Health & Wellbeing Board Buckinghamshire

Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board (BOB ICB) Report

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Consideration: ☒ **Information** ☐ **Discussion**

☐ **Decision** ☐ **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, Happier, Healthier Lives Strategy (2022-2025) your report links to.

Start Well	Live Well	Age Well
☒ Improving outcomes during maternity and early years	☒ Reducing the rates of cardiovascular disease	☐ Improving places and helping communities to support healthy ageing
☐ Improving mental health support for children and young people	☒ Improving mental health support for adults particularly for those at greater risk of poor mental health	☒ Improving mental health support for older people and reducing feelings of social isolation
☐ Reducing the prevalence of obesity in children and young people	☐ Reducing the prevalence of obesity in adults	☐ Increasing the physical activity of older people

Purpose of report

The purpose of this report is to provide an update to the Health and Wellbeing Board from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). The report provides an update on priority areas for BOB ICB and areas of particular focus in Buckinghamshire.

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Content of report

Included within this report:

1. ICB Board Meeting

BOB ICB Board meeting 19 March 2024; Board papers and reports are on the BOB ICB website

2. BOB ICB Primary Care Strategy

The BOB ICB published its draft Primary Care Strategy which highlights ambitions for the future of general practice, community pharmacy, optometry (eye care) and dentistry across BOB.

Stakeholders, patients and the wider public were invited to share their views via an online survey at: https://yourvoicebob-icb.uk.engagementhq.com/primary-care-strategy – to help further inform and shape these plans. The survey closed on 29 February 2024. Focus groups, webinars and face-to-face meetings with a wide variety of stakeholders have also taken place over the last four months

A report on the public involvement will be developed and made available in April 2024.

Alongside this, engagement has been going on with primary care providers and NHS partner Trusts.

The final strategy will go to the ICB Board for agreement in May 2024.

The draft strategy outlines three priorities to help deliver the ICB ambitions:

1. to improve access so patients get the right support first time to manage their health and wellbeing;
2. to develop proactive and personalised community care for patients with complex health needs;
3. to prevent ill health by using and sharing data with our partners about the health needs of local communities.

To help deliver these priorities we are proposing to further develop the following services:

- Non-complex same day care
- Integrated Neighbourhood Teams
- Cardiovascular Disease Prevention

Non-complex same day care

Primary care will better manage patients who require same day support; but whose conditions are not complex. The aim is to improve the patient experience as they get the support they need promptly. This will be achieved by triaging patients more efficiently with an initial contact made with the right health service or professional. This way of working will allow GPs to focus on patients with more complex needs (having more than one health condition).

Integrated Neighbourhood Teams

GPs will work with multi-disciplinary teams in the community made up of hospital consultants, district and

community nurses supported by care navigators, physiotherapists and the voluntary sector to provide personalised, proactive care to patients with more than one health condition (complex) such as frail elderly people.

Cardiovascular Disease (CVD) Prevention
Primary care will work with health and care partners to reduce the risk of patients developing CVD by tackling smoking, obesity and high blood pressure. CVD is one of the most common causes of ongoing ill-health and deaths across the ICB leading to heart attack and strokes. This approach will rely on using and sharing data (Population Health Management) between partners to understand better the health needs of our local communities.

3. NHS industrial action

Junior doctors undertook their 10th period of industrial action from 24 - 29 February. All local trusts across Buckinghamshire, Oxfordshire and Berkshire West were affected.

The ICB worked closely with partners across the NHS and care sector during the strikes to ensure services remained safe.

We prioritised resources to protect emergency treatment, critical care, neonatal care, maternity, and trauma, and ensured priority for patients who had waited the longest for elective care and cancer surgery.

Unfortunately, some appointments and procedures were re-scheduled and patients were informed. During the period of industrial action from 24 – 29 February 2024 inclusive, a total of 2,641 outpatients, 341 inpatients and day cases, and five community appointments were rescheduled across the system. The NHS trusts are working to see patients and service users as quickly as possible.

4. Vaccination programme – measles and Covid-19

With the rise in measles cases across the country, data shows that one in five children who catch the virus will need to visit hospital. BOB ICB is working to encourage anyone unsure of their MMR vaccine status or that of their child to check with their GP surgery.

For children, one dose is usually given at one year old, and the second dose given at three years, four months. Two doses are needed for maximum protection.

Anyone older who may have missed out for any reason is also being encouraged to catch up with routine vaccines as soon as possible, including those people:

- planning a pregnancy
- travelling abroad
- starting college or university
- frontline health and care staff
- anyone born between 1970 and 1979, as they may have only been vaccinated against measles
- born between 1980 and 1990, as they may not be protected against mumps

The BOB ICB Stay Well page has information on flu and other routine vaccines: Immunisation and vaccination - Stay Well (staywell-bob.nhs.uk)

In addition, the Covid-19 Spring Booster campaign is expected to start in mid-April for the following cohorts:

- adults aged 75 years and over
- residents in care homes for older adults
- individuals aged 6 months and over who are immunosuppressed

5. Buckinghamshire Focussed Update:

The Buckinghamshire Executive Partnership has identified three priority areas for 2023/24. These are SEND (Special Educational Needs and Disabilities), Joining Up Care and Health Inequalities. The Buckinghamshire Executive Partnership (BEP) report to the Health and Well Being Board provides an update for each of these priorities, reflecting the commitment of partners to making progress in these areas.

5.1 Health Inequalities

There has been a particular focus from the ICB in Buckinghamshire to support Health Inequalities through the allocation of NHSE Health Inequalities funding to agreed projects. An update for each of these projects is given below.

5.1.1 Preconception Pilot

This pilot will support research to better understand the factors that impact pre-conception health in specific population groups and so help to shape services for better outcomes

The initial research and scoping phase of this project has been completed, this included an online survey and qualitative interviews. A group is now using the insights from this initial phase and innovative best practice to develop a new model, supported by an action plan for delivery.

5.1.2 Pre-habilitation Pilot

This pilot focusses on proactive outreach to people on a Buckinghamshire Healthcare Trust waiting list, who are smokers, have poorly managed diabetes, poorly managed hypertension or with Body Mass Index of over 35. The pilot aims to support people to have better outcomes following surgery and continue with a healthier lifestyle and where relevant better management of their long term condition. This pilot is working in partnership with Dashwood and Aylesbury Central Primary Care Networks.

A multi-agency stakeholder engagement session took place on 22nd January 2024, from this session pathways have been developed and key metrics agreed. Health Coach roles are being recruited to and 1,318 members of staff have completed 'Very Brief Advice' smoking cessation training. An evaluation framework is being developed.

5.1.3 Physical Health Checks for people with Severe Mental Illness (SMI)

This pilot is focussed on increasing the number of eligible people with a severe mental illness having a physical health check and on understanding why people do not attend health checks in this population group. All of the posts for this project are recruited to and the recruited outreach team has now started work in Dashwood Primary Care Network (PCN). Their focus is for patients with no or a partial SMI Health Check in over three years.

There will be support for patients accessing wider services to promote physical and mental health for these patients who have a high level of need including signposting to Be Healthy Bucks.

A BOB wide working group will share best practice on SMI physical health checks and agree evaluation parameters.

5.2 Additional Projects supported and plans for 24/25

5.2.1 VCSE grant programme to support the communities access Mental Health services

Specific NHSE funding has been identified to support communities access to Mental Health Services. Examples of the projects being supported are given below.

- A dedicated worker has been recruited by Elmore to focus on developing relationships with the South Asian community and increasing referrals to Mental Health Services.
- Gypsy, Roma, Traveller awareness training has been co-produced with community members and Margaret Clitherow Trust for Oxford Health and wider partners. A one hour training video will be produced for wider sharing with partners. The aim is to support improved access and outcomes for people from this community with mental health needs.
- The Aylesbury jamming groups being delivered by Chiltern Music Therapy for people with Serious Mental Illness have started. This aim is to support people with serious mental health conditions through using music as a therapeutic tool.

5.2.2 Projects in 24/25

The projects detailed above will continue through 24/25. Funding for the following projects has also been agreed:

- **Making Every Adult Matter (MEAM) Team Year 2**
  The MEAM team launched in April 2023 to provide intensive support for people facing multiple disadvantage within the areas targeted through Opportunity Bucks. This funding will support the project to continue from April 2024 until April 2025.
- **Communities of Practice**
  The project will support the set up of 3 Communities of Practice for frontline workers in the Opportunity Bucks areas. The aim is to improve knowledge sharing, problem solving, integrated working and expedite delivery of key priorities.
- **Community Researchers**
  The project will develop the infrastructure within Healthwatch and a sustainable model for community research to be undertaken in Buckinghamshire to support community driven and partner requested research.
- **Deep End Network**
  This project will support the set up of a network of General Practice providers tackling health inequalities in the most deprived areas, aligning to the Opportunity Bucks geographies. The Networks will enable a preventative approach to health inequalities, providing dedicated forums for knowledge-sharing.

- **Health Coaches**
  The project will support Bucks Health and Social Care Academy to deliver an accredited course to train people working in health, social care and the voluntary sector in health coaching so they can support people in managing their physical and mental health.