



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH OVERVIEW AND SCRUTINY COMMITTEE** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **WEDNESDAY 31 JANUARY 2024 AT 7.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', with a long, sweeping tail.

Susan Parsonage
Chief Executive
Published on 23 January 2024

The role of Overview and Scrutiny is to provide independent “critical friend” challenge and to work with the Council’s Executive and other public service providers for the benefit of the public. The Committee considers submissions from a range of sources and reaches conclusions based on the weight of evidence – not on party political grounds.

This meeting may be filmed for inclusion on the Council’s website.

Note: Non-Committee Members and members of the public are welcome to attend the meeting or participate in the meeting virtually, in line with the Council’s Constitution. If you wish to participate either in person or virtually via Microsoft Teams please contact Democratic Services. The meeting can also be watched live using the following link:

<https://youtube.com/live/e8Lfn2aVpxE?feature=share>

The Health Overview and Scrutiny Committee aims to focus on:

- The promotion of public health and patient care
- The needs and interests of Wokingham Borough
- The performance of local NHS Trusts

MEMBERSHIP OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Councillors

Adrian Mather (Chair)	Rachelle Shepherd-DuBey (Vice-Chair)	Beth Rowland
Phil Cunnington	Rebecca Margetts	Alistair Neal
Jackie Rance	Tony Skuse	Shahid Younis

Substitutes

Alison Swaddle	Andy Croy	Chris Johnson
Pauline Jorgensen	Morag Malvern	Jane Ainslie
Graham Howe	Caroline Smith	Bill Soane

ITEM NO.	WARD	SUBJECT	PAGE NO.
42.		APOLOGIES To receive any apologies for absence	
43.		MINUTES OF PREVIOUS MEETING To confirm the Minutes of the Meeting held on 6 November 2023.	5 - 14
44.		DECLARATION OF INTEREST To receive any declarations of interest	
45.		PUBLIC QUESTION TIME To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this committee. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Committee or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	
46.		MEMBER QUESTION TIME To answer any member questions	
47.	None Specific	BERKSHIRE CORONERS SERVICE To receive a presentation on the Berkshire Coroner's Service.	15 - 30

48.	None Specific	BOB PRIMARY CARE STRATEGY To receive a presentation on the BOB Primary Care Strategy.	31 - 48
49.	None Specific	BOB INTEGRATED CARE BOARD UPDATE To receive the BOB Integrated Care Board update.	49 - 52
50.	None Specific	UPDATE ON WORK OF HEALTHWATCH WOKINGHAM BOROUGH To receive an update on the work of Healthwatch Wokingham Borough.	53 - 54
51.	None Specific	FORWARD PROGRAMME To consider the forward programme for the remainder of the municipal year.	55 - 58

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 6 NOVEMBER 2023 FROM 7.00 PM TO 9.35 PM**

Committee Members Present

Councillors: Adrian Mather (Chair), Rachelle Shepherd-DuBey (Vice-Chair), Phil Cunnington, Rebecca Margetts, Alistair Neal, Jackie Rance, Tony Skuse, Shahid Younis and Caroline Smith (substituting Beth Rowland)

Others Present

David Hare
Madeleine Shopland, Democratic & Electoral Services Specialist
Russell Gabbini, Interim Strategic HR Transformation Partner (Adults)
Matt Pope, Executive Director for Children, Adults and Health
Ingrid Slade, Director Public Health
Vicky Scotford, Principal Social Worker Adults
Hilary Lovie, Co-production and Engagement Officer
Jodie Reichelt, Head of Engagement and Customer Experience (Optalis)
Yvonne Thrower, Service user
Gregg Burgess, Service user
Helen Clark, Deputy Place Director, Berkshire West, BOB ICB

33. APOLOGIES

An apology for absence was submitted from Councillor Beth Rowland.

34. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 19 September 2023 were confirmed as a correct record and signed by the Chair.

35. DECLARATION OF INTEREST

There were no declarations of interest.

36. PUBLIC QUESTION TIME

There were no public questions.

37. MEMBER QUESTION TIME

There were no Member questions.

38. SOCIAL CARE FUTURES

The Committee received a presentation about the future of social care in Wokingham Borough. Members were advised that a presentation would be made to Council in January.

During the discussion of this item, the following points were made:

- Matt Pope, Executive Director Children's, Adults and Health, indicated that Social Care Futures was a vision of how the provision of social care could be different in the future.
- The Committee watched a video which gave an introduction to the Social Care vision.
- Officers had been working with a small group of residents who drew on social care support, to develop a Social Care Future Vision.

- Social Care Futures was a national movement and was led by people with lived experience of social care.
- Gregg Burgess provided an update on his experience. Gregg explained that he had a progressive neurological disorder. Once very active he still enjoyed watching sport. His diagnosis had meant that he had had to draw on support from the Council over the last 9 years. He thought that improvements could be made to the system. Consideration needed to be given as to how things were done and those experiencing the care needed to be listened to more. Gregg explained that when he had been visited by health care professionals in 2014, they had suggested considerable adaptations to his home at a cost of £27,000 in the form of a grant from the Council. He had refused all but £7,000 worth, as he did not want his house to look like a hospital. He was still in the same home and managing without the additional adaptations, even though his support needs had increased. In addition, Gregg had been offered day services, but these had not aligned with his interests. Standard agency support was not for him, and his care needs were outside of the core hours. He had a small care team who he had selected. Service users should not be pigeonholed into a fixed support offering. There was a need to think more creatively and use resources better. Gregg was of the opinion that the Social Care Futures vision was aligned with a better direction of travel for care and support.
- Jodie Reichelt, Optalis, commented that showing respect for the Gregg's opinion and enabling his involvement in the shaping of the care and support around them, had led to better outcomes for him. Social Care Futures was about the pooling of collective skills, insights and experiences and recognising that collaborative working would lead to better outcomes. Jodie emphasised that involving service users in the rethinking and redesign of services, and doing things in a more innovative way would help to achieve the best outcomes.
- The Council had signed up to a national community of support which enabled the sharing of challenges and best practice, and for the group to work on solutions together. A local group had been formed which included people with lived experience, providers across health and social care and voluntary and community support services. This group had met monthly since May 2022. Its main function was considering how the vision could be turned into a reality in the Borough.
- It was proposed that a progress update be provided to the Health Overview and Scrutiny Committee and Full Council on an annual basis.
- Jodie Reichelt highlighted the Big Gathering which had been attended by over 100 residents, which had been held to grow the Social Care Futures movement.
- Members noted several examples of the difference applying the Social Care Futures lens could possibly make.
- Hilary Lovie, Co-production and Engagement Officer, highlighted new projects where the Social Care Futures lens was being applied, including how adults first access social care.
- Yvonne Thrower told Members about her experience. Yvonne was a carer for her son Daniel who suffered Smith-Magenis Syndrome and a number of other health issues, and also her mother who suffered mixed dementia and mobility issues. Yvonne outlined her own and her family's experiences, highlighting that the change from Children's and Adults Services had been very stressful. She felt that the principles of the Social Care Futures could help her son in the future. The involvement in the Social Care Futures group had increased her sense of value and boosted her confidence.
- Matt Pope highlighted the Charter. A commitment for change was being sought.
- It was proposed that an hour long briefing be held for Members to raise the profile of Adult Social Care.

- The Committee thanked Gregg and Yvonne for sharing their experiences. Members commented that it was interesting to hear that spending more money was not always the correct solution.
- The Committee discussed how frequently they would like to receive a progress update. It was agreed that twice a year was preferred.
- A Member asked how those who were less able to communicate were reached and how it would be ensured that the Social Care Futures would achieve change. Jodie Reichelt explained that they were looking to ensure a broad representation across the communities of interest, although there was work still to be done in this area. Relationships were being built in areas where they were less established. Members were informed that relations were being developed with the Seikh community. With regards to seeking the views of those with more profound disabilities, carer representatives were involved. In terms of ensuring success, Matt Pope commented that a commitment was being sought at Full Council and that progress updates would be provided in the future. Service user involvement would help to keep the movement real and active.
- The needs of carers were highlighted. Each service user or carer had different needs and there was not a one size fit all approach.
- A Member asked about challenges around implementation given the difficulties around the recruitment and retention of the social care workforce. Matt Pope responded that Adult Social Care faced many challenges including workforce, but that any big change came with a commitment. Hilary Lovie added that looking more broadly, and engaging with more groups, Council departments and partners, could help achieve success.
- With regards to a timeline for action, Matt Pope stated that there were a number of themes that were being shaped into action plans. An initial action plan would be presented to the Health Overview and Scrutiny Committee. Progress updates would be provided annually to the Full Council.
- In response to a Member question it was noted that a series of Members briefings would be set up to further Members' knowledge.
- A Member questioned whether there were examples of this being implemented elsewhere, and if preparations were in place to deal with any pitfalls. Jodie Reichelt responded that the Council was part of a national network with other local authorities which allowed the sharing of resources and to work together to on challenges.
- Alice Kunjappy-Clifton commented that a lot of residents used faith groups outside of the Borough and suggested that consideration be given to contacting these as well. She felt that communications to promote the Social Care Futures, should be a priority.

RESOLVED: That

- 1) Gregg Burgess, Yvonne Thrower, Matt Pope, Hilary Lovie, and Jodie Reichelt be thanked for their presentation.
- 2) our commitment to the Social Care Future Vision to be noted.
- 3) Consideration be given to how HOSC may best support the delivery of the Social Care Future Vision and work with people who use adults social care and family carers to achieve positive outcomes for our community.
- 4) representatives of the Health Overview and Scrutiny Committee will attend a Member briefing (Date TBC).
- 5) the principles included within Wokingham Borough Council's Social Care Future Charter be noted.

6) an progress update be provided to the Committee twice a year.

39. ADULT SOCIAL CARE WORKFORCE STRATEGY UPDATE

Russell Gabbini, Strategic Transformation HR Partner (Adults) and Vicky Scotford, Principal Social Worker (Adults) presented an update on the Adult Social Care Workforce Strategy, which covered the Adult Social Care workforce directly employed by the Council.

During the discussion of this item, the following points were made:

- Workforce was an issue nationally. With regards to the Council there were not enough Occupational Therapists and Social Workers to cope with the increasing demand.
- The Adult Social Care Workforce Strategy had been launched in 2022 and set out a 4 year framework for the adult social care workforce for Wokingham. It had been developed following engagement with staff and one of its aims was to increase stability in the sector.
- The three main themes were recruitment and retention; workforce development; and wellbeing.
- Action taken with regards to recruitment and retention were outlined.
 - Review and revamping of the induction process for WBC ASC staff.
 - A pilot programme of 'stay interviews' had been introduced to identify any issues at any early stage. Feedback had been largely positive.
 - The non-financial reward package had been reviewed and incorporated into the recruitment packs for all WBC applicants.
 - In addition, corporately, the Council had invested in 'AdWarrior' Jobs board. Adult Social Care and Children's Services had negotiated a joint package for unlimited advertising on the 'Community Care' jobs board. This had greatly increased the number of applications and increased the number of successful appointments for ASC roles.
 - The HR resourcing team had undertaken a salary review of Registered Social Work and Occupational Therapy roles to remain competitive in the local job market.
 - Implemented a pay progression route/criteria for non-registered staff in ASC to improve retention and career progression opportunities.
- With regards to workforce development, Vicky Scotford highlighted that since the Strategy had been introduced Social Work Apprenticeships had been used successfully. 5 had completed and qualified and of these 4 had been retained. 6 were currently undertaking the apprenticeship. 3 were currently undertaking the Occupational Therapy Apprenticeships.
- With regards to the Assessed Supported Year in Employment (ASYE) for newly qualified Social Workers, since 2021, 10 had completed, 9 of whom had been retained. 7 were currently undertaking.
- Skills for Care had undertaken a skills audit for the ASYE programme. Feedback had been positive.
- Values and behaviours training had been commissioned via CLASP and promoted across teams.
- With regards to wellbeing the Council had hosted and facilitated an event for national Mental Health Awareness Day with external speakers and various workshops.
- Wellbeing resources available to staff were promoted in conjunction with Public Health.
- A regular analysis of sickness and absence reasons was carried out to identify trends and identify potential solutions.

- Members were informed of the Local Government Association Health Check Survey. Vicky Scotford advised that the survey sought views with regards to the 8 Employee Standards. 80 responses had been received this year from staff in frontline teams, the highest ever received. The overall mean score for all employer standards compared with other participating organisations was 3rd regionally and 18th nationally.
- Members were informed of planned future activity:
- In response to a Member question, Russell Gabbini referred to the flexible working policy, which allowed more flexible working so long as the service needs were met.
- A Member questioned whether an analysis had been carried out, and any themes identified, as to why anyone would choose to work for a neighbouring council instead of Wokingham. Russell Gabbini indicated that benchmarking work had been carried out around salary. He believed that the Council was broadly comparable in what it offered in terms of non-financial benefits but agreed to look into this further.
- In response to a question around childcare responsibilities, Vicky Scotford commented that whilst there was a financial element, the surveys and stay interviews helped to identify what was important to staff and assist with retention.
- A Member asked about turnover rates and was informed that within the Council it had largely stabilised and was starting to decrease. It was currently 14% in Adult Social Care staff. Turnover rates were higher in the wider social care market was higher.
- Turnover, vacancy rates and sickness rates were under constant review. There were leads for each of the workstreams within the Strategy.
- Members were pleased to note the level of retention of apprentices, and questioned whether it was possible to tie them to the Council. Russell Gabbini indicated that the apprenticeships were funded by the Apprenticeship Levy. If funded via this route people could not be required to stay. A Member questioned whether there was a different access route for people who did not have degrees in social work. Vicky Scotford indicated that those who had undertaken the Social Work Apprenticeship so far had been in Social Care Practitioner roles, which was open to those with functional Level 2 English and Maths. If people did not have functional Level 2 English and Maths, they could be signposted to gain them. Practice learning groups were held every 6 weeks to help provide support.
- Alice Kunjappy-Clifton asked whether a robust whistleblowing policy was in place as that could assist in retention. Russell Gabbini commented that there was. All of the HR policies were currently under review and would be taken to the Unions and Personnel Board for comment.
- A Member questioned what the three most common issues raised during the Stay interviews were and was informed that pay and career progression were key themes, and work was being undertaken to address these issues. Vicky Scotford added that sufficient supervision and support was also valued.
- In response to a Member question as to whether a corporate creche had been considered, Russell Gabbini indicated that when the Strategy had been developed, focus groups had been held with staff, and this had not been raised as part of this process or in stay interviews.

RESOLVED: That Russell Gabbini and Vicky Scotford be thanked for their presentation and the update on the Adult Social Care Workforce Strategy be noted.

40. SEASONAL VACCINE UPDATE

Helen Clark, BOB ICB, presented an update on seasonal vaccines.

During the discussion of this item the following points were made:

- The current Covid vaccination programme was focused on over 65s, those in care homes, younger patients in clinical risk groups, carers and those living with people who had a weakened immune system. There were approximately 61,000 patients in these cohorts in the Borough.
- The vaccination programme was being delivered through a combination of 5 sites run by the Primary Care Networks (PCNs) and supported by 3 pharmacy sites. Wokingham Hospital was acting as a hub providing vaccinations for staff working in health and social care.
- Just under 56% of eligible people had been vaccinated. Across the PCNs uptake varied between 50-63%. Across BOB the uptake was just over 51%, currently the highest in the South East region. The official uptake target was 72%.
- There were still differences in uptake amongst different groups of people although less data was available in the current tranche of the programme. One of the areas with the greatest level of variation was ethnicity. At a BOB level, uptake ranged between 56.53% in the White British Group and 11.58% in the Pakistani group. A lot of work was focused on outreach, targeted work, to understand some of the barriers to taking up the vaccination.
- With regards to flu vaccinations, these were primarily focused on over 65's, younger people in clinical risk groups and health and social care workers. All of the GP practices had signed up to provide flu clinics and many had run these in conjunction with Covid clinics.
- There was no published data available on the flu vaccination uptake yet, but it was believed that uptake was similar to that of previous years and no major issues had been identified with the programme. There was a particular push around the vaccination of 2-3 year olds and pregnant women.
- Communication and engagement work included work on social media and standard media. For example, information had been placed on bus stops on the Reading and Wokingham bus routes. Work had also been undertaken to liaise with community groups such as CLASP.
- A Member commented that a graph regarding Covid vaccine uptake to date was unhelpful. He questioned the uptake against availability of vaccinations. Helen Clark indicated that feedback from the PCNs suggested that the response from patients had been good where clinics had been offered. People should ideally be able to access a vaccine within a radius of 20 minutes.
- A Member indicated that the Wokingham Borough had a large population of residents from Hong Kong and asked if a breakdown of uptake by ethnicity at a Wokingham Borough level could be provided. Helen Clark responded the data was currently only available at BOB level regarding ethnicity but some differences in the granularity of the data produced by the national system in this phase of the programme compared to earlier phases, was being seen. She would ascertain whether an ethnicity breakdown at the Borough level would be possible, and flag up the large Hong Kong population within the Borough.
- In response to a Member question regarding whether there was any reluctance amongst patients to take up the vaccines if they were unable to attend the clinics offered at their local surgeries, Helen Clark indicated that generally uptake levels compared well with national levels. Feedback from the PCNs suggested that this was not a significant issue.
- Members asked about targeting hard to reach communities. Helen Clark commented that this had been an ongoing theme since the start of the Covid

vaccination programme, and was also seen nationally. A multi-pronged approach was being taken and outreach workers were linking in with particular groups or targeted to particular areas with the lowest uptake. There was still a lot of work to be undertaken.

- Members were of the view that the programmes were working well and noted that the surgeries were contacting eligible patients regarding the vaccinations.
- A Member questioned whether all Members should be asked whether they had taken up their relevant vaccinations.
- In response to a Member question as to whether any feedback had been received as to why people may not be choosing to take up the vaccinations, Helen Clark responded that large volumes of concerns had not been received. A Member suggested that some vaccine fatigue was starting to be seen and Helen Clark said this was possible and also agreed that some attitudes may be changing towards Covid. Campaigns and winter work continued to focus on the importance of taking up vaccinations where eligible. Infection rates were starting to increase.
- A Member questioned whether the Health on the Move van would be going out in the community again and was informed that the van was not operating in the same way as previously, but fixed outreach clinics were being offered.

RESOLVED: That Helen Clark be thanked for her presentation and the update on seasonal vaccines be noted.

41. HEALTHWATCH WOKINGHAM BOROUGH UPDATE

The Committee received an update on the work of Healthwatch Wokingham Borough and their Enter and View report for Wokingham Medical Centre.

During the discussion of the item the following points were made:

- The Chairman read out a statement provided by Wokingham Medical Centre.
- Alice Kunjappy-Clifton advised the Committee that the Enter and View inspection had been carried out because feedback had been received regarding Wokingham Medical Centre for some time. She reminded Members that Healthwatch staff had to be trained to undertake an Enter and View.
- Residents had expressed concerns regarding GP access, booking appointments, medication, and specific issues around quality of care. Positive feedback had also been received.
- Healthwatch Wokingham Borough had used its statutory powers to undertake an Enter and View in February. It had observed on the nature and quality of care provided. Healthwatch had talked to service users. Alice provided further information regarding the methodology used.
- Face to face surveys were undertaken and hard copies provided if required. An online survey was also provided, and observations carried out. 207 responses had been received, which was one of the largest responses to an Enter and View.
- Alice Kunjappy-Clifton stated that findings had suggested that there were possibly issues with GP access, patient self-care, patient knowledge, and the environment. Recommendations had been given to the providers. A wider piece of work around GP access across the Borough was being undertaken.
- The Chair thanked Healthwatch for their work as residents had been raising concerns around Wokingham Medical Centre with local Members.
- Whilst the Committee had been informed that improvements were being made, a Member commented that they continued to hear concerns from residents. He queried whether greater access could be provided to the Healthwatch survey and

commented that some patients had indicated that they had felt that they had, had to seek alternatives such as attending A&E if they had been unable to access an appointment. Alice Kunjappy-Clifton encouraged people to respond to the work around GP access. She went on to state that feedback continued to be received. A focus group had been conducted and some participants had shared their experiences of the surgery. The Committee was informed that Healthwatch would be going back in February to ascertain how the recommendations were progressing.

- Alice Kunjappy-Clifton indicated that the minutes of the Patient Participation Group were not currently available on the Centre's website, which was a contract requirement. Also, it was not known how often the PPG met. Woosehill surgery had indicated that they had offered to assist the PPG but had not received a response.
- In response to a Member question, Helen Clark indicated that PPGs were a contract requirement. The Chair questioned whether the view of the Wokingham Medical Centre's PPG regarding the surgery could be sought. Helen Clark indicated that the ICB was in dialogue with the surgery and would seek an update.
- A Member raised concerns around the suitability of the Centre's building.
- Members questioned how it was decided whether the level of GP surgery provision in an area was considered sufficient or otherwise. It was suggested that the ICB be asked to provide information as to the criteria used to determine the number of GP surgeries required to meet population needs.
- Members agreed that it would be helpful to ask for a quarterly update from Primary Care on the data that it considered.
- The Chair suggested that the Chair of the Berkshire West Primary Care Alliance be invited to a future meeting to update the Committee on the role of the Alliance, and how the Council could engage with it.
- Helen Clark thanked Healthwatch for the report and the wider work with the ICB around GP access, different modes of access and patient perceptions around these areas.
- Helen Clark indicated that feedback was received from patients as well as from Healthwatch. Currently the ICB was not seeing a huge amount of feedback regarding Wokingham Medical Centre, and they were not a huge outlier on a BOB level with regards to the Friends and Family Test or other key access indicators. The ICB was however working with Wokingham Medical Centre and their PCN with regard to the National Access Recovery Plan for General Practice and the associated Access Improvement Plans and the practice was engaging with the ICB on this.
- Helen Clark questioned whether the Committee would find it helpful to have a regular report from Primary Care regarding some of the key indicators that they looked at.
- With regards to planning and population numbers, Helen Clark indicated that there was an ongoing discussion with the Council's Planning department about the forthcoming Local Plan consultation, and as part of that, the assumptions regarding all of the SDLs, the actual delivered housing, and any new projections for housing, would be revisited. Ingrid Slade was now joining the monthly meeting with Planning to provide an insight about population health and growth.
- Members were informed that changes in patient behaviours in terms of consultation rates were being seen. Demand for appointments was very high and the ICB was working with the PCNs to understand the reasons behind this. This also needed to be fed into future population need discussions. Helen Clark indicated that work was

being undertaken with the Berkshire West Primary Care Alliance to discuss estate planning.

- The Committee were of the view that GP access was an ongoing issue and that people needed to feel listened to. Helen Clark referred to the demand and workforce constraints but re-iterated the suggestion of a regular report.
- Alice Kunjappy-Clifton commented that communication around the new ways of working needed to be improved and that some people needed more information on how to use the NHS app.

RESOLVED: That Alice Kunjappy-Clifton be thanked for her presentation and the update on the work of Healthwatch Wokingham Borough be noted.

42. FORWARD PROGRAMME AND ACTION TRACKER

The Committee considered the forward programme and the action tracker.

During the discussion of this item, the following points were made:

- It was confirmed that maternal mental health would be considered at the first meeting of the next municipal year.
- A Member asked that vaping amongst primary school children be looked at.
- The draft Autism Strategy was due to be considered at the Committee's next meeting. However, Members would be informed should this no longer be possible.
- Healthwatch would present their report regarding new ways of working in GP surgeries at the March Committee.
- Quarterly updates would be requested from primary care.
- The ICB would be requested to provide an update on the criteria used to determine whether there was or was not sufficient GP surgery provision in a particular area.
- An update would be requested from the Chair of the Berkshire West Primary Care Alliance, Dr Amit Sharma around its role, and how the Council could relate to it and work effectively with it.

RESOLVED: That the forward programme and action tracker be noted.

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Berkshire Coroners Service

Matthew Golledge
Public Protection Manager

Introduction/Background

- Reading Borough Council host the coroner's service on behalf of the Berkshire authorities of: Bracknell Forest Council, Slough Borough Council, West Berkshire Council, Wokingham Borough Council and The Royal Borough of Windsor and Maidenhead
- Operate under a Joint Arrangement
- Located at the Town Hall, Reading
- 2 Courts, Jury Room, office facilities
- Service Structure – Senior Coroner, Area Coroner, Assistant Coroners, Coroners Officers, Court Officers

Role of the Coroner

17 The coroner service in England and Wales is a small but important part of the justice system. Its primary purpose is to investigate deaths that are violent, unnatural, unexplained or that have occurred in custody or otherwise in state detention.

HHJ Thomas Teague KC

Chief Coroner

Role of the Coroner

- providing bereaved families with answers as to how their loved ones died with the assurance that an independent judicial process has investigated any relevant concerns
- contributing to the accurate registration of deaths, thereby enabling more secure analysis of trends in public health
- 8 • carrying out an enhanced investigation where the state's responsibilities under Article 2 of the European Convention on Human Rights ('ECHR') (the right to life) are engaged
- considering whether any circumstances revealed by an investigation give rise to a risk of future deaths and alerting those who might be able to mitigate or eliminate such risks
- investigating treasure finds, allowing museums to acquire treasure and appropriate rewards to be paid

Role of the local authority

- Coroners and Justice Act 2009
- Responsibility for appointing coroners and for funding the service
- S24 of the Act states:
 - it is the duty of the relevant local authority for each coroner area to secure the provision of whatever officers and other staff are needed by the coroners for that area to carry out their functions
 - to provide, or secure the provision of, accommodation that is appropriate to the needs of those coroners in carrying out their functions; and
 - to maintain, or secure the maintenance of, such accommodation.

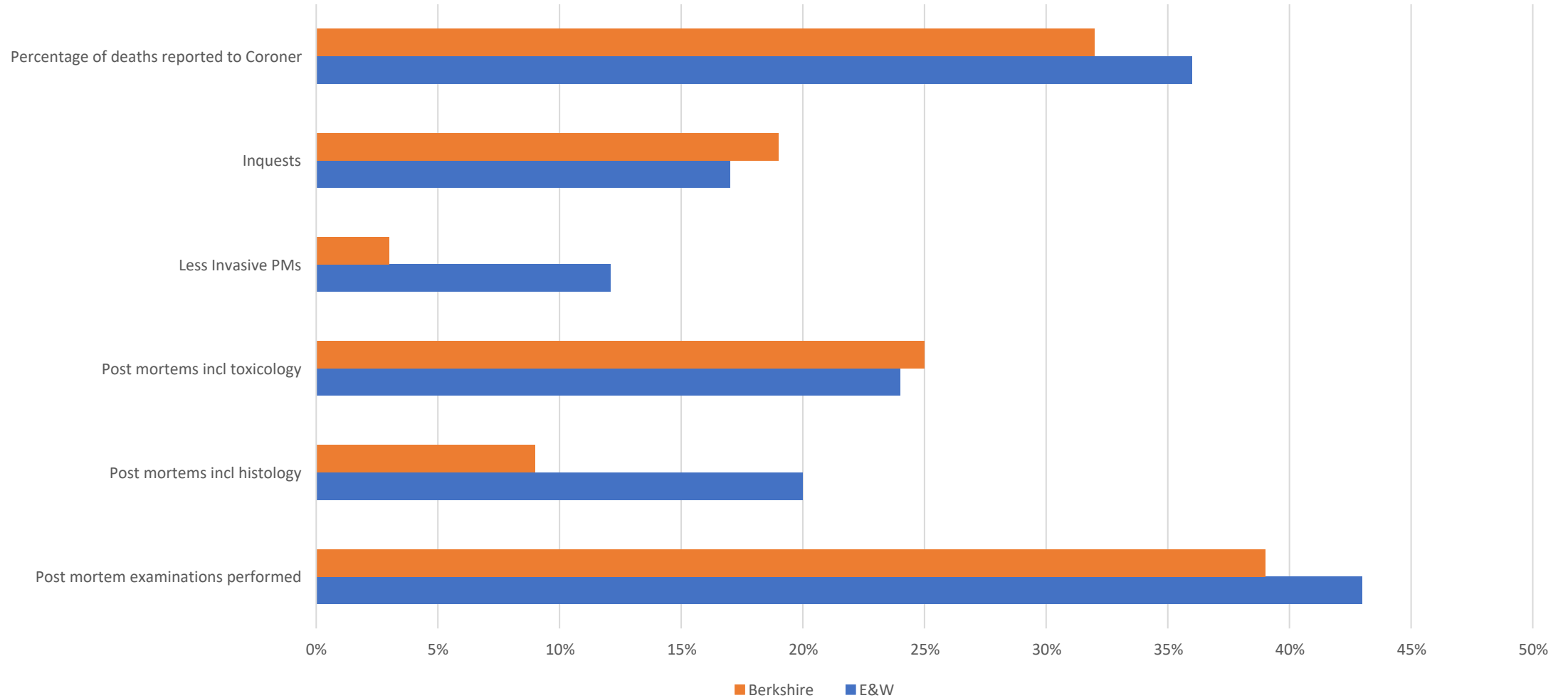
Outputs/KPIs

2022

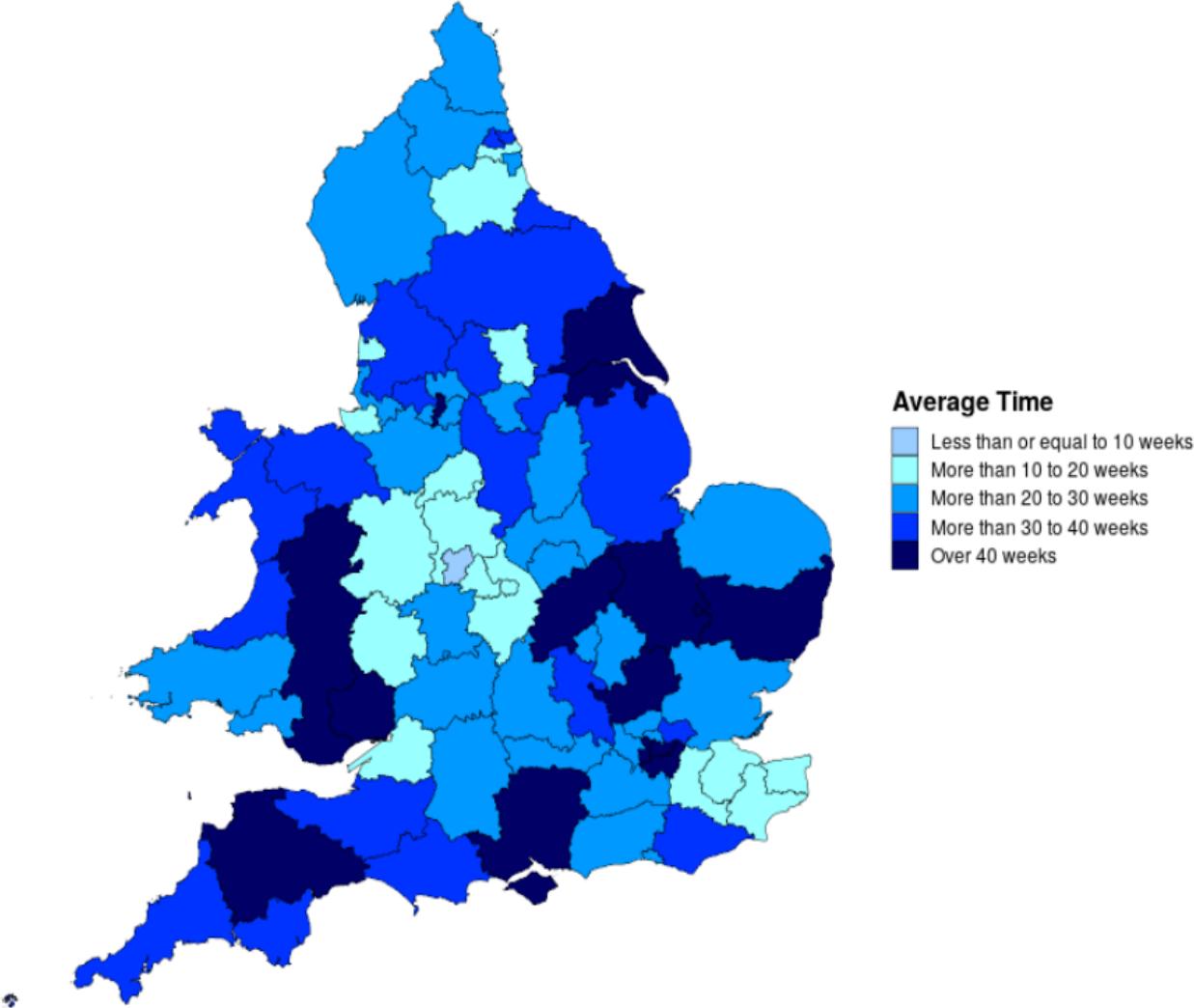
- Total deaths in Berkshire 7096
- Total deaths reported to Coroner 2257
- 20 • Post-Mortems 871
- Histology 75
- Toxicology 222
- Non-invasive (CT scanning) 23
- Inquests 438 (of which 3 were held with a jury)

Comparison with England and Wales

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Map 3: Estimated average time taken to process inquests, England and Wales, 2022



Major Expenditure Areas

Mortuaries

- Royal Berkshire Hospital, Reading
- Wexham Park Hospital, Slough
- Contract with Frimley Health NHS Foundation Trust

Removal and transportation of deceased

- 24/7, 365-day service under contract
- 650 transfers per year

Pathologists

- Conduct post-mortems
- National shortage
- Consultation on review of fees

- 24 Toxicology
- Contract with University Hospital Leicester

Inquests/Legal Costs

2022 Review

Berkshire authorities agreed to additional funding

- Increased number of Coroners Officers from 5 to 7
- Approved the appointment of:

Area Coroner

5x Assistant Coroners

Bereavement Nurse

- Approved additional funding for increased costs of removals

Service Improvements

- Increase resilience for both Coroners and Officers to deal with workloads
- Improve management of complex and high-profile cases
- Reduce time to bring cases to inquest
- More capacity for Senior Coroner to focus on prevention of future deaths for example improving suicide prevention strategies
- Comply with Chief Coroner recommendations – staffing/facilities

Budget

2023/2024 overall budget of £2,740,316

Wokingham Borough Council contribution is forecast to be £474,622 (18%) subject to year-end adjustment.

Future

- Review of Joint Arrangement
- Regional Mortuary
- CT Scanning
- New options for removals
- Medical Examiner Service

Q & A

matthew.golledge@reading.gov.uk



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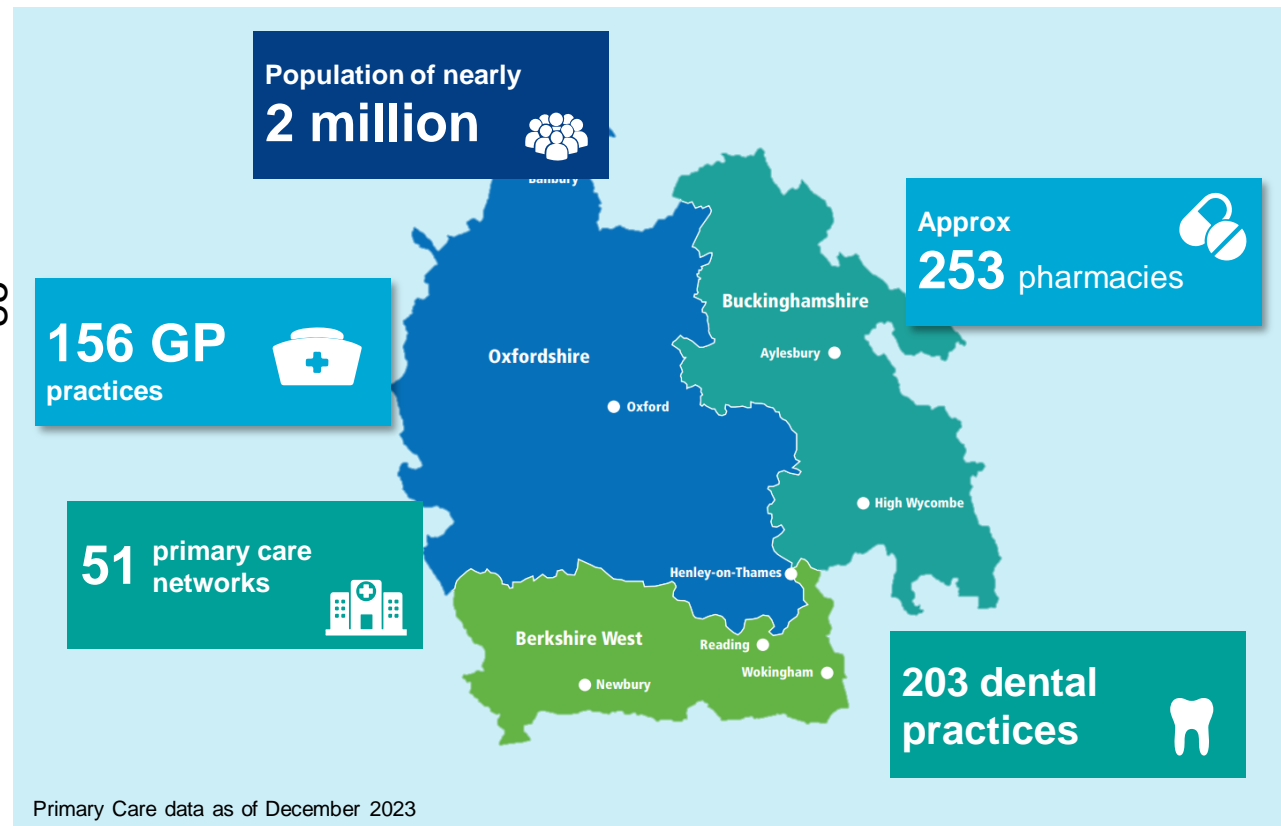
31 **Transforming Primary Care –
Executive Summary**

General Practice, Community Pharmacy, Optometry and Dentistry



Why we need a primary care strategy

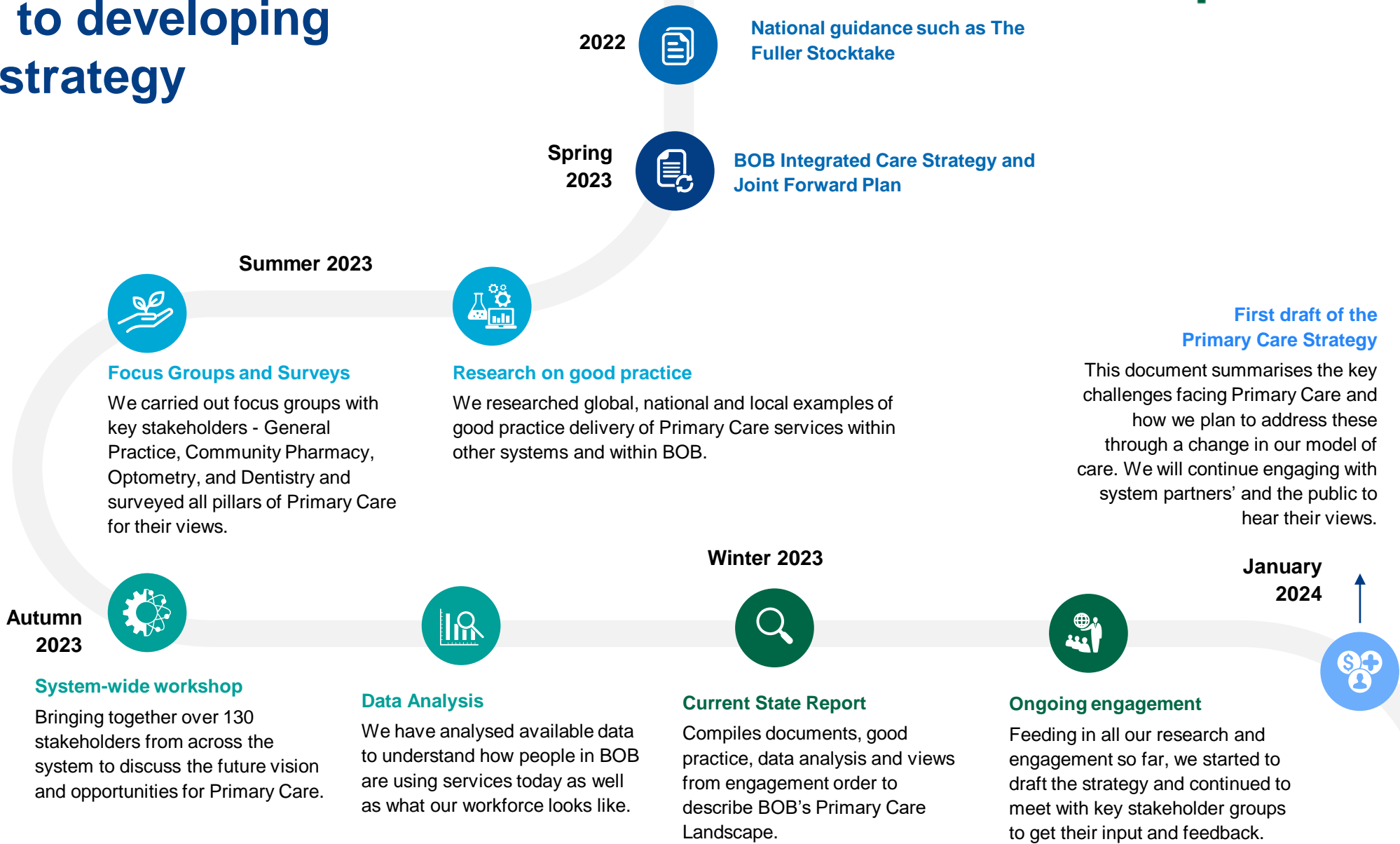
Primary Care includes General Practice, Community Pharmacy, Optometry and Dentistry services. These services provide the first point of contact, have an ongoing connection with local communities, and lead on improving the ‘whole person’ health of our population.



- BOB ICS is putting primary care at the heart of our transformation, to deliver our vision set out in the Integrated Care Strategy:
- Everyone who lives in BOB should have the best possible start in life, live happier, healthier lives for longer and be able to access the right support when they need it.*
- We currently deliver some outstanding primary care, but services are under considerable pressure. We have inequalities in outcomes for our patients, workforce gaps and high workload.
- A national direction has been set to integrate Primary Care provision. We have developed this strategy to **address the challenges we are facing in Primary Care and improve integration between all of our pillars in Primary Care** and how they work together to deliver the new model of care. This strategy will also cover how Primary Care will work with system partners such as community services, to deliver our future vision. Therefore, this strategy is aimed at multiple different audiences – people who use Primary Care services, our staff who work in Primary Care as well as wider system partners, who will contribute to improving integration and collaboration to move to a more sustainable Primary Care system.

Approach to developing this draft strategy

This strategy builds from national guidance and our own local plans. We have carried out extensive engagement and analysis to inform the development of this draft primary care strategy, which we now want to refine through further engagement with system partners and those who live and work in BOB.



Our primary care system has many strengths

There is much outstanding practice across primary care in BOB, and unique capabilities across its Places. Below are five highlights where the system has particular strengths that can be built upon.

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01



General Practice access and quality metrics in line with or above the national average

The proportion of GP appointments seen within 14 days is **higher** than the national and regional average. Most GP practices have either good or outstanding CQC ratings. Quality and Outcomes Framework scores are just above average.

02



High uptake of the Community Pharmacy Consultation Service

BOB has the **third highest** number of referrals (per population) to the Community Pharmacy Consultation Service across the Southeast region. 122 of the 156 GP practices are 'live' and referring their patients to community pharmacists, with a further 27 preparing to start using this service (as of December 2023).

03



Strong focus on inequalities, prevention, and wider determinants of health

All three Place-based Partnerships have focused on this. For example, 'Opportunity Bucks' targets the 10 most deprived areas in Buckinghamshire. Oxfordshire work focuses on specific communities such as people who are homeless. In Berkshire West community outreach is focused on reducing premature mortality.

04



Population Health Management Infrastructure

In parts of BOB, the Connected Care model has been developed with the addition of Population Health Management tools and is enabling people to be directed to the most appropriate health and care service, based on their needs. This supports better triage and navigation, identification of people who would benefit from intensive case management, and ability to design prevention interventions.

05



Flexible dentistry commissioning for our most vulnerable populations and extended commissioning for Minor Eye Conditions

BOB has started a pilot for flexible commissioning, where 10% of the contract can vary depending on local needs. This has enabled practitioners to service patients from underserved communities who require dental care. Additionally, there has been great uptake of the referrals to the Minor Eye Conditions service and patient feedback has been positive.

06



Strength of existing at-scale delivery structures

Each Place has a Placed-Based-Partnership (including local authorities, VCSE and others) which can drive and deliver transformation and integration at a local level. There are evolving Federations of General Practices established in each Place – FedBucks, PML in parts of Oxfordshire and the Primary Care Alliance in parts of Berkshire West that can lead change and deliver services for a large part of the population.

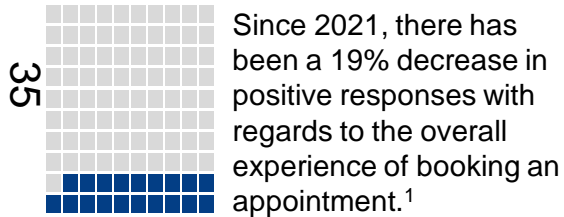
1: NHS Digital (2023); 2: Primary Care Access and Recovery Plan (2023); 3: Brookside Case study – Segmentation in Primary Care (2023)

There are challenges within primary care and within the wider system that require new ways of working

Demand for primary care outstrips current capacity and inefficiencies are created (for patients and staff) where the parts of the system do not work well together. The challenges require a system response, they cannot be solved by primary care alone.

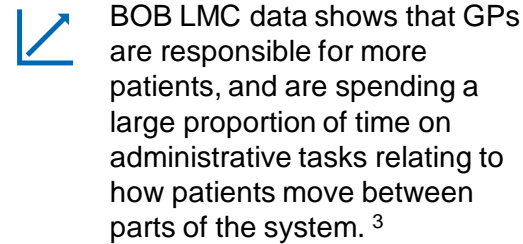
01

People report a worsening experience of accessing primary care



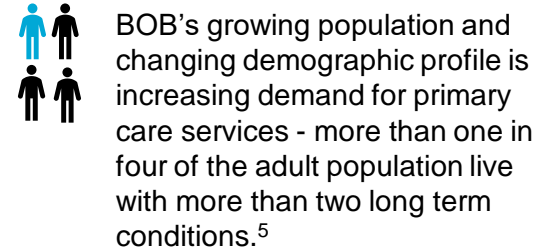
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Many primary care staff feel they are under extreme pressure



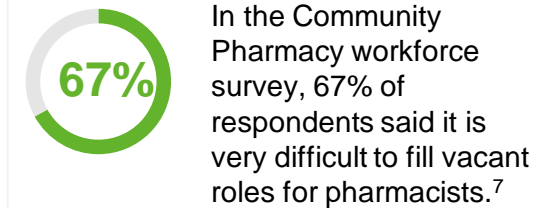
03

This is driven by a mismatch between demand and capacity across the system



04

Capacity is difficult to grow due to funding, recruitment, retention and estates challenges



19% said there were no dental appointments available or said that the dentist was not taking on any new patients.²



Multiple respondents to the BOB dental survey said they are under extreme pressure due to demand much greater than capacity, lack of funding and recruitment and retention challenges.



14 community pharmacies closed in 2023 and 16 out of 20 100hr pharmacies reduced their opening hours (mainly the 9pm-12am slot).⁶



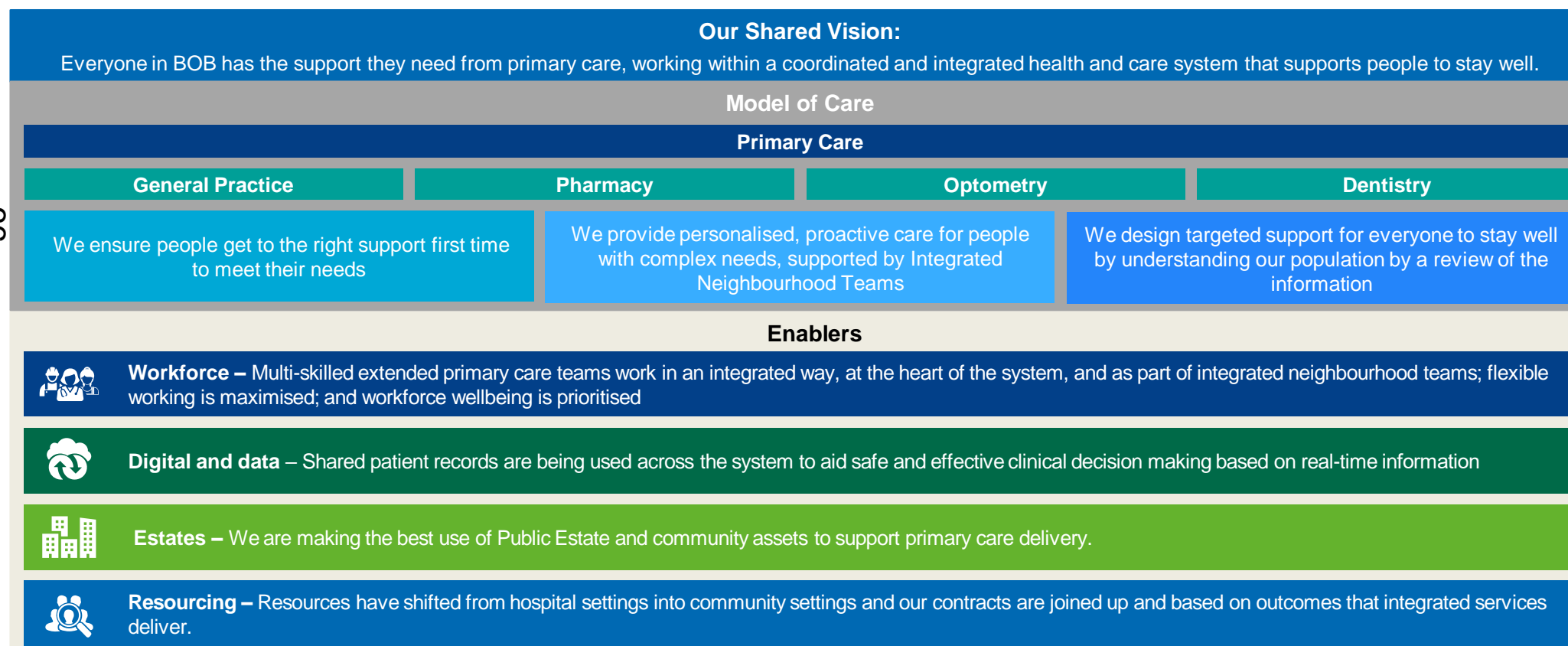
There are estates pressures across the system for example, in Bucks, approximately 570,000 patients are served by a primary care estate of approximately 24,121 m².

1: National GP survey results, 2023; 2: BOB GP Patient Survey Dental Statistics 2023; 3: BBOB LMC The Health of General Practice in BOB; 4: BOB Primary Care Assurance Report 2023/24 Quarter 2 (2023); 5: BOB Joint Forward Plan (2023); 6: Buckinghamshire Executive Partnership Report on Primary Care July 2023; 7: Community Pharmacy Workforce Survey 2022; 8: OCCG Primary Care Estates Strategy (2020)

Our shared system vision for primary care

The challenges – and opportunities – facing primary care result from complex system-wide factors and a whole system response is required. BOB's Joint Forward Plan commits the system to developing new models of care and primary care is at the heart of that. This is our future vision for primary care, but it requires other system partners to also work differently to deliver it.

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We ensure people get to the right support first time to meet their needs

Our vision is that people who contact the health system will be directed to the right health and care support to meet their needs first time – so that might not necessarily be a GP but the right health care professional and in the right place.

The challenge today – using General Practice as an example

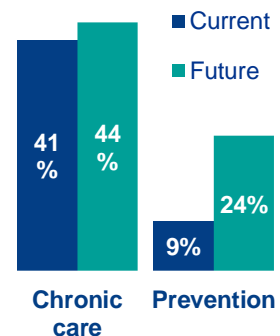
People report a worsening experience getting to the primary care support they need and are frustrated when they feel they are ‘bounced around the system’.

Across BOB, patients having a good experience of making a GP appointment has decreased by 19%



Staff feel under extreme pressure and some of the burden comes from a lack of smooth processes as people move between different parts of the system and can end up requiring multiple appointments before they get to the right place.

Staff in General Practice in BOB would like to spend more time on prevention and chronic disease management:



When people find it difficult to get a GP or dentist appointment, they report that they sometimes go to A&E.

In the BOB ICS GP National Survey, people said:

- 10%** went to A&E when they couldn't get a GP appointment
- 30%** visited A&E instead when the GP practice was closed

Our future vision

Self-management

Supporting all our communities to access the high-quality information available on the NHS website.

Signposting to this from community centres, health services, GP websites and apps, and through targeted outreach.

Triage & navigation

When people request support (e.g. through GP online form, by calling 111) care coordinators can triage the request – with clinical supervision – and direct it to the right place.

Supported by digital triage tools, some of which use Artificial Intelligence, and backed by Population Health data that helps teams understand the health needs of the person requesting care.

Initial contact

Initial contact is with the right professional / service, which could be a virtual or face to face appointment with a (for example):

- ✓ GP, Nurse, Physio or other staff member
- ✓ Community Pharmacist, Optometrist or Dentist
- ✓ Urgent Care/Treatment Centre for minor injuries
- ✓ Weight management, audiology, or podiatry service
- ✓ VCSE and mental health services

Supported by digitally-enabled communication between these different clinicians and services.

We provide personalised, proactive care for people with complex needs, supported by Integrated Neighbourhood Teams

Our vision is to have Integrated Neighbourhood Teams (INTs) made up of professionals from a range of disciplines, operating at the appropriate scale, to support people with more complex needs to stay well in their communities.

The challenge today

People's health needs are changing and many live with multiple long term conditions where traditional disease-specific care is not the best model.

"More than one in four of the adult population live with more than two long term conditions"¹

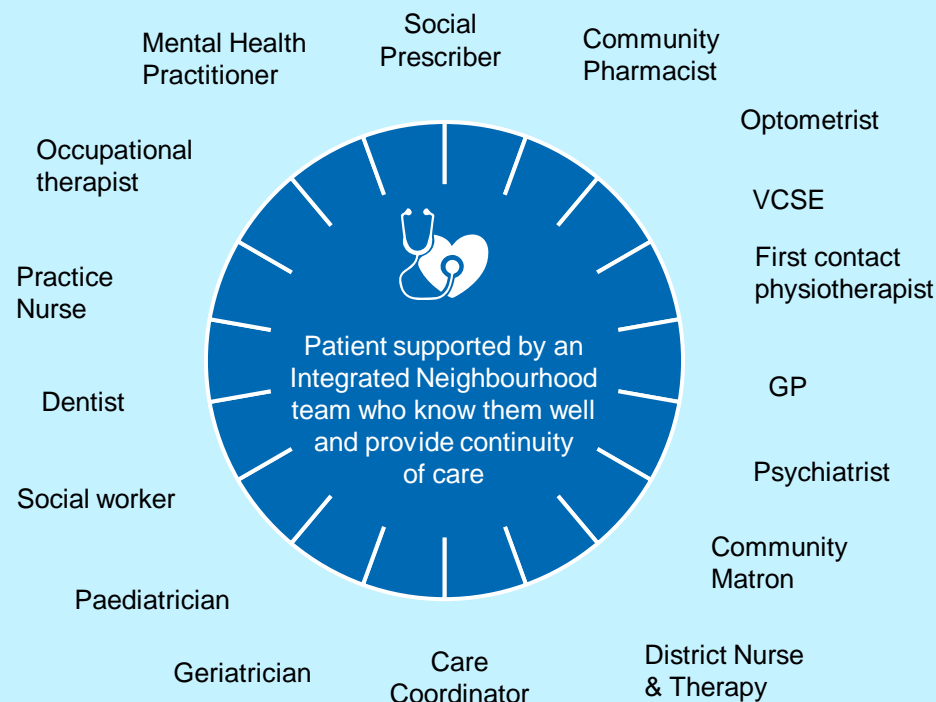
Many issues that affect people's health are not purely medical and require input from multiple parts of the public sector, for example housing, benefits.

"The Buckinghamshire population have higher levels of social isolation"²

Where people's needs are not well-managed, they often end up requiring more urgent and costly treatment, that doesn't provide a positive experience or improve longer term outcomes. Groups from more deprived areas tend to end up using the emergency care system more.

"Higher acuity patients now make up a greater proportion of A&E activity than 4 years ago"³

Our future vision



Team of colleagues from a range of contributing organisations

To manage the challenges on the left, we need to move towards a more community-based model. This will require the system to shift resource from secondary care into the community and will impact the way the whole system works, especially secondary care with Primary Care. INTs will be the delivery vehicle for this model and our specialist workforce e.g. secondary care consultants, mental health, social care providers, VCSE sector, primary and community care, will have a key role to play in the INT. We will need to ensure job plans are aligned and resources and time commitment are agreed upfront.

INTs will support a defined group in the population who have complex needs and are at risk of experiencing the poorest outcomes. They work together with the individual to develop and deliver a personalised care plan, making sure they can access the support (medical and non-medical) they need.

System partners work together to provide resources (staff, estates, funding) to these teams that come together regularly (daily or weekly), virtually and physically.

The footprint for these teams will be determined locally – with input from a range of system partners – using population health data to identify cohorts who will benefit the most.

We design targeted support for everyone to stay well by understanding our population by a review of the information

Our vision is to share and use data to inform targeted approaches to improve our population's health, working in partnership with our Local Authorities and making every primary care contact count.



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The challenge today



60,000 living in a deprived area, who develop poor health 10-15 years earlier than those in less deprived areas.



Approximately 11% of BOB's population are active smokers, with nearly 8% of pregnant women actively smoking.



Across BOB, 3 in 5 adults are overweight or obese. 68% of adults with a learning disability are overweight.



Nearly 18% of BOB's population undertake less than 30 minutes of physical activity per week.



In BOB, there were 115k alcohol attributable admissions to hospitals between 2016/7 and 2020/21.

Our future vision



Primary Care supports people from the beginning to the end of life, and prevention and health promotion are key throughout. Whether it's stopping people becoming unwell in the first place, preventing ill health progressing, or minimising the impact of poor health.

All four Primary Care pillars – General Practice, Community Pharmacy, Optometry and Dentistry – have a critical role to play in prevention activities and the promotion of living a healthy life in local communities. With the right data being shared and discussed between all system partners, including Local Authorities, there is an opportunity to maximise preventative activities and deliver more personalised care. These include opportunistic activity – like blood pressure monitoring during eye checks, and proactive activity – like community pharmacy reaching out to those who may have undiagnosed high blood pressure, or dental checks in early years settings. There is also an opportunity to tackle the social, economic and environmental factors that affect health by supporting people to live healthier lives – like increasing access to tobacco dependency services and weight management services. However, we recognise the need to release capacity, before we can optimise our workforce's full potential to deliver more preventative activity. Our future integrated model of care should help overcome this barrier.

In order to make and sustain a shift towards a more preventative system, we will use data to drive our decision making. We will embed a strategic and system-wide Population Health Management (PHM) approach to allow us to understand the health needs across our system and identify our most vulnerable and at risk groups - those who experience the poorest outcomes and inequalities. With this understanding, we will work with communities to design the right support for the population group we are looking at. We'll evaluate and scale what works and stop or change what doesn't.

Four enablers are essential to delivering this vision

Focusing on the activities described over the next two pages should be a priority for the system, as workforce, digital and data, estates and resourcing are critical to deliver the future model of care.

Workforce

- Fully understand current and future workforce skills gaps and challenges around recruitment and retention particularly in rural areas
- Develop longer term local plans, building partnerships to develop a sustainable supply of locally recruited and trained staff.
- Maximising uptake of apprenticeship roles developing the workforce through the apprenticeship levy.
- Expansion of the coaching and mentoring and 'looking after you' programmes for all primary care staff and ensuring access to health and wellbeing support.
- A greater focus on continuous professional development and protected learning time across primary care. Specific learning being commissioned according to training needs analysis, local and national priorities.
- Enable staff to move seamlessly between provider organising using the 'BOB' staff passport' making shared and rotational roles much easier, which in turn results in an increase in staff retention as they have a better employment experience.
- Looking at Dentistry specifically, exploring different types of contract models to encourage recruitment, reviewing the skill mix model to align with new prevention priorities and the training required for this, and review of commissioning training courses to grow dental workforce.

Resource

- In common with the rest of the country, funding is constrained in BOB Integrated Care System, and we need to look at ways to use the existing resources we have differently. Where possible, will look at how we use funding to focus on areas of higher deprivation.
- We know that other systems globally that achieve excellent outcomes for their populations have health and care systems that spend a far greater proportion of their budgets on primary care activities than we do, and this is a shift we are committed to making in BOB.

We plan to do this in two ways:

- By changing the location and type of work our staff do, regardless of who they are employed by. For example, a respiratory consultant spending time each week with an Integrated Neighbourhood Team supporting people experiencing breathlessness.
- By changing the way we commission services so that we consolidate funding to support providers working together to deliver the best outcomes for a defined population – we will begin piloting this approach in 2024.



Four enablers are essential to delivering this vision

Digital & data and estates are key enablers to underpin the successful delivery of our future model of care.

Digital and data

Enhancing our digital capabilities across the system will enable us all to work differently, release capacity by minimising existing administrative pressures and ensure people have a more seamless journey through the system. Building on the ICB's Digital and Data Strategy we will:

Digitise Our Providers – deliver the minimum digital foundations across our providers

- Optimise digital triage tools within General Practice to free up time for staff from manual administrative tasks e.g. processing incoming requests for patients. This will include training for both clinical and administrative teams to ensure they get the full benefits out of digital tools.
- Carry out engagement on the requirements of GP principle clinical systems in readiness for the closure of the GP IT Futures framework that will support the ongoing development of our Electronic Patient Records.

Connect Our Care Settings – use digital, data and technology to connect our care settings

- Enable providers both within primary care e.g. GP, community pharmacy, optometry, dentistry and between primary and secondary care to digitally share patient records. This capability should support effective clinical decision making and enable smooth navigation of patients to the right part of the system.
- Sharing information in this way will reduce administrative burden e.g. for primary care teams, and empower secondary care providers to update medication changes on discharge from care automatically via the NHS Electronic Prescribing Service (ePS) and send a notification to the patient's pharmacy to dispense medication in the community.
- Unlocking interoperability and shared record capabilities will support other digital technologies such as remote monitoring tools to empower patients, and their carers, to play a greater role in their care.

Transform Our Data Foundations – deliver the data foundations to provide the insights required to transform our systems and better meet the needs of our population

- Continue to spread and scale the existing Population Health Management infrastructure that exists in BOB across the entire system.
- Advance our data sharing agreements so we continue to benefit from the capabilities within the Thames Valley and Surrey Shared Care Record, and continue to work with clinical system providers to enable data sharing features within the BOB system.

Estates

- Make greater use of virtual consultations and 'hub working' (with multiple professionals in same space) for non-complex same day care.
- As part of the ICB plans for a shared estates strategy, set a clear expectation that both same day access hubs and Integrated Neighbourhood Teams should make use of the best available public estate. For example, this could mean a same day access hub located at an Urgent Care Centre, or an INT located in a community health centre.
- Explore opportunities for partnership working between the ICB, Primary Care providers and wider local system partners, in particular local councils, to optimise use of public sector estate and community assets, and take opportunities to put health on the high street

Our approach to delivering this strategy

We are committed to ensuring this strategy turns into action and makes a difference to people living in BOB. The ICB will oversee delivery of the strategy at a local level, whilst empowering our staff working in primary care and system partners to make the required changes. These principles underpin our approach to delivering this strategy.

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1 Create Focus

To achieve our vision, we need to prioritise a small number of high impact actions. Acknowledging our system is under pressure and capacity is limited, the actions we focus on must have the biggest impact on the challenges we are trying to address.



2 Delivery Programme Approach

Our delivery approach is underpinned by the continuous improvement principles outlined in NHS IMPACT. This approach will be bespoke for the three priorities and enable teams to:

- ✓ Understand the problem and biggest opportunities for improvement
- ✓ use data to drive decision-making
- ✓ test small incremental changes for our priority actions
- ✓ share learnings and learn from experience
- ✓ Create a 'bottom-up' culture of improvement



3 Local Design

Primary Care is a complex landscape of mostly independent contractors which means we cannot implement a "one size fits all" model. We need to ensure the detailed design of the model of care takes place at a neighbourhood level, where those working on the frontline of Primary Care are making the decisions, with their communities, about changes in the way we work.



4 ICB Support

We recognise the need for the ICB to lead delivery of the strategy and to support the changes in the way we work. The ICB will act as a "convenor", bringing together Primary Care with system partners to have meaningful discussions on how we deliver our priority actions and better meet the needs of our population. Further support will be given in enabling areas such as workforce, to ensure neighbourhoods are supported to drive the changes.



5 System partner Support

To deliver this strategy and enable a shift in the model of care, all system partners will be required to work in new and innovative ways. For example, acute providers will need to identify members of their workforce who can work in the community alongside primary care colleagues. All partners will need to identify opportunities to work more flexibly and share resources, including estates in new ways.



Our priorities for delivery

We have identified three areas where we can make a real impact on improving people’s health and wellbeing and reducing pressure on staff. Where possible, we will focus on working with communities that experience the most inequalities. In line with BOB’s overall system strategy, we have focused on aligning the priorities with two of our system goals and introducing more joined-up ways of working between services – rather than discrete priorities with one area like dentistry or general practice. The priorities are described in more detail on later pages.

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1
Non-complex same-day care

General Practice, Community Pharmacy, Optometry and Dentistry will work together, with 111 and Urgent Care, to **better manage those who require support that day, but whose need is not complex.**

Around 70% of population health need is low complexity, and this makes up approx. 50% of GP activity.

Impact:

- Improved patient experience as they get the urgent support they need.
- Release capacity in General Practice to focus those with more complex needs.

John Hopkins ACG System

2
Integrated Neighbourhood Teams

General Practice, Community Pharmacy, Optometry and Dentistry will work together with community, mental health, acute and VCSE services to provide **proactive, personalised care to a defined population group with more complex needs**, for example, frail older people.

Around 70% of health and social care spending is on long term conditions.

Impact:

- People’s health conditions are better managed reducing their need for unplanned hospital care.
- System capacity better coordinated and directed at need leading to greater staff satisfaction

[Long-term conditions and multi-morbidity | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

3
Cardiovascular Disease (CVD) prevention

General Practice, Community Pharmacy, Optometry and Dentistry will work together with Local Authorities, VCSE and the wider health system to **reduce the risk factors for Cardiovascular Disease (CVD)** including smoking, obesity and high blood pressure.

CVD is one of the most common causes of ongoing ill-health and deaths in BOB.

Impact:

- Reduce 797 heart attacks and 290 strokes (CVD events) in the next 4 years.
- Reduce demand on General Practice and Secondary Care and reduce the overall societal cost.

BOB Size of Prize 2023

We will continue to focus on other improvements in addition

Our three priorities focus on those areas where we need a system-wide focus to tackle the biggest challenges. There are other areas where work has been and will continue to be undertaken to make improvements to realise our vision. These align with our priorities in the BOB Joint Forward Plan and the Integrated Care Strategy, and we have highlighted a number of areas below.

 General Practice	 Community Pharmacy	 Optometry	 Dentistry	 Community
-----------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

- Support the public to **optimise use of the NHS app** so that they can see their medical records, order repeat prescriptions, manage routine appointments and see messages from their practice.
- **Improve the ways in which patients contact and interact with their GP and navigate care**, including the 111 service - support provided to GPs through national and local improvement programmes.
- Continue to **strengthen the primary care workforce** including recruitment, retention, supporting staff practice to the top of their license.
- **Improve the interface between primary and secondary care** – to streamline processes and touchpoints for patients.

- Roll out of the **Pharmacy First initiative in 2024** so that patients can access prescription-only medicine without needing to visit a GP e.g. for UTI treatment.
- Upskilling of community pharmacists in line with upcoming new policy so that more **pharmacists are able to provide assessments of patients and make prescribing decisions** without patients having seen their GP first.
- Continue to expand vaccination service e.g. flu and covid
- **Expand GP Connect** to enable GP practices and authorised clinical staff (e.g. pharmacy professionals) to **share and view electronic health records information and appointments information**.

- **Implementation of an electronic referral platform** which will allow community optometrists to send routine referrals directly to the patients' chosen hospital or single point of access.
- **National intent to extend and roll out 'in school' eye testing** in all schools from April 2024, with certain schools given priority for the rollout.
- **National minor eye condition service to be expanded in early 2024** which aims to improve equity and accessibility for patients with most eye conditions seen at eye units and by GPs.

- Further expansion of the Flexible Commissioning scheme which provides **care for patients from underserved communities**.
- Continuing to undertake oral **health assessments and increase dental hygiene in children and young people** - targeting prevention interventions.
- Exploring implementation of **mobile dental units**.
- Building dental clinical workforce resilience
- **Proactive management approach** to dentistry though better oversight of access, quality and performance challenges.

- **Expanding hospital at home approach and redesigning hospital discharge model** - integrating with local councils so more services and care can be moved into the community.
- **Enabling patients to have direct access to community services** such as musculoskeletal, audiology, weight management and community podiatry without needing to go to the GP first.
- **Improve community-based support for those suffering with Mental Health** e.g. The Thames Valley Link Programme (TVLP) has been established to provide extra support to children and young people who are often described as having 'complex needs'.

ICB and Place support for local delivery

Clinical and operational teams, working with their communities, will be the ones who drive new ways of working. The ICB and Place teams will provide dedicated support to focused Local Action Teams working on our three priorities within an overall Primary Care Delivery Programme.

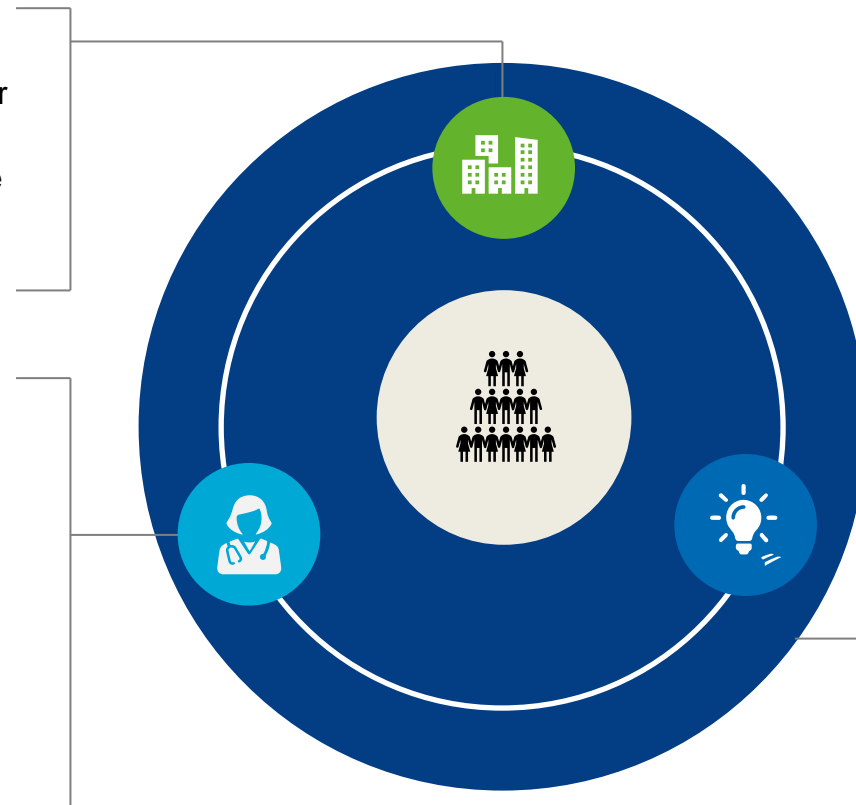
Place-level

- Place-based Partnerships are **accountable** for delivery of the priorities
- Place Delivery Teams will be established to be **responsible** for delivery and first line of support for Local Action Teams

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Local Action Teams

- Clinical and operational teams working with communities
- **Footprint** determined locally as appropriate – could be PCN, Local Authority, other
- **Members** determined and may differ for each priority but include all pillars of primary care and wider system partners
- **Leadership** of teams must be clearly agreed for each priority



The delivery structure will need to align to the overall BOB ICB Operating Model that is being developed.

ICB-level

- The BOB ICB Primary and Community Care Strategic Transformation Coordination Group is **accountable** for delivery of the priorities
- The Primary Care Team is **responsible** for delivery of the priorities, working closely with ICB leads for Workforce, Digital & Data, Estates and Resourcing.

A phased approach working with cohorts across the three priorities

The Primary Care Delivery Programme will bring together multidisciplinary teams from across Neighbourhood, Place and ICB levels to deliver our three high impact actions, across a three year period. Our Placed-Based-Partnerships will be key to supporting delivery of this approach and driving improvement. Two of our priority workstreams are aligned with our wider system goals on CVD Prevention and Integrated Neighbourhood teams.

Priority workstreams	2024	2025	2026
1 Non-complex same-day care	Cohort 1 March – August 2024 Three sites in each Place	Cohort 2 September 2024 – February 2025 Up to six sites in each Place	Cohort 3 March – August 2025 Up to nine sites in each Place
	'Site' = Neighbourhood level team e.g. Primary Care Network (PCN), or multiple PCNs working together or any appropriate scale at a local level.		
2 Integrated Neighbourhood Teams	Mobilisation Co-design blueprint of INTs in each Place	Cohort 1 September 2024 – February 2025 Three sites in each Place	Cohort 2 March - August 2025 Up to six sites in each Place
			Cohort 3 September 2025 – February 2026 Up to nine sites in each Place
3 CVD Prevention			Cohort 1 March - August 2025 Three sites in each Place
		Cohort 2 September 2025 – February 2026 Up to six sites in each Place	Cohort 3 March – August 2026 Up to nine sites in each Place

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**Thank you for reading this draft strategy
(summary version).**

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We are grateful to all those in the BOB Integrated Care System who have helped to shape this draft strategy.

We need your views and feedback to help agree our final strategy, so please do share your thoughts via engagement.bobics@nhs.net



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Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

**Health and Wellbeing Board update
January 2024**

[BOB ICB Board Meeting](#)

[BOB ICB Primary Care Strategy](#)

[NHS Industrial Action](#)

[Covid and flu vaccination programme](#)

[BOB ICB Stakeholder Newsletter](#)

[Berkshire West specific updates](#)

1. ICB Board Meeting

The BOB ICB held its board meeting in public on 16 January 2024; papers are available on [the BOB ICB website](#) .

2. BOB ICB Primary Care Strategy

The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has published its draft Primary Care Strategy which highlights our ambitions for the future of general practice, community pharmacy, optometry (eye care) and dentistry across BOB.

The draft strategy outlines three priorities to help deliver these 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 in the 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.

Stakeholders, patients and the wider public are invited to share the views about our ambitions in the draft strategy via a new online survey at: <https://yourvoicebob-icb.uk.engagementhq.com/primary-care-strategy> – to help further inform and shape these plans. The survey closes on 29 February 2024.

A printed copy of the survey is available by post or by telephone for people without online access. To request a copy please contact 0300 123 4465 or email engagement.BOBICS@nhs.net

3. NHS industrial action

BMA Junior Doctors have undertaken two further periods of Industrial Action since the. The first was for 72 hours from 7am on Wednesday 20 December to 7am on Saturday 23 December 2023. The second was for 6 consecutive days from 7am on Wednesday 3 January to 7am on Tuesday 9 January 2024. It should be noted that this was the longest continuous period of industrial action ever seen in the history of the NHS.

These strikes took place during one of the busiest periods for the NHS and the focus of all Trusts across BOB trusts was to ensure patient safety and maintain critical

emergency and urgent care services. The ICB and NHSE supported Oxford University Hospitals NHS FT to ensure patient safety at the John Radcliffe ED and commissioned additional hours from the Horton and City Urgent Care Centres to redirect GP appropriate patients away from EDs where possible.

During all previous periods of industrial action across the BOB area (excluding January 2024 period) 24,244 acute outpatient appointments, 3,684 elective procedures and 9992 community appointments have had to be rescheduled. It should be highlighted, however, that these figures are an underestimate of the full impact as they do not include the appointments and operations that were not booked at the point strike dates were announced.

4. Covid and flu vaccination programme

The core delivery of the Covid and Flu vaccination programme concluded on 15 December 2024. Currently the programme across the BOB area has delivered 558,503 flu and 394,353 COVID vaccinations representing 54.9% and 59.4% of the respective eligible populations.

A targeted outreach offer of vaccination continues until 31 January 2024 to ensure all those who wish to be vaccinated continue to have access across the system. BOB has worked closely with providers and has delivered the highest uptake among health and social care workers, 49.4%, across the Southeast and significantly above the national average.

5. BOB ICB Stakeholder Newsletter

The BOB ICB [Communications and Engagement Strategy](#), approved by the Board in July 2023, committed to the introduction of a BOB-wide Stakeholder Newsletter. Following engagement with communications colleagues at all Trust providers, local authorities and with Place directors, [the first edition of the monthly newsletter was published](#) earlier this month.

The format of the newsletter includes a section containing news and images relevant to health, social care and public health across the whole BOB system and three Place specific sections with more 'local' interest.

Initially it has been distributed to all BOB MPs, local authority chief executives and leaders, scrutiny committee chairs and Health and Wellbeing Boards, NHS Trust boards, Local Medical Committee chairs, Pharmacy, Optometry and Dental committees, Healthwatches, GP Patient Participation Groups (where possible) and communications colleagues across all NHS and local authority partners for cascade through their networks

There is an option within the newsletter for people to subscribe directly and it is publicised via the ICB social media channels to encourage members of the public to

subscribe. The monthly newsletter will be adapted and amended as it develops and receives feedback from recipients.

6. Berkshire West specific updates

- The Community Wellness Outreach Service is now live in Reading and West Berkshire with Wokingham planning to start shortly. This 18-month pilot is funded through ICB inequalities monies and will offer NHS Health Checks and wider wellbeing support to patients most in need, by taking services out into our communities. The pilot will be evaluated against metrics measuring the impact of the service on CVD diagnosis rates and wider patient wellbeing. A full update will be provided to the next Health and Wellbeing Board meeting.
- Work is underway to agree key priorities for our Berkshire West Place Based Partnership in 2024/25, building on the areas we have worked on together this year. Children and Young People's Mental Health (including SEND) will remain a focus area, along with a focus on Same Day Urgent Access and also enhancing preventative services for our residents where possible. Implementation of the Primary Care Strategy and continuation of our Community Wellness Outreach will be a priority. It is important to note the challenging financial background that we are working within, and all organisations are expected to work together to ensure we can continue to deliver and improve services within our constrained financial budgets.
- Our plans are being developed alongside the wider ICB planning process and in alignment with the key BOB system goals which are currently being formalised. The ICB also continues to work closely with RBFT and other partners on the Building Berkshire Together initiative, part of the New Hospitals Programme, with a particular focus on formulating integrated care pathways which will inform the associated future estates requirements. We also want continue to work more closely with local authority planning teams to ensure future primary care capacity needs are factored into Local Plans and associated policy documents, and to also work with wider partners to identify shared estates opportunities including through the One Public Estate programme.

Report to the HOSC January 2024 – Priorities update

Priority	Update
<p>Recruitment of volunteers</p>	<p>Our Advisory Group (5 members) meets regularly and have been participating in our public activities.</p> <p>Our team continues to increase the awareness of Healthwatch and to look to recruit volunteers. We are actively looking for young people aged 18- 25 to be part of the Healthwatch Youth.</p>
<p>GP access project</p>	<p>Most of our work since October has been focused on our GP access project. This covers the 3 areas within Berkshire West and so will produce results for each local authority area, as well as collectively. We have recruited a member of the advocacy team to analyse the data and draft the report, using additional hours payments from posts that have been vacant during the year.</p> <p>We have received over 150 surveys, with additional narrative feedback from focus group participants on new ways in which GP practices are operating, care navigators and experience of the NHS app.</p> <p>We have engaged through:</p> <p>Primary Care Networks</p> <ul style="list-style-type: none"> - North PCN – Twyford, Wargrave, Woodley – Loddon Hall and Woodley Church - East Wokingham – Wokingham MC, Burma Hill and Woosehill – Community Hub - Earley PCN – Brookside Practice – Radstock Community Centre - South – Swallowfield and Finchampstead - Arborfield Hall <p>Community and VCSE Groups</p> <ul style="list-style-type: none"> - Link Visiting - Mind in Berkshire - CLASP - Promise Inclusion - Share (Foodbank) - P3 People, Potential, Possibilities (youth hostel) - Project Salama (domestic abuse) <p>We have also held two online events and had a pop up stand at Waitrose one afternoon where we spoke to shoppers and café staff.</p>
<p>Dentistry and Learning Disability</p>	<p>We undertook a survey with members of CLASP to find out more about the experiences of people with learning disabilities around accessing and attending the dentist. We had 14 participants; the report is due to be published at the end of February.</p>
<p>Healthwatch Priorities Survey Responses</p>	<p>Our Health and Social Care Priorities survey will be shared at the end of February to find out from the public what they would like us to look at 2024/2025 to help inform our workplan.</p>

HEALTH OVERVIEW AND SCRUTINY COMMITTEE FORWARD PROGRAMME 2023-24

DATE OF MEETING	ITEMS	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
19 March 2024	South Central Ambulance Service	Update	Update	SCAS
	Primary care	Challenge item	Challenge item	ICB
	Healthwatch update – GPs new ways of working and NHS app	Challenge item	Challenge item	Healthwatch Wokingham Borough
	ASC KPIs	Challenge item	Challenge item	Matt Pope

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Currently unscheduled topics:

- Autism Strategy
- Westcall
- Maternal mental health – June 2024
- GP access
- Communicating different ways of working with the public – NHS App
- Domiciliary care (including Market Provision Statement)
- Vaping in primary school children
- Update on criteria used to determine whether there was or was not sufficient GP surgery provision – ICB
- Update from the Chair of the BOB PCN Foundation, Dr Amit Sharma around its role, and how the Council could relate to it and work effectively with it.
- GP performance - Annual update on the performance of PCNs, including resourcing, staffing and outcomes.

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Health Overview and Scrutiny Committee – Action Tracker 2023/24

Health Overview and Scrutiny Committee – 19 September 2023		
Agenda Item	Action	Update
Update on dental services	<ul style="list-style-type: none"> • Further update in the future, including information around the flexible commissioning pilot. 	<ul style="list-style-type: none"> • Ongoing
Home care (domiciliary care)	<ul style="list-style-type: none"> • A more detailed update on domiciliary care at a future meeting, and that this include information regarding budgets, actuals, and the different providers. Wesley Hedger indicated that the detailed annual Market Position Statement could also be provided and information regarding the cost of care exercise. 	<ul style="list-style-type: none"> • Ongoing
Update from Healthwatch Wokingham Borough	<ul style="list-style-type: none"> • Discuss Wokingham Medical Centre Enter and View report at next meeting 	<ul style="list-style-type: none"> • Completed
Adult Services KPIs	<ul style="list-style-type: none"> • Written response from officers to query regarding AS1 'Social work assessments allocated to commence within 28 days of the requests (counted at point of allocation)' 	<ul style="list-style-type: none"> • Ongoing – requested
Work Programme	<ul style="list-style-type: none"> • currently unscheduled items on GP access and communicating different ways of working be scheduled as two separate items. • maternal mental health be scheduled for the first meeting of the 2024 municipal year, and that this include training for midwives around mental health. 	<ul style="list-style-type: none"> • Ongoing • Ongoing
Health Overview and Scrutiny Committee – 6 November 2023		
Minutes of Previous Meeting	<ul style="list-style-type: none"> • Agreed 	<ul style="list-style-type: none"> • Completed
Social Care Futures	<ul style="list-style-type: none"> • Members to attend a further briefing on Social Care Futures 	<ul style="list-style-type: none"> • Date to be confirmed
Seasonal Vaccine Update	<ul style="list-style-type: none"> • Helen Clark (ICB) to determine whether data can be provided at a Borough level 	<ul style="list-style-type: none"> • Completed
Update on work of Healthwatch Wokingham Borough	<ul style="list-style-type: none"> • Helen Clark (ICB) to seek an update on the Wokingham Medical Centre PPG. • It was suggested that the ICB be asked to provide information as to the criteria used to determine the number of GP surgeries required to meet population needs. 	<ul style="list-style-type: none"> • Completed • Ongoing

	<ul style="list-style-type: none"> • The Chair suggested that the Chair of the BOB PCN Foundation be invited to a future meeting to update the Committee on the role of the Foundation, and how the Council could engage with it. • Committee to receive a regular report on Primary Care 	<ul style="list-style-type: none"> • To be scheduled • Ongoing
Work Programme	<ul style="list-style-type: none"> • Healthwatch would present their report regarding new ways of working in GP surgeries at the March Committee. 	<ul style="list-style-type: none"> • Requested for March Committee