improve services by involving people in decisions about their care.

Our areas of focus:

- Work across the Buckinghamshire, Oxfordshire and Berkshire West system to make the best use of all capacity. This should lead to earlier diagnosis by specialities and a quicker start to treatment.
- Help more people be actively involved in decision making about their care through the whole care pathway.
- Embrace the use of technology to develop innovative models of support
- Help people prepare to ensure they get the best outcomes from surgery or planned treatment and avoid complications of surgery. This could include support to stop smoking, optimising physical fitness by increasing physical activity or losing weight, preparing for life after surgery e.g. learning how to use walking aids before hip surgery to aid post-op recovery.

What we want to achieve:

- Reduced waiting times for patients to access diagnostic and specialist care services.
- More people have the specialist support and care at the right time, in line with national constitutional targets.
- Improved patient experience and confidence in their local health system.

Priority 18: Support the consistent development of our urgent care services to reduce demand and support timely access.

Why this matters:

Urgent and emergency care services are under pressure across England. We see this when we try to get same-day GP appointments, face long waits for an ambulance and when we wait in A&E. These delays result in a poor experience for people trying to access services and increase the risk of less positive outcomes.

Trends in Buckinghamshire, Oxfordshire and Berkshire West mirror this national picture. More people are using urgent and emergency care services which means there are times when people do not get the support they want, when they need it.

We are committed to improving this.

Our areas of focus:

- Provide high quality urgent care services in community settings that complement our hospital services so only the people most in need go to hospital.
- Assess people's needs and make it easier for them to get the right support in the right place.
- Provide people at highest risk of using unplanned, urgent or emergency care with the support to stay at home.
- When people are ready to leave hospital, our teams, including social care, provide joined up support that meets their needs, closer to their home communities.

What we want to achieve:

- People's experience of accessing urgent or emergency care is improved and they find it easier to get the right support at the right time.
- Preventable unplanned emergency admissions are reduced in our hospitals.
- The time people spend in hospital is reduced.

5 Have your say

We are keen to hear what people who live or work in Buckinghamshire, Oxfordshire and Berkshire West think about our principles and priorities. We will use your feedback to refine and finalise the principles and priorities. This is only the start of our journey. Our aim is to publish a final version of the integrated care strategy for BOB in March 2023.

This will ensure we consider your views and patient experience as we develop our ideas for new ways of providing care.

To find out more and give your feedback by answering an online survey please visit www.yourvoice.bob-icb.engagementhq.uk

A hard copy of the survey is available by contacting us by post, email or telephone outlined below.

Questions:

1. We will use the principles to guide how we work together on the development of health and care services for the future.
    a. Are these the right principles?
    b. Which are the most important to you?
    c. Any other comments / suggestions?

2. We have proposed 18 priorities that are divided into the following categories:
    - ***Promoting and protecting health*** – to support people to stay healthy, protect people from health hazards and prevent ill-health (page 11)
    - ***Start Well*** – to help children achieve the best start in life (page 17)
    - ***Live Well*** – to support people and communities to stay healthy for as long as possible (page 21)
    - ***Age Well*** – to support people to live healthier, independent lives for longer (page 25)
    - ***Improving quality and access to services*** – to help people access our services at the right place and right time (page 28)

    a. Are these the right priority areas?
    b. Which are the most important to you?
    c. Any other comments / suggestions?

You can send your responses to the questions until 29 January 2023 to:

Communications and Engagement Team, Freepost BOB INTEGRATED CARE BOARD (Note: when using this Freepost address please ensure BOB INTEGRATED CARE BOARD is written in capital letters)

Or email: engagement.bobics@nhs.net

If you need this leaflet in a different format or language pls email the above address or call 0300 123 4465.