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To: All Members of the Health and Wellbeing Board

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28 September 2023

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NOTICE OF MEETING - HEALTH AND WELLBEING BOARD 6 OCTOBER 2023

A meeting of the Health and Wellbeing Board will be held on **Friday, 6 October 2023 at 2.00 pm** in the **Council Chamber, Civic Offices, Bridge Street, Reading RG1 2LU**. The Agenda for the meeting is set out below.

AGENDA Page No

1. DECLARATIONS OF INTEREST

2. MINUTES OF THE MEETING HELD ON 14 JULY 2023 5 - 12

3. QUESTIONS

Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.

4. PETITIONS

Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.

5. READING AREA SEND STRATEGY 2022-27 - UPDATE ON PROGRESS 13 - 24

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A report giving an update on progress on the Reading Area Special Educational Needs and/or Disabilities Strategy 2022-27.

6. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT 25 - 50

A report giving an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendix 1, detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

7. BETTER CARE FUND INTEGRATION UPDATE AND PLAN FOR 2023-25 51 - 132

A report giving an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets at the end of 2022/23 (Q4) and for April to June 2023 (Q1). The report also outlines spend against the BCF Plan and the Adult Social Care Discharge Fund Plan (2022/23), which was an additional fund provided by NHS England to be used to support hospital discharge over the Winter period in 2022/23, and the spend to date from the 2023/24 additional funding for Discharge.
The report also covers the BCF End of Year return for 2022/23 and the BCF Plan 2023/25 submission.

8. RIGHT CARE, RIGHT PERSON - PRESENTATION 133 - 142

A presentation on the roll out in the Thames Valley of a new police model "Right Care, Right Person", to ensure an appropriate response from the appropriate agency is given to incidents where there are concerns for welfare linked to mental health, medical or social care issues.

9. INEQUALITIES AND PREVENTION: REDUCING PREMATURE PREVENTABLE MORTALITY PROJECT 143 - 152

A report on the development of a Berkshire West joint project around a Community Wellness Outreach Programme, aiming to reduce premature mortality and improve our residents' health and wellbeing.

10. ACCESS TO MATERNITY SERVICES 153 - 160

A presentation on access to maternity services.

11. BUILDING BERKSHIRE TOGETHER UPDATE 161 - 168

A presentation giving an update on the Building Berkshire Together new hospital programme.

12. ROYAL BERKSHIRE NHS FOUNDATION TRUST - INTEGRATED PERFORMANCE REPORT 169 - 188

A report giving details of the performance of the Royal Berkshire NHS Foundation Trust for the period up to July 2023.

13. ACCESS TO GP-LED SERVICES IN BERKSHIRE WEST - PROJECT SUMMARY 189 - 192

A report on a Healthwatch project being carried out to explore the public understanding of access to GP-led services in Berkshire West

14. EXPLORING THE ORAL HEALTH OF UNDER 10S IN NORCOT, CHURCH AND SOUTHCOTE 193 - 194

A report on a Healthwatch Reading project being developed to find out more about the oral health of children in areas of Reading as part of the Community Connectors programme funded by NHS England.

15. COMMUNITY HEALTH CHAMPIONS PROGRAMME UPDATE 195 - 198

A report giving an update on the Community Health Champions Programme, the next phase of the Reading Community Vaccines Champions programme.

16. SEASONAL BERKSHIRE INFLUENZA CAMPAIGN 199 - 206

A report giving an update on the 2023-24 seasonal flu campaign across Berkshire West and the arrangements for employees at Reading Borough Council.

17. BOB ICB UPDATE BRIEFING 207 - 216

A report giving an update on the development of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, its contribution to the delivery of the Integrated Care Strategy and the progress of place-based partnership structures.

18. BOB ICB ANNUAL REPORT JULY 2022-MARCH 2023 217 - 340

A report presenting the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Annual Report for the period July 2022 to March 2023.

19. DATE OF NEXT HEALTH & WELLBEING BOARD MEETING - 19 JANUARY 2024

WEBCASTING NOTICE

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Present:

Councillor Ruth McEwan (Chair)	Lead Councillor for Education and Public Health, Reading Borough Council (RBC)
Councillor Jason Brock	Leader of the Council, RBC
Andy Ciecierski (Vice-Chair)	Clinical Director for Caversham Primary Care Network
John Ashton	Interim Director of Public Health for Reading and West Berkshire
Councillor Paul Gittings	Lead Councillor for Adult Social Care, RBC
Councillor Graeme Hoskin	Lead Councillor for Children, RBC
Alice Kunjappy-Clifton	Lead Officer, Healthwatch Reading
Steve Leonard	West Hub Group Manager, Royal Berkshire Fire & Rescue Service
Rachel Spencer	Chief Executive, Reading Voluntary Action
Sarah Webster	Executive Place Director - Berkshire West, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Melissa Wise	Acting Executive Director of Adult Social Care & Health, RBC

Also in attendance:

Tariq Gomma	Community Participatory Action Researcher
Chris Greenway	Assistant Director for Commissioning and Transformation, RBC
Eva Karanja	Community Participatory Action Researcher
Councillor Alice Mpofu-Coles	Chair of the Adult Social Care, Children's Services and Education Committee, RBC
Sunny Mehmi	Assistant Director for Operations, Adult Social Care, RBC
Cecily Mwaniki	Community Engagement Lead, Berkshire Healthcare NHS Foundation Trust (BHFT)
Krishna Neupane	Community Participatory Action Researcher
Bev Nicholson	Integration Programme Manager, RBC
Amanda Nyeke	Public Health & Wellbeing Manager, RBC
Esther Oenga	Postdoctoral Research Assistant in Participatory Action Research, University of Reading
Martin White	Consultant in Public Health, RBC

Apologies:

Tehmeena Ajmal	Chief Operating Officer, BHFT
Caroline Lynch	Trust Secretary, Royal Berkshire NHS Foundation Trust (RBFT)
Lara Patel	Executive Director of Children's Services, Brighter Futures for Children (BFfC)
Eamonn Sullivan	Chief Nurse, RBFT

2. MINUTES

The Minutes of the meetings held on 17 March and 23 June 2023 were confirmed as a correct record and signed by the Chair.

3. TACKLING HEALTH INEQUALITIES IN READING - COMMUNITY PARTICIPATORY ACTION RESEARCH 2021-22

Rachel Spencer submitted a report outlining the key findings and recommendations of Community Participatory Action Research (CPAR) carried out between February 2021 and May 2022 to research and evidence the inequalities facing minority ethnic communities in accessing healthcare in Reading. Esther Oenga, who had facilitated the research, and Tariq Gomma, Eva Karanja and Krishna Neupane, who had been involved as community researchers, gave a presentation on the research focus, findings, recommendations and where the CPAR had led so far for the projects.

The report explained that, throughout the Covid-19 pandemic, inequalities in health, especially mental health, had become magnified amongst some Black, Asian and minority ethnic (BAME) groups which were disproportionately affected. Public Health England's report, Beyond the data: Understanding the impact of Covid-19 on BAME groups (2020), had demonstrated the widening of existing health inequalities and as a result Health Education England South East had implemented a programme of work to support CPAR, in which researchers and community stakeholders engaged as equal partners.

A partnership involving Reading Borough Council, Reading Voluntary Action, the Alliance for Cohesion and Racial Equality, Reading Community Learning Centre and the University of Reading's Participation Lab had been successful in gaining a grant to train and support five local researchers in Reading to co-produce and carry out research with the support of a part-time facilitator, Dr Esther Oenga. Over the previous year, they had worked tirelessly to research and evidence the striking inequalities facing minority ethnic communities in accessing healthcare in Reading and the report outlined the key findings and recommendations on the following research projects:

- Access to maternal healthcare services for ethnic minority communities
- Access to healthcare services for ethnic minority women
- Impact of Covid-19 on the mental health of ethnic minority men
- Impact of Covid-19 on the Nepalese Community in Reading

It was reported that there had already been some action on the recommendations within the report, including receiving funding for the Reading Maternity Voices inequalities project with Royal Berkshire NHS Foundation Trust for a two-year pilot project to focus on:

- Listening to feedback from Black and Asian women, and women from minority ethnic groups, or considered to be living in deprived areas
- Working with the hospital to improve outcomes for women in these communities and their babies

The research had resulted in new opportunities, projects and jobs for the community researchers and a toolkit for carrying out Community Participatory Action Research had been produced, copies of which were handed out at the meeting. Further work was being carried out on a "CPAR 2", with some of the CPAR 1 researchers acting as community peer mentors.

Resolved –

That the report be noted and welcomed and members of the Board take the recommendations back to their relevant organisations.

4. HEALTHWATCH READING ANNUAL REPORT 2022/23

Alice Kunjappy-Clifton submitted the 2022/23 Annual Report for Healthwatch Reading, which gave details of the work carried out by Healthwatch Reading in 2022/23.

The report explained who Healthwatch Reading were and set out highlights from the year, and from ten years of Healthwatch.

It also detailed how Healthwatch Reading had listened to the experiences of people in the community, including the following projects:

- Laying the foundations – making Healthwatch Reading visible
- Asylum seekers living in Reading
- Maternal mental health – carrying out a survey of the experiences of mental health care of mothers and birthing parents.

The report gave details of working in partnership, including:

- Working in the new Integrated Care System
- Working with BOB Integrated Care Board on transforming continuing healthcare
- Ensuring language is accessible and easy to understand

It gave details of how Healthwatch Reading had provided people with advice and information, giving an example in a case study.

The report also acknowledged the work of Healthwatch Reading's volunteers, gave details of its finances, and set out its priorities for 2023/24:

- GP access and quality – looking at people's understanding of how GP-led services were structured and self-care options.
- Maternal mental health – to see how the NHS England plan for improving experiences for mothers and birthing parents was rolled out and impacted locally and asking questions of decision makers if there were concerns from local people.
- Dentistry – focusing on young people, pregnant women, women who had had a baby in the last 12 months and people with learning disabilities.

The meeting discussed ongoing concerns around access to dentistry. Alice Kunjappy-Clifton reported that Healthwatch England had presented to the Health Select Committee regarding dentistry which had fed into the current national conversation and the changes happening in dentistry. She noted, however, that if individuals in Reading had problems with access to dentistry they could get in touch with Healthwatch Reading who would help them find solutions.

The meeting also discussed concerns regarding the provision of maternity services, the negative impacts on mental health caused by the care received during labour and childbirth and the problems experienced in receiving maternity services by those from ethnic minority communities (referred to in the CPAR report - see Minute 3 above), which in some areas could even result in above average numbers of maternal deaths. Examples were given of inadequate translation services, literature and awareness of cultural traditions and of the importance of providing maternity services in culturally appropriate ways. It was important that stereotypes, prejudices and assumptions were not made about people in "hard to reach/seldom heard" groups, so that these people were listened to and catered for both in the community and in hospital, with adequate translation and information available. It was noted that capacity of translators was limited

and this was an area where Healthwatch might be able to work with Community Champions.

It was suggested that either the Health & Wellbeing Board or the Adult Social Care, Children's Services and Education (ACE) Committee should look further at the work being done and the ways to improve the offers regarding access to dentistry and the provision of maternity services, in particular the provision of maternity services in culturally-appropriate ways.

Resolved -

(1) That the report be noted;

(2) That either the Health and Wellbeing Board or the ACE Committee receive reports to future meetings on access to dentistry and the provision of maternity services.

5. HEALTH AND WELLBEING STRATEGY QUARTERLY IMPLEMENTATION PLAN NARRATIVE AND DASHBOARD REPORT

Amanda Nyeke submitted a report that provided an overview of the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and gave detailed information on performance and progress towards achieving local goals and actions set out in both the overarching strategy and the locally agreed implementation plans.

The Health and Wellbeing Implementation Plans and Dashboard Update was attached at Appendix A and contained detailed narrative updates on the actions agreed for each of the implementation plans and included the most recent update of key information in each of the five priority areas:

- Priority 1 - Reduce the differences in health between different groups of people;
- Priority 2 - Support individuals at high risk of bad health outcomes to live healthy lives.
- Priority 3 - Help families and children in early years;
- Priority 4 - Promote good mental health and wellbeing for all children and young people;
- Priority 5 - Promote good mental health and wellbeing for all adults.

The report set out details of updates to the data and performance indicators which had been included since the last report.

Resolved – That the report be noted.

6. AUTISM STRATEGY: YEAR 1 ACTION PLAN UPDATE

Sunny Mehmi submitted a report on the progress of the Year 1 (2022/23) All Age Autism Strategy Action Plan across Reading. The report had appended:

Appendix 1 - All Age Autism Strategy for Reading 2022 to 2026
Appendix 2 - All Age Autism Strategy Action Plan 2022/23
Appendix 3 - The Equality Impact Assessment

The report stated that the Reading All Age Autism Strategy had been adopted by the ACE Committee on 18 January 2023 and reported to the Health and Wellbeing Board on 20

January 2023 and that annual updates on the progress of the action plan would be presented to the Board.

The following seven priorities had been developed which had been used as the basis for the Strategy:

1. Improving awareness, understanding and acceptance of autism;
2. Improving support and access to early years, education and supporting positive transitions and preparing for adulthood;
3. Increasing employment, vocation and training opportunities for autistic people;
4. Better lives for autistic people – tackling health and care inequalities and building the right support in the community and supporting people in inpatient care;
5. Housing and supporting independent living;
6. Keeping safe and the criminal justice system;
7. Supporting families and carers of autistic people.

The Action Plan outlined the progress that partner agencies had made in delivering Year 1 of the Strategy, and the report listed some of the key developments in the seven priority areas.

Alice Kunjappy-Clifton said that it was good news that the Thames Valley Autism Alert card had been distributed to all police stations but noted that not many people knew about it yet and autism was still a hidden issue in some communities; more promotion of the card was needed and all partners could help in this. Sunny Mehmi suggested that a representative from Healthwatch Reading should be on the Autism Partnership Board.

The meeting discussed the challenge of addressing the problems of neurodiverse people in employment, such as by adapting work places and changing the culture of employers when dealing with neurodiverse interviewees and employees, perhaps by working with the economic development company, wider business community and partners. Sunny Mehmi noted that this was a priority within the strategy but that he needed to liaise with the Council's senior leadership group to identify who to involve in driving this agenda forward, as he had limited influence in this area.

Resolved –

(1) That the report be noted;

(2) That Sunny Mehmi liaise with Alice Kunjappy Clifton to arrange for a Healthwatch Reading representative on the Autism Partnership Board.

7. BERKSHIRE WEST PLACE-BASED PARTNERSHIP – BRIEFING

Sarah Webster submitted a report on revised arrangements for the Unified Executive to be a Place-Based Partnership for Berkshire West.

The report stated that, since January 2023, Unified Executive members, seeking to develop the Berkshire West Place-Based Partnership, had met twice as an extended Unified Executive Group for facilitated workshops and had met as a weekly 'Task and Finish Group' with senior representatives from all the organisations to progress the outputs from the workshops. The discussions had been productive and some specific

outputs had been agreed covering the following areas, with a commitment to continual review and improvement as necessary:

- Place Priority Programmes: A proposed list of eight priority areas of high impact joint work had been scheduled into a work plan, set out in the report. A detailed programme plan would be submitted to a future Board meeting. It was acknowledged that the programmes of work were a starting point and over the next twelve months a longer-term strategic joint programme of work would be developed with clear links into the H&WB Strategy and the ICP Strategy.
- Revised joint governance arrangements for the Place Partnership: Improvements to the existing governance structure were proposed, rather than completely reshaping the current arrangements, to avoid destabilising the system. The improvements aimed to ensure an appropriate balance of focus at Local Authority and Place-based level on the needs of any given programme of work, and that all partners were appropriately engaged without it becoming burdensome (proposed governance arrangements were set out in a table in the report).
- Partnership Commitments: To set the tone and expectations for the partnership some commitments had been agreed in principle to work towards.
- Unified Executive workplan: The Unified Executive would ensure that the joint programme of work delivered improvements for residents and ensured good oversight and assurance over core priority programmes alongside other important partnership subjects.

The report noted that there was an important role for the three Health and Wellbeing Boards within the Place-Based Partnership arrangements in ensuring joint work at Place was delivering on behalf of the specific needs of the residents that each Board represented and contributing towards the delivery of the Joint Health and Wellbeing Strategy. The Boards also included VCSE and Healthwatch colleagues and therefore provided a vital role in ensuring their engagement in the Partnership work. It was therefore sought to strengthen the accountability link between the work of the Unified Executive and the H&WB Boards.

The Unified Executive (UE) would continue largely as it did currently, with a commitment from all partners to prioritise this meeting so that CEO (or equivalent) attendance was the norm. The UE sub-groups (Place-wide) would fall into one of these categories:

- a formal Programme Board - where ‘Place’ was agreed as the focal point for the programme of work – the Berkshire West Urgent & Emergency Care Programme Board and the Berkshire West Place Development & Enablers Programme Board;
- a less formal Place Professional Group - A single category of informal Place-level groups had been identified, noting generally the ‘centre of gravity’ for decision making in these subject areas were not at Place, but a need might arise for these groups to come together to discuss opportunities in common, make recommendations to formal Boards or committees, and/or take decisions within the remits of individual authority. An example might be a Berkshire West Primary Care Place Professionals Group

The ‘Locality Integration Boards’ and the ‘Children and Young People’s Partnership Boards’ were key integrated forums within each Local Authority. All partners were currently reviewing attendance at these Boards to ensure an appropriate level of seniority to contribute towards decision making.

It was proposed that each Place Priority Programme would be housed within the appropriate UE sub-group, noting the existing subject matter experts in attendance.

The Partnership Enablers Programme Board would work with the Chairs of each forum to support a review of their Terms of Reference, confirm appropriate representatives from each organisation, and confirm the reporting arrangements to and from the Unified Executive. It would also undertake further engagement with Elected Members, Healthwatch and the VCSE regarding the proposed model.

The report noted that the Unified Executive joint governance structure had previously been branded as the Berkshire West Integrated Care Partnership, but now that this terminology related to the BOB-wide ICP this was creating some confusion locally. The need for a clear shared identity as a Place-Based Partnership was acknowledged and the Partnership Place Enablers Programme Board would lead on development of a new brand identity for the Berkshire West Place**.**

Resolved – That the report be noted.

8. BOB ICB JOINT CAPITAL RESOURCE USE PLAN

Sarah Webster submitted a report presenting the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) Joint Capital Resource Use Plan, attached at Appendix 1, which set out the planned capital resource use for the ICB and its partner NHS and Foundation Trusts.

The report explained that the National Health Service Act 2006, as amended by the Health and Care Act 2022, set out that an ICB and its partner NHS trusts and foundation trusts had to, before the start of each financial year, prepare a plan setting out their planned capital resource use and had to publish that plan and give a copy to their Integrated Care Partnership, Health & Wellbeing Boards and NHS England. The ICB had to publish these plans before or soon after the start of the financial year and report against them within their annual report.

The Plan stated that the Vision for the Estates workstream across BOB ICB was to work collaboratively to provide an estate that facilitated the delivery of the BOB ICS long term plan, responding to and supporting the delivery of the aims of each of the service workstreams:

- Ensuring the ICS Estate could support the delivery of the Long-Term Plan service aims and objectives.
- Driving efficiency and reducing variation wherever feasible by using information related to utilisation, cost, and efficiency in relation to the healthcare estate in BOB ICS.
- Working across partners to maximise the use of good quality healthcare buildings, where required, and rationalising poor-quality premises.
- Improving the quality and provision of assets across the ICS.
- Ensuring a collaborative approach to use of assets across the full extent of the public estate to support the changing models and locations for delivery of care.

The Plan stated that the Royal Berkshire NHS Foundation Trust (RBFT) had recently been awarded seed funding via the New Hospitals Programme, but that a formal ministerial announcement was awaited relating to associated timeframes for progressing with the project, with the ambition likely for delivery in 2028-2030. It was reported at the

meeting that the latest announcements on the New Hospitals Programme had indicated that the RBFT was not one of the front runners for the programme and it was not yet known when funding would be received.

Resolved: That the BOB ICB Joint Capital Resource Use Plan be noted.

9. COVID-19 PANDEMIC UPDATE

Martin White gave a presentation on the latest situation on the Covid-19 pandemic. The presentation slides had been included in the agenda papers.

The presentation provided information on the current situation, noting that on 5 May 2023, the Director General of the UN World Health Organisation had declared an end to Covid-19 as a public health emergency but that did not mean that the disease was no longer a global threat, and setting out details of the worldwide and UK situation. It also gave information on the current situation in England and Reading, details of the Vaccine Booster Programme for 2023 and of ongoing concerns, noting that there were an estimated 2 million cases of self-reported Long Covid in the UK (3.1% of the population).

Resolved – That the position be noted.

10. DATE OF NEXT MEETING

Resolved – That it be noted that next meeting would be held at 2.00pm on Friday, 6 October 2023.

(The meeting started at 2.00 pm and closed at 4.29 pm)

READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	SEND STRATEGY 2022-2027 UPDATE
Purpose of the report	To note the report for information
Report author	Brian Grady
Job title	Director of Education
Organisation	Brighter Futures for Children
Recommendations	1. That Board notes the progress on delivering the partnership SEND Strategy for Reading 2022-2027 2. That Board notes the key challenges for the year ahead. 3. That Board endorses next steps to continue to deliver the 2022-2027 strategy through the end of 2023 and 2024.

1. Executive Summary

1.1. This report provides an update regarding the delivery of the Reading partnership Special Educational Needs and Disabilities (SEND) Strategy 2022-2027.

1.2. This report summarises the further progress made in 2023 on the ambitions and actions set out in the strategy. The over-riding key performance indicator for the new strategy, as previously reported to Health and Wellbeing Board in October 2022 is that any local area inspection in the future rates Reading as one of the best local areas in the country for children and young people with SEND and their families.

1.3. The strategy 'went live' from January 2022 and work strands have driven priority actions, reporting to the monthly SEND strategy group, co-chaired by the Brighter Futures for Children Director of Education, and the Designated Clinical Officer for SEND (0-25), Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB).

1.4. Examples of the further progress made for children with SEND, building on the strong partnership working recognised by Ofsted and CQC in their Local Area SEND inspection of June 2021, are set out in this report. Contributions to this report have been received from across the partnership delivering the work strands of the strategy.

2. Policy Context

2.1. As reported to Health and Wellbeing Board in October 2022, the Reading partnership SEND Strategy 2022-2027 sets out how the local area partnership will deliver support and services in collaboration with children, young people, families and carers to meet local needs and national responsibilities.

2.2. Our strategy for children and young people with SEND is rooted in our vision for Reading's children and young people:

All children and young people with SEND will be supported through the provision of the right support at the right time to be as independent as possible and have their emotional, social and physical health needs met. They will have choice and agency in adult life and be

able to access and navigate services to lead rich and fulfilling lives and flourish in a healthy, thriving and inclusive borough.

2.3. Our strategy is aligned to the aims and objectives of the 2023 HM Government SEND and Alternative Provision Improvement Plan, to deliver 'The right support, in the right place, at the right time.' It reflects the positive outcome of the June 2021 local area inspection and the key areas for development identified through that report. Our strategy is co-produced with local parent carers and children, is informed by related key national documents such as the SEND Code of Practice (2015), National Autism Strategy (2021), the National Disability Strategy (2021) and the NHS Long Term Plan. It also takes account of national advocacy campaigns that promote the rights of disabled people. Our strategy will continue to be informed by any consultation results announced by HM Government.

3. Progress on the SEND Strategy 2022-2027

3.1. The SEND Strategy 2022-2027 is being delivered through the following work strands:

- Strand 1: Improving communication
- Strand 2: Early intervention through to specialist provision
- Strand 3: Consistent approaches to emotional wellbeing
- Strand 4: Preparing for adulthood
- Strand 5: Support for families – short breaks

Each work strand is overseen by a steering group, with representation from Reading Borough Council, Brighter Futures for Children, NHS, and parents and carers. Progress in 2023 on each strand is set out below, with next steps for 2024 identified. The updated action plan for 2024 will be presented to Reading Borough Council Adult Social Care, Children's Services and Education Committee in January 2024.

3.2. Strand 1: Improving communication

3.3. Reading Family Information Service and SEND Local Offer have continued to effectively support families with information advice and support and are seen as trusted and impartial by parent carers. Quarterly monitoring evidences that between 90% and 100% of parent carers continue to rate these services as excellent, and would recommend the services to family or friends.

3.4. The Family Information Service have received recognition for their impact and quality as Winners of the National Association of Family Information Services (NAFIS) Coram Family & Childcare award for Best Community Engagement 2022 and 'Best SEND Local Offer' 2022.

3.5. Reading Family Information Service and SEND Local Offer continue to monitor community trends in information and requests and demands in service. Any gaps identified are reported to the partnership Work Strand members and key teams within Brighter Futures for Children and Reading Borough Council, with a view to plan actions to address the gaps.

3.6. The new Brighter Futures for Children website includes an improved SEND section, with actions to review undertaken as set out in last year's update to Health and Wellbeing Board. The site includes refreshed SENDs guide, co-produced with children and parent carers through Special United, Reading's participation forum for children and young people with SEND, and Reading Families Forum.

3.7. Building on the success of last year's children and young people's coproduced videos for professionals last year, Special United our children and young people's participation group for children with SEND, BOB ICB and Brighter Futures for Children have worked together to develop a video to help boost understanding of children & young people with autism and/or additional needs. These videos have been circulated through a range of media in the summer term 2023.

3.8. Reading Information Advice and Support Service have continued to provide videos and webinars for children and young people and parents and carers on what the service is and how it can help; an introduction to SEND support and an introduction to EHCPs.

3.9. A range of new guides and information packs have been made available for parent/carers and children through partner websites and the local offer, which include; easy read short breaks information; the 'managing your wellbeing' web page; mental health support information and resources pages; the special needs Reading Services guide; the SEND local offer – Reading services guide; and the 'Parents Guide to Direct payments.' Regular updates on new SEND provision are provided through the SEND local offer newsletter.

3.10. Reading Families Forum continues to grow from strength to strength. 161 people came to the information day in September. it was an enjoyable successful day for attendees, and we saw many new families attending with younger children.

3.11. Impact of our communications and engagement continues to be tested out through parent carer and young people surveys, which are providing positive feedback. There is positive feedback from community groups in Reading regarding the improved SEND website, with the latest guides and resources for parents and carers, young people, and professionals being positively received following the latest annual refresh.

3.12. The Special United youth group for children with SEND has continued to actively support coproduction of information advice and support, to ensure professionals develop inclusive best practice. The new training videos, starring members of Special United and launched in 2023 to help schoolteachers and other professionals better understand pupils with SEND have been impactful, with professionals reporting greater awareness and understanding and improved practice.

3.13. Further developments this year include a Berkshire West keyworker programme coproduction with Special United, which has developed promotional information including videos to inform people about the new Dynamic Support Register. The new Dynamic Support Register and Care (Education) and Treatment Review national policy and guidance were published in January 2023 and aim to prevent unnecessary hospital admissions and detention under the Mental Health Act for people with a learning disability and autistic people. It refreshes the Care (Education) and Treatment Review policy and guidance and for the first time combines this with the first published national Dynamic Support Register policy and guidance, linking these tools so neither are seen in isolation.

3.14. To increase the uptake of the annual health check with young people aged 14 and over and to ensure young people are on the GP Learning Disability register, BOB ICB have co-produced letters with Reading Families Forum and local special school pupils, which young people and families can send to their GP.

3.15. The Cost of Living crisis continues to impact local families in Reading. The Family Information Service have a dedicated page on the directory to support families access information quickly Reading Directory | Support - Food & Clothing, local charities ensure we are kept informed about any specific support and offers for families to access. The Family Information Service and SEND Local Offer are linked in on the Money Matters page.

3.16. Improving communication: next steps

3.17. Improved information and communications with parents and carers while awaiting an ADHD or ASD assessment remains a priority, with plans to increase visibility of information on ADHD and ASD assessments.

3.18. Work is underway to develop an enhanced publicity campaign for 2024 on the entitlement to free early years places, to encourage take up.

3.19. Improvements to readily available mental and physical wellbeing resources and information for parent carers and young people are planned through the Local Offer and Family

Information Service, with stronger signposting from partner websites, strengthening of engagement with reading young people social media channels and agencies' social media accounts.

3.20. Ongoing communication with parent carers about new SEND school places in Reading will remain a priority, as more provision becomes available.

3.21. We will continue to communicate new developments, including the delivery of the new Reading Inclusion Support in Education service to families through Local Offer newsletters, social media and the Local Offer homepage.

3.22. **Strand 2: Early intervention through to specialist provision**

3.23. The Speech Language and Communication Needs revised pathway is now well established; with ongoing improvement actions delivered through the Early Years workstream. The Speech and Language Champions scheme is now in its second year with 43 champions enrolled in the programme. There has been an overall improvement in champions confidence levels including 90% reporting an increase in confidence in creating communication friendly environments.

3.24. The Wellcomm speech and language tool has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group through the baby boost programme. 20% of children who had a review using the Wellcomm tool made progress in the first year.

3.25. Actions on Speech Language and Communication Needs seem to be impactful, with an overall 38% reduction in referral to speech and language therapy, contributing to a reduced waiting list and time for children.

3.26. Referral and assessment workstreams are working collaboratively across the BOB ICB area to design a new pathway structure with varied assessment lengths dependant on complexity. The pathway will be supported by an initial 'request for help' form and signposting, as well as the 'BOB-Neurodevelopmental Questionnaire' (BOB-NDQ) which will gather more information prior to an assessment to reduce assessment length and identify which assessment type is required. 12 more staff have been recruited across Berkshire to help reduce wait times. The team have continued to work very hard including holding weekend clinics so that we can offer more appointments to families. Work is also being undertaken by the ND team with Healios and Psychiatry-UK to reduce the waiting lists for Autism and ADHD.

3.27. A ND team newsletter is sent out to parents and carers on the waiting list to offer support whilst they are waiting. The offer includes SHaRON Jupiter (Support Hope and Resources Online Network), an online resource support for parents and carers of children and young people on the ND waiting list and those who have been diagnosed to receive peer support and support from services. This offer is monitored by the ND team.

3.28. Using the CReST tool there is now a Demand and Capacity report that shows the relationship between demand and capacity for ADHD and Autism referrals and assessments for children and young people in the BOB ICB area. This highlights existing challenges and will also act as a baseline for future improvement works.

3.29. Clarity consulting have been commissioned by BOB ICB to complete of therapies and referral pathways. The ambition is for pathways to be made clearer for parent carers and professionals and to help facilitate more seamless services.

3.30. As part of the delivery of their children and young people's strategy, Royal Berkshire NHS Foundation Hospital Trust has responded to identified areas for improvement in relation to completion of EHC assessments and simplifying the referral pathways for therapies for children. The Trust have instigated a more streamlined process allowing professionals to

complete EHC assessments in a more timely fashion which has led to an improvement in compliance.

3.31. Partnership working has continued to successfully reduce exclusions, enabling children and young people with SEND to attend school for longer and achieve better results. Whilst the partnership continues to make impact with the Therapeutic Thinking in Schools approach, exclusions of young people with Autism (with and without LD) is a continued area of focus and there are continuing issues for young people with LD who have additional emotional regulation and wellbeing needs.

3.32. Reading Borough Council have been successful in securing a £1M grant as part of the Department of Education's (DfE's) 'Delivering Better Value' (DBV) programme. Feedback from the Department of Education regarding Reading's application and proposals have been universally positive, with particular focus on our long-term strategic commitment to data-driven change. Reading Borough Council's proposals for this grant include a significant investment in support and advice to settings, to develop the most inclusive practice for children with SEND.

3.33. Plans to develop and implement a new advisory and support service, named 'Reading Inclusion Services in Education', or 'RISE' are well underway with recruitment for key posts in progress. Multi-agency working for the design and development of RISE has been established as the expected norm moving forwards to ensure closer integration between education, health and care colleagues. This integration will facilitate the creation of a service that is co-produced, high quality, data driven, holistic, and financially sustainable for children with SEND and their families in Reading.

3.34. The proposed Key Performance Indices (KPIs) for RISE are to:

- Increase in the quality of 'Ordinarily Available Provision' and 'Graduated Response' across all Reading schools, to:
- Increase school confidence and competence in supporting children with SEND through training and specialist support,
- Increase parental confidence in the ability of mainstream schools to meet the needs of all children,
- Improve the educational experience of children with SEND in mainstream schools in Reading (as evidenced by improved outcomes).

3.35. We are working with a range of schools to increase specialist capacity, to ensure that all children get the right support, at the right time and in the right place. As a result of positive work with Reading schools expressing an interest in developing more specialist provision through 2023, a significant number of additional places have been successfully secured, ensuring that children have been offered a suitable school place for September 2023:

- Oak Tree special academy school has opened from September 2023 following last year's delay, currently providing an additional 25 places for Reading children
- Oaklands independent special school has opened providing an additional 40 places
- Thames Valley special academy school is providing additional satellite provision, providing additional places from January 2024 for reception and KS3 children
- Hamilton special academy school are providing 7 additional places in Year 7
- The programme to develop further Additionally Resourced Provision has been successful, with 90 places in provision opened for September 2023 and further options for provision with opening to be confirmed, which will support the need for further places from September 2024.

3.36. Reading Families Forum feedback regarding proposals for RISE has been positive, with the planned use of DBV investment receiving Forum support (the focus on recruiting a new team of Eps and therapists to support mainstream schools with SEND and thus support

families). The increase in school capacity, both inclusive mainstream and more specialist, has also been positively received this year.

3.37. Early intervention through to specialist provision: next steps

3.38. The implementation of the Delivering Better Value Programme, and in particular the introduction of the new Reading Inclusion Support in Education service, is expected to enhance the inclusive practice, the capacity and confidence in Reading schools, in turn building further confidence of parents and carers in Reading's inclusive education offer.

3.39. Many parents and carers continue to be concerned about the amount of time they have to wait for a diagnosis appointment for ADHD and ASD. Reading Families Forum report that families are not sure where to start when their child is put on the waiting list for an assessment of Autism or ADHD or has another diagnosis. Most of the concerns at Reading Families Forum's recent Family Information and Fun Day related to this concern. The partnership will be taking action to improve the sharing of relevant information and advice to parents and carers, through the information guides available the Local Offer.

3.40. Some families still experience services and pathways across the partnership of providers which don't work together seamlessly. Some pathways to health services are not clear enough and can be confusing. Work with families will continue in the coming year to clarify pathways and continue to streamline how services work together through the commissioned review described above is anticipated to address these concerns through 2024.

3.41. Tackling Persistent Absence from school for children with SEND is a priority for 2024, including enhancing support and challenge to parent carers; ensuring caring responsibilities are addressed in Annual Reviews; ensuring provision for statutory age children is accessible; working with schools to commission Alternative Provision and/or providing personal budgets to families to make suitable provision other than at school where necessary; and where there is a school place and no identifiable reason why the young person is not attending greater use is being made of the legal process to ensure attendance.

3.42. Data sharing from across the Health system remains challenging. Data sharing is one of the top 3 priorities for the BOB ICB. Work is being undertaken to clarify what information can be broken down into local data, This will then inform a co-production approach across the partnership in 2024.

3.43. Whilst significant success has been achieved in delivering additional places for children for academic year 2023/2024, more places will be needed for academic year 2024/2025 onwards. Work through the DBV programme has established a future forecast of specialist provision demand. These projections are informing further work with Reading schools to develop more school places from 2024 onwards.

3.44. Progressing plans for increasing the sufficiency of local provision through the SEND Commissioning Strategy and the School Place Planning strategy remains a key priority for 2024. Reading Borough Council and Brighter Futures for Children officers are reviewing options for the development of further specialist provision, including the development of more Additionally Resourced Provisions across the Borough and consideration of a further expression of interest in the anticipated next Free School Wave, as trailed in HM Government's SEND and Alternative Provision Improvement Plan.

3.45. **Strand 3:Consistent approaches to emotional wellbeing**

3.46. The much-valued 'Therapeutic Thinking Schools' networks and training are continuing to be supported in the vast majority of Reading schools, with positive impact on inclusion and support for Reading children. The Schools Link Mental Health Project is being developed as part of the SEND Strategy's focus on promoting resilience, prevention, and early intervention. Educational Psychologists and the Primary Mental Health Teams are offering mental health surgeries to all Reading schools as part of this approach. There is a comprehensive training offer to schools, early years settings and colleges and this supports schools in applying therapeutic thinking to reduce exclusions and promote mental wellbeing. There is in addition a new Trauma Informed Practitioner in place for the autumn term who will also provide additional support to Reading schools.

3.47. There has been positive feedback about the wider emotional health and wellbeing offer from Reading Families Forum , albeit with continued concerns regarding waiting times for specialist CAMHS. The attendance of the Mental Health Support Teams at the Reading Families Forum information and fun day was well received by families.

3.48. Learning Disability CAMHS is currently being mobilised across Berkshire West, with recruitment underway within Berkshire West for children and young people with a moderate to severe Learning Disability.

3.49. The Educational Psychology Service and Primary Mental Health Service have written and are delivering Early Years Mental Health Training: Little People Big Feelings to help ensure that the needs of vulnerable children under 2 are consistently identified by professionals.

3.50. Reading Families Forum have seen a large increase in children presenting with Emotionally Based School Avoidance (EBSA), which is further evidenced by feedback from young people. The new EBSA team for children in a Reading school established in 2023 and a further Mental Health Support Team have added further capacity to address the needs of identified children and young people at risk of EBSA. Over the last year the EBSA team worked with 34 children, with over 560 contacts with families and over 370 contacts with the child. The intense support provided has shown significant success and of the completed work with 34 children, 95% were successfully reintegrated back into Education. The child's mental health also improved following this targeted intervention, with 80% of the children showing improvements in mental wellbeing. The service continues to provide regular training to schools on working with children who are not attending school due to fear or anxiety, and developed an online resource for parents and schools.

3.51. As of 2023, Reading now has two Mental Health Support Teams (MHSTs) covering two thirds of schools. The MHSTs provide evidence-based, low intensity interventions to support children and young people (and their families) who are experiencing mild to moderate mental health problems focusing particularly on low mood, anxiety and behavioural difficulties, helping prevent more serious problems developing. Over the last year the MHSTs worked with over 600 children and young people, with excellent outcomes – over 74% children made progress on clinical measures of mental health and 86% made progress against their goals.

3.52. The Reading Primary Mental Health Team (PMHT) has been similarly impactful, providing 1:1 direct time limited therapeutic support for Reading children and young people aged 5-18 who are at risk of developing serious mental health problems, or those who are experiencing significant impairment due to their emotional or mental health problems; most if not all of whom would not otherwise receive any specialist help. In the last year the PMHT worked with 121 children and young people, 97% of whom demonstrated progress against their Goal Based Outcomes, and 81% improved clinical outcomes.

3.53. Royal Berkshire Foundation Trust Hospital Navigators pilot project, funded by the Thames Valley Violence Reduction Unit, has continued to be impactful through 2023. This offered young people 13 – 24 attending A+E the opportunity to have support from a matched

Mentor, with the intention of starting support at a critical point in time. Research shows that change is most likely to be initiated in these reachable moments, but this depends upon a person's available support. Starting Point, who were commissioned to provide this service, recruited and trained 24 volunteers and consistently cover Friday and Saturday night.

3.54. The reducing inequalities Task & Finish Group has focused on improving access for children and young people from ethnic minority backgrounds and cultures to mental health and emotional wellbeing support, information, and services. An Assistant Educational Psychologist is employed to lead on this work.

3.55. Consistent approaches to emotional wellbeing: next steps

3.56. Continuing to focus on addressing inequalities in mental health services, including for children with SEND, is a key priority for 2024.

3.57. CAMHS capacity, crisis response and support for children with Learning Disabilities and Autism remain a concern for parents and carers. The new Specialist CAMHS service for Learning Disability and Autism is part of the partnership response and the partnership will continue to explore ways to support an improved CAMHS offer.

3.58. A continued partnership approach to improving children's mental health will be taken in 2024, with a focus on building the skills and resilience of our local communities, parents and carers, by offering training and workshops to those people most important to children's wellbeing, with a task and finish group chaired by a parent to guide and support this work.

3.59. Work is planned for 2024 with Public Health in supporting their partnership approach to suicide awareness and prevention, with a joint partnership action plan being developed, in particular looking at developing an action plan with a focus on priority groups.

3.60. We will continue to develop and embed our Autism Growth Approach in 2024, which focuses on all children having a positive experience of being in school; it includes training from the Autism Education Trust, workshops for parents, Intensive Interaction and specialist training.

3.61. Strand 4: Preparing for adulthood

3.62. The panel for preparation for adulthood is now well established and overseeing improved transitions and preparation for adulthood work across the partnership. Transition work in Year 9 upwards is an area of focus and is being addressed through joint working for children aged 14+ between Brighter Futures for Children and adult social care.

3.63. A Reading Borough Council – led Preparing For Adulthood enablement project is established and will continue through 2024. Increasing coproduction and opportunities for young people to shape pathways ad provision is an ambition, building on the engagement of young people in a recent adult social care event, presenting their own journeys in enablement. The project also aims to improve systems and processes to ensure more smooth transitional experiences for young people, and to develop more enablement opportunities.

3.64. A new provider has joined Ways into work in delivering supported internships in Reading and this is increasing the numbers of supported internships in the town that are taken up by young people with EHC Plans. Work is starting on identifying young people who have the most complex needs to develop more options for supporting positive participation and outcomes into adulthood.

3.65. In August 2022, BOB ICB commissioned a Quality Improvement Project - Transition to Adulthood - the Journey for young people/adults with Learning Disability or Autism (13 to

24). The Berkshire West stakeholder group for this project includes Reading Adult Social Care and Brighter Futures for Children, BHFT and RBFT and are ensuring active Reading participation and leadership of this work.To support the BOB project and ensure we hear the voice of young people funding has been identified by the NHS England South-East Region for a SEND Improvement project: Improve transition planning through the lens of a CYP with autism, learning disability or both. This includes Reading young people and will involve special and mainstream schools.

3.66. The new Reading all-age Autism Strategy 2022-2026 has been successfully launched and is beginning to enhance partnership support in preparing children for adulthood. Public and partner engagement has been a core element of developing Reading's Autism Strategy, including autistic people and their families and carers, third sector and voluntary organisations and professionals from across Reading.

3.67. Preparing for adulthood: next steps

3.68. Transitions continues to remain high on the agenda for parents and carers. We have comprehensive information on the Local Offer; however, some parents and carers experience difficulty navigating through the system to access support. Further engagement from key transition services to ensure the most effective information and support is available to parents and carers and young people is a priority.

3.69. Employment Education and Training for young people with SEND remains a key priority. Developing more pathways to fulfilling destinations for all young people with SEND remains an important priority for the partnership. Increasing links with Reading's business community and expanding the offer of supported internships are key objectives for 2024.

3.70. Developing college places and post special school provision for continuing participation, enablement and positive activities for young people with Physical Disability and Profound and Multiple Learning Disability is a priority for 2024.

3.71. Further developing the housing pathway and the SEND pathway for young people not known to Early Help or Children's Social Care is also planned for 2024.

3.72. Preparation For Adulthood will be moving in to an all age Learning Disability and Autism team under the new Reading Borough Council Adult Social Care redesign, which it is hoped will secure a enhance focus on positive destinations and outcomes for adults.

3.73. Strand 5: Support for families / short breaks

3.74. The dedicated area on the SEND Local Offer providing information, advice and guidance on short breaks, continues to be well received. Co-production with Reading Families Forum, Special United and the wider SEND community-based services is undertaken to ensure that information is accessible, meets the needs of local families and that the services commissioned are structured around the feedback provided. This area is widely used by parent carers, school SENCOs, the wider Reading community and professionals working with families to help access and understand the short breaks offer.

3.75. Short breaks continue to be mapped based on feedback, gaps analysis and needs based on young people with SEND in Reading, this has encouraged take up of the offer. The Family Information Service and SEND Local Offer team are also part of professional forums, supporting for example social workers to explore and secure a wider range of alternative service options for families. The Family Intervention Service offer a brokerage service to vulnerable parent carers helping them to access short breaks. This support has enabled many families and children to access universal short breaks.

3.76. The Service has proved effective in helping the partnership better understand the feedback from commissioned providers and this is also an integral part of how local offer information is communicated to families. The Family Information Service capture feedback from parent carers and evidence of positive outcomes to further improve our offer. This co-productive approach to engagement has resulted in the creation of various short breaks.

3.77. Support for families / short breaks: next steps

3.78. Parent carer feedback in 2023 has asked for future commissioning to ensure that short break providers are fully inclusive and able to support children with physical disability (including being wheelchair accessible and with hoist/personal care being available). This is being delivered through the revised Reading Borough Council Accessibility Strategy.

3.79. An increasing number of requests have been received in 2023 for swimming sessions for children and young people with SEND, soft play sessions including at leisure providers and childcare suitable for all ages in holiday periods. During June GLL contacted the Family Information Service to inform that they are looking to develop SEND soft play sessions at all the leisure centres and were asking for guidance, which is a positive development, showing inclusive leadership of our local leisure provider and a positive outcome for Reading children and young people.

3.80. Work is also going to be undertaken to ensure that Direct payments are available to use at clubs for children with more complex needs.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The information contained in this report and its appendices are in line with the overall direction of the Reading Health and Wellbeing Strategy, contributing to the following strategy priorities:

- *Help children and families in early years*
- *Promote good mental health and wellbeing for all children and young people*

5. Environmental and Climate Implications

5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

5.2. No direct environmental and climate implications have been identified regarding the actions undertaken to implement the SEND Strategy 2022-2027 in 2023. Going forward, delivery of services local to children may reduce transport emissions, thereby positively contributing to Reading Borough Council's ambitions to be net zero.

6. Community Engagement

6.1. The development and delivery of the SEND Strategy has been supported by the proactive work undertaken with and by Reading Families' Forum and Special United – young people's forum, as set out in this report.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 The SEND Strategy 2022-27 aims to ensure the changing diverse and special education needs of Reading children are met, to raise the education standards for all and address inequality due to social disadvantage, disability (including multiple complex needs) and/or other protected characteristics, and contributes to the delivery of the Council's equality duties. The strategy will be reviewed and updated regularly to reflect changing demographics and to ensure that the diverse and special education needs of Reading children continue to be effectively met.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. Not applicable.

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. The delivery of the SEND Strategy 2022-2027 will continue throughout 2024. A further update on progress will be provided on an annual basis.

12. Background Papers

12.1. There are none.

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	Health and Wellbeing Strategy Quarterly Implementation Plan Narrative and Dashboard Report
Purpose of the report	To note the report for information
Report author	Amanda Nyeke
Job title	Public Health and Wellbeing Manager
Organisation	Reading Borough Council
Recommendations	1. That the Health and Wellbeing Board notes the following updates contained in the report: **Priority 1** – Tasks supporting Actions 1 - 8 within this priority area including partnership working, proposing projects to support provision of a range of services to support people to be healthy, reduce health inequalities. **Priority 2** – Tasks supporting Actions 1 - 6, focusing on identifying health and care needs of individuals at risk of poor outcomes and actions to support them. Including engaging with and funding projects that enable people to access information and support at a time and in a way that meets their needs. **Priority 3** – Tasks supporting Actions 1 - 7 have been updated, focusing on the development of evidence-based parenting programmes, multi-agency working and rolling out a revised parenting offer including fathers and parents to be. There continues to be progress in all priorities. **Priority 4** – Tasks supporting Actions 1 - 7 have been updated with a focus on addressing inequalities in mental health, training, the work of the Mental Health Support Teams (MHSTs) and Primary Mental Health Team (PMHT). **Priority 5** – Tasks supporting Actions 1 - 8 have been updated with progress in awareness raising of local mental health support, strengthening partnership working and training.

1. Executive Summary

1.1. This report presents an overview on the implementation of the Berkshire West Health and Wellbeing Strategy 2021-2030 in Reading and, in Appendices 1, detailed information on performance and progress towards achieving the local goals and actions set out in the both the overarching strategy and the locally agreed implementation plans.

2. The Health & Wellbeing Implementation Plans narrative report update (Appendix 1) contain a detailed update on actions agreed for each implementation plan.

3. Policy Context

3.1. The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and
- promote the integration of services.

3.2. In 2021 The Berkshire West Health and Wellbeing Strategy for 2021-2030 was jointly developed and published on behalf of Health and Wellbeing Boards in Reading, West Berkshire and Wokingham. The strategy contains five priority areas:

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help families and children in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

3.3. In Reading the strategy was supplemented by the development of implementation plans for each priority area. These were presented to the Health and Wellbeing Board and approved in March 2022.

3.4. In 2016 the board had previously agreed to introduce regular performance updates, including a Health and Wellbeing Dashboard Report, at each meeting to ensure that members of the board are kept informed about the Partnership's performance in its priority areas. The current Health and Wellbeing Dashboard Report has been developed to reflect the new priorities set out in the Berkshire West Health and Wellbeing Strategy 2021-2030 and the associated implementation plans.

3.5. The Health and Wellbeing Dashboard provides the latest data available to support the Board to scrutinise and evaluate the performance of the Partnership against the agreed priorities set out in the Health and Wellbeing Strategy. Some of the national data used to measure public health outcomes, particularly for those indicators based on annual national survey and hospital data, goes through a process of checking and validation before publication, which can mean that it is published sometime after it was collected. Other data contained in this report is reported directly from local health service providers, including primary care providers, and, as these data are not validated or processed before publication, there may therefore be some minor discrepancies and corrections between reports.

3.6. At each Health & Wellbeing Board meeting Health & Wellbeing Strategy Priority Leads for Reading Borough Council will provide a narrative update against selected tasks and priority items that have been actioned during that period. Statistical data will be refreshed every six months. The reporting schedule for 2023/24 is therefore as follows:

Health and Wellbeing Board	Narrative updates – selected tasks and priorities	Data refresh
July 2023	✓	✓
October 2023	✓	✗
January 2024	✓	✓
March 2024	✓	✗

4. The Proposal

4.1. Overview

Priority 1 – Reduce the differences in health between different groups of people

The Reading Integration Board projects are focused on ensuring people get the right care at the right time and in the right place. A Population Health Management approach is used to identify areas/groups of people where there are differences, e.g., life expectancy and disease prevalence. Focused activity to address health concerns is being delivered to those groups and in community areas to reach people who may have inequitable access to health services. A review of the current action plan will be undertaken during Quarter 3 (Oct to Dec). A Community Wellness Outreach project is launching in October, a collaboration to build on existing community-based services and enable direct referrals or drop in options for people to receive a full NHS Health Check, alongside other wellbeing support such as financial advice, mental health awareness and referrals to community and voluntary sector services.

Priority 2 – Support individuals at high risk of bad health outcomes to live healthy lives

The initial focus of the Community Wellness Outreach project, linked to Priority 1, is to reduce the likelihood of cardiovascular disease, although all health risks will be assessed. A Falls and Frailty service will be set up pending the outcome of a diagnostic review of Falls and Frailty across the Berkshire West footprint, to ensure the service meets the immediate needs of the Reading communities. The JOY App is currently funded through the Better Care Fund and is a pilot project that Reading Voluntary Action are leading on. The App is used as a Social Prescribing platform to enable GPs to directly refer to community and voluntary sector services to support wellbeing, and for Social Prescribers, who are linked to primary care services, to make and track onward referrals.

Priority 3 – Help families and children in early years

The under 5s workstream of the One Reading partnership continue to lead on priority 3 to help families in early years in Reading. There are seven key priority areas, and we are working across the partnership including maternity services, health visitors, paediatricians, education, and the voluntary sector to drive forward priority areas. Universal and targeted health services have continued to develop collaboratively with multi-agency approaches to families' support from pre-birth via antenatal groups. Self-weighing had been introduced across children's centres and well accessed by local families. Promotion of the importance of preschool boosters has been a priority as the take up rates have dropped. Vaccinations are given in early childhood when children are most vulnerable to disease.
To support the decline in 2 year old funding take up over the spring (65%) and summer term (60%) a 'Time for Two's' session delivered by the Childrens centres is new to the timetable and aimed at children who are eligible for two year funding and not accessing provision.
The Wellcomm speech and language tool has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group. 45% of children who had a review using the Wellcomm tool made progress.

Priority 4 - Promote good mental health and wellbeing for all children and young people

The group has 7 priority areas alongside the continuation of our Mental Health Support Teams, Primary Mental Health Team, Autism Advisory Service and the Educational Psychology Service. These priorities are all partnership based and have task and finish groups to ensure outcomes are achieved. We are supporting Public Health in bringing together a partnership-based suicide awareness and prevention action plan, with this group focusing on a clear joined up approach across Reading, with aligned training and linking closely with the work of the Adult Mental Health group. The second priority is School Attendance and Mental Health, looking at the impact of current mental health services on school attendance, and the very positive impact of the Emotionally Based School Avoidance Team, and how to continue this much needed work. The next priority is Inequalities in Mental Health in Relation to CYP from Global Majority Heritage with a long-standing task and finish group called 'Reading Anti-Racist and Equity Forum' helping guide this work including close working with community and faith leaders, again building on the work by PH Adults MH group. Our next

priority is Inequalities in Mental Health in Relation to CYP who are Neurodiverse where the group is looking specifically at what evidence-based interventions are appropriate and can be more widely used by services across Reading and promoting a system of putting the parents/carer and CYP voice central to meeting their needs. We are also focusing on how we help parents/ carers and communities support CYP mental health, and the mental health of all our school staff. This compliments our whole school approach to mental health. We now have a Specialist CAMHS Service for Children in Care across Berkshire West, which has been co-commissioned.

Priority 5 – Promote good mental health for all adults

The Mental Wellbeing Group ran an interactive workshop at the last meeting where the group went through a self-assessment process for the Prevention Concordat for Better Mental Health application process. Work has started around the Local Suicide Prevention Action Plan with a multi-agency group with partners from across the system coming together to start this work. Reading has also taken note of the recent national suicide prevention strategy and action plan and will use this to inform our local work. Voluntary sector partners came together to coordinate a response to the national voluntary sector suicide prevention grant which was announced, with a range of partners planning to bid and work together on this programme. A new mental health support programme has recently launched in Reading. The Managing Emotions Programme supports individuals who struggle to manage their emotions and support those caring for them.

5. Contribution to Reading's Health and Wellbeing Strategic Aims

5.1. This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies. It contributes to all the Berkshire West Joint Health & Wellbeing Strategy 2021-30 priorities.

6. Environmental and Climate Implications

6.1. The recommended action will have no impact on the Council's ability to respond to the Climate Emergency.

7. Community Engagement

7.1. A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version. Key engage will continue to be a part of the process of implementing, reviewing and updating actions within the strategy to ensure it continues to address local need.

8. Equality Implications

8.1. Not applicable - an Equality Impact Assessment is not required in relation to the specific proposal to present an update to the Board in this format.

9. Other Relevant Considerations

9.1. Not applicable.

10. Legal Implications

10.1. Not applicable.

11. Financial Implications

11.1. The proposal to update the board on performance and progress in implementing the Berkshire West Health and Wellbeing Strategy in Reading offers improved efficiency and value for money by ensuring Board members are better able to determine how effort and resources are most likely to be invested beneficially on behalf of the local community.

12. Timetable for Implementation

12.1. The Berkshire West Health and Wellbeing Strategy is a 10-year strategy (2021-2030). Implementation plans are for three years however will continue to be reviewed on an annual basis.

13. Background Papers

13.1. There are none

Appendices

1. Health & Wellbeing Implementation Plans Narrative Update

Note of RAG rating:

We apply a RAG rating system to assess the status of each action within the strategy implementation plans. The RAG rating is a visual indicator that helps us qualitatively evaluate the progress of these actions while focusing on challenges and dependencies rather than emphasizing risks and concerns. RAG stands for Red, Amber, and Green, and here's how we interpret these ratings:

- **Red (R):** Indicates that actions have not commenced. The implementation plans are three-year plans. Additionally, actions may not have started due to challenges or dependencies that need to be addressed before they can commence. These challenges may include awaiting critical resources or the completion of other interconnected actions.
- **Amber (A):** Indicates that there is moderate progress, but there may be some delays or dependencies. This highlights our strategic approach to carefully plan and coordinate actions to ensure they align with our overall strategy. The actions are progressing, and we are actively working on establishing a clear path forward for- completion of these actions.
- **Green (G):** Indicates actions are on track and progressing as planned and are meeting their milestones and are aligned with the overall strategy's goals and objectives. They require no immediate intervention and are contributing positively to our strategy's success.

The RAG rating system, allows us to provide a quick and clear overview of progress across different actions within our strategy. It helps stakeholders, to easily identify areas where action planning and coordination are necessary and where progress is already underway.

APPENDIX 1 - HEALTH AND WELLBEING IMPLEMENTATION PLANS NARRATIVE AND DASHBOARD REPORT UPDATE

PRIORITY 1: Reduce the differences in health between different groups of people, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Take a 'Health in All Policies' approach that embeds health and wellbeing across policies and services.	Green	All policy reviews and development of new policies are assessed to ensure there is a reflection of the health and wellbeing of our residents and staff where appropriate, including reference to climate change.
2. Address the challenge of funding in all areas and ensure that decisions on changing services, to improve outcomes, does not adversely affect people with poorer health.	Green	The Better Care Fund supports delivery of Adult Social Care services and projects to address health and social care concerns for all people in Reading, that are aligned with the Better Care Fund objectives: BCF Objective 1: Enable people to stay well, safe and independent at home for longer BCF Objective 2: Provide the right care in the right place at the right time
3. Use information and intelligence to identify the communities and groups who experience poorer outcomes and ensure the right services and support are available to them while measuring the impact of our work.	Green	A population health management overview for Reading, based on the National Core20Plus5 model to address areas of inequality, across Reading has been produced, showing an increase in the delivery of health checks for people with Learning Disabilities. Whilst there have been some improvements in delivering checks for people with Mental Illness, there is more work to do to address the impact and improve life expectancy of people from different backgrounds and compares outcomes against deprivation deciles. We have worked with partners to build a Hoarding Protocol and pathway, installed Technology Enabled Care devices and equipment to reduce risk of falls and we are developing a Falls service, alongside other specialist hospital discharge support for a bariatric pathway to enable timely discharges from hospital and to enable respite care, as well as developing dementia friendly services.
4. Ensure an effective programme of NHS Health Checks and follow up support services that are designed to meet the needs of all people in the community, ensuring appropriate communication and engagement methods that are culturally sensitive.	Amber	The Integration Board membership includes representatives from Primary Care Services – GPs. There is currently a Mini health check service in operation within Community settings, s that include most elements of the NHS Health Check, including blood pressure. There is an agreed method of escalating cases, in emergencies, to their GPs where necessary. Translation of materials to support awareness is available. Monitoring data shows a slight increase in the percentage of people having completed Health Checks who have cardiovascular diseases, diabetes asthma and other long-term conditions. Due to the limited capacity within GP surgeries to deliver the NHS Health Check, a pilot project is starting in October to go into Community Settings and deliver full NHS Health Checks via an existing service that is run by the Royal Berkshire Foundation Trust in partnership with communities and voluntary care sector. There will be a phased implementation of the project with a plan to deliver 5,000+ NHS Health Checks, and enhanced Health Checks to those people who are outside the main target group for NHS Health Checks to pick up any conditions or concerns at an early stage to support effective management of potential long-term conditions.
Continue to develop the ways we work with ethnically diverse community leaders, voluntary sector, unpaid carers, and self-help groups that sit within Local Authorities.	Green	We have good connections with our voluntary care sector and representatives that attend the Reading Integration Board as members. We have active participation within ethnically diverse communities such as supporting digital literacy and health and wellbeing activities. Community Outreach services are available to support people with understanding their mental health and information and advice to address concerns. We work with community and faith groups to meet the needs of those communities and ethnic groups that do not necessarily engage with primary care.
6. Ensure fairer access to services and support for those in most need through effective signposting, targeted health education and promoting digital	Green	One of our voluntary care sector partners has implemented a referral platform (JOY) to enable effective social prescribing (i.e. referral to support services in voluntary sector, such as bereavement or walking groups, as well as mental health services, such as talking therapies). GPs can also refer directly from their surgeries through this route, and there were in excess of 400 effective referrals within the first two months of operation. The platform enables people to reach the right support for them at the time they need it. A full report on the effectiveness of this platform is to be presented to the Integration Board in October 2023, together with some case studies on the outcomes for people who received referrals.

inclusion, all in a way that empowers communities to take ownership of their own health.		
7. Increase the visibility and signposting of existing services and improve access to services for people at higher risk of bad health outcomes, whilst also providing pastoral support through faith-based organisations linked to health and social care services.	Green	A number of voluntary sector and faith-based services are funded to deliver key information and advice services for Reading residents, as well as offering local exercise groups in church halls and other activities that promote wellbeing in the community, such as a Parish Nurse funded through a small grant from the Better Care Fund, who runs Chair Exercise and health awareness sessions and actively engages within their community, signposting people to services where needed. A digital literacy programme, delivered by ACRE, has been supported through the Better Care Fund to improve effective access to health care and community services to support wellbeing of minority ethnic groups using their community-based services.
8. Monitor and assess how Covid-19 has differentially impacted our local populations, including through the displacement or disruption of usual services. Ensure health inequalities exacerbated by COVID-19 are addressed as we recover and ensure access to services.	Green	Our primary care, community and voluntary care sector providers continue to be key participants in identifying any health inequalities exacerbated by COVID-19 and referring to appropriate support services.

PRIORITY 2: Support individuals at high risk of bad health outcomes to live healthy lives, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Identify people at risk of poor health outcomes, using Population Health Management data and local data sources, as well as increase visibility of existing services, and signposting to those services, as well as improving access for people at risk of poor health outcomes.	Green	There are a number of activities that support the identification of people at risk of poor health outcomes that are active within the borough; NHS health checks through GPs, mini health checks in community settings, complex and long-term condition multi-disciplinary teams to review cases and ensure there are care plans in place, community exercise and information groups as well as advice and wellbeing services. A Population Health Management (PHM) approach is taken to identifying groups of people at higher risk and making direct referrals onto the services to support their needs.
2. To raise awareness and understanding of dementia. Working in partnership with other sectors, we can introduce an integrated programme ensuring the Dementia Pathway is robust and extended to include pre diagnosis support, and improve early diagnosis rates, rehabilitation and support for people affected by dementia and their unpaid carers.	Green	The Dementia Friendly Reading Steering Group is currently undertaking a self-assessment exercise ahead of applying for Dementia Friendly Community status with Alzheimer's Society before the national closure of this scheme in December. The group have also submitted a funding application to resource a Dementia Friendly Reading Coordinator post who can support with this work, including coordinating a borough wide Dementia Friends training programme and supporting organisations (including RBC) with Dementia queries and advice.
3. Improve identification and support for unpaid carers of all ages. Work with unpaid carers and partner agencies to promote the health and wellbeing of unpaid carers by giving them a break from their caring responsibilities, whilst allowing them to fulfil their caring role.	Green	Work to develop a Joint All Ages Unpaid Carer Strategy for Reading is underway and is awaiting the outcome of the Carers Survey and subsequent actions. This work is driven by the Carers Steering Group, with active membership from the Reading & West Berkshire Carers Partnership, the Carer Leads for Royal Berkshire Healthcare Foundation Trust and Berkshire Healthcare Foundation Trust, Brighter Futures for Children, wider voluntary sector partners and unpaid carers themselves. This process will enable us to build a picture of the needs of carers in Reading and inform next steps to to improve the experience of carers in Reading.
4. We will work together to reduce the number of rough sleepers and improve their mental and physical health through improved access to local services.	Green	At Berkshire West, Oxfordshire and Buckinghamshire (BOB) Integrated Care System level, a joint review has been commissioned across our six local authority areas using Rough Sleeping Initiative (RSI) grant funding to strategically look at prison releases, hospital discharges and issues/disputes around local connection and rough sleeping. The team are working on a pilot with HMP Bullingdon re: pre-work in, and a protocol with, prisons so that people are identified and referred to the local authority prior to release, so that the most suitable accommodation can be explored. In Reading we are keen for this scope to cover Prospect Park, Royal Berkshire Foundation Hospital, which ties into the work that is underway with our Housing team. A proposal has been put forward to develop a Homelessness Pathway for Reading that is aligned with other neighbouring local authorities and supported by Housing.
5. Prevent, promote awareness, and provide support to people affected by domestic abuse in line with proposals outlined in the Domestic Abuse Bill.	Green	We work closely with our Voluntary Care Sector Partners, Adult Social Care, Housing and Thames Valley Police to ensure safeguarding concerns are reported to enable action to be taken to support people at risk of domestic abuse, and a Tackling Domestic Abuse Strategy has been developed and implemented.
6. Support people with learning disabilities through working with voluntary organisations in order to concentrate on issues that matter most to them.	Green	We are working with our Voluntary Care Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are involved in a range of forums to enable engagement and feedback to support commissioning priorities across Reading and the wider Berkshire West "Place". We have funded a part-time Autism Outreach worker post and have contributed to the Autism Strategy for Berkshire West. We also have the Compass Recovery College which provides free training and information for people with both low-level mental illness and long-term conditions affecting their mental health.

PRIORITY 3: Help families and children in early years, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Explore a more integrated universal approach that combines children's centres, midwifery, health visiting as outlined in the Best Start for Life report. This will aim to improve the health, wellbeing, development, and educational outcomes of children in Reading	Green	Health Visiting service lead Well Baby Clinics are back being delivered face to face in Children's Centres. Drop-in clinics have been re-introduced for breastfeeding support and BHCFT are in the process of commissioning peer support. A multi-disciplinary approach at Whitley Children's Centre is up and running supporting families developed from an 'Introduction to your midwifery support' session. The infant hub team in the children's centres provides a link between the BUSCOT ward, midwifery and the under 1's targeted offer for families. Young mums to be parenting is co-delivered between Childrens centres and Midwifery to prepare young mums for parenthood, delivery and birth. Self-weighing in the children's centres is now in place and well used across the service. Immunisations are being promoted across all Childrens centres to increase uptake and awareness for preschool boosters. FIS working in partnership with public health to ensure key messaging around immunisation is shared with parent carers.
2. Work to provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their personal and collective resilience during pregnancy and throughout the early years.	Green	Evidence based, trauma informed, parenting programmes (Mellow Parenting) are now established and being delivered on a rolling programme for families. This includes Mellow Bumps, Babies and Toddlers. The fathers to be support is also now established, good links through the infant hub established with maternity services that is seeing consistent signposting of father and now self-referrals. SEND training through the EY teams for settings to be upskilled and to therefore in turn upskill parents. Portage groups and home visiting to support children with SEND and transitions to settings. Tiny Talkers, part of the Speech and language pathway in place in all children's centres to support children who are at risk of speech and communication delay. Strategies provided to families to support speech development. Sleep support, behaviour support and drop ins virtual for parents. Health visiting teams are providing a number of face-to-face drop ins on similar topics at the children's centres. Collective resilience is met through Maternity pathways which are a referral route to direct support with housing, finances, behaviour, etc. Dedicated advice and guidance page for fathers on the FIS website/directory, providing key information and signposting to local and national organisations. Reading Directory | Dad's Information
3. Increase the number of 2-year-olds (who experience disadvantage) accessing nursery places across Reading	Green	The number of 2 year-olds accessing a funded place for Summer 2023 dipped further to 60%. A survey was sent to the families of "unregistered children" to get a better understanding as to why their child was not accessing a place during Summer 2023. A 23% response was received which highlighted that, for some families, local providers were full, or their child was on a waiting list. As a response to this, EY's and CC's have worked together to support these families and as such "Time for Two's" sessions have been launched from this September and are being offered to all eligible 2YO's that are not yet in an Early Years provision. The group is aimed at supporting families to find a suitable setting, with an opportunity to meet others and learn through play. The two Parent Champions have now moved onto full time employment so recruitment for a new cohort of volunteers is underway. Comms have been adapted, and information has been sent via FIS to local charities and organisations and has been sent to EY's providers and CC's to display. The 2-year funding page on the FIS directory is in the top 10 most visited between 1 January 2023 – 8 July 2023 with 4,161 page views and 2,908 unique page views. Parent Champions have been recruited and visiting community venues to promote take up to parents/carers. FIS attended outreach sessions at JCP (2023) raising awareness of the 2-year funding offer to parent carers looking to return to work/study. Health Visitor full team meeting attendance to inform and refresh the teams about the funded offers. Regular mailouts to parent carers through FIS/SEND Local Offer informing parent cares to about 2-year funding. Scheduled Facebook post through FIS/SEND Local Offer planned in for the year, as soft marketing to raise awareness.

Action name	Status	Commentary (100 word max)
		EY have developed 2 year funding leaflets in 13 most spoken languages in Reading. These are available on the 2-year funding page, are utilised by parent cares and professionals supporting families - Reading Directory | 2 Year Old Education & Childcare Funding
4. We will ensure that early year's settings staff are trained in trauma-informed practice and care, know where to find information or help, and can signpost families	Green	Early years settings continue to have access to level 1 trauma informed, and level 2 trauma skilled training provided online. The Brighter Futures for Children (BFfC) Early Years team offer 'Child at the Heart – A Trauma Informed Approach' which is delivered face to face in two parts. It incorporates the videos from Level 1, guided discussion, ACES, healthy brain development, self/co - regulation, attachment, communication styles/behaviour. This will be repeated in September 2023. Child at the Heart has been completed by 42 practitioners (17 settings) to date. In addition, 12 practitioners (9 settings) have benefited from therapeutic play session and 53 practitioners (30 settings) have benefited from guided discussions to implement learning.
5. We will publish clear guidelines on how to access financial help; tackle stigma around this issue where it occurs.	Green	The Reading Job Centre Employment Advisor, co-located with BFfC, works closely with Children's Centre to provide parents/carers with informal opportunities to discuss benefits and work. This includes one off benefit checks and 1-2-1 tailored support. FIS has dedicated sections for childcare and family money. These sections include information on funded childcare, debt management and universal credit. FIS also have partnership working with local VCS organisations who provide support and guidance to families on financial support. Support is also offered through the childcare brokerage in relation to financial guidance, information, and signposting.
6. Develop a speech, language, and communication pathway to support the early identification and low-level intervention to prevent later higher cost services	Green	There has been an overall 38% reduction in referral to speech and language therapy, contributing to a reduced waiting list and time for children. The Speech and Language Champions scheme is now in its second year with 43 champions enrolled in the programme. There has been an overall improvement in champions confidence levels including 90% reporting an increase in confidence in creating communication friendly environments. The Wellcomm speech and language tool has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group. 45% of children who had a review using the Wellcomm tool made progress. End of First Year Wellcomm Speech Tool – 2022-2023 • 335 Children assessed • 56% Green • 18% Amber • 26% Red • 20% made progress upon review within first year of project Speech and language Pathway is established – working group continues. Priority is now: - Parent Hub webpage - Professional Webinars SALT are continuing adapting services to meet the needs of community e.g. delivering monthly parent/setting workshops online & also face to face via the SALT bus. Planning to offer telephone service weekly. Dedicated advice & guidance page on the FIS directory/website - Reading Directory | Speech and Language to support parent carers with information, guidance and signposting. FIS/SEND Local Offer, syndicated to BHFT this ensure parent carers have access to host information on SALT provided by BHFT
7. Explore the systems for identification of need for ante natal and post-natal care of pregnant women and unborn/new-born babies to reduce non-accidental injuries	Green	BFfC Children's Social Care and Health completed joint work on pre-birth assessments for those children were there are safeguarding concerns. In addition, the work completed by BWSCP. There is close working established with Children's Centres, maternity services, and health visiting. BFfC has two staff focused on supporting families pre- and post-birth (Infant Coordinator and Infant Family Support Worker). They work closing with midwifery both in the hospital and the community.

PRIORITY 4: Promote good mental health and wellbeing for all children and young people, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Provide early intervention for children and young people with the right help and support at the right time	Amber	The national Oxwell Survey found that 68% CYP from Reading knew where to access mental health support compared to 39% from the rest of England. The 2 Mental Health Support Teams in Reading received over 200 referrals in Q1 2023, with 89% of their CYP making progress against goals. The Primary Mental Health Team worked with 28 CYP in Q1, with all achieving their goals. Both teams, along with the Educational Psychology Service, also provide training for schools to enable a whole school approach to mental health, so CYP can access emotional wellbeing and mental health support from people they already know and trust in schools. The teams also run groups for CYP to improve emotional wellbeing and mental health with excellent feedback from CYP and parents. This item would be RAG rated green, except for concerns around funding for continued work.
2. Support settings and communities in being trauma informed and using a restorative approach	Green	A new Task and Finish group is in place to share good practice across Reading educational settings and practitioners from across Reading. We are committed to supporting educational settings in using Therapeutic Thinking approaches, and relational approaches in their work with CYP. We are a training Hub for the Autism Education Trust with training being rolled out to all schools across Reading. We work closely with schools to reduce exclusions.
3. Coproduction and collaboration with children and young people, families, communities and faith groups to shape future mental health services and in delivering transformation of mental health and emotional wellbeing services	Green	This runs through all our work, with CYP being encouraged to choose their gaols in therapeutic interventions, to have a choice of intervention and settings, to give views on where and how they would like to access mental health support e.g., in school, we have established Mental Health Ambassadors. We have started a Task & Finish group chaired by a parent/ carer to encourage further partnership working across the fantastic range of parent / carer run groups in the community, in partnership with professionals and practitioners. The aim is to support parents and carers and the community to be able to support their CYP's mental health and emotional wellbeing, and to ensure we listen and respond to what parents/ carers and the community tell us is needed locally or how things can be improved, where the gaps are, and share and signpost to what is available. We want parents/ carers and community leaders to know where and how to access and navigate the local mental health and emotional wellbeing offer for children, young people, parents, carers.
4. Identify and provide services for targeted populations i.e. the most vulnerable children and young people to ensure equality of access to support and services	Amber	We are having a particular focus on addressing inequalities in mental health for CYP including those from global majority heritages, Neurodiverse CYP, and CYP who are not in school including those who are excluded, on part-time timetables, or unable to attend school due to fear and anxiety. The Emotionally Based School Avoidance Team has had a very positive impact on helping CYP re-engage with education, with an intensive model of working supporting the CYP in the home and supporting the parent/carer. This item is amber because there are concerns around funding for continued work.
5. Suicide awareness and prevention	Green	We are working closely with PH and the HWB Priority 5 leaders, and have developed a local working group in partnership with colleagues across the partnership to start work on the local suicide prevention action plan. As a group we have identified key groups to start working with and continue to work together to identify other priority groups. We have a joint workshop in December.
6. Recovery after Covid-19/ adolescent mental health	Green	The Covid recovery money funded the initial set up of the co-commissioned Specialist CAMHS Service for Children in Care, and the Emotionally Based School Avoidance Team. Evidence of impact is very positive. There is a concern about longevity of both services given initial funding source.
7. Local transformation plan	Green	The Local Transformation Plan is across the ICB BOB area with a local chapter. The priorities are captured in our priorities above. We are working closely with our ICB and local place-based providers to support the establishment of a new Specialist CAMHS Service for LDA, and support the Key Worker programme for CYP and parent/carers of those CYP who are on the dynamic risk register. We are as a partnership working on an improved crisis response offer.

PRIORITY 5: Promote good mental health and wellbeing for all adults, Implementation Plan narrative update

Action name	Status	Commentary (100 word max)
1. Raise mental health awareness and promote wellbeing	Green	A partnership event took place this September as part of Suicide Prevention Month to raise awareness in our local communities. The event is titled 'Community Suicide Conversations' and has been organised by Berkshire Healthcare Foundation Trust, Community Wellbeing Hub, Reading Borough Council and Brighter Future for Children. Community members shared their lived experience of suicide and their journeys through services, a range of local support services where available and present during the day and shared what support is available locally. Those sharing their lived experience shared a number of recommendations for services to take forward based on their personal experiences.
2. Address social factors that create risks to mental health and wellbeing, including social isolation and loneliness	Green	The Public Health and Wellbeing and OD/HR teams are working with partners across the council who support residents who may be experiencing some of the social factors which can impact mental health, including the debt advice team, housing teams and the customer fulfilment centre. Frontline staff in these teams have noticed an increase in calls from residents where the resident may be struggling with their mental health and in some cases are expressing suicidal ideation. As a result, we are working together to support and train our frontline teams to feel confident to support these residents as best they can. We are doing this with our new Suicide First Aid training and we are working together to create a document which team members can use to understand which services are available and appropriate for the resident. The next step of this process will be to work with voluntary sector colleagues who are also facing these challenges and looking at how we can share learning and resources around this topic. Compass Recovery College is also delivering a Money and Mental Health workshop this term which will look to support people where finance may impact their mental health and vice versa.
3. Focus targeted support on groups at greater risk of experiencing mental health challenges, loneliness and social isolation and health inequalities in order to support early identification and intervention	Amber	This action includes linking to the Pan Berkshire Suicide Prevention Group and strategy. We continue to engage with this work and have developed a local working group in partnership with colleagues leading priority 4 to start work on the local suicide prevention action plan. As a group we have identified key groups to start working with and continue to work together to identify other priority groups. In the latest round of Reading Borough Council Small Grants a number of successful projects will impact this action, including projects delivered by Sport in Mind, Berkshire Women's Aid, Becoming Mums and Alana House, South Reading Over 50s.
4. Foster more collaborative working across health, care and third sector services to recognise and address mental health support needs	Green	The Social Prescribing Forum continues, led by Reading Voluntary Action. The last forum brought partners together across primary care, voluntary sector, adult social care and Berkshire Healthcare Foundation Trust and allowed workers to build relationships and share insights across teams. Work has continued around developing the Front Door model for Adult Social Care in partnership with voluntary sector partners with a final draft of the model coming to fruition, bringing adult social colleagues together with voluntary sector organisations. Berkshire Healthcare Foundation Trust launched their One Team Model at a networking event this period which was well attended by Reading organisations including Compass Recovery College, Citizens Advice Reading, Sport in Mind and Reading Voluntary Action to name a few.
5. Develop and support peer support initiatives, befriending and volunteer schemes, particularly recognising the impact of Covid-19 on smaller voluntary sector groups	Green	The Befriending Forum continues to be led by Reading Voluntary Action, bringing partners together to share best practice, network and hear about the latest activity from partners across the borough. A number of peer support networks continue including the Let's Connect Wellbeing Network and Compass Recovery College's Coffee and Chat session, with a new Coffee and Chat session launching in Coley Park. In the latest Reading Borough Council Small Grants Scheme funding was awarded to a number of projects which will also support this action, including: Rising Sun Arts Centre and Double Okay's Queer Social team, creating a safe space for LGBTQIA+ people to volunteer and provide/receive peer support.
6. Build the capacity and capability across the health and social care workforce to prevent mental health	Green	At the last Mental Wellbeing Group Berkshire Healthcare Foundation Trust's PICT (Psychologically Informed Consultation and Training) team presented this offer to the partners in the group. They shared information and support that partners across the system can access when supporting individuals with challenges around emotions or those diagnosed with a personality disorder. The local working group for suicide prevention is working together to identify potential training that might be appropriate across the system around suicide prevention – this is happening in partnership with

Action name	Status	Commentary (100 word max)
problems and promote good mental health		priority 4 leads. Compass are also launching Wellness Planning for Carers later in the year, supporting unpaid carers to look after their own wellbeing, building capacity in our unpaid carer workforce.
7. Support people affected by Covid-19 with their mental wellbeing and associated loneliness and isolation	Green	Compass Recovery College continue to develop their training offer and in this has included an increased offer for the voluntary and community sector in the last two terms. In this upcoming term the Compass offer will include workshops around 'Managing Anxiety' and 'Mindfulness Based Cognitive Based Therapy for Life' which contribute to this action. Compass will also be delivering Wellbeing Planning for Carers throughout November which will support unpaid carers with their own wellbeing.
8. Develop local metrics to measure progress linked to Reading Mental Health Needs Assessment	Amber	The mental health survey closed at the end of July, inviting those with lived experience, carers of people experiencing a mental health problem and professionals supporting this cohort to share their experiences with us. A wide range of focus groups also took place with organisations like Alana House, ACRE, Sport in Mind, BHFT's Let Connect network, Together UK and Compass Recovery College. These responses are currently being analysed and will heavily inform the Adults Mental Health Needs Assessment.

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A Happier and Healthier Berkshire

Reading West Berkshire Wokingham

Berkshire West Joint Health and Wellbeing Strategy & Implementation Plans 6 October 2023

Health & Wellbeing Board– Amanda Nyeke
Public Health & Wellbeing Manager

A Happier and Healthier Berkshire

Reading West Berkshire Wokingham

Reading snapshot

Recent demographics

Population of 174, 000 people, this up 11% from 2011.

Reading is the fourth most densely populated of the South East's 64 local authority areas, with around 31 people living on each football pitch-sized area of land.

18% of Resident experience common mental health disorders (depression/anxiety), which is higher than national average

Smoking rates are much high in deprived areas. 29.3% of routine and manual occupations smoke

63% of adult are overweight or obese

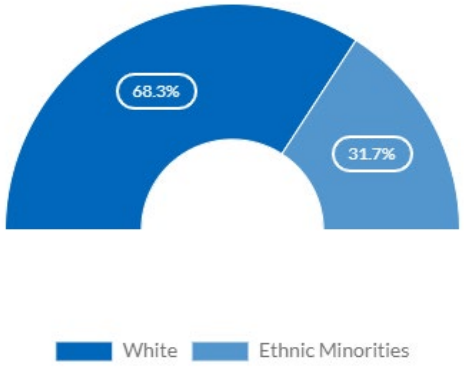
£454 increase in average annual grocery bills within the UK

16% of children are living in low income families

36.4% of Reading 10 and 11 years olds are carrying excess weight – higher than the national and south east areas.

In **2021** ReadiFood delivered an average of **178 parcels every week**

31.7% of Reading resident are from various ethnic minority groups

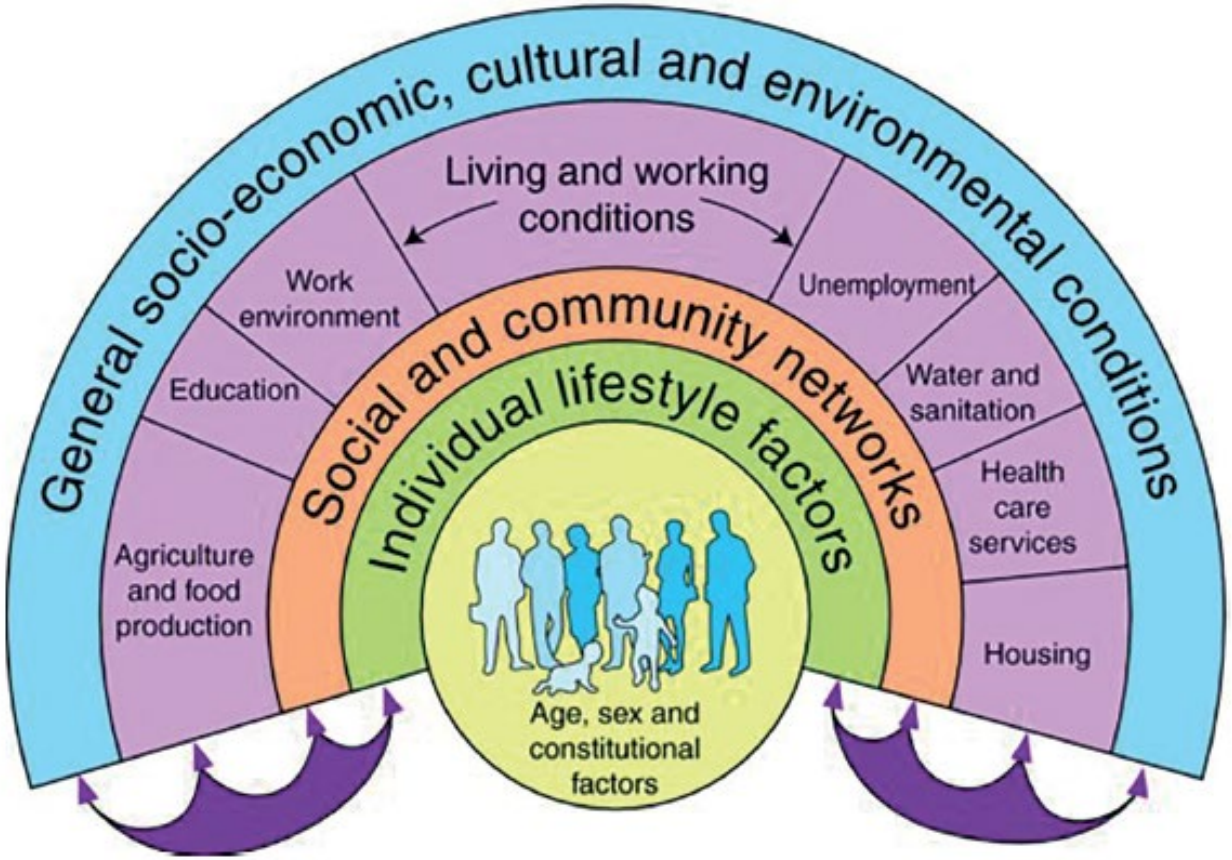


69.1% of physically active adults

Life expectancy: Men can expect to live for as long as any other male regionally or nationally (79yrs). However, women in Reading, can expect a shorter life expectancy compared to other women both nationally and regionally (82years vs 84 regionally)

Reading are outliers for not successfully completing drug and alcohol treatment

Wider determinants of health



Model of social determinants of health [9]

Strategy Priorities

1. REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.
2. SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.
3. HELP CHILDREN AND FAMILIES IN EARLY YEARS.
4. PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.
5. PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

Strategy Priorities 1 & 2

The Reading Integration Board is leading these priority implementation plans

1 REDUCE THE DIFFERENCES IN HEALTH BETWEEN DIFFERENT GROUPS OF PEOPLE.

- The Reading Integration Board lead on this priority and take a Population Heath Management approach to identifying differences between different groups of people

- A Community Wellness Outreach project is launching in October, a collaboration to build on existing community-based services and enable direct referrals or drop in options for people to receive a full NHS Health Check alongside other wellbeing support such as financial advice, mental health awareness and referrals to community and voluntary sector services.

- The aim of this community based service is to develop additional capacity to support primary care and ensure people receive timely interventions, as well as reaching into communities that historically are less likely to visit a GP.

Strategy Priority 2

The Reading Integration Board is leading these priority action plans

2 SUPPORT INDIVIDUALS AT HIGH RISK OF BAD HEALTH OUTCOMES TO LIVE HEALTHY LIVES.

- We are working with our Voluntary Care Sector partners, some of whom are specialists in supporting people with Learning Disabilities, who are involved in a range of forums to enable engagement and feedback to support commissioning priorities across Reading and the wider Berkshire West "Place". We have funded a part-time Autism Outreach worker post and have contributed to the Autism Strategy for Berkshire West. We also have the Compass Recovery College which provides free training and information for people with both low-level mental illness and long-term conditions affecting their mental health

- The JOY App is currently funded through the Better Care Fund and is a pilot project that Reading Voluntary Action are leading on. The App is used as a Social Prescribing platform to enable GPs to directly refer to community and voluntary sector services to support wellbeing, and for Social Prescribers, who are linked to primary care services, to make and track onward referrals.

Strategy Priority 3

The One Reading Partnership Under 5s Workstream leads this priority (including representatives from maternity, health visiting, paediatric services, education and voluntary sector

3 HELP CHILDREN AND FAMILIES IN EARLY YEARS.

- The under 5s workstream of the One Reading partnership continue to lead on priority 3 to help families in early years in Reading. There are seven key priority areas, and we are working across the partnership including maternity services, health visitors, paediatricians, education, and the voluntary sector to drive forward priority areas.
- **Universal and targeted health services** have continued to develop collaboratively with multi-agency approaches to families' support from pre-birth via antenatal groups. Self-weighing had been introduced across children's centres and well accessed by local families. Promotion of the importance of preschool boosters has been a priority as the take up rates have dropped. Vaccinations are given in early childhood when children are most vulnerable to disease.
- To support the decline in 2 year old funding take up over the spring (65%) and summer term (60%) a 'Time for Two's' session delivered by the Childrens centres is new to the timetable and aimed at children who are eligible for two year funding and not accessing provision.
- **The Wellcomm speech and language tool** has been piloted and reviewed by the Best Start for Speech, Language, and Communication multiagency working group. 45% of children who had a review using the Wellcomm tool made progress.

Strategy Priority 4

Brighter Futures for Children is leading this action plan

4 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL CHILDREN AND YOUNG PEOPLE.

- The **One Reading Partnership and SEND Strategy group on mental health and wellbeing for children and young people lead on Priority 4 of the Strategy.** It has 7 priority areas alongside the continuation of our Mental Health Support Teams, Primary Mental Health Team, Autism Advisory Service and the Educational Psychology Service.
- Priorities are all partnership based and have task and finish groups to ensure outcomes are achieved. Supporting Public Health in bringing together a partnership-based suicide awareness and prevention action plan, with this group focusing on a clear joined up approach across Reading, with aligned training and linking closely with the work of the Adult Mental Health group.
- **School Attendance & Mental Health** - looking at the impact of current mental health services on school attendance, and the very positive impact of the Emotionally Based School Avoidance Team, and how to continue this much needed work.
- **Inequalities in Mental Health in Relation to Children and Young People (CYP) from Global Majority Heritage** with a long-standing task and finish group called 'Reading Anti-Racist and Equity Forum' helping guide this work including close working with community and faith leaders - building on the work by PH Adults MH group.
- **Inequalities in Mental Health - CYP who are Neurodiverse**: the group is looking specifically at what evidence-based interventions are appropriate and can be more widely used by services across Reading and promoting a system of putting the parent/carers and CYP voice central to meeting their needs. Also focusing on how we help parent/carers and communities support CYP mental health, and the mental health of all our school staff. This compliments our whole school approach to mental health. We now have a Specialist CAMHS Service for Children in Care across Berkshire West, which has been co-commissioned.

Strategy Priority 5

The Adult Mental Wellbeing Group is leading this priority action plan

5 PROMOTE GOOD MENTAL HEALTH AND WELLBEING FOR ALL ADULTS.

- The Mental Wellbeing Group lead priority 5 and work as a partnership with representation from across the system working to promote good mental health and wellbeing for adults in Reading.
- The group ran an interactive workshop where attendees went through a self-assessment process for The **Prevention Concordat for Better Mental Health** application process.
- Work has started around the **Local Suicide Prevention Action Plan** with a multi-agency group with partners from across the system coming together to start this work. Reading has also taken note of the recent national suicide prevention strategy and action plan and will use this to inform our local work. Voluntary sector partners came together to coordinate a response to the national voluntary sector suicide prevention grant which was announced, with a range of partners planning to bid and work together on this programme.
- A new mental health support programme has recently launched in Reading. **The Managing Emotions Programme** supports individuals who struggle to manage their emotions and support those caring for them.

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	BCF Integration Update and Plan for 2023-25
Purpose of the report	To note the report for information
Report author	Beverley Nicholson
Job title	Integration Programme Manager
Organisation	RBC – Adult Social Care / BOB Integrated Care Board
Recommendations	1. That the Health and Wellbeing Board note both the Quarter 4 (2022/23) and Quarter 1 (2023/24) performance and progress made in respect of the Better Care Fund (BCF) schemes as part of the Reading Integration Board's Programme of Work. 2. To note the contents of the End of Year Return for Better Care Fund (BCF) 2022/23 and the compliance with the BCF National Conditions. 3. That the Health and Wellbeing Board note the contents of the Better Care Fund (BCF) Plan and Narrative for 2023/25, including the National Conditions and Metrics against which BCF performance will be measured. 4. Note the final BCF Plan and Narrative for 2022/23 has been formally submitted by the due date 28th June 2023, following delegated authority by the Acting Executive Director for Adult Social Care in consultation with the Lead Member for Public Health in order to comply with the national deadlines which fall outside the cycle of Board meetings.

1. Executive Summary

1.1 The purpose of this report is to provide an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets. This report will show the position as at the end of 2022/23 (Quarter 4 of 2022/23 reporting period) and the position as at the end of Quarter 1 2023/24 (April to June), The report also outlines the spend against the BCF Plan and the Adult Social Care Discharge Fund Plan (2022/23), which was an additional fund provided by NHS England to be used to support hospital discharge over the Winter period in 2022/23, and the spend to date from the 2023/24 additional funding for Discharge.

1.2 The BCF metrics were updated in the planning guidance for 2023/25[1] and the targets against the revised metrics were agreed with system partners during the BCF Planning process. Outcomes shown here are as at the end of March 2023 which is the year end position and the position in Quarter 1 as at the end of June 2023.

a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) (2022/23 Q4 **Met,** 2023/24 Q1 **Met**)

[1] PRN00315-better-care-fund-planning-requirements-2023-25.pdf (england.nhs.uk)

b) The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. A new metric for 2023/24 (2023/24 Q1 **Met**)
c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence (2022/23 Q4 **Met,** 2023/24 Q1 **Met**)
d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (2022/23 Q4 **Met,** 2023/24 Q1 **Met**)
e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) (2022/23 Q4 **Not Met,** 2023/24 Q1 **Met**)

Details against each of these targets is outlined in Section 3 of this report and demonstrates the effectiveness of the collaborative work with system partners.

The report also covers the Better Care Fund End of Year return for 2022/23, having met the 4 National Conditions and submitted through delegated authority by the Acting Executive Director of Adult Social Care in Consultation with the lead Councillor for the Health and Wellbeing Board. An overview of the return can be found in Section 10 of this report and the full end of year return is contained in Appendix 1.

The Better Care Fund Plan for 2023/25 has been submitted in line with the national timeframe as set out in the BCF Policy Framework 2023/25[2] and has been signed off through the delegated authority process due to submission deadlines falling outside the Health and Wellbeing Board schedule of meetings. An overview of the Plan can be seen in Section 10 of this report and the full plan and supporting narrative is appended to this report at Appendices 2 and 3.

2. Policy Context

2.1. The Better Care Fund Policy Framework sets the principles for the pooling of funds to support integrated working across health and social care, to ensure the right care is available to people at the right time. The Reading Integration Board (RIB) is responsible for leading and overseeing system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Integrated Care Board (ICB) Commissioners, Voluntary Sector partners and Healthwatch, across Reading. The aim of the board is to facilitate partners and other interested stakeholders to agree a programme of work that promotes integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 3.0 of this paper.

3. Performance Update for Better Care Fund and Integration Programme
(aligned with metrics set out in the Better Care Fund Plan 2023/25)

3.1. Performance as at the end of Quarter 1, 2023/24

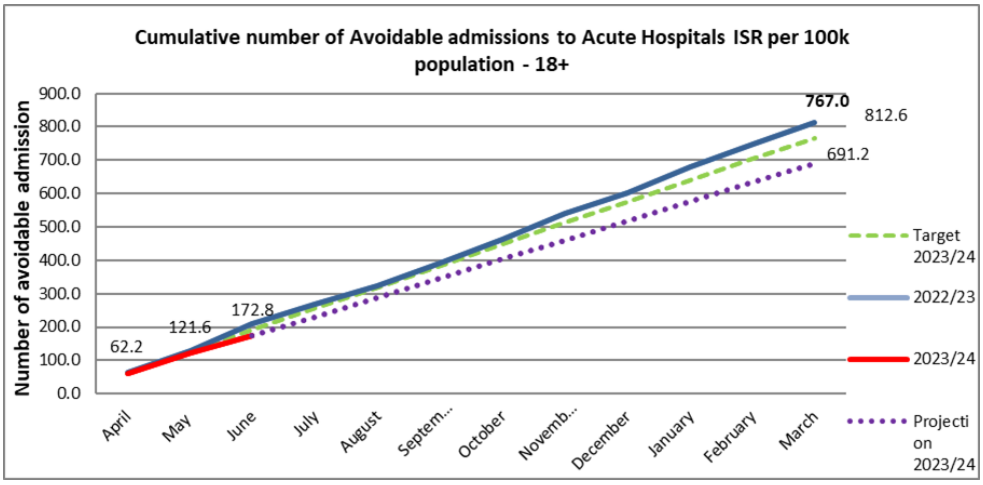
3.1.1. Admission Avoidance

This aims to reduce avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), and have no more than 767, per 100,000 population, for the year. This metric was adjusted to a more realistic target based on previous performance and projections for 2023/24. It measures how many people with specific long-term conditions, which should not normally require hospitalisation if their conditions were well managed, who were admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

[2] https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025

We are on track to achieve the target and current projections are that we will continue this trajectory to the end of the year. Factors that support this positive outcome included engaging with the Berkshire West Ageing Well programme for rapid and emergency responses by intermediate care services, to support people to stay well at home with a short-term care package, where appropriate. Other activity to support the promotion of healthy living is delivered through a variety of Public Health and Wellbeing services, working with Carers and Dementia groups, as well as our Voluntary Care Sector and Community partners.

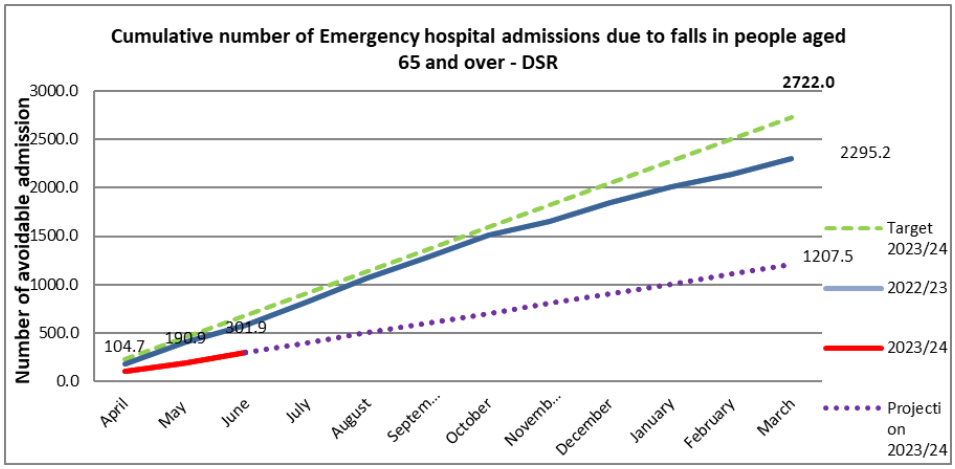
Cumulative number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals	
Target performance per annum (no more than)	767
Actual cumulative performance to date	173
Projected performance to end of the year	691
Status	Green



3.1.2. Falls

This is a new metric introduced for 2023/24 in relation to emergency hospital admissions due to falls in people aged 65 and over. The target for 2023/24 is to have no more than 2,722 people per 100,000 (given the population of Reading for this age group this equates to no more than 500 people), and represents a 2% improvement on the average performance in the previous two years. We also had increased numbers of Technology Enabled Care equipment that could be installed/worn to build confidence and ensure early alerts for people who are frail or at risk of falls. Performance to date is significantly better than the plan, which is positive and if necessary, adjustments can be made to planned targets when the BCF metrics are refreshed in 2024/25.

Cumulative number of Directly Standardised Rate (DSR) of Emergency hospital admissions due to falls in people aged 65+	
Target performance per annum (no more than)	2722
Actual performance to date	302
Average performance for the current period	1207
Status	Green



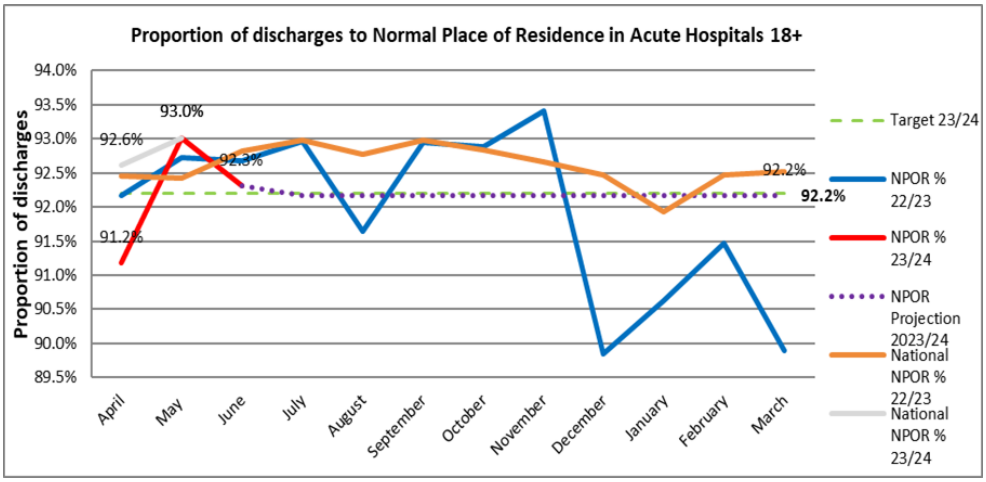
Reading Local Authority has agreed with the Integrated Care Board to develop a falls service to work with people to help prevent falls by using OT and Physio specialist support to reduce the number of falls in Reading, although we are unlikely to see an impact until Q4 2023/24.

3.1.3. Discharge to Normal Place of Residence

This aims to increase the proportion of people who are discharged directly home, from acute hospitals with a target of not less than 92.2% per month. This is based on hospital data for people "discharged to their normal place of residence".

Performance slightly exceeded the minimum target in Quarter 1, at 92.3%. We continue to work with the multi-disciplinary team in the hospital and following the ethos of "Home First", in line with the Hospital Discharge Policy, with support if needed through the use of TEC / equipment that can be installed to support independent living and reablement.

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	92.2%
Actual performance this month (May)	92.3%
Projected performance to end of the year	92%
Status	Green

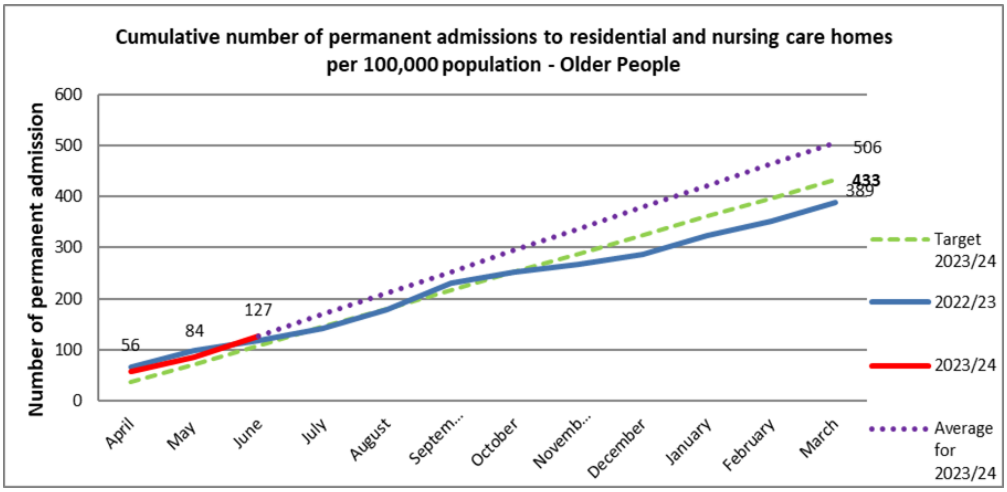


3.1.4. Permanent Admissions to Residential/Care Homes

This aims to reduce the number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population with a maximum target

of 433 for the year. We have been successful in maintaining a lower admission rate, despite challenges with capacity in the care market for complex cases, such as people with more challenging behaviours. We continue to work with our system partners to identify appropriate care for people to meet their needs. Whilst the current year end projection exceeds the target, this has been skewed by an unusually high number of admissions in June. There is usually a slow-down of admissions from September onwards. This will be closely monitored.

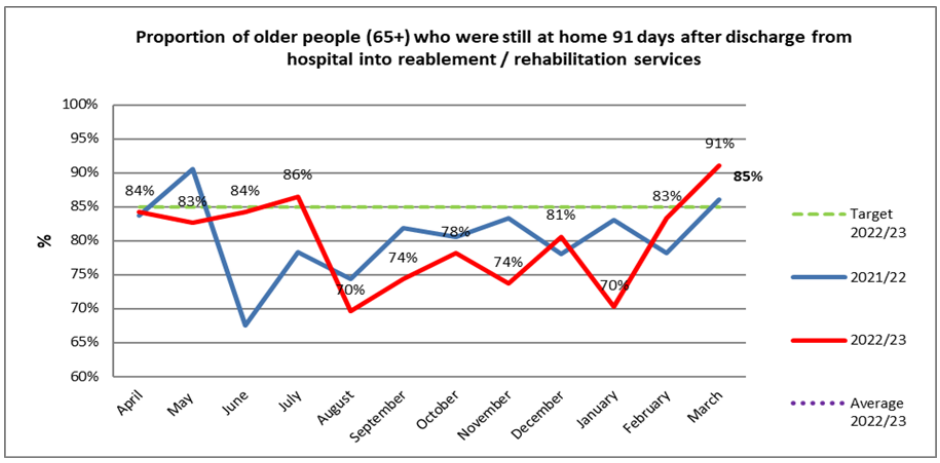
Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	433
Actual performance to date	127
Projected performance to the end of the year	506
Current Status	Green



3.1.5. 91 Day Rehabilitation

This aims to measure the effectiveness of reablement by looking at the proportion of older people who are still at home 91 days after discharge from hospital into reablement or rehabilitation. The target for 2022/23 is a minimum of 85% and will remain as the target until the end of Quarter 1 as it is based on discharges up to the end of March 2023, who were still at home in June 2023. Performance significantly improved for this March cohort of discharges and the target was met for Q1, with performance at 91% for the first time. We had proposed a stretch target of 82.5% for 2023/24, based on our performance throughout last year, which will be used from Quarter 2, 2023/24 (September). The reason for a reduction in the target was that the proposed schemes, such as the dedicated End of Life pathway and extended Hospital to Home service, to improve performance will take some time to be implemented and to impact on outcomes.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance (2022/23)	85%
Total no. of people departing hospital into reablement 91 days ago (numerical)	45
Of those, no. at home 91 days later (numerical) this month	41
Actual performance (%) this month	91%
Status of Monthly performance	Green



(based on people discharged in March 2023, who were still at home in June 2023- the March cohort)

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The activity reported through the Better Care Fund metrics in Section 3 supports people to remain well at home and to receive the right care in the right place based on their needs, and is primarily aligned to priorities 1 and 2 of the Berkshire West Joint Health & Wellbeing Strategy 2021-30 and partially supports priority 5.

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

The Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading. Action plans have been developed in collaboration with the members of RIB, which includes representation from system partners, including Acute hospital, Community care providers, Primary Care and Voluntary Care Sector. Delivery against the action plans will be a collaborative approach, supported by a number of groups, such as the Long-Term Conditions Board and Voluntary Care Sector groups, in order to achieve the expected outcomes in the short-term. Action plans will be regularly reviewed against the 10-year strategy.

4.2 The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 4.1 above, and the Berkshire West Integrated Care Partnership (ICP) priorities, listed below, to ensure alignment and effective reporting:

Berkshire West Integrated Care Partnership (ICP) Strategic Objectives

- Promote and improve health and wellbeing for Berkshire West residents
- Create a financially sustainable health and social care system
- Create partnerships and integrate services that deliver high quality and accessible Health and Social Care
- Create a sustainable workforce that supports new ways of working

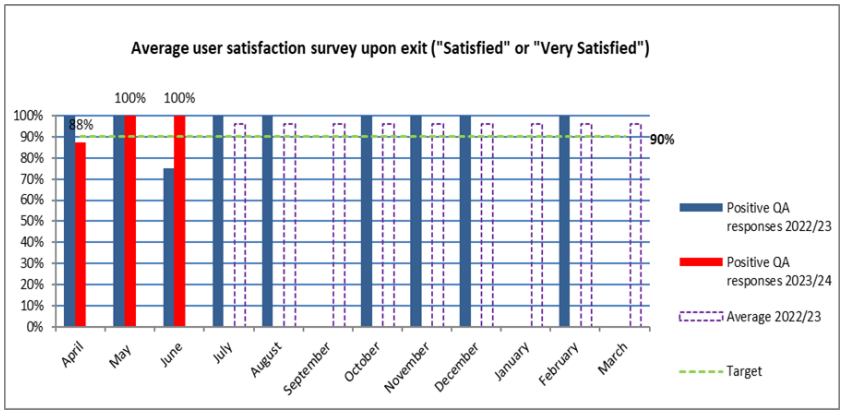
5. Environmental and Climate Implications

5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

5.2. No new services are being proposed or implemented that would impact on the climate or environment, however climate implications are being considered in relation to the wider context of the Health and Wellbeing Board Strategic Priority Action Plans.

6. Community Engagement

6.1. Engagement in relation to specific services takes place, such as feedback on customer satisfaction for services such as Reablement. Stakeholder engagement continues to be a key factor to effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. Service User satisfaction rates for our Community Reablement Team was 100%, with an average to date of 96%, against a minimum target of 90%. Service Users being discharged from hospital have been given an opportunity to provide feedback on their experience to enable us to shape our services.



6.2. Reading is currently recruiting a co-production lead, to help ensure that services are co-designed with service users, carers and families and feedback on user experience are gathered.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2. Not applicable as there are no new proposals or services recommended or requested in this report.

8. Other Relevant Considerations

8.1. The Better Care Fund Planning and Performance reporting included in this report is requires us to adhere to the Better Care Fund Framework 2023/25 four National Conditions and the Better Care Fund Objectives:

- National Condition 1: Plans to be jointly agreed.
- National Condition 2: Enabling people to stay well, safe and independent at home for longer.
- National condition 3: Provide the right care in the right place at the right time.
- National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

9. Legal Implications

9.1 Compliance with the Better Care Fund (BCF) 2022/23 National Conditions: The report sets out the National Conditions in Section 8. A variation to the Section 75 Framework Partnership Agreement (2021/22) was agreed between the Integrated Care Board (ICB) and Reading Borough Council (RBC) in relation to the pooled funds, as required under Better Care Fund Policy and Guidance for 2022/23, and meets National Conditions 1, 2 and 3.

9.2 A Section 75 Framework Agreement will be drawn up and signed off by 31st October, in relation to the BCF Plan for 2023-25, in accordance with the Planning Requirements.[3]

10. Financial Implications

10.1. **BCF 2022/23 End of Year position**

BCF Income 2022/23	
Disabled Facilities Grant	£1,197,341
Improved Better Care Fund	£2,692,624
NHS Minimum Fund	£11,781,757
LA Additional Funding	£270,400
Total BCF Pooled Fund	**£15,942,122**

ASC Discharge Fund 2022/23	
LA Plan Spend	£474,585
ICB Plan Spend	£810,196
ASC Discharge Fund Total	**£1,284,781**
	Planned 22-23
Total BCF + Discharge Fund Income	**£17,226,903**

BCF Expenditure 2022/23	
Actual	£15,154,122
ASC Discharge Fund 2022/23	
Actual	£1,284,781

Total BCF + Discharge Fund Expenditure	**£16,438,903**

The underspend of £788k has been incorporated into the BCF Plan for 2023-25 to support projects to meet the BCF objectives and deliver against the BCF Metrics.

10.2. **BCF 2023/25 Planned Income and Expenditure.**

Details of income and expenditure will be set out in the Section 75 Framework Agreement for pooling of funds between the Integrated Care Board (ICB) and Reading Borough Council (RBC) for 2023/25. The table below is an excerpt from the final submitted Better Care Fund Plan. Please note that since submission of plans, the Better Care Fund has released an additional among of Disabled Facilities Grant Funding of £104k, which will be reflected in the Quarterly monitoring return due to the Better Care Fund team by 31st October 2023.

[3] https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£1,197,341	£1,197,341	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£12,448,604	£13,153,195	£12,448,604	£13,153,195	£0
iBCF	£2,692,624	£2,692,624	£2,692,624	£2,692,624	£0
Additional LA Contribution	£1,093,000	£305,000	£1,093,000	£305,000	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£377,502	£626,653	£377,502	£626,654	£0
ICB Discharge Funding	£833,925	£1,473,618	£833,925	£1,473,618	£0
Total	**£18,642,996**	**£19,448,432**	**£18,642,996**	**£19,448,432**	**£0**

The total spend, as at 10th September, against the Discharge Funding for 2023/24, based on the fortnightly reporting to the Better Care Fund Team, was £240,430 (25% of the ICB Discharge Funding and 9% of the Local Authority Discharge Funding streams), out of a total fund for the year of £1.2M.

Scheme Type	Spend from ICB Allocation to date	Spend from LA allocation to date	Total spending to date
Home care or domiciliary care (Pathway 1)	£9,418	£0	**£9,418**
Home-based intermediate cae services (Pathway 1)	£0	£0	**£0**
Bed based intermediate care services (Pathway 2)	£0	£0	**£0**
Residential placements (Pathway 3)	£38,584	£0	**£38,584**
Workforce recruitment and retention	£110,087	£6,000	**£116,087**
Assistive technologies and equipment	£23,077		**£23,077**
Voluntary and community support		£19,481	**£19,481**
All other spend	£23,330	£10,454	**£33,784**
Total	**£204,495**	**£35,935**	**£240,430**

Additional capacity will be available from November 2023 to meet the demand over the Winter period and the bulk planned spend from this fund will be from November 2023 to March 2024.

11. Timetable for Implementation

11.1. The timescales for agreeing Better Care Fund plans 2023/25 and assurance are set out below. All key submission dates were met and we were advised on 18th September 2023, that our plans have been formally approved. Quarterly monitoring reports will recommence from October 2023.

BCF planning requirements published	5 April
Optional draft BCF planning submission (including intermediate care capacity and demand plan) submitted to BCM and copied to the BCF team (england.bettercarefundteam@nhs.net)	19 May
BCF planning submission (including intermediate care and short term care capacity and demand plan; and discharge spending plan) from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net	28 June
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	28 June – 28 July
Regionally moderated assurance outcomes sent to BCF team	28 July
Cross-regional calibration	3 August
Approval letters issued giving formal permission to spend (NHS minimum)	8 September
All section 75 agreements to be signed and in place	31 October

12. Background Papers

12.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard – April 2023 (Reporting up to 31st March 2023) and July 2023 (Reporting up to 30th June 2023).*

Appendices

Appendix 1 Reading BCF End of Year Return (2022/23)
Appendix 2 Reading BCF Narrative (2023/25)
Appendix 3 Reading BCF Planning Template (2023/25)

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Reading		Yes
Completed by:	Chris Greenway		Yes

E-mail:	christopher.greenway@reading.gov.uk		Yes
Contact number:	07972 177847		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes		Yes
If no, please indicate when the report is expected to be signed off:			Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board: Reading

Confirmation of Nation Conditions			Checklist
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:**	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board: Reading

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	810.5	On track to meet target	The impact of Flu and continued impact of Covid during the winter period has been a challenge and we were pleased to be able to manage the level of avoidable admissions within the realistic target set.	The programme of promoting the NHS health checks and supportive community based "health MOTs" have been helpful in raising awareness of the impact of sensitive conditions on healthy length of life and where

Checklist

Complete:

Yes

					best to get support, when needed.	
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.2%	On track to meet target	During the first two quarter of the year, we were above target but the last two quarters have been particularly challenging. The introduction of the ASC Discharge Fund enabled us to purchase more care to get people home but some needs were more complex and this did impact on our performance.	We were pleased that we were able to meet the target across the year, despite challenges in the latter period. The increased use of Technology Enabled Care (TEC) has had a significant impact in this area and further investment for 2023/24 is planned.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	469	On track to meet target	Whilst we are meeting the target, we remain mindful of the current limited capacity in the care market for complex cases, such as people with more challenging behaviours and we continue to work with our system partners to address these gaps.	A Home First approach has ensured that people are not being placed into Residential or Nursing Care Homes and we have significantly overachieved with only 403 people against a target of 469 have been placed into care homes (per 100,000 population (65+)) during 2023/24.	Yes

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	Not on track to meet target	NHS England reporting requirements are to include the number of people who had been referred into reablement but had passed away within that 91-day period. Our performance would have been 83%, had we excluded those that had unfortunately passed away during that 91-day period, and still short of the target due to hospital readmissions.	The target for 2022/23 is a minimum of 85%. All quarters have remained below the target threshold (Q1 84.3%, Q2 79.2%, Q3 79.5%, Q4 TBC). The impact of people included that passed away within the 91 day period and hospital readmissions have impacted our performance. A review of our Community Reablement Team (CRT) has been started to review appropriateness of referrals.		Yes

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Reading

Income

	2022-23	
Disabled Facilities Grant	£1,197,341	
Improved Better Care Fund	£2,692,624	
NHS Minimum Fund	£11,781,757	
Minimum Sub Total		£15,671,722

	Planned	Actual		
NHS Additional Funding	£0	Do you wish to change your additional actual NHS funding?	No	
LA Additional Funding	£270,400	Do you wish to change your additional actual LA funding?	No	
Additional Sub Total	£270,400			£270,400

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£15,942,122	£15,942,122

ASC Discharge Fund

Checklist

Complete:

Yes

Yes

	Planned		Actual			
LA Plan Spend	£474,585		Do you wish to change your additional actual LA funding?	No		Yes
ICB Plan Spend	£810,196		Do you wish to change your additional actual ICB funding?	No		Yes
ASC Discharge Fund Total		£1,284,781			£1,284,781	

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£17,226,903	£17,226,903

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23		Yes

Expenditure

	2022-23	
Plan	£15,942,122	
Do you wish to change your actual BCF expenditure?	No	Yes
Actual	£15,154,122	Yes

	ASC Discharge Fund
Plan	£1,284,781

Do you wish to change your actual BCF expenditure?	No

Actual	£1,284,781

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23	Some underspend occurred due to an agreement between the ICB and the Local Authority to pay funding back into the Local Authority portion of the funding, where ICB commissioned services were not being delivered for Falls & Frailty, for the Local Authority to use towards projects that supported and addressed people in this category. Some of these funds were directed into Technology Enabled Care and we are looking to use remaining funds towards dedicated Falls & Frailty projects which will be reflected in the BCF Plans for 2023/24.

Yes

Yes

Yes

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:	Reading

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.		
Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Neither agree nor disagree	During the implementation of the Integrated Care Boards and subsequent consultations, there have been some challenges around ensuring an integrated approach and joint working. We have been able to maintain the majority of schemes as we had previously funded. There has been improved engagement with our Voluntary Sector Partners due to project funding engagement through the Integration Board Programme of Work for 2022/23, which have shown some positive outcomes.
2. Our BCF schemes were implemented as planned in 2022-23	Agree	On the whole yes our schemes were implemented as planned. Where services commissioned through the Integrated Care Board, agreements were reached with regard to reallocating funding to enable us to provide appopriate services locally.

Checklist
Complete:
Yes
Yes

3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	The three Local Authorities within our Integrated Care Board "Place" of Berkshire West, all have different populations with different needs, so it has been a challenge to drive up joint / integrated ways of working to address those needs at scale. We continue to discuss any opportunities to work at scale with our health partners.	Yes

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	Other	A significantly increased provision of Technology Enabled Care (TEC) equipment, funded through the Better Care Fund, with over 1000 users across Reading, This service has been beneficial in enabling our residents to stay safe and well at home, avoiding admissions and enabling service users to feel able to stay in their own homes for longer. A 12 week universal TEC offer project launched in March 2023 and outcomes will be considered in relation to the programme planning for 2023/24.	Yes
Success 2	Other	Implementation of a digital Social Prescribing Platform pilot (JOY), supported through the Better Care Fund Projects allocations. Over 400 referrals within the first few weeks managed through this platform. A full report to be generated in June 2023 on referral routes and outcomes and identifying any potential commissioning gaps. Other successes achieved through the Project Funds that were allocated to schemes	Yes

		across Reading that would support achievement of the Better Care Fund Objectives. 10 Bids supported from the fund with some really good outcomes for local people, and learning shared with the Integrated Care Partnership and Integrated Care Board.	

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	6. Good quality and sustainable provider market that can meet demand	We have had a significant number of complex cases, requiring specialist care (e.g. Dementia, Challenging Behaviours and Bariatric) and whilst we are working with our system partners in the acute and community hospitals and provider market to develop capacity in these areas, we have only been able to partially meet the demand, which has led to longer lengths of stay in hospital once people are medically optimised for discharge. We will continue working with our system partners to build a sustainable pathway for people with these needs.	Yes
Challenge 2	3. Integrated electronic records and sharing across the system with service users	We have found it particularly challenging to meet the demands of the ASC Discharge Fund reporting every fortnight as our records systems are not set up to focus on hospital discharge in the way that would be required to enable reporting, based on the templates which were provided. We are working with our system partners and have proposed an opportunity to implement a system at pilot stage that would allow clear and accurate reporting both at a Place, Provider and Local Authority level.	Yes

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board: Reading

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure
Additional block hours of home care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£100,000	£100,000	8,553	Hours of care
Additional Discharge to Assess (D2A) beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£124,800	£93,600	28	Number of beds
Additional IMHA Advocacy capacity	Other		£10,000	£10,000		N/A
Additional residential/ nursing bed capacity	Residential Placements	Discharge from hospital (with reablement) to long term care	£242,000	£551,203	145	Number of beds
Agency capacity within Social Care; 6 x SW, 1 x OT	Additional or redeployed capacity from current care workers	Costs of agency staff	£163,000	£127,504	2,516	hours worked

Agency capacity; 2 x OT to support additional Home Care Hours	Additional or redeployed capacity from current care workers	Costs of agency staff	£60,000	£0		hours worked
British Red Cross Settling in Service (Top Up)	Other		£20,000	£17,900		N/A
Contingency for high-cost placements	Contingency		£70,000	£0	0	N/A
Contract Management and Administration	Administration		£12,785	£12,785	598	N/A
Emergency Duty Team Additional Capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£50,000	£90,061	2,805	hours worked
Ensuring safe home environment on discharge	Other		£15,000	£13,647		N/A
Equipment (incl. Technology Enabled Care)	Assistive Technologies and Equipment	Community based equipment	£110,000	£60,000		Number of beneficiaries
Extra Carers hours support for existing D2A beds	Increase hours worked by existing workforce	Overtime for existing staff.	£20,000	£0		hours worked
Healthcare capacity	Additional or redeployed capacity from current care workers	Local staff banks	£52,000	£61,551	2,728	hours worked

Mental Health placements	Residential Placements	Discharge from hospital (with reablement) to long term care	£60,000	£0	0	Number of beds
Operational Commissioning capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£25,000	£59,591	1,227	hours worked
Risk pool	Contingency		£130,196	£0		N/A
Workforce development and retention	Improve retention of existing workforce	Wellbeing measures	£20,000	£86,939		number of staff

Reading BCF narrative plan
2023-25
Reading Health and Wellbeing Board

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

- Reading Borough Council (RBC) including the following services:
  - Adult Social Care Services
  - Public Health and Wellbeing Team
  - Adult Social Care Commissioning & Transformation Services
  - Housing Services
- Reading Integration Board (RIB)
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB
- Berkshire West Integrated Care Partnership (ICP)
- Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Service (BOB ICS)
- South-East Commissioning Support Unit (CSU) and RBC Data & Performance Teams
- Royal Berkshire NHS Foundation Trust (RBFT)
- Reading Primary Care Network Alliance representatives
- Berkshire Mental Health Foundation Trust (BHFT) and Berkshire West Community Nursing
- Reading Voluntary Action (RVA), Alliance for Cohesion and Racial Equality (ACRE) and other Voluntary Care Sector partners
- Ageing Well Programme representatives
- Healthwatch Reading and neighbouring Local Authorities in West Berkshire and Wokingham (covering the Berkshire West “Place”)
- Urgent & Emergency Care Board
- Rapid Community Discharge (RCD) delivery group

Engagement and involvement of Stakeholders:

Consultation through the Reading Integration Board (RIB), programme delivery groups and voluntary care sector forums, as well as close liaison with neighbouring Local Authorities through weekly review and progress meetings at a Place based level, Berkshire West.

Our system partners are regularly engaged through our monthly Integration Board and were jointly responsible for developing the Reading Integration Board (RIB) Programme Plan for 2023/25, identifying a range of projects, including health inequalities focussed schemes. The Integration Board is also responsible for delivery of the Joint Health and Wellbeing Strategy Action Plans for Priorities 1: Reduce the differences in health between different groups of people, and 2: Support individuals at high risk of bad health outcomes to live healthy lives.

To ensure alignment with the Integrated Care Board, Berkshire West Place level Unified Executive and Integrated Care Services (ICS) which cover Buckinghamshire, Oxfordshire and Berkshire West (BOB) areas, representatives from the Integration Board also attend key

meetings at ICB and ICS level, and share local priorities with other 'place based' integration boards.

Governance

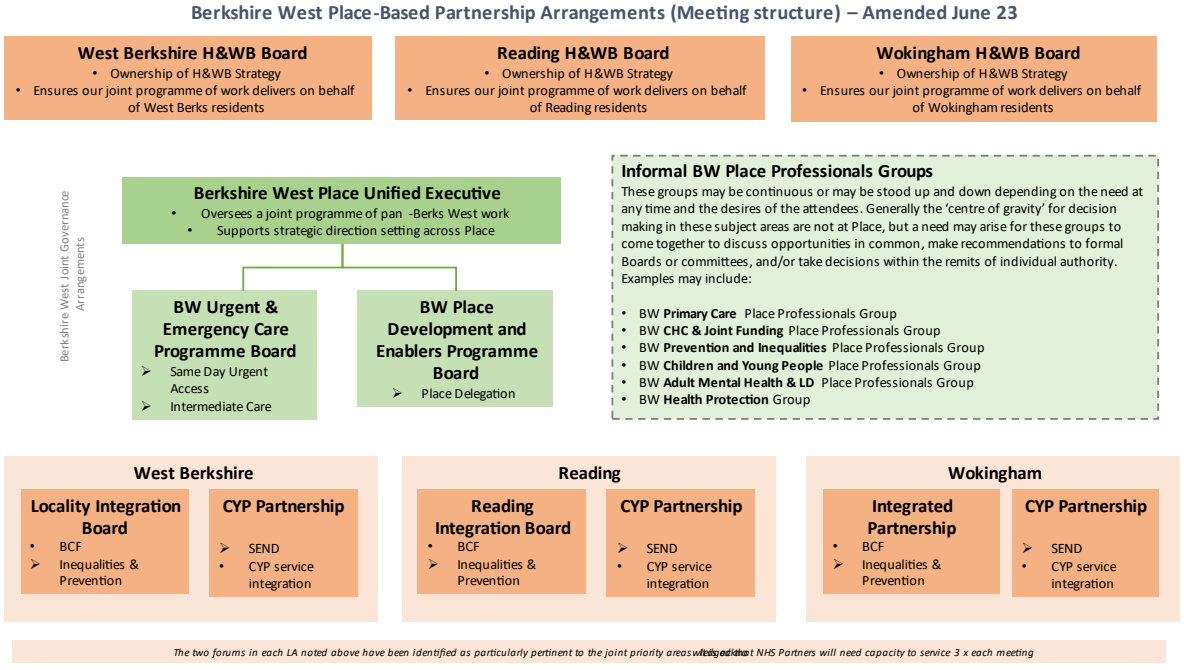
The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Service (BOB ICS) takes strategic decisions at scale for the benefit of its 1.8 million population, and the newly formed Integrated Care Board (ICB) at BOB level is responsible for commissioning system wide services.

The Berkshire West Place Unified Executive brings together the Berkshire West Urgent & Emergency Care Board and Place Development and Enablers Boards to identify opportunities to work at scale across both the BOB and ICB Place region. These boards have members from system partners in NHS foundation trusts, ambulance service and Local Authorities which serve the residents of Reading, West Berkshire and Wokingham. The partnership works on a '**Place'** basis to transform and integrate local services, so patients receive the best possible care.

The Reading **Locality** Integration Board (RIB) fulfils this function for the circa 161,000 residents of Reading (Population data source: ONS 2020 mid-year estimates – which were used by NHSE in developing the BCF Plan Template*).*

The recent changes in primary care has led to the development of Primary Care Network Alliances and we have representation from this network across Reading as an active member of the Reading Integration Board.

The Reading Integration Board (RIB) is an operational delivery group that reports to the Reading Health and Wellbeing Board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for Reading at a locality and neighbourhood level. The graphic below shows the reporting lines of the Local Integration Boards into the Place based Unified Executive and up to the Health and Wellbeing Boards across the Berkshire West Place.



Executive summary

The Reading Health and Wellbeing Board, Better Care Fund (BCF) Plan for 2023-25 shows a continuation of the schemes that were funded in 2022-23. In collaboration and agreement with the Integrated Care Board (ICB), we have continued a Project Fund, setup last year, to support the Reading Integration Board (RIB) priority projects and to support us in meeting the Better Care Fund Objectives and the BCF Metrics. These were agreed with system partners representing health (Acute and Community), social care and voluntary sector services across Reading.

Priorities for 2023-25 – Reading Integration Board (RIB)

1. Tackling Health Inequalities

To identify and deliver projects that result in improved outcomes for the most disadvantaged communities in Reading. the Local Authority have developed a series of new projects that will support admission avoidance and improve discharge pathways including a new partnership with the Voluntary Sector to help people to find care and support within their communities. We are continuing delivery against the Joint Health and Wellbeing Board Strategic Priorities for reducing the differences in health and supporting people at high risk of bad health outcomes.

2. Creative Solutions to meet emerging need

To identify and deliver integrated projects to, more effectively, meet the emerging needs of Reading. This will include continuing the work started in 2022-23 to review our Discharge Pathways and Discharge to Assess service, to continue a shift to a therapy led model, and our review of reablement services also continues with a view to meet the demand in the most effective and efficient way. We are developing an End-of-Life pathway, and specific pathways such as Bariatric and Delirium to support the complex needs of our local population. We are also going to provide reablement focused training to domiciliary care staff to increase recruitment and retention opportunities and to better support residents to remain as healthy and independent has possible at home.

3. Service User Engagement and Feedback

To ensure the voice of Reading residents drives the continuous improvement of integrated ways of working we are developing a coproduction charter that will include an intention to fundamentally change the relationship between Reading and its residents. A new Expert Citizens group will help us to codesign and develop new services and new ways of working that reflect the views of service users, carers and families. A consultation has commenced with carers across Reading to better understand their needs and shape services to support them.

4. Care Navigation and Education

To facilitate improved access to information and services for Reading residents that ensures the right support is accessible and resources are used effectively. This will include a continuation of the Social Prescribing Platform JOY which services are encouraged to register with to enable referral or self-referral onto a range of services provided by the voluntary and health care sectors.

5. Falls Prevention

A new Falls prevention and postural equipment service using specialist OT and musculoskeletal physiotherapist is being developed to offer help and advice to older people avoid falls and regain confidence if they have fallen. The emphasis will be on assessment, addressing risk factors, rehabilitation and exercise. The service will also make recommendations about medications, exercise, equipment and home adaptations. A diagnostic review will help identify the type of service and support needed and those most at risk.

The existing support available to the people of Reading, through our Disabled Facilities Grants, Social Prescribing, Adult Social Care services, Voluntary Care Sector, Primary Care and Acute and Community health care providers offers a solid foundation to continue building a safer and

more inclusive support network. Some of the great work being undertaken by our services across Reading is outlined in this supporting narrative for our BCF Plan, such as the increased use of Technology Enabled Care (TEC) to enable people to stay safe and well at home and prevent crisis, by providing the right care, in the right place, at the right time. We are engaged in supporting the wider health and social care initiatives that are aligned with the Berkshire West Integrated Care Board, both Place based and across Buckinghamshire, Oxfordshire and Berkshire West (BOB), and continue to develop joint commissioning opportunities where this offers the best value and improved care for our residents.

National Condition 1: Overall BCF plan and approach to integration

To determine the Joint Priorities for Reading for 23-25 a reflection and associated learning through the integration board was undertaken from the previous year to ensure continuous improvement. The priorities outlined below were reached in agreement with system partners represented at the Integration Board.

To ensure input from a range of partners we have opened up the membership of the Integration Board to include representatives from Housing and the wider voluntary care sector with particular focus on ethnically diverse and disadvantaged community groups, to ensure we also have a focus on priority groups and those most at risk of poor social and health outcomes. The representatives from our system partners at Reading Integration Board were asked to pro-actively propose projects that address inequalities and support people to stay healthy and well at home. There is currently a large consultation taking place with Carers in our region, to better understand what they need to support them best and this is due to conclude in July 2023.

The providers that are funded through our BCF Plan, providing commissioned services, are actively encouraged to contribute to the plan and we continue to work with them to capture key priorities across our area, engaging in local and Berkshire West wide projects. Provider forums, such as the Dementia Friendly Reading Group and Carers forums, Dementia Friendly Reading, Voluntary Care Sector and Carers and representatives who attend these groups are actively engaged in suggesting activities that could be funded to support our residents and the aims and objectives of the BCF. We had some really positive outcomes from the project bids that were approved with local community services last year and we will offer the opportunity again to our community providers to submit project bids to support us in delivery against our BCF objectives and meeting the metrics. One of the projects was to enable improved digital literacy in an area of deprivation with a voluntary care sector provider mainly supporting ethnic communities to build confidence in using digital applications and supporting online training to improve employment opportunities as well as community providers being able to use the space for hotdesking and training of the people using the community space:

- 40 individuals were trained in computer basics
  20 elderly participants and talks and conversation with 100 individuals on digital training
  5 Community groups used the hotdesking facilities
- 10 individuals received computer aided design (CAD) training.

Another project funded through the Better Care Fund, was to implement the JOY social prescribing platform across all the GPs within Reading and the Social Prescribing teams. There were over 400 referrals in the first two months of implementation and over 146 services signed up to the platform already. Once the two-year pilot is completed, we would look to enabling the self-referral options on the site as well. Our mental health services at Berkshire Health

Foundation Trust have also signed up to the platform to enable easy referrals into their Talking Therapies.

We have also supported the Reading project for Physical Activity for Mental Health (PAMH) through the Mental Health and Wellbeing Group and the graphic below gives an overview of that service for people with low level mental health:

We worked with our Dementia Friendly Reading Group and funded the production of a guide to dementia friendly activities and a dedicated website in Reading, both launched in May 2023.

We continue to work pro-actively with our voluntary care sector and community services to meet the needs of our local community and where possible we look to scale up to work at a Place level across Berkshire West.

The Reading Integration Board (RIB) Priorities are aligned with the wider priorities for:

- The Joint Health and Wellbeing Strategy (Berkshire West)
- The Integrated Care Board (ICB), Buckinghamshire, Oxfordshire, Berkshire West (BOB)
- Berkshire West Unified Executive priorities that could be influenced or supported by the Integration Board

We remain committed to delivering against the national BCF metrics (outlined below), and the proposed targets for 2023/25. We have also allocated funding for increased staffing for Discharge to Assess stepdown, and local projects to support delivery against the Better Care Objectives and our Integration Priorities for 2023/25. Of the £485k project fund we will use:

- £80k on 2 OT's (Discharge to Assess posts to ensure a continued Therapy Led service)
- £200k per annum to fund the front door VCS project

- £240k to support project bids from voluntary care sector, community and council providers. The project bid fund will be topped up to using part of the underspend from 2022/23.

Reportable performance	Key Metrics	Performance 2022/23	Proposed Target 2023/25
BCF Monitoring	Admission Avoidance (per 100,000 pop)	774.5	767
	Falls	510*	500
	Reduce number of long-term admissions to Residential / Nursing Homes (65+), (per 100,000 pop)	408	432.8**
	Effective Reablement Service *(Increase the number of people still at home 91 days after being discharged from hospital into reablement services)*	79%	82.5%

*Actual count based on 2021/22
** Based on average actual performance across 2021/22 and 2022/23

The BCF plan metrics have been developed in consultation with system partners, including key representatives from our acute hospital trust and Urgent & Emergency Care Board. Targets were set based on a combination of forecast data and agreed Berkshire West performance metrics.

The Admission Avoidance target has been reduced based on the actual performance 2022/23. This is still a stretch given the potential impact of increased frailty of residents, post pandemic including long COVID systems, the cost-of-living crisis, energy price increases and winter flu.

We are supporting the Health and Wellbeing Board, the Berkshire West Unified Executive, and the BOB Integrated Care Board to deliver priorities for a number of local and national initiatives through the priority programmes they have outlined:

UE Project	UE Sponsor	SRO	Housed within Governance Structure
Same Day Urgent Access	Andy Statham	Adrian Chamberlain	BW UEC Joint Programme Board
Intermediate Care Review	Matt Pope	Lisa Shoubridge	BW UEC Joint Programme Board
Reducing preventable premature deaths	TBC (Sarah Webster in interim)	Belinda Seston	BW Prevention & Inequalities Working Group / Locality Integration Boards
CHC & Joint Funding	Sarah Webster	Liz Hodgkinson	BW CHC & Joint Commissioning Place Engagement Group

Special Educational Needs and Disability	Susan Parsonage	Paul Coe	LA CYP Partnerships / BW CYP Programme Board (TBC)
CYP Mental Health	Nigel Lynn	Tehmeena Ajmal	LA CYP Partnerships / BW CYP Programme Board (TBC)
High Complexity High Cost Placements	Julian Emms	Tehmeena Ajmal	BW MH & LD Place Engagement Group
Place Delegation Development	Sarah Webster	Belinda Seston	BW Place Development and Enablers Programme Board

Joint/Collaborative Commissioning

System Level:
The Integrated Care Board (ICB) for Buckinghamshire, Oxfordshire and Berkshire West, alongside the Local Authority jointly commission services, some locally for Reading and others across the Berkshire West footprint, which neighbouring Local Authorities also contribute to (e.g. Intermediate Care Services). A Section 75 Framework Agreement is signed off each year that outlines how the pooled funds will be managed, both for local and jointly commissioned services. Please see examples of the cross Berkshire West commissioned services, to which contributions are made through Reading's Better Care Fund:

BHFT Reablement Contract	Reablement & Rehabilitation Services
Carers Funding CCG	Support for Young People with Dementia (YPWD), Alzheimers Dementia Advisor & Stroke Association.
Connected Care	Data Integration between Health & Social Care
Care Homes / RRaT	Intermediate Care Services
Out Of Hospital Speech & Language Therapy	Eating & drinking referral service.
Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care
Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen within 2 days.
Out Of Hospital - Intermediate Care (including integrated discharge, discharge to assess service)	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.

Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.
Out Of Hospital - Intermediate Care night sitting, rapid response, reablement and falls	Rapid response services delivered to patients in their own homes, avoiding hospital admission within 2hours.
Street Triage	To reduce the number of S136's applied by Thames Valley Police (TVP) across Berkshire West.

At Integrated Care Service level across Buckinghamshire, Oxfordshire and Berkshire West (BOB), a gap analysis was carried out in June 2022, of the new national Hospital Discharge Policy, to help shape the direction of travel and joint working between Health and Social Care. A key priority identified last year was to support the avoidance of admissions and increase capacity through, Anticipatory Care, Virtual Wards and Virtual Care, and we are working with system partners at a Berkshire West "Place" level to review and further improve capacity.

Winter Discharge Funding received in 2022/23 enabled a range of additional capacity including more staffing and four additional D2A beds as well as additional reablement and home care hours in the community and a range of new support to improve discharge pathways. We propose a continuation of existing services into 2023/24 using new allocations confirmed for the next 12 months and we are in the planning stage of implementing a new plan of support and services to support winter pressures and enable timely hospital discharge, as well as admission avoidance, which will support the Better Care Fund metrics for 2023/25. Whilst the additional staffing capacity was beneficial, we identified specific gaps in the care market such as for complex cases (e.g. Bariatric) where specialist support was required. We are working towards addressing this in order to better meet the needs of people being discharged from hospital in a timelier way.

Place Level:
Reading Borough Council (RBC) have commissioned services, including services that support vulnerable people such as those who are homeless, or are unpaid carers. We have locally commissioned services with place based Local Authority partners to deliver carers breaks (respite) and information, advice and guidance to support carers on behalf of place partners.

Within Reading Borough Council (RBC), Adult Social Care (ASC) Advice and Wellbeing Hub and Housing are working together to narrow the gap with rough sleepers and create a joint approach to address health, wellbeing and housing needs. Our Housing Service is a member of the Reading Homelessness Partnership (HoP). This is a partnership of charities and statutory organisations working together to end rough sleeping and homelessness in Reading. The Reading HoP is facilitated by the charity Street Support Network and meet every two months to plan and action projects and strategies for preventing and relieving homelessness in the borough. This includes developing a delivery plan and providing governance for Reading's Rough Sleeping Strategy 2019 – 2024. A proportion of our Better Care Fund continues to support the Street Triage services.

Working with the Rough Sleeping Interventions Team we have a jointly funded post for an experienced social worker to support our residents who have experience of rough sleeping, rough sleeping lifestyles and homelessness, and will enable us to support the government's Rough Sleeping Strategy to end rough sleeping by 2027.

There are a range of commissioned services across Reading to support rough sleepers, and here is a list of the "Rough Sleeping Interventions" funded projects:

- A Rough Sleeping Interventions Co-ordinator within RBC to facilitate all rough sleeping interventions
- Additional outreach capacity within the St Mungo's Team to respond to increased numbers and enable more flexible and assertive work patterns
- A Housing Led model managed by St Mungo's to quickly accommodate up to 15 people verified rough sleeping, within paid nightly accommodation, for up to six months providing intensive support whilst suitable housing options are explored and facilitated
- Extension of Reading's winter shelter in partnership with Faith Christian Group; a winter month only night shelter (Jan-Mar) that operated with RSI funding contributions in 2018 and 2019 prior to Covid restrictions and subsequent best practice guidance regarding communal night shelters
- An additional move-on worker role with Launchpad to work intensively with a small group of individuals who are finding their move-on options particularly limited or challenging
- An out of hours tenancy sustainment service provided by the Salvation Army for those with rough sleeping histories moving into independent living
- Funds to provide an off the streets offer into emergency, paid nightly accommodation

The Disabled Facilities Grants (DFG) team are also working closely with other Housing providers in our locality to ensure that they are involved in funding adaptations to their own housing stock.

National Condition 2: How we will meet the BCF Objective 1 – Enable people to stay well, safe and independent at home for longer

A Berkshire West interactive "Inequalities Report" has been developed, to enable population health analysis within the Reading locality and the wider Berkshire West place. There is more detail about this project within the Health Inequalities section of this narrative.

We are continuing to use a Population Health Management approach (PHM) to support the delivery of anticipatory care, through our Multi-Disciplinary Team meetings, identifying people who are at risk of poor health outcomes and who are frequent users of primary and secondary care services. The case finding process, using Connected Care (single care record system) for our Multi-Disciplinary Team meetings, within the Primary Care Network Alliance, using criteria agreed with the Primary Care Clinical Lead representatives, is also highlighting where there is a greater need for people within areas of deprivation and has led to an initiative to set up "pop-up" health check clinics in a number of those localities, which has been successful in promoting awareness within the communities.

Our Multi-Disciplinary Teams project has been successful and is now business as usual. This is delivered through the Primary Care Network Alliance, each month across 3 clusters of PCN's to make the best use of resources across the Reading, and wider Berkshire West region. They include input from GPs, District Nursing, Social Work, Therapy services, Voluntary Care Sector, Mental Health Services, Ambulance Services and other key partners (on a 'case by case' basis) in relation to the care of that person. A Care Plan is either reviewed, or put in place and a further review, where needed, is scheduled to ensure expected outcomes are being achieved.

Anticipatory Care is an NHS Long Term Plan commitment that aims to provide proactive and personalised health and care for individuals living with multiple long-term conditions (MLTC),

delivered through multidisciplinary teams in local communities. The care model aims to optimise use of the health and care system for individuals with MLTC by intervening earlier, proactively and more holistically while the patient is at home. The model will initially target individuals with MLTC who are at greatest risk of using unplanned care, including people living with frailty, populations experiencing health inequalities, and people reliant on unplanned care for routine care needs. We are already following this model in Reading as our case finding is based on conditions that are most prevalent within each cluster of Primary Care Networks, where there is a greater risk or evident increased use of primary and secondary care services.

MDT Case Studies:

Patient A *Housebound patient is very frail and stays in bed most of the day. Lives with 2 sons and it is not clear how much care they provide. This has been raised as a safeguarding issue. The patient is on daily Insulin which is administered by a DN. Adult social care are now involved and have completed an assessment. An increased care package is now in place. The community Diabetes nurse is now involved in the patient's diabetes management.*

Patient B *This patient has a Learning Disability with complex needs. The focus of the meeting was to discuss bringing other professionals together as to how his needs can be managed in the community. The learning and disability team are now involved along with an OT. Adult social care have been able to sort some respite out for his family who care for the patient.*

Patient C *is struggling with depression and alcohol misuse and has reduced mobility. English is not their first language and it is not clear if she understands her treatment as she has little translation support. The patient has financial issues and is not able to afford to buy food. She has been referred to the MHT which have made contact to assess her cognitive ability and decisions around care. A Social worker will support her with care, shopping, cleaning and filling out forms. Another MDT meeting has been set up due to her complexities for further support and to put a care plan In place.*

We have the following initiatives in place to support better outcomes and enable people to remain safe and well in their homes for longer:

- **Technology Enabled Care (TEC)**

We have a TEC Service which continues to have high usage, with over 1000 people now having used the service. This service provides cost savings and more flexible person-centred care for individuals. This service is being expanded in 2023/24 following the completion of a pilot for a 12 Week TEC provision to help people at risk. Once they are stable, they have the opportunity to continue with the TEC. This will also form part of the wider Falls Prevention strategy being developed and will be OT led.

- **Independent Living Pilots (Continuing)**

Having successfully completed a procurement exercise the Local Authority is working with two providers to work with different cohorts of service users to help them live independently with the use of TEC. These two Providers will work with 2 service user groups each and will test with around 10 service users in the following categories:

  - Sheltered Housing (non-emergency cord pulls and check-in calls)
  - Young People In Transition
  - Discharge to Assess

- Mental Health
- Community Reablement (2 cohorts one with each supplier)

Under the Independent Living project is a new project in 2024/25 being run with 15 people with a learning disability to use the Auto-no-Me smart phone app that helps with everyday living and can provide tailored content including useful prompts and many how to guides including video tutorials such as food preparation. The Local Authority is also piloting the use of Brain-in-Hand a digital self-management support system for people who are autistic, who have learning disabilities or who are managing mental health difficulties.

- **Front Door Voluntary Care Services (VCS) project**

This project is still in the development stages as we co-design a new service in partnership with Reading Voluntary and Community organisation. The aim of the programme is to co-work with people with the VCS working as part of our front door to ensure that people are connected to the VCS – taking an asset-based approach. Where appropriate people will then be passed to the social care teams for further assessment. Our early research of other systems has demonstrated that successful transformation of front door services must happen in collaboration with the community and the local support organisations and health. A substantial proportion of the current referrals are requests for support that is available in the community, which the Hub signposts out, so there is a clear need to:

- Bring in the Voluntary Community Sector at a much earlier point on the customer journey
- Ensure outcomes are met in a timelier manner
- Ensuring best use of care co-ordinator and social workers skills by removing the current high need for signposting
- Ensuring best use of the skills and expertise available in the VCS by involving them more closely in triaging

- **Personal Assistant Market**

Personal Assistants (PA) Market: Last year we supported the development of a Personal Assistants market, to enable people to employ their own PAs. This allows people to have greater choice and control over their care needs and how they are met. This programme has recruited more than 31 PAs and development of a new PA Portal.

We continue to review the capacity in the care market and where we have identified gaps in specialist care we are working with our system partners to address those gaps e.g. Bariatric pathways. We have invested in our hospital discharge service to increase capacity to effectively manage discharges in a timely way and have agreed additional care hours capacity in the market to meet the demand.

Training: Royal Berkshire Fire & Rescue

Since 9th March 2023, the care quality team have been working closely with Royal Berkshire Fire & Rescue Service to promote the importance of both safe & well visits within people's own homes and to encourage care providers to attend training sessions led by the fire service in relation to fire safety within the home. To date 166 people have attended training sessions, this included 82 staff members from Reading Borough Council's adult social care. Bespoke training sessions have also been provided for carers who may have a visual or hearing impairment. This training has been instrumental in enabling carers to have a better awareness of fire safety within people's homes, especially for residents who are less mobile or rely heavily on carers on a daily

basis. Carers now have a better insight in how they can support the people of Reading with fire safety by assisting with basic tasks such as:

- Closing doors at night to stop fire/ smoke spread
- Not over charging batteries
- Not putting things in front of electrical and gas heaters
- Taking the fluff out of tumble driers etc.,
- Checking smoke alarms

Further joint working continues in relation to promoting the fire services safe & well visits with care providers, and since March 2023 the fire service have seen an increase in referrals by care providers. Whilst the fire service is unable to provide us with accurate data in relation to the exact number of safe & well referrals they have seen from providers, they have reported that overall, the referrals from the Reading area have increased. One of our domiciliary care providers have also referred a considerable number of service users for consideration to a home visit.

National Condition 3: How we will meet BCF Objective 2 - provide the right care in the right place at the right time

Funding was agreed in 2022/23, following a bid submitted for Expansion of the Transfer of Care hub and Discharge improvement, via the Integrated Care Board (Buckinghamshire, Oxfordshire and Berkshire West – BOB):

Developing the current discharge infrastructure to create a fully functioning discharge hub - expanding both the capacity and capability within the hub and widening the focus to include admission avoidance. The enhanced offer enables triaging at the front door signposting patients onto the most appropriate pathway and support a reduction in LOS across all pathways (including P0). Services operate extended hours and 7 days a week supporting an increase in weekend discharge rates. Scheme includes: streaming practitioner and social worker in ED to support admission avoidance (signposting into alternative pathways both NHS and social care), opening the Discharge Lounge 7 days a week supporting both week-end discharges and promoting earlier on the day discharges, support to SFs who have an above average length of wait particularly for P3, P0 safety net team supporting a reduction in re-admissions, enhanced Early Supported Discharge Team providing a bridging role for those needing support at home, additional Patient Flow Co-ordinators to support P0 which make up 60% of the bed days and Care Home liaison practitioner.

D2A bedded facility to support Pathway 1 discharges: Discharge improvement
Building on the successful pilot run by Reading Borough Council during covid and winter pressures period, commissioning a D2A bedded facility to move patients promptly out of hospital. A team approach with strong therapy leadership enabled over 80% of patients after a short stay to return home independently. We are commissioning 4 additional Discharge to Assess beds as part of the Discharge Funding planning and additional staffing capacity to support us through the high demand period.

A Physiotherapy post, funded through the Better Care Fund, works alongside Community Reablement (CRT) and Discharge to Assess (D2A) service, to support with fast-track access to services for people being discharged from hospital and to prevent readmission / admission.

The remit of the role is to provide fast track physiotherapy input within the D2A and wider Adult Social Care (ASC) reablement services. To be responsible for the clinical diagnosis, assessment, and ongoing physiotherapeutic management of adults with varied physical rehabilitative needs in their own homes or D2A Step down/Step up beds. Working with deterioration and deconditioning associated with ageing and dementia, hospital acquired functional decline, frailty, and other long-term conditions within Adult Social Care. Our Improved Better Care Fund (IBCF) is allocated to support reablement across the locality and to ensure appropriate support to maintain wellbeing at point of need.

Outcomes to be achieved to support individuals who use services, and their carers', to maintain their health, wellbeing, and independence and reduce reliance on funded care. Types of interventions to include:

- Undertake home assessment and set up reablement goals and treatment plans to improve such areas as mobility, posture, trunk control, balance and transfers
- Contribute to Care Act assessments for future need
- Right size packages of care on discharge
- Work alongside OT/ ASC / CRT staff with complex manual handling, falls prevention
- Support with a positive risk-taking approach
- Work closely with D2A OTs on complex discharges home to prevent admission to care homes
- Work closely with D2A OTS on discharge pathways and reablement gaols setting for plus size individuals with care and support needs

Technology to support people to remain at home

We are working with the voluntary care sector to bring about digital inclusion and address social isolation and the TEC team are now able to refer Service Users to 'AbilityNet' for support with online shopping, e-mails and video calls with family and friends using their computer, laptop, tablet or smartphones.

A new Hospital Discharge pilot programme has commenced with funding via the BCF to discharge people with TEC free for 12 weeks.

Mental Health Reablement

The pilot Mental Health Rehabilitation service has been a great success helping people to stay out of Hospital and living independently without the need for a care package. 12 people have so far been through the pilot with up to 12 weeks rehabilitation support. 11 out of the 12 users have left the programme and now have no care package and have not been admitted to hospital in the 9 months the pilot has been running. People that had previously gone into Hospital almost monthly have not had an episode of Hospital intervention. The success and learning of the pilot has led to an expansion of the support to people with Learning Disabilities. We hope to see the same results that have helped people regain their independence.

Some examples of reablement activities are listed below, however this list is not exhaustive and the Enablement work will focus on the goals set by the service-user according to what is meaningful to them:

Self-Care	Productivity	Leisure
Encouraging good **daily routine** to establish structure in their lives	**Developing independent living skills**	**Supporting contact** with friends and family.

Personal care Planning and organising e.g: • Dressing / undressing (upper/lower) • Washing; • Brushing teeth; • Grooming (combing hair/shaving). **Medication** Encouraging medication compliance via: • Prompting; • Checking dosette boxes; • Attending clinic for depot or clozapine; • Use of TEC to prompt. **Eating/Drinking** Supporting adequate and heathy dietary intake. Dressing for the weather. Access to clothing – support to access charities etc.	e.g. Teaching task skills, role modelling, encouraging/motivating, supporting task performance by providing verbal assistance or doing together. Tasks may include: • Hoovering • Cleaning • Laundry • Shopping - determining what items are required, essential items shopping lists, budgeting, access to local shop and shopping/ online shopping • Meal preparation – simple preparation and cooking heating • Correspondence – dealing with letters and other correspondence appropriately	**Referrals** to, and connecting with, community groups/organisations. **Providing support to access** community activities. **Developing confidence** with social skills and communication.

Routine	Environment	Motivation for Occupation
Sleep hygiene. **Developing full and productive routine** Considering weekly planners, identifying what needs to be done (domestic etc.), organising appointments. **Balancing activities** e.g. Self-care, productivity, leisure. **Supporting people to engage** with organisations to find employment /engage in productive occupations. **Developing regular patterns** of activities (e.g. brushing teeth twice daily, washing (not everyone showers/baths every day), eating, cleaning etc).	**Maintaining a safe and appropriate environment** • Supporting people to liaise with housing providers for maintenance issues etc; • Support with decluttering (if hoarding an issue); • Minor adaptation and equipment practice; • Safe use of the home.	**Support to identify and pursue interests** Interest checklists, trying new activities, finding out what activities are available locally. **Grading support** as people become more engaged in doing tasks.

Supporting people at Discharge to go home

There is joint system wide membership of the Berkshire West Discharge group, which has a focus on acute hospital discharge into the community. The group meets fortnightly to discuss and address challenges to timely discharge of patients and improve patient flow. Ongoing projects being handled by the group are:

- Transport - complex booking guidance: rolled out to all wards now leading to fewer errors, which are demonstrated by the Medically Optimised for Discharge (MofD) data collection. Updated guidelines cascaded.
- Improving Communication with care Homes: dedicated phone helpline for Care Homes to contact the acute hospital following a hospital discharge if there are any concerns or queries. Designated number to a single point of contact to support the communication if the wards aren't able to respond. A list of e-mail addresses for Care Homes is being compiled for sharing information about the contact details.
- Patient information: rewriting patient information leaflets and discharge letters in line with guidance. Pathway information for Pathways 1 and 3 has been reviewed and amended to share with the discharge group, and then wider dissemination.
- Bariatric/Plus Size Forum and systemwide approach: developing pathways and a Standard Operating Procedure
- Enhanced care Needs: reviewed referral forms to capture this additional information to improve discharge planning and ensure people have the right care in place on discharge.

Confirmation that our area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

A review of hospital discharge process was undertaken locally in Reading and expanded into the Berkshire West system review:

Impact change	Where are you now?	What do you need to do?
Change 1: Early discharge planning	High intense cases are flagged early by the OT, in the acute hospital for early discussion and allocation of a social worker. Weekly discharge operational meeting to discuss length of stays and any patients on the ward where early discharge planning may be required.	Expected Date of Discharge, set at date of admission, to be shared with wider hospital discharge team, including Adult Social Care. (COMPLETED) Review of Multi-Disciplinary Triage process for CRT. Co-located members of the Triage team.
Change 2: Monitoring and responding to system demand and capacity	Daily sitrep calls twice a day (reduced to once a day for whole system, twice a day for community hospitals) with the trust to look at discharge detail, to have an overview of the demand on the system. Weekly Directors meeting to discuss barriers and capacity within the system. All Trusts have modelling capability, but this is limited in its scope. Across the ICB we are working to develop a more consistent approach using the Lightfoot model (Consultancy recommended model)	Undertake a review of capacity for Rapid Response and Reablement. (Intermediate Care Review) – IN PROGRESS Manage workforce capacity in Community and Social Care settings to better match predicted patterns in demand in care and any surges. (RECRUITMENT ISSUES REPORTED)
Change 3: Multi-disciplinary working	Rapid Community Discharge Working Project Group to address barriers and to promote a collaborative approach to improving system flow. MDT working is in place across all our	Further improvement in documentation and reporting planned alongside reviews of Ward Round Etiquette in some areas.

	Trusts and embedded in local policies. All out Trusts have elements of the transfer of care hubs and plans to expand both the operating time of these and the functional areas. Most of these plans are dependent on the demand and capacity bids and/or internal business cases to resource.	
Change 4: Home first	We have 48-hour OT follow up, Review within 2 weeks post discharge for people on Pathway 1. We have 4 assessment flats for discharge to assess with a reablement focus, All system partners are committed to a Home First approach. Clear processes in place and pathways mapped at a LA level. Technology Enhanced Care (TEC) and equipment available to enable people to be at home with support where needed.	Voluntary Care Sector - Home from Hospital service to be extended (tendering process currently underway) (IN PROGRESS) Additional capacity commissioned for peak periods based on learning from 2022/23. (IN PROGRESS)
Change 5: Flexible working patterns	RBC have agreement for 6 days working (Mon to Sat). All Acute Trusts have teams focusing on discharge 7 day a week with some having explicit improvement plans focusing on P0 discharges at the weekend. Partners operate more restricted services and general staffing levels within Trusts are lower at the present time.	Financial investment required to enable RBC Hospital Discharge Team to provide a 7 day a week service. Additional staffing recruited through ASC Discharge Fund. (IN PROGRESS)
Change 6: Trusted assessment	We have a trusted assessor policy in place for Pathway 1's and Pathway 3 from the trust. The Trusted Assessor will send a referral to Adult Social Care for Pathway 3.	Issues with over prescription of care at ward level. Promote attendance at OT delivered training for care package prescription. (IN PROGRESS)
Change 7: Engagement and choice	Majority of discharges to a care home would be via the Discharge to Assess pathway. Choice is considered for long-term care wherever possible. New leaflets available at ward level to share with patients/service users about discharge planning and choice.	New Discharge leaflets introduced following Covid funding coming to an end. (COMPLETED)
Change 8: Improved discharge to care homes	We have provision of block contract within care homes. Care Home single point of contact with the Acute hospital to ensure any queries or issues can be resolved for hospital discharges to a Care Home. We run a care home forum for a small group of professionals close to the discharge program and a Care Home Clinic – where anyone running or working in a care Home can join. Both are very successful	Increased capacity in the care market, particularly for complex care (e.g. Dementia, challenging behaviours). – Dedicated Care Home Practitioner / Admin support – recruitment supported by the Winter funding. (IN PROGRESS) Joint working/funding between Health and Social Care. CHC – dedicated worker (through Winter funding - tbc). Dedicated care home contact in place.

Change 9: Housing and related services	We have connections in housing and there is a housing pathway for hospital discharges – Duty to refer.	We do not have an agreed pathway for people who have no recourse to public funds, particularly if they do not have a care need. Link with homeless services to ensure regular contact with people who prefer not to reside in a settled habitat. (COMPLETED) Raise discussion in Berkshire West Discharge group about support for homeless people on discharge. (COMPLETED)

We are continuing to invest in ways of enabling people to live as independently as possible. We have an ongoing local review of the Reading Borough Council Reablement services using external independent specialist and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the reablement target is currently not realistic as the intake model includes patients that should be on an 'End of Life' pathway, which we are looking at commissioning a service to support Hospice at Home. We have also worked closely with our voluntary care sector partners to support people who are vulnerable, and have commissioned a "Hospital to Home" service, that complements our reablement and intermediate care services in Reading.

Ensuring the availability of specialist accommodation for adults with additional needs, who are unable to remain in the own home, continues to be a priority for the Council and specifically Adult Social Care. There is no one option that fits all residents with a disability or those requiring additional support; the options required within the town include, but are not limited to, the following:

- Nursing Care – high level support including medical interventions.
- Residential Care – 24 hours support, including personal care, without individual tenancies.
- Extra Care Housing – Residents have individual properties and tenancies, support provided on site.
- Supported Living - residents live independently with support purchased separately.
- Shared Lives – Individuals live with approved carers.

In order to ensure that the right provision is available for the residents of Reading when they require it, a detailed needs analysis, gap analysis and market review of capacity is currently underway.

Our 'Demand and Capacity' template has been populated with data from our community reablement and intermediate care services, the acute hospital and voluntary care sector information. We are working with specialists in the field of reporting and data analysis in order to improve our ability to report on capacity and demand more effectively and to meet the reporting requirements of the ASC Discharge Fund. All the funding was spent in 2022/23, with the main outcomes increasing staffing capacity to support timely discharge over the peak periods. We are looking to extend this and other schemes into this year and have submitted our plan which effectively supported discharges in the peak period of 2022/23.

Supporting unpaid carers.

We commissioned a new Carers support offer in 2022/23 including Carers Information, Advice and Guidance (IAG), for Reading and West Berks together.

The specification for the Information, advice and guidance service being delivered is:

User group: People who are providing unpaid/informal care to friends, relatives or neighbours with support needs because of a disability or long-term health condition.
Service: The service promotes or protects carer wellbeing across the wellbeing domains specified in the Care Act (2014) statutory guidance, i.e:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal life
- suitability of living accommodation the individual's contribution to society

A new joint Carers Strategy is currently in development for Reading.

Carer's grants are provided to Carer's in the form of Direct Payments to help them maintain their caring role.

Disabled Facilities Grant (DFG) and wider services

Within Reading Borough Council (RBC), Adult Social Care (ASC) Advice and Wellbeing Hub, Hospital Discharge Services and Housing are working together to ensure a joined-up approach to address health, wellbeing and housing needs. Schemes funded through the Better Care Fund to support the BCF priorities include Disabled Facilities Grants, Housing, Minor Adaptions, and Equipment and Wellbeing Grants to enable individuals to return home after a hospital admission and ongoing enablement to maximise independence and stay safe in their own homes. Our Housing Department manage the Disabled Facilities Grant and this is supported by an Occupational Therapy led assessment of needs.

In line with recent guidance Disabled Facilities Grant (DFG) delivery: Guidance for local authorities in England - GOV.UK (www.gov.uk) Reading Adult Social Care (ASC), Housing and DFG Teams are working closely to ensure the Reading adaptations offer is in line with the outcomes and expectations laid down in the new guidance. Outcomes enabling individuals to sustain their independence, remain at home, avoid hospital admission and long hospital stays are met through these services. The Disabled Facilities Grant (DFG) Team are now based in RBC Housing and are leading a review of all our adaptation policies and procedures in line with this guidance. The Housing Occupational Therapists (OTs), DFG Team, Principle Occupational Therapist and Brighter Futures for Children OTs have been meeting to scrutinise the new guidance and review existing policies and procedures to ensure compliance. This is an ongoing piece of work and a number of areas have been identified for review some of which are outlined below:

- Broadening the criteria for the Wellbeing Grant to enable more people to remain at home under 5K adaptations and repairs

- Reviewing the upper limit of the minor works grant to enable more flexible use and fast track of minor adaptations to reduce risks of falls and increased independent use of environments.
- Ensure the outcomes are compliant with Better Care Fund outcomes.
- Improve information on the RBC website with regards to DFGs and new discretionary grants.
- Review time scales for assessment and implementation of the grant and completion of the work in line with the new guidance.

All DFG referrals are RAG rated, all referrals are triaged within five working days of receiving the referral, urgent cases are accessed within four weeks or sooner. Once the person has been assessed the recommendations and specifications are usually completed within two weeks.

***Case Study**: Provision of a level access shower through a DFG. Following her stroke Mrs M found she was losing her independence and confidence, and she is now carrying out her personal care tasks independently and the time to carry out these tasks has reduced by more than half the time it originally took, and with much less effort and level of anxiety due to risk of injury. "The change to my bathroom has been life changing, this has made life a lot easier, my daughter does not have to come and support me, I live on my own and can shower independently and without worry. I cannot fault Reading Borough Council"*

The Discharge To Assess OTs work very closely with the DFG Team and RBC Minor Works team to jointly ensure safe discharge from hospital. These services are essential in enabling early return from hospital and preventing long stays and a home first ethos.

Our Brighter Futures for Children (BFfC) Service completes all of our assessments holistically, looking at the impact of the young person's disability not only on them but the whole family unit. We have monthly meetings with Health colleagues and bi-monthly meeting with housing, as well as 6 weekly meetings with the Social worker, parent/ guardian and education provider as part of the Child in need process. This ensures that any recommendations we make for intervention is an inclusive approach, taking into account current and predictive future needs whilst still keeping the young person at the centre of all discussion.

Equality and health inequalities

The Reading Integration Board (RIB) is responsible for delivery against two strategic action plans within the Joint Health and Wellbeing Strategy for 2021-2031.

Priority 1: Reduce the differences in health between different groups of people
Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Progress against these plans is reported quarterly through the Reading Health and Wellbeing Board.
Analysis of data based on the Core20Plus5 conditions being monitored across the Berkshire West region in partnership with our Health Colleagues, e.g. Cardiovascular Disease, Diabetes, Respiratory conditions (COPD), indicated that in Reading there are no particular outliers within areas of deprivation (Deciles 1 to 4) compared to National data. However, the area identified as highest risk was in relation to low level Mental Health, particularly in areas of deprivation where there are larger populations of ethnic minorities, which were more adversely affected by COVID,

not just physically but mentally, due to isolation. This led to the priority project around Low-Level Mental Health. We are engaged in a Berkshire West project, developing an Inequalities Report to identify further areas and groups who have been adversely affected. Our Priority 1 and 2 of the Health and Wellbeing Strategy is focusing on at risk groups such as people with dementia, learning difficulties, at risk of domestic abuse and those who are unpaid carers or homeless.

The BCF Plan supports projects and continuing services funded through the BCF, to support carers and other 'at risk' groups, such as low-level mental health outreach, which is a priority for the Integration Board. We work with our Voluntary Care Sector to provide social prescribing services and support to all our residents, and to develop and strengthen community connections in those most deprived areas.

The Berkshire West Inequalities Report includes data in such areas as Population composition, in order to identify particular inequalities by protected characteristics, Access to Healthy Assets & Hazards (AHAH) Deciles, Environment, Transport, Life Expectancy & Mortality, Housing, Crime, Digital Exclusion and Health, Deprivation & Disability.

The **Public Mental Health Dashboard** was developed by OHID for use by local authority Public Health teams and others to prepare mental health needs assessments. It complements the mental health and wellbeing Joint Strategic Needs Assessment (JSNA) toolkit. This data is accessed to inform our service developments for people with low level mental health support needs within Reading.

One of the key Integration Board Priorities is tackling health inequalities, and one of the successful projects in 2022/23 within that priority was the development of a Self-Neglect pathway for Hoarding.

The Overall aim of the pilot project:

To understand the extent and impact of hoarding on individuals and on the agencies working with those individuals.

- To establish how best to support people with self-neglect or hoarding tendencies in Reading and to make recommendations on prevention and future support.
- Raise awareness of Hoarding Disorder and the impact on wellbeing
- To work with multi-agency partners to provide a collaborative approach.
- To establish an integrated pathway to support with risk management interventions
- Provide training and support to statutory and voluntary agencies on hoarding and self-neglect

Main actions completed as part of the Project:

- Raised awareness, the Project has met with colleagues in many roles across Reading (i.e., Housing, Environmental Health, Mental Health Teams) Berkshire Health Foundation Trust (MH and Intermediate Care Services), Integrated Care Board (formerly Berkshire West CCG), fire service, police, ambulance, voluntary sector colleagues, Public Health and other LA areas.
- Delivered updates and awareness presentations to a number of groups including the Adult Care and Education (ACE) Committee Lead Councillors, West Berkshire Safeguarding Board, Team meetings, Learning Lunches, Reading Integration Board

- Investigated other Local Authority approaches to Hoarding and self-neglect.
- Commissioned ongoing Understanding Hoarding training sessions open to all sectors within Reading who work or who may in their work come across people who hoard. 14 sessions commissioned more to be delivered in the Autumn.
- Commissioned Level 2 and 3 Hoarding training for staff whose roles involve direct work with individuals with a Hoarding Disorder.
- Gathered new and scrutinised existing data, including safeguarding figures for self-neglect Jan 21-Dec 21, data from commissioned 'blitz cleans' from April 2020- March 22, individuals using D2A beds at Huntley Place (Jan 2022 – April 2022) and anecdotal case studies from colleagues in Adult Social Care.
- Developed a Hoarding Protocol shared across Berkshire West, including the core assessment toolkit: https://intranet.reading.gov.uk/page/hoarding-protocol

Outcomes: we now have a better understanding of the health and wellbeing for those people who Hoard and lack of impact from existing services who only respond to crisis. Further work is being done to review existing services and a grant application is being made for additional resources to create an early intervention Hoarding Service.

We are also working with our Public Health team to identify additional activities to address inequalities and the proposals will be discussed at our Integration Board in July 2023 in order that a plan can be submitted to the Integrated Care Board as to how the additional Inequalities funding will be spent. This will be driven by local inequalities data, which was also referenced in the process of scoring the projects that the Integration Board will be taking forward over 2023/25.

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BCF Planning Template 2023-25

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
7. Please ensure that all boxes on the checklist are green before submission.
8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan

2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.

3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.

4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

5. Please use the comment boxes alongside to add any specific detail around this additional contribution.

6. If you are pooling any funding carried over from 2022-23 (**i.e. underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.

8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, units, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.
- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.
- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
https://future.nhs.uk/bettercareexchange/view?objectId=143133861
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Falls
- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
- This is a measure in the Public Health Outcome Framework.
- This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
- Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
- For 2023-24 input planned levels of emergency admissions
- In both cases this should consist of:
  - emergency admissions due to falls for the year for people aged 65 and over (count)
  - estimated local population (people aged 65 and over)
  - rate per 100,000 (indicator value) (Count/population x 100,000)

- The latest available data is for 2021-22 which will be refreshed around Q4.
Further information about this measure and methodolgy used can be found here:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements
This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details. The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from. The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel. 1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan. 2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

HM Government

NHS England

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

		Complete:
Health and Wellbeing Board:	Reading	Yes
Completed by:	Beverley Nicholson	Yes
E-mail:	beverley.nicholson@reading.gov.uk	Yes
Contact number:	07812 461464	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no please indicate when the HWB is expected to sign off the plan:		Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:	
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Ruth	McKewan	ruth.mcewan@reading.gov.uk	Yes
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Steve	McManus	steve.mcmanus4@nhs.net	Yes
	Additional ICB(s) contacts if relevant		Belinda	Seston	belinda.seston@nhs.net	Yes
	Local Authority Chief Executive		Jackie	Yates	jackie.yates@reading.gov.uk	Yes
	Local Authority Director of Adult Social Services (or equivalent)		Melissa	Wise	melissa.wise@reading.gov.uk	Yes
	Better Care Fund Lead Official		Chris	Greenway	christopher.greenway@reading.gov.uk	Yes
	LA Section 151 Officer		Darren	Carter	darren.carter@reading.gov.uk	Yes
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the						

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board: Reading

Income & Expenditure

Income >>

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£1,197,341	£1,197,341	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£12,448,604	£13,153,195	£12,448,604	£13,153,195	£0
iBCF	£2,692,624	£2,692,624	£2,692,624	£2,692,624	£0
Additional LA Contribution	£1,093,000	£305,000	£1,093,000	£305,000	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£377,502	£626,653	£377,502	£626,654	£0
ICB Discharge Funding	£833,925	£1,473,618	£833,925	£1,473,618	£0
Total	**£18,642,996**	**£19,448,432**	**£18,642,996**	**£19,448,432**	**£0**

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£3,282,688	£3,468,488
Planned spend	£4,913,572	£5,191,679

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£6,270,002	£6,624,884
Planned spend	£7,185,797	£7,613,646

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	197.0	174.0	198.0	198.0

Falls

		2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,104.0	2,272.0
	Count	460	500
	Population	21100	21100

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.6%	92.1%	92.2%	92.0%

Residential Admissions

		2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	507	433

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	82.5%

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board: Reading

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
Pathway for each month. The template aligns tothe pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabiitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the '**Other**' Trust option.
The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response
- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

Any assumptions made. **Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.**	Ongoing work to improve the data quality. Average length of stay in reablement is 4 weeks. Awaiting further details from system providers around the averation hours committed to homecare packages. Data is based on average activity across two years.

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you ne	Demand – Hospital Discharge Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Social support (including VCS) (pathway 0)												
ROYAL BERKSHIRE NHS FOUNDATION TRUST		69	69	69	69	69	69	69	69	69	69	69	69
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Reablement at home (pathway 1)												
ROYAL BERKSHIRE NHS FOUNDATION TRUST		80	74	66	64	52	49	80	61	64	63	65	66
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Rehabilitation at home (pathway 1)	17	17	26	23	25	27	30	29	31	30	19	24
ROYAL BERKSHIRE NHS FOUNDATION TRUST													
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Short term domiciliary care (pathway 1)												
ROYAL BERKSHIRE NHS FOUNDATION TRUST		25	25	25	25	25	25	25	25	25	25	25	25
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Reablement in a bedded setting (pathway 2)												
ROYAL BERKSHIRE NHS FOUNDATION TRUST													
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Rehabilitation in a bedded setting (pathway 2)												
ROYAL BERKSHIRE NHS FOUNDATION TRUST		1	2	1	2	1	2	1	3	3	3	3	3
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	Short-term residential/nursing care for someone likely to require a longer-												
ROYAL BERKSHIRE NHS FOUNDATION TRUST		10	9	5	5	9	12	9	4	4	5	10	12
Totals	**Total:**	202	196	192	188	181	184	214	191	196	195	191	199

3.2 Demand - Community

Demand - Intermediate Care												
Service Type	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Social support (including VCS)	69	69	69	69	69	69	69	69	69	69	69	69
Urgent Community Response	138	138	138	138	138	138	138	138	138	138	138	138
Reablement at home	80	74	66	64	52	49	80	61	64	63	65	66
Rehabilitation at home	146	176	141	124	155	126	145	149	125	161	140	124
Reablement in a bedded setting												
Rehabilitation in a bedded setting	1	2	1	2	1	2	1	3	2	3	2	3
Other short-term social care												

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge													
Service Area	**Metric**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Social support (including VCS)	Monthly capacity. Number of new clients.	70	70	70	70	70	70	70	70	70	70	70	70
Reablement at Home	Monthly capacity. Number of new clients.	80	74	66	64	52	49	80	61	64	63	65	66
Rehabilitation at home	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care	Monthly capacity. Number of new clients.	25	25	25	25	25	25	25	25	25	25	25	25
Reablement in a bedded setting	Monthly capacity. Number of new clients.	1	2	1	2	1	2	1	4	4	4	4	4
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	115	115	115	115	115	115	115	115	115	115	115	115
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	10	9	5	5	9	12	9	4	4	5	10	12

3.4 Capacity - Community

Capacity - Community													
Service Area	**Metric**	**Apr-23**	**May-23**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**
Social support (including VCS)	Monthly capacity. Number of new clients.	69	69	69	69	69	69	69	69	69	69	69	69
Urgent Community Response	Monthly capacity. Number of new clients.	170	172	158	162	158	182	188	177	221	199	162	188
Reablement at Home	Monthly capacity. Number of new clients.												
Rehabilitation at home	Monthly capacity. Number of new clients.	164	173	137	131	157	143	152	168	127	157	152	137
Reablement in a bedded setting	Monthly capacity. Number of new clients.												
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	2	1	2	1	2	1	4	2	4	2	4
Other short-term social care	Monthly capacity. Number of new clients.												

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board: Reading

Local Authority Contribution			Complete:
Disabled Facilities Grant (DFG)	Gross Contribution Yr 1	Gross Contribution Yr 2	
Reading	£1,197,341	£1,197,341	Yes
Total Minimum LA Contribution (exc iBCF)	**£1,197,341**	**£1,197,341**	

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2	
Reading	£377,502	£626,653	Yes

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2	
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£833,925	£1,473,618	Yes
Total ICB Discharge Fund Contribution	£833,925	£1,473,618	

iBCF Contribution	Contribution Yr 1	Contribution Yr 2	
Reading	£2,692,624	£2,692,624	Yes
Total iBCF Contribution	**£2,692,624**	**£2,692,624**	

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes	Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding	
Reading	£305,000	£305,000	Carers Funding	
Reading	£788,000	£0	Actual underspend 2022/23 c/fw to be reallocated	Yes
Total Additional Local Authority Contribution	**£1,093,000**	**£305,000**		

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£12,448,604	£13,153,195
Total NHS Minimum Contribution	**£12,448,604**	**£13,153,195**

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No

Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	**£0**	
Total NHS Contribution	**£12,448,604**	**£13,153,195**	

Yes

	2023-24	2024-25
Total BCF Pooled Budget	**£18,642,996**	**£19,448,432**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

The underspend carried forward into 2023/24 of £788k was due to a number of factors: Funding being returned to the Local Authority by the ICB for contracts commissioned by the ICB that were not able to run in that period, funding allocated to projects that had not been able to start, due to recruitment challenges, within the financial year, and the additional ICB winter pressures funding was used to support areas linked to the grant conditions, and that had to be prioritised. As a result it has been agreed that this funding will be carried over to 2023/24 to ensure agreed projects continue to be funded and to support new projects for 2023/24.

Better Care Fund 2023-25 Template

5. Expenditure

Selected Health and Wellbeing Board: Reading

	2023-24			2024-25		
Running Balances	Income	Expenditure	Balance	Income	Expenditure	Balance
DFG	£1,197,341	£1,197,341	£0	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£12,448,604	£12,448,604	£0	£13,153,195	£13,153,195	£0
iBCF	£2,692,624	£2,692,624	£0	£2,692,624	£2,692,624	£0
Additional LA Contribution	£1,093,000	£1,093,000	£0	£305,000	£305,000	£0
Additional NHS Contribution	£0	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£377,502	£377,502	£0	£626,653	£626,654	-£1
ICB Discharge Funding	£833,925	£833,925		£1,473,618	£1,473,618	£0
Total	**£18,642,996**	**£18,642,996**	**£0**	**£19,448,432**	**£19,448,432**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2023-24			2024-25		
	Minimum Required Spend	Planned Spend	Under Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,282,688	£4,913,572	£0	£3,468,488	£5,191,679	£0
Adult Social Care services spend from the minimum ICB allocations	£6,270,002	£7,185,797	£0	£6,624,884	£7,613,646	£0

Note: The error showing at the top of the column for "Source of Funding" on the next page is an anomaly with the template, about which the Better Care Fund Team are aware, and is not due to any incorrect entries.

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average
1	Short Term / Hospital Discharge Team	Local Authority Social Work and Occupational Therapy	Care Act Implementation Related Duties	Other	Hospital Discharge Support Team				Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£1,841,964	£1,914,521	37%
2	Reablement	Reablement & Rehabilitation Services	Home-based intermediate care services	Reablement at home (to support discharge)		784	800	Packages	Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£1,969,996	£2,060,366	72%
3	Step Down Beds - Discharge to Assess	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services	Bed-based intermediate care with rehabilitation (to support discharge)		18	20	Number of Placements	Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£322,691	£338,842	50%
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services	Bed-based intermediate care with rehabilitation (to support discharge)		18	20	Number of Placements	Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£82,744	£87,427	51%
5	Care Packages - Mental Health	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing					Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£132,298	£123,088	4%
6	Care Packages - Physical Support	Personalised Care at Home	Personalised Care at Home	Physical health/wellbeing					Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£808,391	£750,707	4%
7	Care Packages - Memory and Cognition	Personalised Care at Home	Personalised Care at Home	Other	Memory and Cognition				Social Care		LA			Private Sector	Minimum NHS Contributio	Existing	£509,430	£478,116	14%
8	TEC Equipment	TEC equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		670	900	Number of beneficiaries	Community Health		LA			Private Sector	Minimum NHS Contributio	Existing	£204,500	£194,943	26%
9	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		50	60	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£146,000	£154,264	59%
10	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		180	200	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contributio	Existing	£305,000	£305,000	21%
11	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Carer advice and support				Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£408,707	£431,840	18%
12	LA Discharge & Admission Avoidance projects	LA Discharge & Admission avoidance projects	Community Based Schemes	Low level support for simple hospital discharges (Discharge to					Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£485,000	£459,621	100%
13	IMHA	Prevention / Early Intervention	Care Act Implementation Related Duties	Independent Mental Health Advocacy					Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£35,000	£36,981	18%
14	BCF Local Project Management	BCF Local Project Management	Enablers for Integration	Programme management					Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£167,576	£177,061	100%
15	Hospital to Home - Extended Settling In Services (Red Cross)	Post Hospital Discharge - Home from Hospital	Prevention / Early Intervention	Social Prescribing		64	70		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£10,000	£10,566	11%
16	Care Home Selection (CHS) - Project in RBH	Care Home Selection (CHS) - Project in RBH	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health		LA			NHS Community Provider	Minimum NHS Contributio	Existing	£62,000	£65,509	11%
17	Out Of Hospital Speech & Language Therapy	Eating & drinking referral service	Community Based Schemes	Low level support for simple hospital discharges (Discharge to					Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£60,262	£63,673	28%
18	Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£117,959	£124,636	18%
19	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen	Bed based intermediate Care Services	Bed-based intermediate care with reablement (to support discharge)		1036	1300	Number of Placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£124,369	£131,408	26%

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average
20	Out Of Hospital - Intermediate Care (including integrated discharge, discharge to assess service)	Rapid response services delivered for patients discharged from A&E or	Bed based intermediate Care Services	Bed-based intermediate care with rehabilitation accepting step up and		784	800	Number of Placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£1,003,926	£1,060,748	43%
21	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£461,575	£487,700	35%
22	Out Of Hospital - Intermediate Care night sitting, rapid response, reablement and falls	Rapid response services delivered to patients in their own homes, avoiding	Bed based intermediate Care Services	Bed-based intermediate care with reablement (to support discharge)		1656	1680	Number of Placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£330,795	£349,518	21%
23	Connected Care	Connected Care	Other						Other	Digital Records	NHS			Private Sector	Minimum NHS Contributio	Existing	£300,000	£316,980	33%
24	Carers Funding ICB	Support for Young People with Dementia (YPWD), Alzheimers	Carers Services	Other	Support Young People with Dementia /	72	80	Beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contributio	Existing	£113,023	£119,420	25%
25	Street Triage	Street Triage service supporting Reading Rough sleepers	Integrated Care Planning and Navigation	Assessment teams/joint assessment					Mental Health	Homelessness	NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£164,115	£173,404	58%
26	Falls Service & Frailty	Falls service to reduce Admissions due to falls	Community Based Schemes	Integrated neighbourhood services					Social Care		LA			Local Authority	Minimum NHS Contributio	Existing	£266,000	£281,056	73%
27	Care Homes / RRaT	Intermediate Care Services	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		1712	1730	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£620,562	£655,686	45%
28	Discharge to Assess Beds	Hospital Discharge	Bed based intermediate Care Services	Bed-based intermediate care with rehabilitation (to support discharge)		18	20	Number of Placements	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£270,400	£448,864	100%
29	Hospital to Home Service (Extended)	Hospital to Home Service British Red Cross	Personalised Care at Home	Physical health/wellbeing		240	240		Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge	Existing	£37,982	£63,050	100%
30	TEC Hospital Discharge	TEC Hospital Discharge Pilot	Assistive Technologies and Equipment	Assistive technologies including telecare		700	900	Number of beneficiaries	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£100,000	£176,709	100%
31	Home Care Hours to support Discharge	Home Care Hours to support Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to		14768	14768	Hours of care	Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£150,000	£265,063	100%
32	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Housing Related Schemes						Social Care		LA			Local Authority	Local Authority Discharge	Existing	£29,120	£48,339	100%
33	Minor Works required to support people to be discharged from Hospital	Minor Works required to support people to be discharged from Hospital	Housing Related Schemes						Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£50,000	£88,354	100%
34	Social Worker/OT posts within Hospital Discharge	Social Worker/OT posts within Hospital Discharge	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£204,000	£360,486	100%
35	Hospital / CRT Delivering extended hours / Bank holidays	Hospital / CRT Delivering extended hours / Bank holidays	Home-based intermediate care services	Rehabilitation at home (to support discharge)		100	100	Packages	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£40,000	£66,400	100%
36	Complex cases - High Cost Placement (including MH)	Complex cases - High Cost Placement (including MH)	Residential Placements	Care home		20	20	Number of beds/Placements	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£249,925	£441,639	100%
37	Brokerage staff	Brokerage staff	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£40,000	£70,683	100%
38	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans	Housing Related Schemes						Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£20,000	£35,342	100%
39	Social Care Workforce Development and Retention	Social Care Workforce Development and Retention	Workforce recruitment and retention						Social Care		LA			Local Authority	ICB Discharge Funding	New	£20,000	£35,342	100%

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expected outputs 2023-24	Expected outputs 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Expenditure 23/24 (£)	Expenditure 24/25 (£)	% of Overall Spend (Average
40	ICB PMO (BoB)	Share of Cross Berkshire West Programme	Enablers for Integration	Programme management					Other	Risk Share	LA			Local Authority	Minimum NHS Contributio	Existing	£82,735	£87,418	33%
41	iBCF	Community Reablement Services	Home-based intermediate care services	Reablement at home (to support discharge)		800	800	Packages	Social Care		LA			Private Sector	iBCF	Existing	£2,692,624	£2,692,624	100%
42	DFG	Supporting people with disability	DFG Related Schemes	Adaptations, including statutory DFG grants		48	48	Number of adaptations funded/people	Social Care		LA			Private Sector	DFG	Existing	£1,197,341	£1,197,341	100%
43	Risk Share-LA	Other	Integrated Care Planning and Navigation	Other	Risk Share				Other	Risk Share	NHS			NHS	Minimum NHS Contributio	Existing	£552,000	£583,243	45%
44	BHFT Re-ablement Contract	Reablement & Rehabilitation Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		1712	1809	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£1,055,212	£1,114,937	36%
45	ICB Contingency	ICB Contingency	Other						Community Health		NHS			NHS Community Provider	Minimum NHS Contributio	Existing	£9,773	£10,326	33%
46	Other	LA Care Act Implementation	Care Act Implementation Related Duties	Other	Care Act				Social Care		LA			Local Authority	Additional LA Contributio	New	£788,000	£0	100%
47	Other	Assumed uplift not yet allocated	Other						Social Care		LA			Local Authority	Minimum NHS Contributio	New	£0	£309,190	0%

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Independent Mental Health Advocacy 2. Safeguarding 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.
12	Home-based intermediate care services	1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible

13	Urgent Community Response		Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.
14	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
15	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this
16	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input)	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme decriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermeditate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board: Reading

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition	Complete:
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	196.7	173.5	198.1	197.8	Our plan for 2023/24 is based on the actual data reported for 2022/23 and the forecast for 2023/24 using the ISR data and planning tool, provided by the BCF data team and Clinical Support Unit (CSU). We believe there is no further capacity for reduction as demand across the whole system is	Multi Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the community. Support to the Health	Yes
	Number of Admissions	288	254	290	-			
	Population	160,337	160,337	160,337	160,337			
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan			
	Indicator value	197	174	198	198			Yes

Text sections expanded 8.1: Avoidable Admissions

Rationale for how ambition was set	Local plan to meet ambition
Our plan for 2023/24 is based on the actual data reported for 2022/23 and the forecast for 2023/24 using the ISR data and planning tool, provided by the BCF data team and Clinical Support Unit (CSU). We believe there is no further capacity for reduction as demand across the whole system is still increasing. In Adult Social Care we have seen an increase of 4.5% in referrals for services. Historically Q3 and Q4 intakes have been higher than Q1 and Q2, and as the system remains under pressure this is a realistic target. It is of note that 30% of admissions in the older age group 65+ for Q1 2022/23 were in relation to COPD.	Multi-Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the community. Support to the Health Checks programme and in particular, a focus on communities where there is deprivation, using a Population Health Management (PHM) approach).

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition	
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,318.2	2,104.0	2,272.0	The Local Authority is working with the ICB to carry out a diagnostic review programme into falls and develop the prevention local offer across Berkshire West. The Local Authority has proposed setting up a falls service to work with people to help prevent falls by using OT and Physio specialist	A new Falls Prevention Service will be setup using BCF funding to develop a local offer that supports people with a focus on prevention using specialist staff and a range of technologies and equipment. A diagnostic review of falls in the Reading area will also be undertaken as part of the	Yes
	Count	510	460	500			Yes
	Population	21,100	21,100	21,100			Yes

Text sections expanded 8.2: Falls

Rationale for ambition	Local plan to meet ambition
The Local Authority is working with the ICB to carry out a diagnostic review programme into falls and develop the prevention local offer across Berkshire West. The Local Authority has proposed setting up a falls service to work with people to help prevent falls by using OT and Physio specialist support to reduce the number of falls in Reading. If these proposals are taken forward it is unlikely to see an impact until Q4 so have set a relatively low 2% reduction based on the actuals from 2021-22	A new Falls Prevention Service will be setup using BCF funding to develop a local offer that supports people with a focus on prevention using specialist staff and a range of technologies and equipment. A diagnostic review of falls in the Reading area will also be undertaken as part of the implementation of this service so that we can target those most in need of support.

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.6%	92.4%	92.0%	92.0%	Reading has consistently been around 92%, which is high, and we feel it remains a challenge to maintain this level and therefore have set our target as 92% for 2023/24. Whilst the Berkshire West target of 91% has been agreed at Place level, we expect to have continued improvement against this target.	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan including a commissioned Hospital to	Yes
	Numerator	2,678	2,692	2,655	2,476			
	Denominator	2,891	2,914	2,887	2,691			
		2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan			
	Quarter (%)	92.6%	92.1%	92.2%	92.0%			Yes
	Numerator	2,685	2,621	2,645	2,476			Yes
	Denominator	2,900	2,845	2,868	2,691			

Text sections expanded 8.3: Discharge to Normal Place of Residence

Rationale for how ambition was set	Local plan to meet ambition
Reading has consistently been around 92%, which is high, and we feel it remains a challenge to maintain this level and therefore have set our target as 92% for 2023/24. Whilst the Berkshire West target of 91% has been agreed at Place level, we expect to have continued improvement against this target.	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan including a commissioned Hospital to Home service. In the small number of cases where a person cannot return directly home, there is a plan to support them to get back home, wherever possible, as quickly as possible, through our D2A Step-down therapy led service. The "Self-Neglect Pathway" introduced in 2022/23 has been successful to support getting more people home quickly where someone cannot go home because of hoarding. The plan for 2023/24 will include a continuation of this new service. There is a Berkshire West wide review of reablement and intermediate care services to support timely discharge and support at home where needed and Reading plans to commission external support to develop an improvement plan to increase utilisation within the Community Reablement Team (CRT). The use of Technology Enabled Care (TEC) has been very successful in Reading, and work in this area to further develop the TEC available to people is underway. Numbers of people using TEC continues to increase significantly and we expect this to be a key factor in enabling people to return home and remain safe in that environment.

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	506.5	469.0	408.0	432.8	The actual numbers admitted to residential and nursing care homes were better than expected with an actual figure for the year of 408, against the maximum target of 469, due to a better use of step up, step	The Local Authority has continued to commission additional capacity including D2A beds, Additional Reablement hours and a range of other support to prevent admissions to care homes.	Yes
	Numerator	103	100	87	94			Yes
	Denominator	20,335	21,324	21,324	21,719			

Text sections expanded 8.4: Residential Admissions

Rationale for how ambition was set	Local plan to meet ambition
The actual numbers admitted to residential and nursing care homes were better than expected with an actual figure for the year of 408, against the maximum target of 469, due to a better use of step up, step down and D2A beds with additional capacity purchased through the Winter Discharge Funds. Although we continue to commission additional capacity through ASC Discharge Fund we are cautious that the reduction can be maintained so have set a target between the actuals for 2021/22 and 2022/23. The average of actuals across 2021/22 and 2022/23 is 457.25 and we believe that a realistic stretch target is 432.8 for 2023/24.	The Local Authority has continued to commission additional capacity including D2A beds, Additional Reablement hours and a range of other support to prevent admissions to care homes.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	78.1%	85.0%	79.4%	82.5%	2022/23 Target was 85%, this again was an unrealistic target, and not achieved due to inclusion of people that passed away, as set out in NHS guidance for this metric. We are proposing a stretch target of 82.5% for 2023/24.	We have a proposed project for an 'End of Life' pathway and we are in the process of a local (Reading) independent review of our Reablement services, as well as engaged in a review of Intermediate	Yes
	Numerator	89	409	378	397			Yes
	Denominator	114	481	476	481			Yes

Text sections expanded 8.5: Reablement

Rationale for how ambition was set	Local plan to meet ambition
2022/23 Target was 85%, this again was an unrealistic target, and not achieved due to inclusion of people that passed away, as set out in NHS guidance for this metric. We are proposing a stretch target of 82.5% for 2023/24 as the proposed schemes to improve performance will take some time to be implemented.	We have a proposed project for an 'End of Life' pathway and we are in the process of a local (Reading) independent review of our Reablement services, as well as engaged in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the target is realistic based on previous performance and is a stretch, in consideration of the likely impact of the winter Flu season and cost of living. We continue to work closely with our voluntary care sector partners to support people who are vulnerable, and we commissioned a "Hospital to Home" service, that complements our reablement and intermediate care services in Reading.

Better Care Fund 2023-25 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: Reading

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it	Complete:
NC1: Jointly agreed plan	PR1	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? *Paragraph 11* Has the HWB approved the plan/delegated approval? *Paragraph 11* Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? *Paragraph 11* Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned? Have all elements of the Planning template been completed? *Paragraph 12*	Expenditure plan Expenditure plan Narrative plan Validation of submitted plans Expenditure plan, narrative plan	Yes	BCF Narrative pages 1 to 5 Planning Template Sheet 6a	Draft plans went through the governance procedures and members from integration board contributed to the plans. Agreement gained from ICB and LA prior to the final submission date		Yes
	PR2	**A clear narrative for the integration of health, social care and housing**	Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs *Paragraph 13* • The approach to joint commissioning *Paragraph 13* • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered *Paragraph 14* - Changes to local priorities related to health inequality and equality and how activities in the document will address these. *Paragraph 14* The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. *Paragraph 15*	Narrative plan	Yes	BCF Narrative pages 8,9, 17, 18. 19 and 20.			Yes
	PR3	**A strategic, joined up plan for Disabled Facilities Grant (DFG) spending**	Is there confirmation that use of DFG has been agreed with housing authorities? *Paragraph 33* • Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? *Paragraph 33* • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils? *Paragraph 34*	Expenditure plan Narrative plan Expenditure plan	Yes	BCF Narrative pages 9, 18 and 19			Yes

NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	**PR4**	**A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home**	Does the plan include an approach to support improvement against BCF objective 1? *Paragraph 16* Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? *Paragraph 19* Does the narrative plan provide an overview of how overall spend supports improvement against this objective? *Paragraph 19* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objctive and has the narrative plan incorporated learnings from this exercise? *Paragraph 66*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan	Yes	BCF Narrative pages 9, 10 and 11 (plus additional content throughout the narrative)			Yes
Additional discharge funding	**PR5**	**An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.**	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? *Paragraph 41* Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? *Paragraph 41* Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? *Paragraph 44* Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? *Paragraph 51* Is the plan for spending the additonal discharge grant in line with grant conditions?	Expenditure plan Narrative and Expenditure plans Narrative plan Narrative and Expenditure plans	Yes	BCF Planning Template Sheet 6a			Yes
NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	**PR6**	**A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time**	Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? *Paragraph 21* Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? *Paragraph 22* Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? *Paragraph 24* Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? *Paragraph 66* Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? *Paragraph 23*	Narrative plan Expenditure plan Narrative plan Expenditure plan, narrative plan Expenditure plan Narrative plan	Yes	BCF Narrative pages 12 to 18			Yes
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	**PR7**	**A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution**	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? *Paragraphs 52-55*	Auto-validated on the expenditure plan	Yes	BCF Planning Template Sheet 6a			Yes

Agreed expenditure plan for all elements of the BCF	**PR8**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	Do expenditure plans for each element of the BCF pool match the funding inputs? *Paragraph 12* Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? *Paragraph 12* Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? *Paragraph 73* Is there confirmation that the use of grant funding is in line with the relevant grant conditions? *Paragraphs 25 – 51* Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? *Paragraph 41* Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? *Paragraph 13* Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? *Paragraph 12*	Auto-validated in the expenditure plan Expenditure plan Expenditure plan Expenditure plan Expenditure plan Narrative plans, expenditure plan Expenditure plan	Yes	BCF Planning Template - auto validated			Yes
Metrics	**PR9**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	Have stretching ambitions been agreed locally for all BCF metrics based on: - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? *Paragraph 59* Is there a clear narrative for each metric setting out: - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? *Paragraph 57*	Expenditure plan Expenditure plan	Yes	BCF Narrative and BCF Planning Template. Targets are based on actual performance and, where appropriate, an average of actual performance over the previous two years to ensure it is realistic.			Yes

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Right Care, Right Person

Chief Superintendent Emma Garside

What is Right Care Right Person ?

- National partnership agreement between National Police Chiefs Council (NPCC), Home Office, Department of Health and Social Care, NHS England
- Partnership agreement signed July 2023
- Aim of RCRP is to ensure an appropriate response from the appropriate agency is given to incidents where there are concerns for welfare linked to mental health, medical or social care issues.
- Primary driver: right person with the right skills, training and expertise responds.
- Police are often the default first responder despite the fact we are often not the appropriately trained or skilled service provider
- People in need feeling stigmatised or criminalised by police involvement

What is Right Care Right Person?

- Developed in Humberside in 2019 following the HMICFRS report “Picking Up the Pieces” which identified the excess police time and resource dealing with Mental Health.
- NPCC and College of Policing have worked with Humberside to develop this into a national protocol. National Partnership Agreement and guidance toolkits agreed and developed to support implementation on a local basis.
- Right Care Right Person is NOT about demand reduction, however this may be an outcome of ensuring that the police are not inappropriately used in health incidents.
- Free up police capacity to service demand that only the police can deal with.

RCRP Principles

- **To ensure health calls for service are responded to by those with the right skills and expertise to provide the best possible service**

- **Police will continue to respond where:**
  - Clear policing purpose
  - Immediate threat to life
  - Immediate threat of serious injury

- **Legal Responsibilities**
  - Real and Immediate threat to life – Article 2 ECHR
  - Real and Immediate threat of serious harm / torture / inhumane treatment – Article 3 ECHR
  - Common Law duties of care
  - Statutory duties

RCRP Model

Health Calls for Service	Police will not automatically respond to a call for assistance if it is assessed that the Health partner should be in a position to manage the situation.
Welfare Checks	Police will not automatically conduct a welfare check on behalf of another organisation. If there is no police power that is required and it is “just” a concern, it is unlikely that police will deploy.
AWOL patients from psychiatric hospitals	S18 MHA gives hospital staff and others the same power to return a patient as a constable. The hospital will be expected to manage their patient and take all reason able steps to return them without resorting to police in most circumstances
Walk out from health facilities (e.g A&E)	The facility has a duty of care to their patient and will be expected to undertake all reasonable enquiries to locate their patient if that is necessary. Unless there is an Article 2/3 issue, it is unlikely to be a matter for the police.
Police Use of S136	Work is underway to explore health based triage and Mental Health Ambulances. Consideration being given to real alternatives to S136
Voluntary Attenders	Partnership work is required to improve practice in this area. Police need to ensure that any Duty of Care that has been assumed by the police is properly discharged. (If we have taken someone voluntarily to A&E then we have an assumed Duty of Care)

RCRP in Thames Valley

- Early evaluation force – supported by the Home Office along with Cambridgeshire & Cheshire)
- Chief Constable sign off April 2023
- Phased roll out from May 2023
- TVP Management Group – Led by T/Chief Supt Emma Garside
- TVP invested 10 specialist mental health officers (One to still be recruited in West Berks)
- Bi-weekly national RCRP governance which TVP attend
- COP released 3 toolkits to support Forces (Communications, SRO guidance and Baselining and Evaluation) We await publication of toolkits on Policy, Operational guidance and training.
- Contact Management has already received training on the toolkit and have started to use the guidance to decide on deployment. Under continuous review based on feedback from partners.

RCRP in Thames Valley

- Three areas of RCRP adopted:

1. Concern for safety (welfare checks)
2. AWOL from psychiatric hospitals
3. Walk outs from healthcare settings

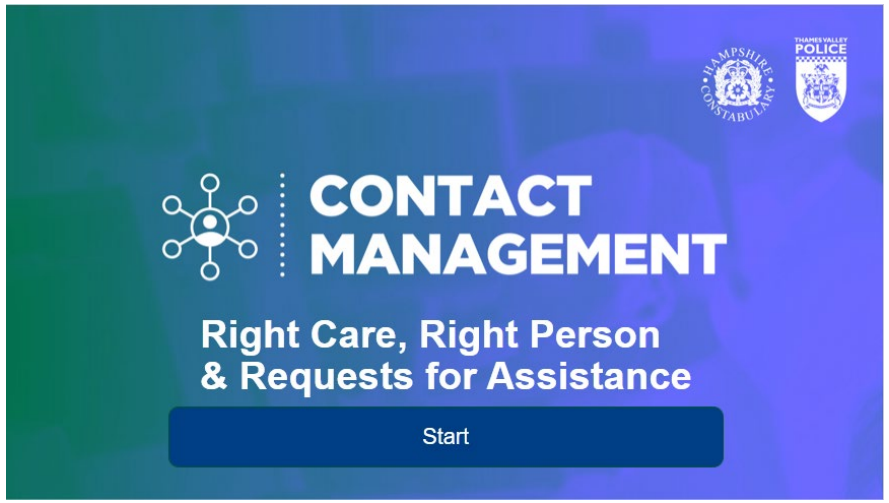
- Three areas not adopted – no start date set

1. Section 136
2. Voluntary mental health patients
3. Transportation / conveyance

- Not applicable to children in TVP currently

Call Handler Toolkit

Right Care Right Person



What are you dealing with?

- Concern for Safety
- Mental Health
- Missing Person

This toolkit is to aid your decision making, it may not cover all scenarios. If you are unsure, please discuss the incident with your supervisor.

Medical Matter
(Partners)

Start Again

- We should be attending if there is an Immediate threat to life, life saving opportunity Immediate risk of Harm or a weapon being used or threatened
- If this is a medical risk only, then Ambulance are the most appropriate resource
  - Can they deal alone?
  - If the Police are required what is the requirement? Do the Police have a specific power to be used?
  - Consider directing the caller to redial 999 and ask for Ambulance
- Cannula Removal – If someone has left the hospital with a cannula then this should be treated as a medical matter and referred to the Ambulance Service.
- If there are warnings at an address, what are they? Who do they relate to? How old are they? Can an approach be made to confirm or preclude any threat.

Threats of Suicide	Location Unconfirmed	Mental Capacity Act
Police Required	Maybe Required	Not Required

Someone in Mental Health Crisis
(partner)

Start Again

- We should be attending if there is an Immediate threat to life, life saving opportunity immediate risk of harm or a weapon being used or threatened
- If someone is in Crisis we need to ensure that this person is getting the best help from the most appropriate agency.
- Is the person in distress in their own home? If so, we have no powers under the Mental Health Act or the Mental Capacity Act
- Has the person requesting assistance sought assistance from Crisis Teams or an Approved Mental Health Professional (AMHP)?
- Callers should be directed to suitable partner agencies such as GP, Crisis Team or NHS 111

Mental Capacity Act	S.135 & Voluntary Assessments	S.136 Requests from A&E	Useful Contact Details & Resources
Police Required	Maybe Required	Not Required	

RCRP in Thames Valley – Strategic engagement

- Chief Constable meeting with Mental Health Chief Executives (April 2023)
- TVP meeting with Milton Keynes executive (Health and Local Authority)
- Police and Crime Commissioner Strategic Management Board (June 2023)
- Mental Health Strategic Partnership meeting (June 2023)
- Local Authority Community Safety Managers (July 2023)
- Letter and briefing pack to all partners (July 2023)
- TVP and NHS England meeting to discuss next steps (July 2023)
- SCAS and Fire and Rescue (July 2023)
- Local Authority Chief Execs and Directors of Adult Social Care (July 2023)
- ICB Chief Execs (August 2023)
- Safeguarding independent chairs (Sept 2023)
- Independent Office of Police Complaints (IOPC)
- Thames Valley Coroners

Next Steps – Thames Valley?

- Proposal for a Strategic Management Board for RCRP (Police / NHS England co-chair)
- Formalise stakeholder engagement across all partners – strategic and operational
- Introduce feedback loop / formal review processes with partners
- LPA Commanders briefed for local engagement and monitoring
- Home Office evaluation

READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	Inequalities and Prevention: Reducing Premature Preventable Mortality project
Purpose of the report	To note the report for information
Report author	Sarah Webster
Job title	Executive Place Director – Berkshire West
Organisation	BOB - ICB
Recommendations	1. That the Health & Wellbeing Board note the planned pilot aimed at reducing preventable deaths through commissioning of a Community Wellness Outreach pilot.

1. Executive Summary

1.1. This briefing seeks to update the Reading Health and Wellbeing Board on the developments to date on the Berkshire West joint project around a Community Wellness Outreach Programme, ultimately aiming to reduce premature mortality and improve our residents' health and wellbeing.

1.2. The paper sets out how the ICB 'prevention and inequalities' funding allocated to Berkshire West (covering Reading, Wokingham, and West Berkshire) totalling £2.6m over two financial years (23/24 and 24/25) will be deployed, including elements that will be consistent across the patch and elements that are tailored to the needs of local residents in each borough.

1.3. The pilot Community Wellness Outreach model will have a consistent 'core' offering across the three Local Authority areas to focus on adult cardiovascular disease prevention, the leading cause of all preventable premature deaths in the UK, along with supplementary 'local' offerings reflecting local need.

1.4. The paper sets out how the Community Wellness Outreach model will be funded which is as follows: an element of the funding is top-sliced for Berkshire-West wide elements, and the remaining funding is allocated to the three partnership Locality Integration Boards (LIBs) for Wokingham, Reading and West Berkshire to determine the most appropriate local delivery vehicle, local offerings, and local residents/communities most in need. The expectation is that the model will complement/enhance existing arrangements in place rather than be a reinvention/uncoordinated addition.

1.5. Funding allocated to the LIBs has been based on an approximate split of 52% to Reading and 24% each to Wokingham and West Berkshire using NHSE's national health outcomes calculation.

1.6. The LIBs have each developed an approach for implementing the community wellness outreach health check pilot and the HWBB will be appraised of the detail at a future meeting.

1.7. A supporting project co-ordinated by the Directors of Public Health will use the remaining funding from the £2.6m allocation (£270K) to invest in live Population Health and Prevention intelligence to inform future programmes of work.

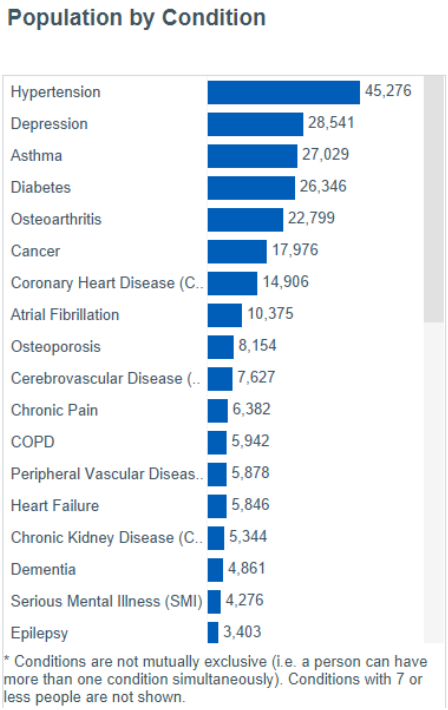
2. Background

2.1. As a Place Partnership we identified a priority around reducing preventable premature mortality across Berkshire West.

2.2. There were 3888 deaths in Berkshire West in 2021. Around 21% of these were avoidable and of those avoidable deaths around 70% can be attributed to conditions considered preventable. That means that about 570 people died from a preventable cause in 2021. The wider implications for families and communities linked to this early loss of life is also clearly significant.

2.3. Nationally, the leading cause of death is cardiovascular disease (CVD), and in areas of deprivation it is the leading cause of preventable premature mortality. People with a severe mental illness and those from a BAME background are disproportionally affected.

2.4. Across Berkshire West, hypertension is the most prominently recorded condition for those residents known to health services. A reasonable hypothesis is that this rate is the same if not higher in the cohort of residents whose conditions are not yet known to health services.



Source: NHSE National Population health Dashboard filtered to Berkshire West

2.5. Early detection of high blood pressure is key to enable the person to take preventative steps to reduce their risk of cardiovascular related events such as heart attack or stroke.

2.6. Reducing the rate of heart attacks, stroke and early death also has a significant secondary impact on the wellbeing of those indirectly affected, including the avoidance of associated family and childhood trauma and improving healthy lifestyles of the whole family.

2.7. Earlier detection and management of the causes of cardiovascular related events could have a material impact on the rate of illness and death in our communities.

2.8. In late February 23 the ICB confirmed a fund of £2.6m was available for Berkshire West over the two financial years to March 2025, to be used to support local prevention and inequality priorities alongside the core ICB prevention priority around CVD. It has since been confirmed that any unspent allocation in year one will be made available in year 2, noting the time required to develop and mobilise any proposals.

2.9. A working group of all partners in Berkshire West has been meeting regularly since March 23 to agree:

2.9.1. a preferred use of these funds; and

2.9.2. the best governance route to manage the funds and oversee delivery.

The section below summarises the resulting proposals.

3. Proposal

Main Proposal: Community Wellness Outreach programme.

3.1. Objective: To take prevention initiatives and signposting to the heart of our communities in a way that best suits local need, in the form of an enhanced heath check delivered by trusted community champions. Building on existing services/initiatives and based around existing community assets where these exist, and establishing new ones where needed. Provide a consistent 'core' offering around CVD prevention, supplemented by additional 'local' offerings based on local needs.

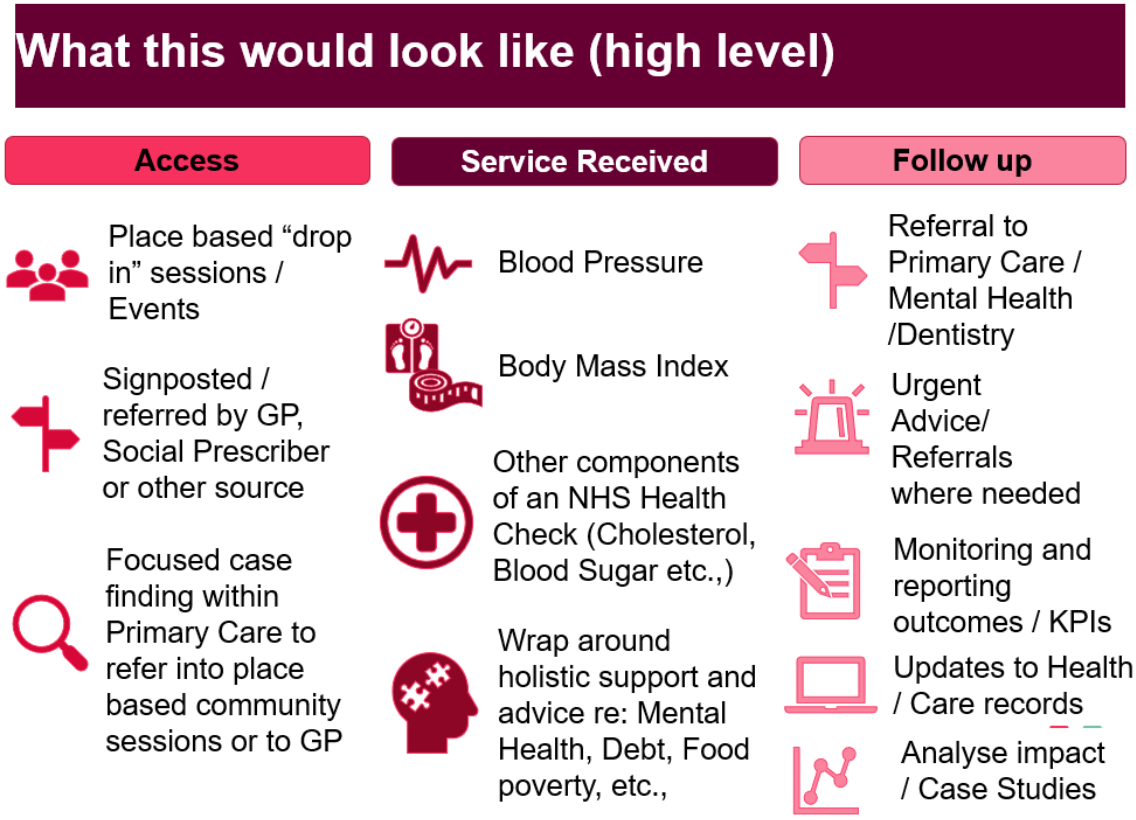
3.2. A sum of £2.33m (89.6% of the overall funding) over the two years will be allocated to the outreach health check service across the three boroughs.

3.3. An element of this funding will be allocated to elements that are consistent across the three boroughs (e.g. project costs, training costs, primary care capacity).

3.4. The remainder of the £2.33m has been allocated to each of the three partnership Locality Integration Boards (in Reading known as the Reading Integration Board, or RIB) according to the NHSE national health outcome calculations[1]: 52% to Reading, 24% to West Berkshire, and 24% to Wokingham.

3.5. For Reading, this resulted in £811k of funding over the two years being allocated directly to the RIB to determine the best vehicle for taking enhanced health checks into the hearts of the communities most in need.

3.6. The RIB has agreed the following service outline (note: the specific delivery vehicle is still under discussion, in collaboration with all partners including VCSE):



3.7. It is proposed that a further update is brought to the next Health and Wellbeing Board to update members on the specific service details once these are finalised.

[1] This takes into account relative population needs including socio-economic factors

Supporting Proposal: Population Health & Prevention Intelligence Coordination.

3.8. Objective: Develop a coordinated approach to Population Health and Prevention Intelligence across Berkshire West, enabling us to consider this intelligence in a strategic way to inform future programmes of work. Develop a Berkshire West-wide live intelligence report with supporting Local Authority Level report. Include intelligence on wider determinants of health such as deprivation, environment, crime and housing.

3.9. Funding: A sum of £270k (10.4% of the overall funding) over the two years will be invested in Population Health Analytic Support arrangements across Berkshire West. Discussions are underway with Directors of Public Health on how best to deploy this funding, noting a core requirement will include undertaking an impact evaluation of the Community Wellness Outreach model noted above.

Key Performance Indicators

3.10. A table of the proposed KPIs to monitor the impact, outcomes and outputs of the outreach service is included in Appendix 3.

3.11. It was also agreed that LIBs might wish to agree their own measures of success and LIBs will be expected to monitor service quality.

3.12. The model and pathway has been developed on the assumption that approximately 9000 residents across Berkshire West will directly benefit from the service over the two years (5200 from Reading). Indirect benefits are also anticipated through influencing family and social networks.

	West Berkshire (24%)	Reading (52%)	Wokingham (24%)	Berks West Total
23/24 (6 months)	534	1157	534	2225
24/25 (12 months)	1866	4043	1866	7775
Total	2400	5200	2400	9000

Current position

3.13. Each of the Locality Integration Boards were asked to dedicate their July meetings (each took place w/c 17th July) to a workshop format to further develop the local approach to delivering the Community Wellness Outreach Service.

3.14. The meeting invitees were broadened to include wider representation from Community Leaders, the Berkshire West Primary Care Alliance, Community Pharmacy and the RBFT Equalities Team.

3.15. The RIB approach is set out above.

3.16. Sub-groups are now in place considering:

3.16.1.1. Training – a draft proposal for training the community workers is being developed with the University of Reading

3.16.1.2. Data integration & interoperability – with a pilot underway in the Tilehurst Surgery, Reading, to test functionality linked to use of the Joy app.

3.16.1.3. Procurement – ensuring that standing orders are adhered to for the pilot building where appropriate on existing contracts,

3.16.1.4. Service Model & Primary Care Integration – consideration of the actual 'vehicle' for taking this service into the community, along with a consistent health check pathways and training requirements.

3.16.1.5. Risk stratification – The approach to targeting the population cohort relative to each local authority.

3.16.1.6. Outcome measures – Including a core set to measure across the three LAs, with each LIB developing specific KPIs relevant to their populations.

3.16.1.7. Community Wellness Outreach Pilot evaluation – linking to the supporting proposal and funding for Population Health Analytic Support referred to earlier in this paper.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

- Reduce the differences in health between different groups of people
- Support individuals at high risk of bad health outcomes to live healthy lives
- Help children and families in early years
- Promote good mental health and wellbeing for all children and young people
- Promote good mental health and wellbeing for all adults

4.1 This approach both directly and indirectly supports the broad strategic Health and Wellbeing strategic aims through its vision and ambition to reduce inequalities through a targeted approach to engage with communities.

4.2 Furthermore, this pilot directly supports the identification of residents at risk of the largest cause of preventable death in the under 75 years cohort, CVD.

5. Environmental and Climate Implications

5.1. There are no immediate Environmental and Climate Impacts arising from this report although the community targeted model may reduce carbon footprint as bringing care closer to home via communities.

6. Community Engagement

6.1 LIBs to ensure delivery plans include community engagement and co-production.

7. Equality Implications

7.1. To be assessed as part of project planning.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. LIBs considering procurement requirements.

10. Financial Implications

10.1. No direct funding implications to Reading HWBB. Funding arrangements described above.

11. Timetable for Implementation

11.1. We are working towards implementing the service during Q3 23/24

12. Background Papers

12.1. None

13. Appendices

Appendix 1 - Draft key performance indicators

Appendix 2 - Draft training requirements

Appendix 1 – DRAFT Key Performance Indicators

Indicator Type	Indicator	Measures including target	Frequency	Source
Longer Term				
Outcomes	Number of cardiovascular 'events' including heart attacks and strokes	Actual number Target tbc, decrease	Annually	CSU/ Connected Care? (Exploring with CVD leads if this is possible)
Medium Term				
Impact	Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs)	Proportion % Target tbc, increase	Annually	QOF, NHS Digital
Impact	Hypertension: QOF prevalence (all ages)	Proportion %	Annually	QOF, NHS Digital
Short term/ Operational				
Outputs	Number of Community Wellness Outreach sessions held	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outputs	Number of residents identified for invitation to Community Wellness Outreach session	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outputs	Number of residents invited to Community Wellness Outreach session	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outputs	Number of VCSE organisations supporting Community Wellness Outreach Sessions	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outputs	Number of public sector organisations (including private/ independent sector contractors of public serices) supporting Community Wellness Outreach Sessions	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outcomes	Number of patients who attended Community Wellness Outreach session, broken down by protected characteristic, registered practice, other health inclusion group	Actual Number. Target TBC on mobilisation	Quarterly	LIBs

Outcomes	Total number of residents attending a Community Wellness Outreach session who report increased awareness of the importance of early identification of CVD and the Risk Assessment programmes available to them.	Actual number and % of attendees	Quarterly	LIBs
Outcomes	Total number of residents attending a Community Wellness Outreach session who report increased awareness and understanding of health behaviours that impact CVD risk.	Actual number and % of attendees	Quarterly	LIBs
Outputs	Number of eligible residents attending a booked NHS Health Check	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outcomes	Total number of referrals to Health Behaviour Change Support (Lifestyle) and workers, or other support services, from Priority Population Groups broken down by intervention/type	Actual Number. Target TBC on mobilisation	Quarterly	LIBs
Outcomes	Number and % of residents who have a Health Check and are referred to their GP Practice for further assessment	No and %	Quarterly	LIBs
Impact	Case Studies summarising impact of Community Wellness Outreach Service	Case Studies Target tbc	Quarterly	LIBs

Appendix 2 - DRAFT Health and Wellbeing Checks Training Requirements

PCNs, working with public health and the provider organisations, must ensure that the outreach workers that deliver the health checks have the appropriate level of core competencies, clinical skills competencies, and programme competencies[2].

Core Competencies	**Clinical Skills Competencies**	**Programme Competencies**
1. Personal development 2. Effective communication 3. Equality, diversity and inclusion 4. Duty of care 5. Safeguarding 6. Person-centred care and support 7. Handling information 8. Infection prevention and control 9. Health and safety 10. Moving and assisting 11. Basic life support 12. Privacy and dignity 13. Understanding your role	1. Pulse measurement and rhythm 2. Blood pressure measurement 3. Height and weight measurement 4. Waist measurement 5. Point of care testing for cholesterol and Hb1Ac	1. Health Inequalities and NHS Health Check programmes knowledge 2. Information governance and data flow 3. Risk assessment 4. Interpreting results 5. Communication of risk 6. Brief intervention/signposting/referral 7. Communication with general practice 8. Behavioural change (for outreach workers and clinicians)

[2] Based on PHE NHS Health Check Competency Framework, updated July 2020

End of report

Royal Berkshire
NHS Foundation Trust

Access to Maternity Services

Reading Borough Council Health and Wellbeing Board

6 October 2023

Compassionate Aspirational Resourceful Excellent

Access to Maternity Services

Royal Berkshire NHS Foundation Trust

Continuity of Care Teams

- Blossom team are made up of 8 midwives. They work to deliver safe and personalised care to improve outcomes and experience for communities with highest deprivation and multiple ethnic groups.
- The Blossom team provide continuity across the antenatal, intrapartum and postnatal period.
- They run monthly meet and greet sessions at Whitley Children's centre, so the team can meet women and their partners to develop relationships with families.
- Blossom Continuity of Care Team have been used as a case study by NHSE for example of quality improvement.
- Poppy team provide personalised care for women and families with defined vulnerabilities.
- They run a Seeking Sanctuary clinic (bi-monthly) to provide extra support in addition to their routine antenatal care
- The clinic has helped 60 families since it started in 2022, improving the care for refugees, trafficked women and asylum seekers.

Access to Maternity Services

Royal Berkshire NHS Foundation Trust

Staffing

- Our retention figures have dropped from 19.6% in July 2022 to 9.4% in August 2023. Vacancy rate is currently 15% with 31.4wte vacant posts. We have 30.4 wte in the pipeline

Equality, Diversity and Inclusion Midwife

- We have recently recruited for a new role of EDI Midwife
- They will lead equity work-stream for maternity, engaging across the BOB Local Maternity Neonatal Systems and local community.
- The aim and purpose of the EDI Midwife is to support RBFT maternity to achieve equity of health outcomes for all social groups accessing our Maternity Service; targeting support and interventions to the most disadvantaged groups to improve service quality and address inequalities of access, service provision and healthcare outcomes.

Equality Delivery System

Royal Berkshire NHS Foundation Trust

- The Equality Delivery System (EDS) is a tool to support active conversations between service users, the public, community groups and staff.
- The tool is used to review and develop an approach to address the inequalities in health access, experiences, impact and outcomes.
- Two areas of focus which are Antenatal Screening; access to services by being booked by 10 weeks of pregnancy. Postnatal Access; access to maternity services and other organisations for PN support following discharge from the hospital (or following homebirth) Both have multiple elements that are either developed or in development.
- A stakeholder event was held on 13 September in partnership with BOB Local Maternity and Neonatal Service, and Royal Berkshire Maternity Voices Partnership. It was also attended by Healthwatch and Utulivu.

Access to Maternity Services
additional next steps

Royal Berkshire NHS Foundation Trust

Continuity of Care

- Work stream to improve antenatal and postnatal continuity of care. Community now fully established, mapping exercise to be undertaken first to understand caseloads. Project to be launched October 2023 and anticipated to be ongoing with targets identified

Feeling listened to

- Launch of Your Personalised Care and Support Plan, which is held by the woman and is a tool to facilitate discussions about the things that are important to her throughout her journey. This was launched by BOB LMNS on 15 September and will be rolled out to all women once staff have been trained over the coming month.

Cost and availability of classes

- Relaunch of antenatal classes and infant feeding classes in partnership with NCT. There is no cost to classes and no waiting list currently - new publicity resources have been produced to ensure greater awareness. Trust to monitor uptake and details of those attending to ascertain if meeting needs of our population.
- Easy English classes well established.

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Maternal Mental Health Support

Royal Berkshire NHS Foundation Trust

Perinatal Mental Health

- Our referral pathway to perinatal mental health is an open pathway for all service users
- During booking or any antenatal or postnatal appointment, all women and birthing people's mental health is assessed.
- We record family history around mental health to ensure we use a holistic approach to family wellbeing.
- For women or birthing people with additional vulnerabilities such as language barriers, risks of social isolation or complexities in housing, asylum status alongside protected characteristics, we provide additional support is available via our Poppy Team or continuity team.

Maternal Mental Health Support

Royal Berkshire NHS Foundation Trust

Perinatal Equity Befriender Role

- New Perinatal Equity Befriender Role, who can offer social support, linking with local faith groups and ensure we are able to collate diverse feedback.
- Our befriender has time to talk to women, birthing people and their partners to help with their experiences and needs.
- They are available to those on the antenatal and postnatal wards who facing challenging situations due to their clinical situation or who have economic, social or cultural barriers.
- They also attend antenatal clinics in deprived areas of the community to talk to women and birthing people.

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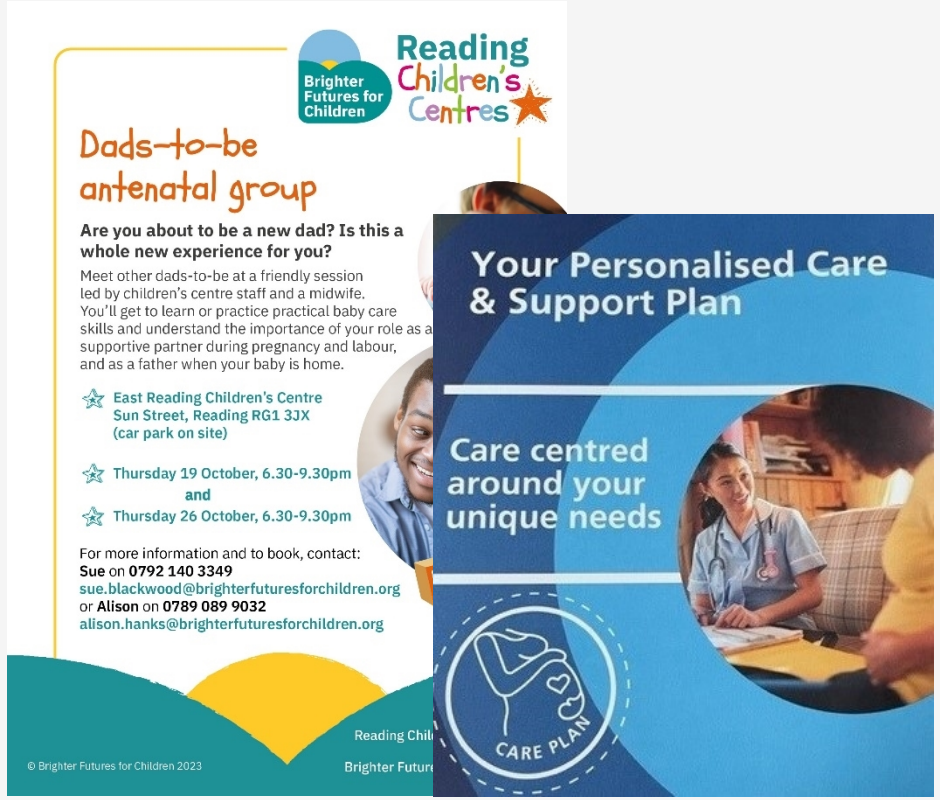
Maternal Mental Health Support
next steps

Royal Berkshire NHS Foundation Trust

Perinatal Mental Health

- Personalised Care and Support plan being rolled out October 2023 which encourages conversations between women and their healthcare professional
- Signposting towards “Mellow Bumps” parenting education for women with increased anxiety and “Dads to Be” education for fathers both running courses starting in October 2023
- Perinatal mental health clinic MDT (multidisciplinary team) includes psychologist, obstetrician, midwife and mental health professional to be extended to include HV
- Advanced Clinical Practitioner with expertise in mental health currently in training. Focus will be low and medium level mental health with objective of providing support to prevent escalation
- In the future we are hoping to develop social prescribing to reduce social isolation and enable stronger community advocacy through our health for pregnancy team.



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BUILDING BERKSHIRE Together

OUR NEW HOSPITAL PROGRAMME

NHS
Royal Berkshire
NHS Foundation Trust

READING HEALTH AND WELLBEING BOARD

Building Berkshire Together Update
Alison Foster

6 October 2023

Background

- In Oct 2019 the Royal Berkshire NHS Foundation Trust (RBFT) was placed on the New Hospital Programme (NHP)
- The RBFT is in Cohort 4 of the NHP - which means being full adopters of the new approach to building new hospitals
- This is called **'Hospital 2.0'** and means, for example;
  - standardised designs
  - centralised processes and
  - Modern Methods of Construction (MMC).
- It is anticipated that, through the programmatic approach this will deliver economies of scale, such as reductions in time and cost to build new healthcare facilities

New Hospital Programme

Royal Berkshire NHS Foundation Trust

- On 23 May 2023 announcement by the Secretary of State for Health and Social Care as £20bn
- An additional 5 hospitals were added to the programme which have RAAC *(Reinforced Autoclaved Aerated Concrete)*
- The Royal Berkshire NHS Foundation Trust (RBFT) does not have RACC
- Some hospitals currently on the scheme are not be able to deliver before 2030, due to both constraints on the funding allocation but also supply chain issues
- The scheduling of RBFT has not been decided yet. This can only be decided after some further work over the next 5 months with the New Hospital programme (NHP)
- The RBFT has been carrying out Geotechnical Surveys across the site to understand its suitability for a significant redevelopment on site using Hospital 2.0 and is crucial to decision

Other Sites

- A recent site search identified 2 sites which most closely met criteria
  - Thames Valley Science Park – Greenfield
  - Thames Valley Park – Brownfield
- We are carrying our further due diligence work to understand their suitability
- We are also been in discussions with Reading Borough Council Planners to explore options in the borough and are working to an end of October deadline to try to identify other sites in the area

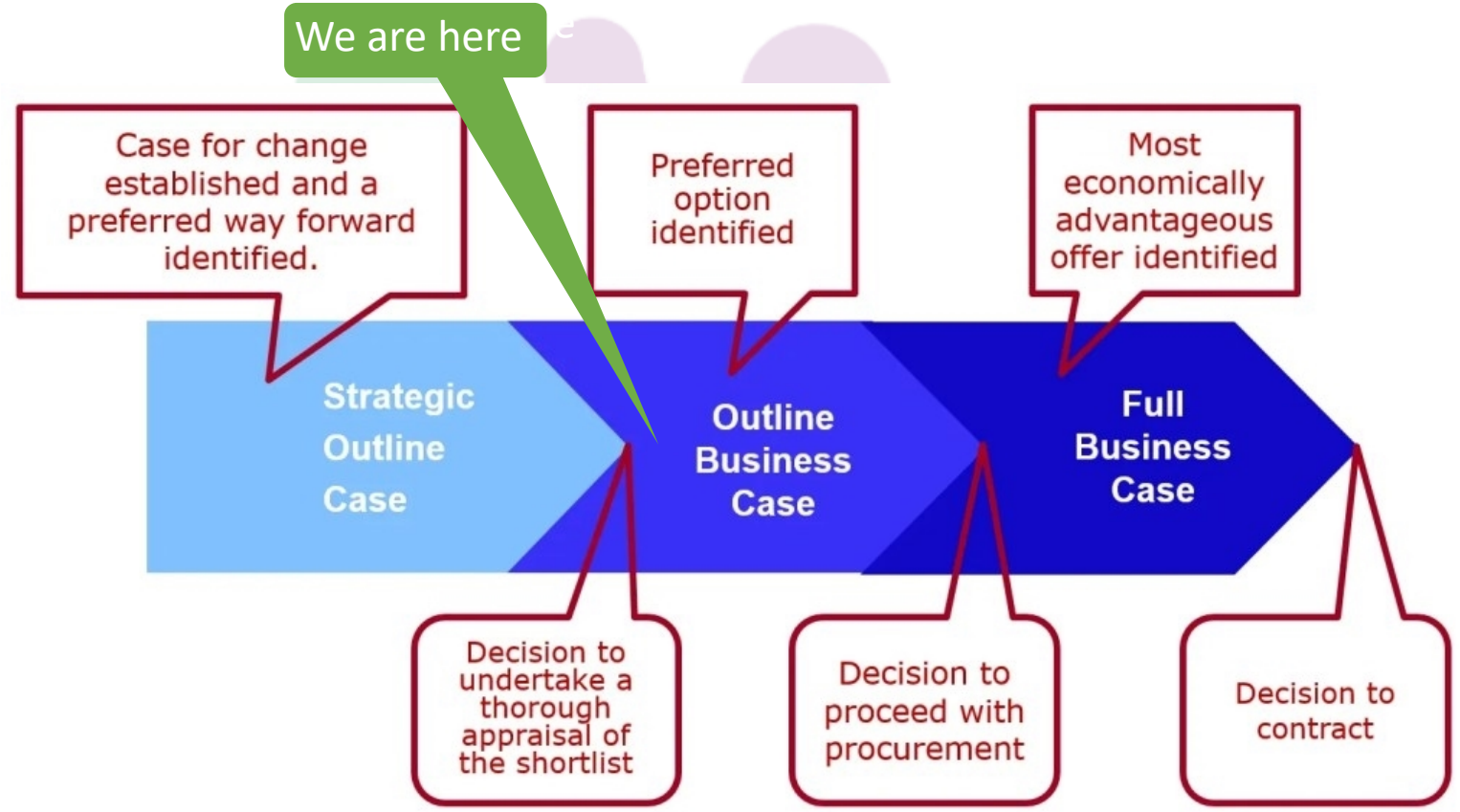
The Business Case Process

In Dec 2020 the Trust submitted a Strategic Outline Case (SOC). The options to take forward from the SOC were:

1. **Whole new hospital**
   - On site - est £995m
   - New site – est £1.3bn (*excluding land purchase or sale costs*)

2. ***Part new build/part refurbishment on existing site** – (new Elective Block and Urgent Care Block) est £785m

(**requested by NHP to deliver on reduced envelope*)



On 7 June 2023, the RBFT has received an ***initial funding allocation range***. This appears to be aligned to a **part redevelopment on current site.**

We are working with New Hospital Programme (NHP) to understand what this is expected to deliver under the new Hospital 2.0 model.

Following extensive engagement on the shortlisting process and clarification of NHP requirements and issues linked to an onsite development, in June 2023 the Board approved a proposal for a **preferred way forward** as a new hospital on a new site

Summary

- The funding allocation is being worked through with NHP and is not finalised – due to complete by end of March 2024
- The *preferred way forward* position is based on
  - Economic advantage set out in the SOC of new hospital on new site
  - Recent engagement undertaken
  - Understanding of NHP requirements of a Hospital 2.0 build on the current site
  - A detailed analysis on the shortlist now needs to take place
- The current funding allocation does not facilitate a move off site
- There may be structural issues with the site meaning development has constraints - Geo survey information key to this and the full report is due in April 2024

Engagement

Regular attendance at local events including MELA, Kenyan Family Day, PRIDE, Heritage Open Day at the Old Library at Royal Berks, Older People's Day at Broad Street Mall and connecting with young people at our Youth Forum. Speaking at local forums such as the Reading Civic Society and Cultural Education Partnership.

Arranging hospital site visits for Councillors to come and have a walk around the hospital and see some of the issues for themselves.

Regular events calendar on our website – please join us or read about it here
www.buildingberkshiretogether.co.uk

We have Patient Leaders in our meetings and involved in our work. If you want to be more involved please contact us BBT@royalberkshire.nhs.uk and follow us on social media

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NHS Foundation Trust

BUILDING BERKSHIRE Together
OUR NEW HOSPITAL PROGRAMME

@building_berkshire_together @buildingberkshiretogether @BuildingRBH

Next Steps

- Work with NHP over next 5 months to finalise our scheme
- Clinical Model – We are working with local integrated system partners on how the hospital will support transformation needed
- Geo surveys – In phases with final report due to report April 2024
- Data centre – Business Case Process
- Options development and appraisal process
- Continued engagement with local communities

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Integrated Performance Report

July 2023

Agenda Item 12

Improving Together

Improving together to deliver outstanding care for our community

July 2023 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st July. During this time, the Trust continued to experience high levels of demand across non-elective pathways. For 8 days in July, the Trust was affected by Consultant and Junior doctor industrial Action which resulted in the cancellation of over 600 outpatient appointments and almost 180 inpatient and daycase procedures. Despite the sustained pressure, our staff have continued to provide high quality, safe care and our **highest quality of care indicators (pages 6&7)** remain at expected levels.

The Trust remains challenged across the **Deliver in Partnership** objectives (pages 9-12) and performance against **the diagnostic waiting standard and Cancer waiting times** standards continue to fall below national standards. The former continues to deteriorate, driven by high levels of demand and capacity challenges and whilst actions including contracting for insourcing capacity are in place to address these areas, performance will remain challenged during 2023/24.

The Trust continues to perform well on the national **elective care standard** with the number of patients who have waited over 52 weeks on RTT pathways remaining at very low levels. This will come under pressure during the remainder of the year as the impact of capacity lost to industrial action takes effect.

The Trust's **vacancy rate** (page 17) remains above target. However, the **rate of turnover** (page 8) has fallen further still below target, reflecting the increased focus on this area from across the organisation - at its lowest for over a year.

Financial performance at Month 4 is £0.61m behind plan driven by continued spend on workforce and supplies and challenges in unlocking efficiency savings. Additional focus has been placed on this area by Trust senior management as indicated by the new breakthrough priority.

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	6	**Improve patient experience:** Number of complaints	
	7	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	8	**Improve retention:** Turnover rate	? L
Delivering in partnership	9-11	**Improve waiting times:** Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	P F H ?
	12	**Reduce inpatient admissions:** Rate of admission (LoS>0)	
Cultivate innovation and improvement	13	**Increase care closer to home:** Proportion of activity delivered at RBH	? H
Achieve long-term sustainability	14	**Live within our means:** Trust income and expenditure	F
	15	**Reduce impact on the environment:** CO2 emissions	P
Breakthrough priorities	17	**Recruit to establishment** (Vacancy %)	? H
	18	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	H
	19	**Support patients with cancer** Reduce 62 days cancer waits incomplete	?
	20	Delivery of £15m efficiency target	F
Watch metrics	22-31		N/A

Our Strategy: Improving Together

Royal Berkshire NHS Foundation Trust

Our Strategy Improving Together defines how we work together to deliver outstanding care for our community over the next 5 to 10 years.

Achieving Our Strategy and becoming an outstanding organisation relies on each and everyone of our staff identifying ways we can improve the care we deliver to patients everyday and ways in which we can reduce waste, inefficiency and variation.

To support this we are rolling out our **Improving Together** Programme. This program provides clarity on where we need to focus, support to staff to make real improvements and training, coaching and resources to our teams.

For the next five years, we will focus on five **Strategic Objectives**. To track our progress on these we have identified 8 **Strategic Metrics**. Each of our clinical and corporate teams are in the process of identifying how they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress. For the remainder of 22/23 we have identified 4 **Breakthrough Priorities** that we are looking for rapid improvement on. We have chosen these areas as data has shown us that progressing these areas will make a substantial impact on one or more strategic metrics.

Each month we will use data in this **Integrated Performance Report** to measure how much progress we have made on our strategic metrics and breakthrough priorities. For areas that are yet to reach our expectations we will set out the actions we are taking to improve performance further.

Alongside our priority indicators we will also report on a wider set of metrics, highlighting any indicators that we are paying closer attention to. At times these **Watch Metrics** may require us to reset our areas of priority focus. We will use a series of statistical measures and qualitative insight to guide us in this decision and will flag where we believe additional focus is required.

Our Vision: Working together to deliver outstanding care for our community

Strategic Objectives

Provide the highest quality care for all	Invest in our people and live out our values	Delivering in Partnership	Cultivate innovation and improvement	Achieve long-term sustainability

Strategic Metrics

• Improve patient experience • Reduce harm	• Improve retention	• Improve waiting times • Reduce inpatient admissions	• Increase care closer to home	• Live within our means • Reduce impact on the environment

Breakthrough Priorities

- Recruit to establishment
- Reduce the number of stranded patients
- Reduce 62-day cancer waits
- Delivery of £15m efficiency target

Watch metrics

- Metrics across all Strategic Objectives

Guide to statistical process control (SPC)

Introduction to SPC:
Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action. The Improving Together methodology incorporates the use of SPC Charts alongside the use of Business Rules to provide aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change.

A SPC chart plots data over time and allows us to detect if:

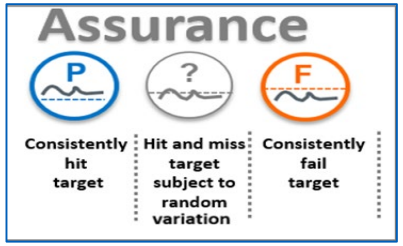
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

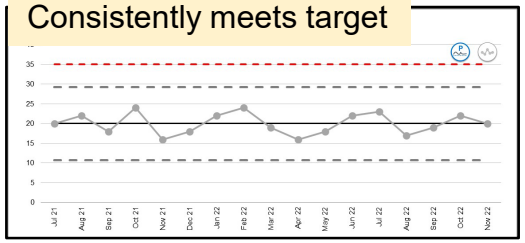
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

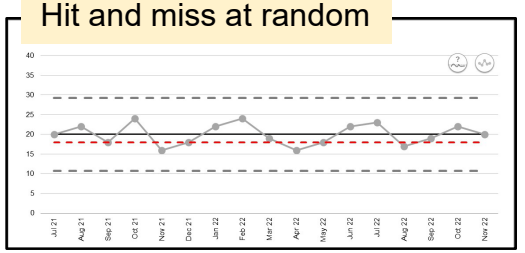
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.



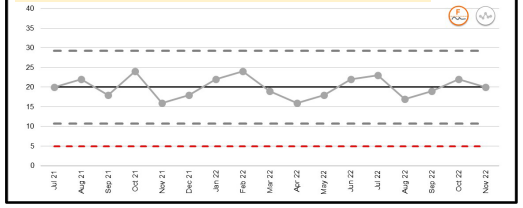
Consistently meets target

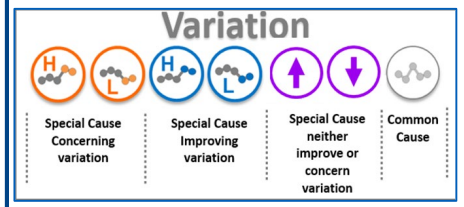


Hit and miss at random

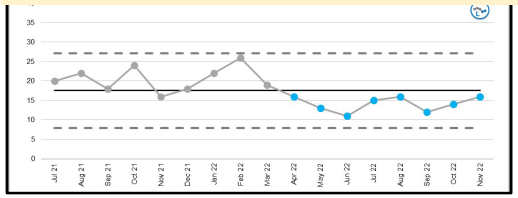


Consistently misses target

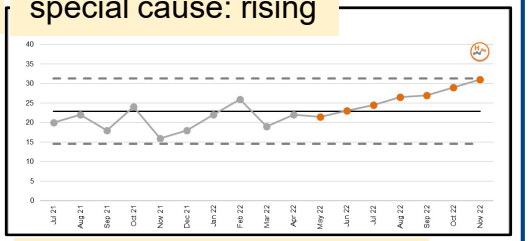




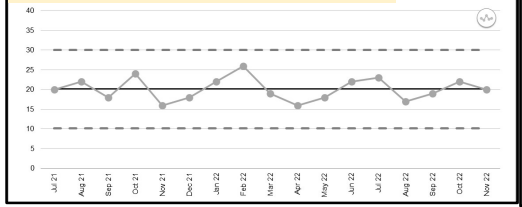
special cause: run below average



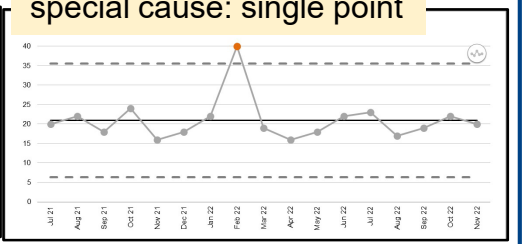
special cause: rising



common cause variation



special cause: single point



Royal Berkshire
NHS Foundation Trust

Strategic Metrics

Strategic objective: **Provide the highest quality care for all**

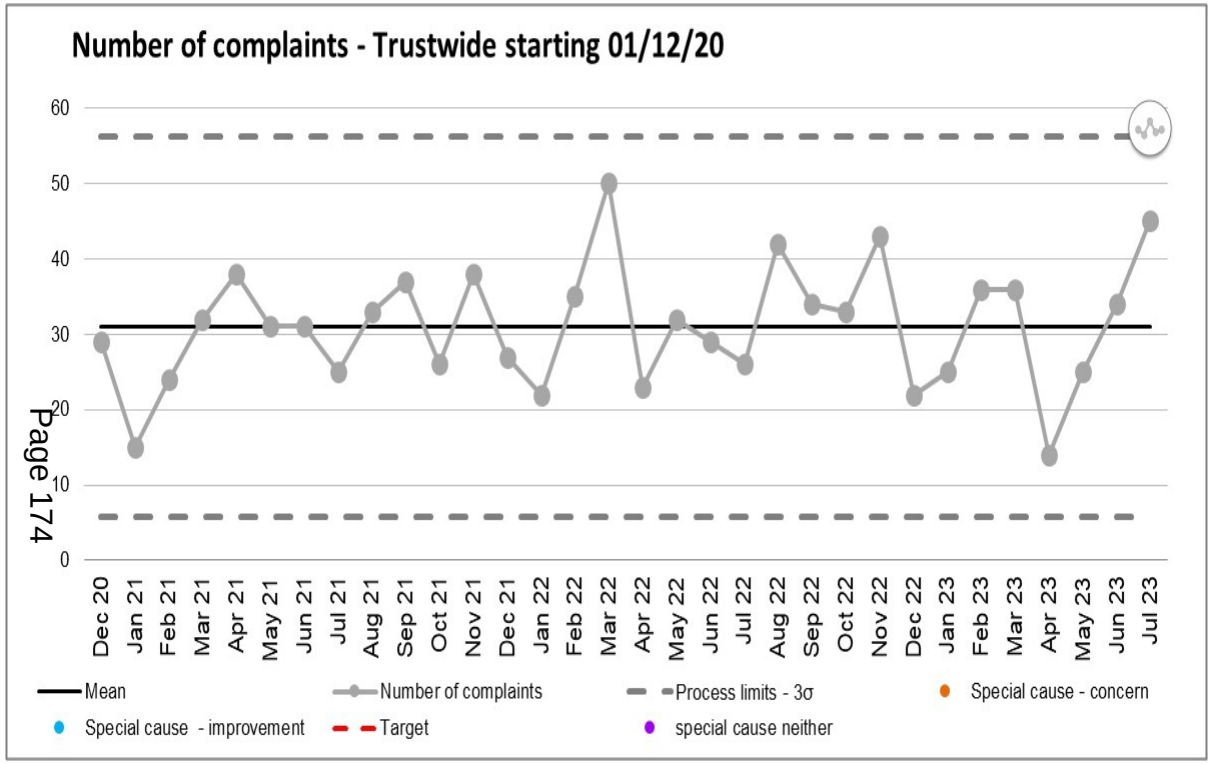
Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of complaints received	36	36	14	25	34	45
Complaints turnaround time within 25 days (%)	56%	80%	75%	75%	77%	61
No. of Vulnerable persons complaints			0	1	1	0

This metric measures:
Our objective is to improve the experience of receiving care within the Trust. We are working towards developing a holistic measure of patient experience that can provide regular timely information on how we are performing. Whilst that is in development, we are using the number of complaints received by the Trust within the calendar month.

How are we performing:
The Trust received 45 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
- Complaints – Emergency Department (7)
- PALS – Trauma and Orthopaedics (24), Emergency Department (22)
- **Overdue Complaint Responses / Reopened Complaints:**
- 5 overdue complaints for Urgent Care and 3 reopened complaints outstanding
- 1 overdue complaint for Networked Care and 5 reopened complaints outstanding
- 1 overdue complaint for Planned Care and 4 reopened complaints outstanding

Complaint Action Tracker:
- Currently we have 101 open actions on the Trust complaint tracker with 61% of those actions overdue. The team are working with the care groups to reduce this number

Vulnerable persons complaints:
- There were no complaints received in July 2023

Actions:
- Continuous Patient Advice and Liaison Service (PALS) monitoring to gauge current issues
- Triangulation meetings continue with Patient Safety to identify Trust wide themes
- Current deep dive into streamlining the complaint data analysis and production **(Q3 23/24)**
- Deep dive into theme of 'communication' to begin identifying areas for improvement **(Q2 23/24)**
- Implementation of improvement plans from process mapping to streamline both PALs and complaint process **(Q3 23/24)**

Risks:
- Industrial Action - the impact of planning, during and recovery compromising Investigating Officers (IOs) ability to undertake responses and completion of actions

Strategic objective: **Provide the highest quality care for all**

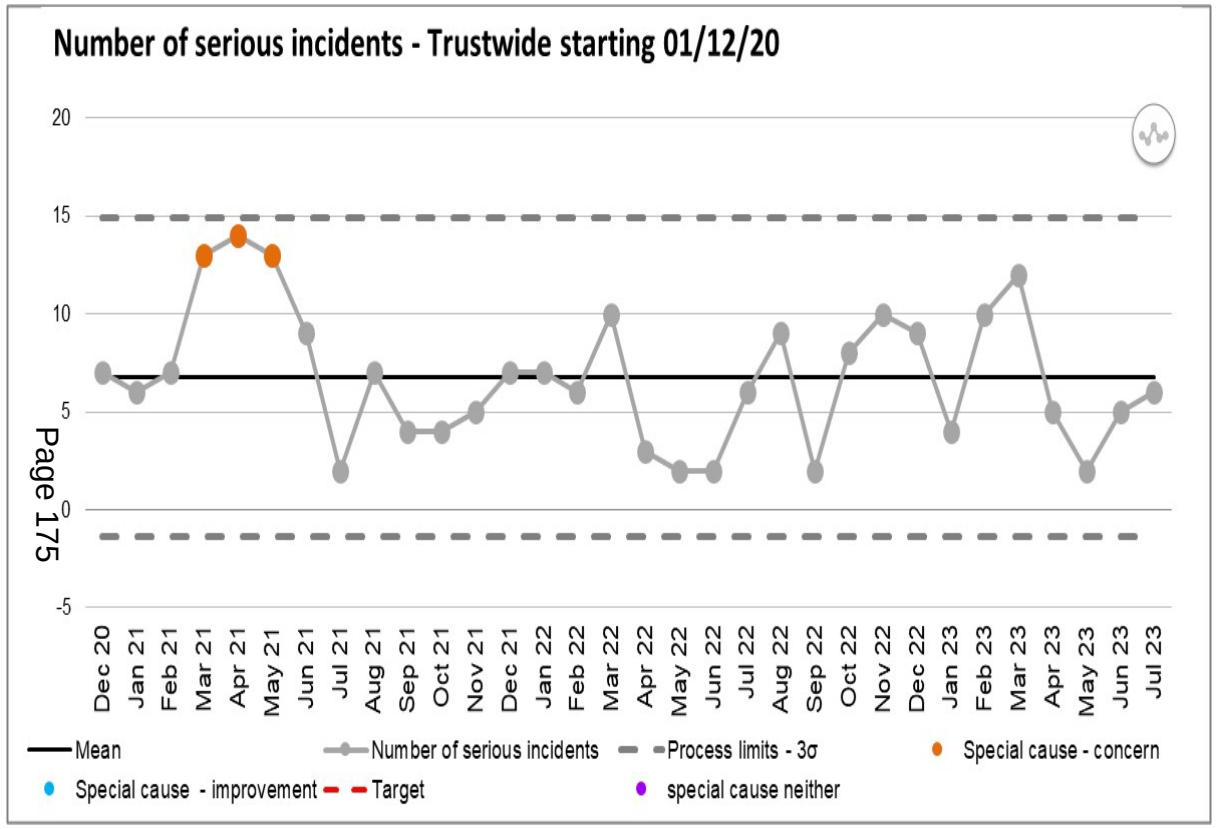
Strategic metric: All declared serious incidents (SI's)

Board Committee: Quality committee

SRO: Eamonn Sullivan

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of serious incidents reported	10	12	5	2	5	6
Serious Incidents related to vulnerable persons			0	0	0	0

This metric measures:
Our objective is to reduce avoidable harm across all our services. The metric we have chosen to assess or progress in this measures the number of reported serious incidents in the Trust in the month. The data relates to the date we are reporting date rather than the incident date.

How are we performing:
6 Serious incidents (SI's) were reported in July 2023, 3 in Planned Care and 3 in Urgent Care which includes 2 Maternity incidents and a case of wrong site surgery in Radiology which was reported as a Never Event. Treatment delay is a continuing upward trend with 2 out of the 6 SI's in July falling into this category. No SI's were reported for Maternity during Q1, and the 2 in July were a transfer in from an unplanned homebirth which the Healthcare Safety Investigation Branch will examine, and a pre-term intrauterine death which will be investigated through the Perinatal Mortality Review Tool process.
Duty of Candour was met in all incidents and learning disseminated. Key learning themes from July SI's include a rapid review of WHO checklists and LocSiPPS, and acuity reviews for Obstetric theatres and Delivery Suite. Pro-active engagement has been undertaken with the CQC as the Never Event is reviewed.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition by **March 2024**, piloting January 2024
- Patient safety profiling data capture and analysis is now underway
- Transition to LFPSE (NHS learn from patient safety events system) by **September 2023**
- Working with Care Groups on improvement plans including SI actions and overdue DATIX
- Responsive and pro-active improvement work continues across the Trust including Deteriorating Patient workstream, Venous thromboembolism (VTE), Pressure Ulcers (PU) and Falls

Risks:
- Patient Safety Team resource constraints – additional workload created by PSIRF implementation is absorbed by current means, balancing these needs whilst maintaining responsiveness to serious incidents represents some challenge
- Further potential for additional Ophthalmology patients to be identified who have suffered harm from treatment delays - a group SI is ongoing
- Potential future harm from the impact of industrial action which endures

Strategic objective: **Invest in our people and live out our values**

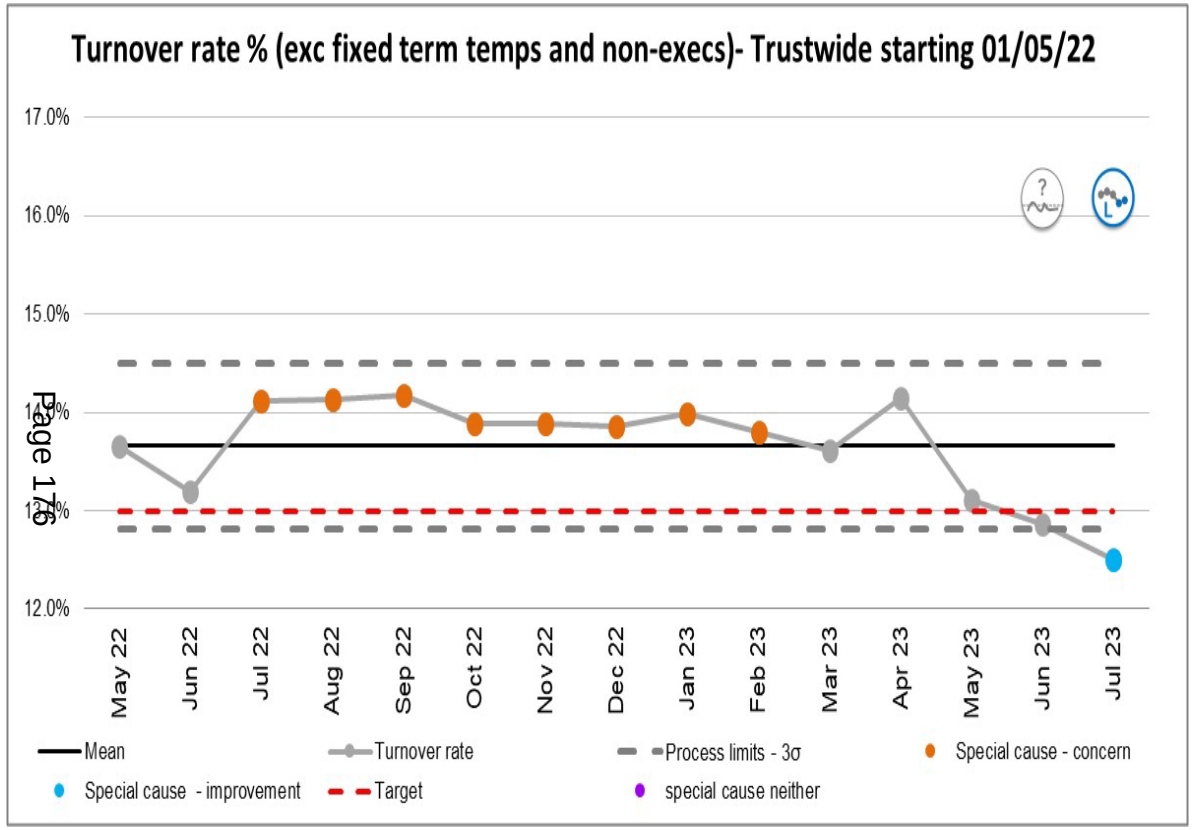
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
?	L

Royal Berkshire NHS Foundation Trust



This metric measures:
Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole Time Equivalent (WTE) leavers in the month divided by the average of the WTE of staff in post in the month. The Trust has an ambition to reduce turnover to 11.5. This will be continually monitored and reviewed.

How are we performing:
Turnover currently sitting at 12.50% (excluding fixed term/temp) denoting a reduction for the second month from 13.11% in May 23 and 12.87% in June. There is active work taking place across hotspot areas (Pharmacy, T&O,) with further engagement in a number of other services such as Elderly Care and ICU. The exit interviews and stay conversations are now active and being implemented across teams. Data analysis will follow. Data deep dives are under way in the cohort of staff that fall within 0-12 months employment as the highest number of leavers fall in this category. Branding support is active across areas that are struggling to recruit.

Actions:
- Staff survey 2023 planning in progress to increase response rates and engagement, with a particular focus on those achieving <57% response rate in 2022
- Leavers' questionnaire (exit interviews) data evaluation underway
- Career conversation train the trainer completed, targeting Practice Educators, Directorate Managers (DMs) & Matrons
- Hurley stay survey completed and feedback compiled to share with Matron, Director of Nursing (DON) & People and Change Partner (PCP)

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Staff turnover rate	13.80%	13.61%	14.14%	13.11%	12.87%	12.50%

Risks:
- Lack of financial influence on retention
- Local review of staff turnover will highlight where specific action will be focused
- Environmental factors a constant challenge i.e., cost of living
- NHS less attractive since the pandemic – need to focus on attraction as part of the ongoing Recruitment impact work

Strategic objective: **Deliver in partnership**

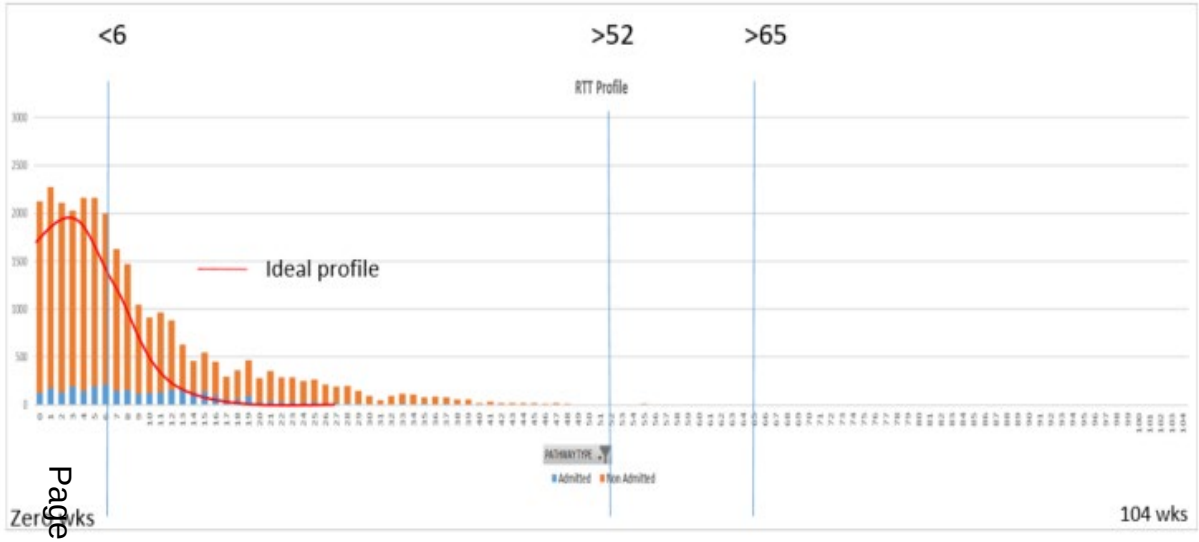
Strategic metric: Reduce Elective long waiters

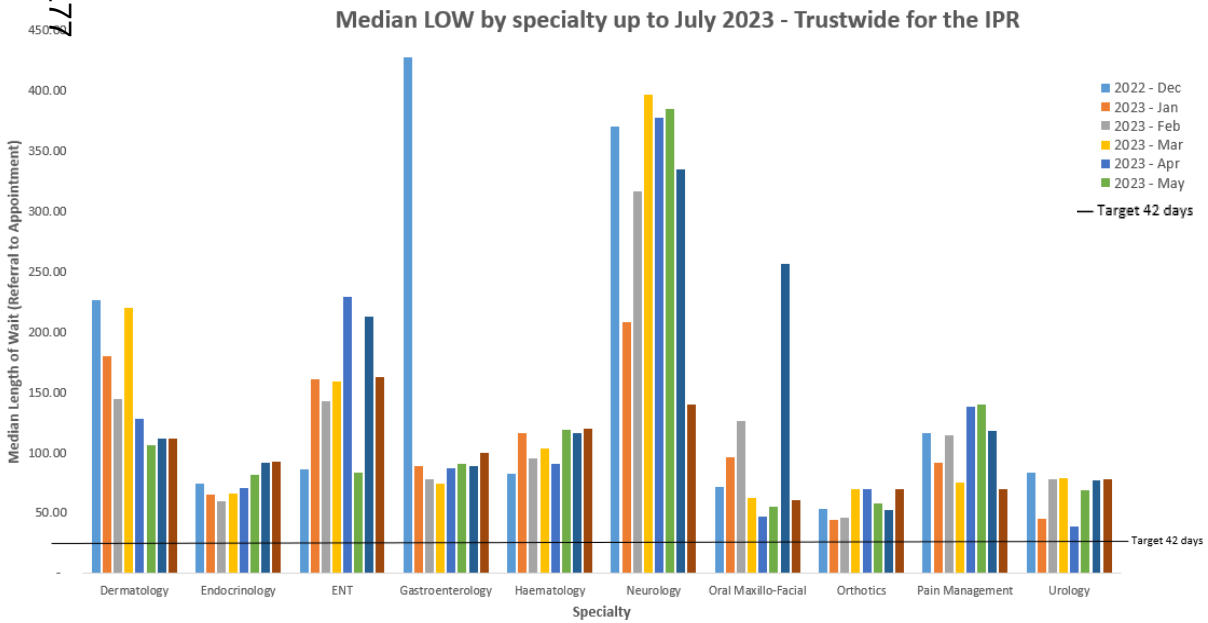
Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
P	N/A

Royal Berkshire NHS Foundation Trust





This metric measures

Our objective is to reduce the number of patients experiencing excess waiting times for elective care as measured by the national Referral to Treatment Time standards. Nationally there is an expectation that we eradicate >65 week waits by March 24. We want to exceed these standards and eradicate waits over 52wks consistently during 2023-24.

How are we performing:

- The Trust is maintaining a low number of >52 week wait RTT pathways
- The Trust is maintaining a stable PTL size that is comparable to 2019
- However, waiting times remain extended beyond the ideal
- Maintaining this position and further improvement to the RTT profile will be achieved through shortening stages of **treatment** across the elective pathway, in particular waiting times to 1st OPA
- Routine 1st OPA are currently extending well beyond the ideal 6 week horizon. The chart provided shows the median waiting times for patients booked in the relevant month

Actions:

- Median waits for all 1st OPAs booked in June has been adopted across the care group and board reporting
- Work with each specialty team to understand capacity position, identify where alternative delivery methods can add value and where appropriate convert follow-up slots to first OPA slots
- Phase 2 operational data cleansing and process investigation is underway. (Improved visibility within GPAS/booking functions)
- Deployment of fully integrated e-Triage and referral management solution. User Acceptance Testing expected to complete in Aug 23. (Automated data entry, increased A&G, decreased duplication and improved outpatient booking instructions)
- Contracting for insourcing capacity to increase capacity in gastroenterology and urology

Risks:

- Repeated industrial action is significantly impacting the elective programme – continuing loss of activity resulting in longer waits for routine OP appointments and an increase in 52week waits
- Sustained increased demand across the cancer pathway (Urology, Dermatology and Gastro) displacing routine workload
- Implementation of capped rates having significant impact on Trust's ability to provide additional capacity

Strategic objective: **Deliver in partnership**

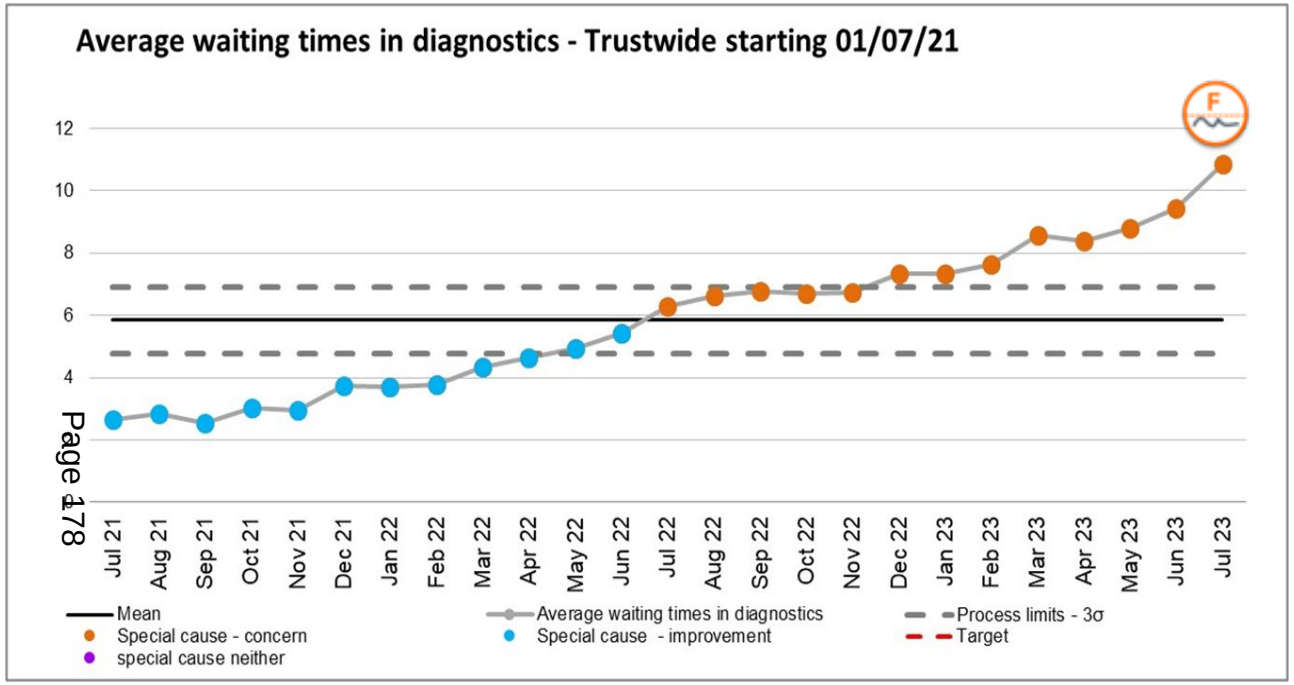
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Average wait all modalities (wks)	**7.65**	**8.56**	**8.37**	**8.80**	**9.42**	**10.84**
Imaging	3.15	3.42	3.90	3.44	3.20	3.80
Physiological Measurement	7.26	7.25	7.18	8.42	9.02	7.47
Endoscopy	21.16	22.93	21.62	22.83	26.07	27.58
Cancer	2.87	3.31	3.14	3.00	2.59	3.66
Urgent	12.06	13.39	13.25	13.61	14.76	16.83
Routine	7.13	7.83	7.71	8.13	8.63	9.65

This measures:
Our objective is to reduce the number of patients experiencing excess waiting times for diagnostic services, which is a key driver for cancer, RTT, post inpatient procedure and surveillance pathways. We measure our performance through the average length of time patients have been on the waiting list and the end of each reporting month.

How are we performing:
- We remain significantly behind the 99% within 6-week standard, driven primarily by Endoscopy and MRI
- Endoscopy is driving the longest waits across the Trust which represent the majority of the >6 week patients. This will remain a challenge in the coming months owing both to increasing demand and capacity constraints
- Performance in June shows a small reduction in both the total diagnostic waiting list size, in both < and > 6 weeks groups. However there is no movement in the >13 week cohort (which has not grown either)

Actions:
- As previously reported to the Board, the Endoscopy service have a comprehensive plan for recruitment, capacity and utilisation that is being worked through. However, these are focused upon the long term. in the short term, work is being insourced, with medium term options being explored i.e., use of theatres and CDC
- Within imaging, MRI rental scanner is being extended for 2 days pw to 5 days pw from 22/05/23. Outsourcing to independent sector providers is in place. A project is in place for a 2x scanner facility at CDC site with a provisional go live of Q1 24/25. In the short term, extended 7 day working is underway to replace capacity lost through electrical breakdown

Risks:

Endoscopy
- Cancer pathway demand is continuing to grow, and expected to grow further
- Waiting times for non-cancer work grow as a result or prioritising cancer work
- Capped rates for additional consultant sessions

Imaging
- Capacity for MRI and in CT continues to lag behind demand

Physiological Measurements (PM)
- Cardiology may see a decline in DM01 performance going forward. We no longer have a locum and two members of staff are due to leave

Strategic objective: **Deliver in partnership**

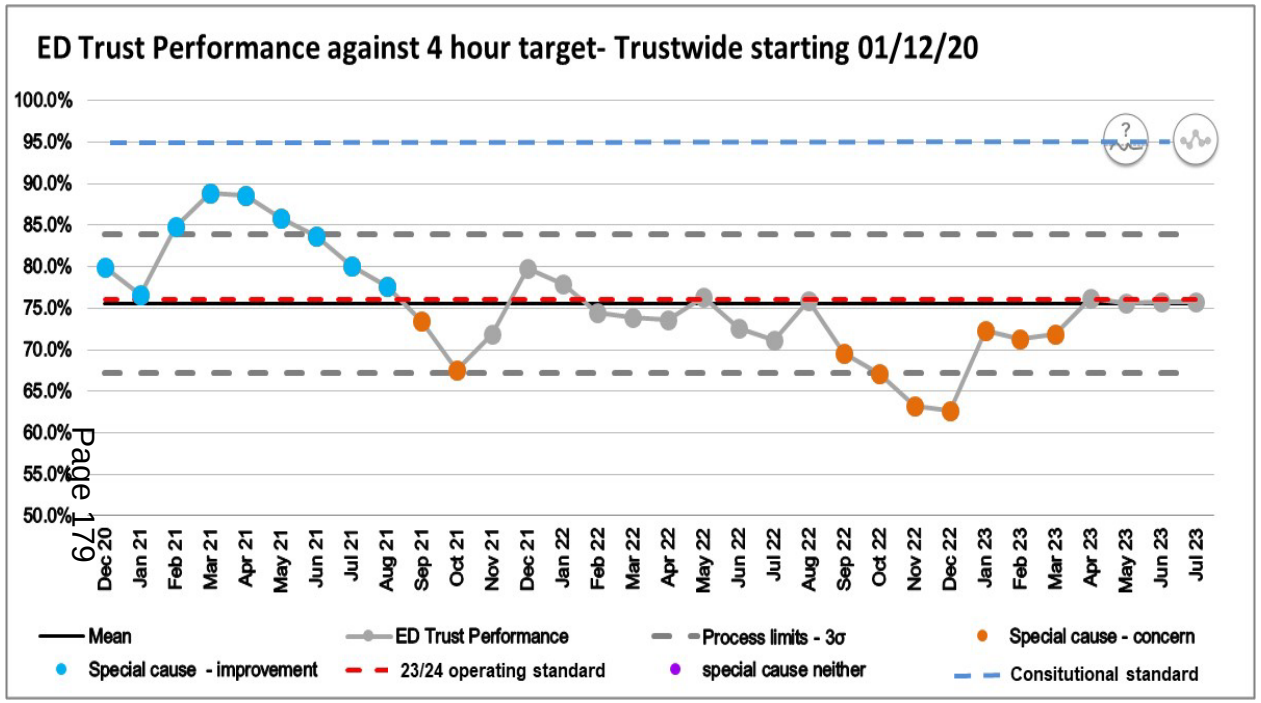
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
4hour Performance (%)	71.36%	71.92%	76.20%	75.62%	75.76%	75.83%
Total Attendances	13392	15253	13444	15179	15168	14864
Total Breaches	3835	4283	3200	3701	3677	3592
4hour Performance (%) 2022	74.42%	73.94%	73.64%	76.37%	72.66%	71.19%
Total Attendances 2022	12488	14675	13577	14850	14935	14444
Total Breaches 2022	3195	3825	3579	3509	4083	4162

This measures:
Our objective is to reduce the number of patients experiencing excess waiting times for emergency service. We measure this through the percentage of patients who attend the Emergency Department (ED) and are seen within 4 hours of their arrival. Delivering against this standard requires cooperation across both the hospital and with partners in the wider health and care system. While the constitutional standard remains at 95%, NHSE has set Trusts a target of consistently seeing 76% of patients within 4 hours by the end of March 24.

How are we performing:
- In July 75.83% of patients were seen within 4 hours. Despite a seemingly consistent overall performance, high acuity and attendances frequently >400 have led to significant challenges, reflected in performance variation (63 - 80%)
- EDMU activity reduced to an average of 100 patients per day in July. Performance remains consistent with the 95% standard met on 23/31 days in July. The increasing number of inappropriate GP referrals e.g. replacement dressings has been communicated to BOB.
- >60 mins breaches demonstrate continued improvement. Further audit work and meeting planned with SCAS at end of Aug to discuss opportunities for efficiency

Actions:
- Zone F (ambulatory) utilisation has been significantly limited due to lack of staffing resource. Decision to pause usage, assess the impact and benefits & record our working model and lessons learned for future opening
- TINA dashboard work continuing with dashboards update planned to include safety KPIs e.g. VTE as well as clear escalation triggers per zone
- Reading UCC appointment booking – current issues with EMIS installation delaying go-live. RBH UAT continuing alongside background reconfiguration with IT, Regulation Authority and EMIS support. **Aiming for go-live in w/c 21/8**
- Additional focus on medical staffing model with aim to optimise resource with attendance trend demand

Risks:
- Demand continues to grow in excess of population growth and funding
- Staffing resource to support additional areas safely
- Space constraints of the current ED facility
- Capacity challenges in pathology and diagnostics
- Dependence on specialties to see referred patients in a timely manner
- Continued financial and staff resilience cost of strike action

Strategic objective: **Deliver in partnership**

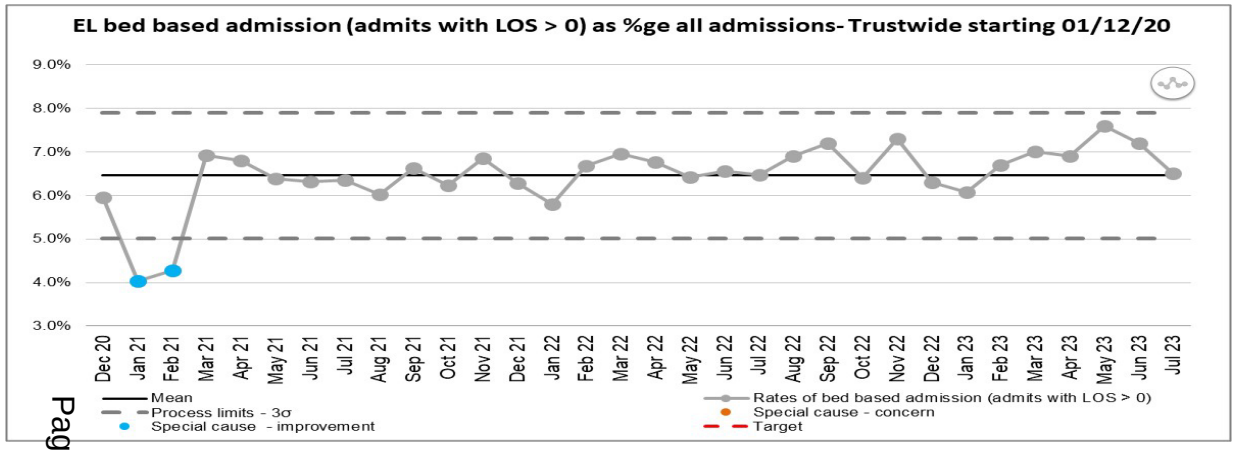
Strategic metric: Reduce inpatient admissions

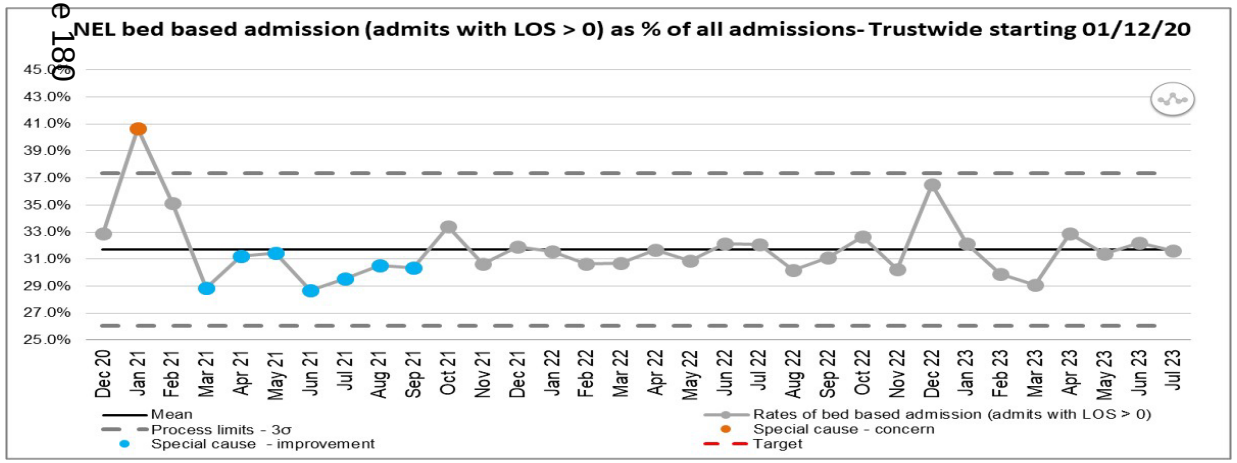
Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation

Royal Berkshire NHS Foundation Trust





% of admissions with Los>0	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Elective	6.7%	7.0%	6.9%	7.6%	7.2%	6.5%
Non-elective	29.9%	29.1%	32.9%	31.4%	32.2%	31.6%

This measures:
Our objective is to reduce the need for patients to be admitted to a hospital bed as we know that unnecessary admission impacts on patient outcomes. We are seeking to progress this through a combination of improving the underling health of our population, working in partnership with community providers to maximise admission avoidance programmes and implementing change to our non-elective and elective pathways such as same day emergency care and day-case procedures.
We are measuring our progress by monitoring the proportion of our elective and non-elective admissions that result in an overnight stay in the hospital and are looking for this metric to decline overtime.

How are we performing:
This metric is a work in progress. There are several factors which require further investigation (e.g. variability of bed numbers (elective/non-elective) and occupancy).

However, volume analysis of the past 12 months shows daycase volume, overnight stays volume, daycase rate (average 85%) and non-elective overnight rate (average 31%) are all relatively stable.

Actions:
- For elective admissions, review GIRFT data as part of Theatres Efficiency programme and ensure day case rates are at optimal levels
- For non-elective admissions, continue to pursue Same Day Emergency Care (SDEC) and virtual hospital work to increase numbers of admissions avoided; and develop a hospital-wide patient flow programme to reduce inpatient length of stay and expedite timely discharge

Risks:
- Theatre utilisation work does not have sufficient impact on increasing day case rates, resulting in more and longer inpatient stays for patients on elective pathways
- Admission avoidance work and patient flow programmes do not sufficient impact on avoiding admissions and reducing length of stay, resulting in high bed occupancy, slow flow, and delays for patients at all stages

Strategic objective: Cultivate Innovation and Improvement

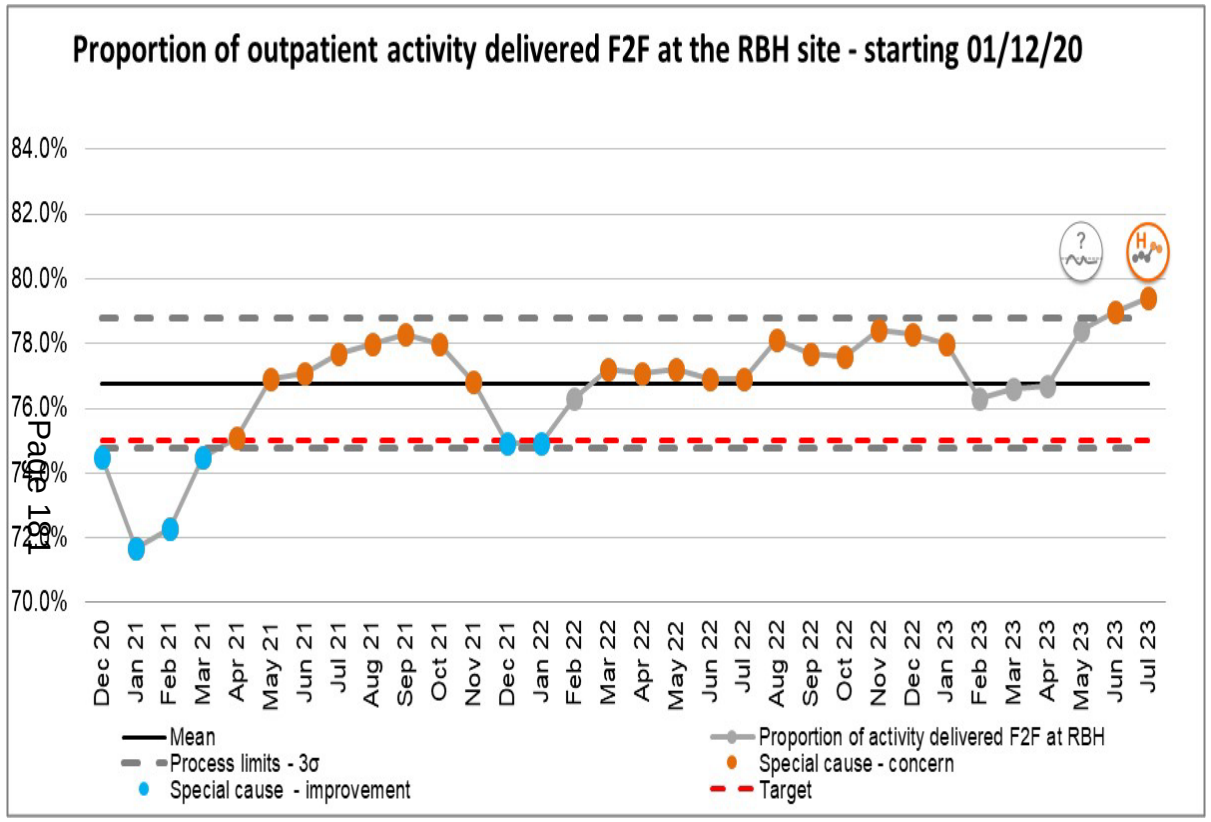
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% of all care provided from RBH site	76.3%	76.6%	76.7%	78.4%	79.0%	79.4%

This measures:
Our objective is to deliver as much care as possible at locations close to patients own homes or places of residence. This will in ensure that all our communities benefit from high quality care, we will be able to reduce unnecessary journeys and we will make best use of our digital and built infrastructure. We are currently developing a way of measuring the distance travelled by patients to their care. In the intervening time we are tracking the volume of outpatient care delivered face to face (F2F) at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling through our investment in delivering care from our other sites and digital infrastructure.

How are we performing:
In July, the proportion of care delivered from the RBH site was 79.4%. This was 0.4% percentage points above June and remains an increase on the position 12 months ago. In recent months, this metric is likely to have been impacted by industrial action. In July, Industrial Action affected more than 20% of clinic days in July, with clinics across the other RBFT sites particularly impacted and therefore driving up the proportion of activity delivered on the RBH site.

Actions:
The Executive Management Committee are progressing a range of measures to improve our performance including:

- Progressing Community Diagnostics Centres (**Q3 2023/24)**
- Continue roll out of patient portal to support patients in managing their appointments **(23/24)**
- Working with clinicians to improve update of digital care platforms (Digital Hospital Programme 23-24)
- Exploring opportunities for MDT delivery in partnership with primary care. First pilot went live with Dermatology in July. **(Q2 23/24)**

Risks:

- Our drive to increase the number of first OP appointments to support delivery of elective waiting times is likely to result in a higher volume of face to face activity
- Digital and telephone appointments create additional requirements for clinicians
- Capacity within primary care to support demand for urgent care from patients
- Impact of ongoing Industrial action on activity across the Trust

Strategic objective: **Achieve long-term sustainability**

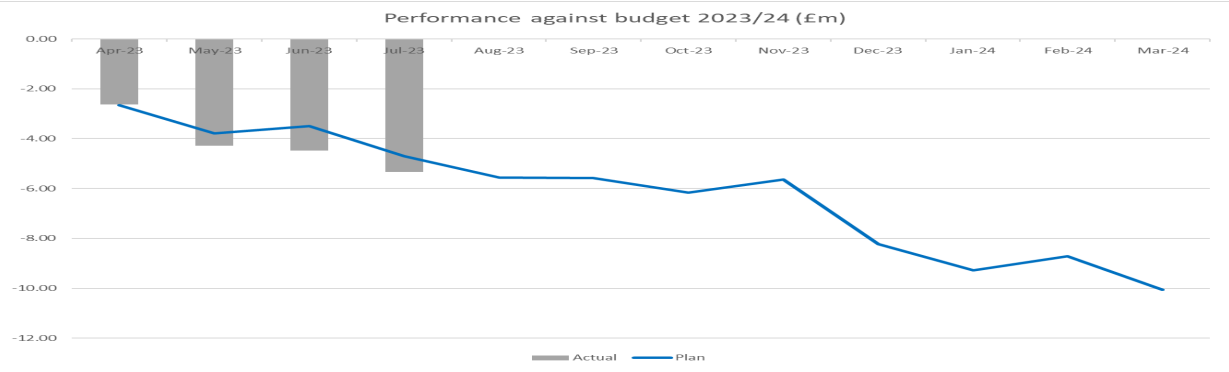
Strategic metric: Trust income & expenditure performance

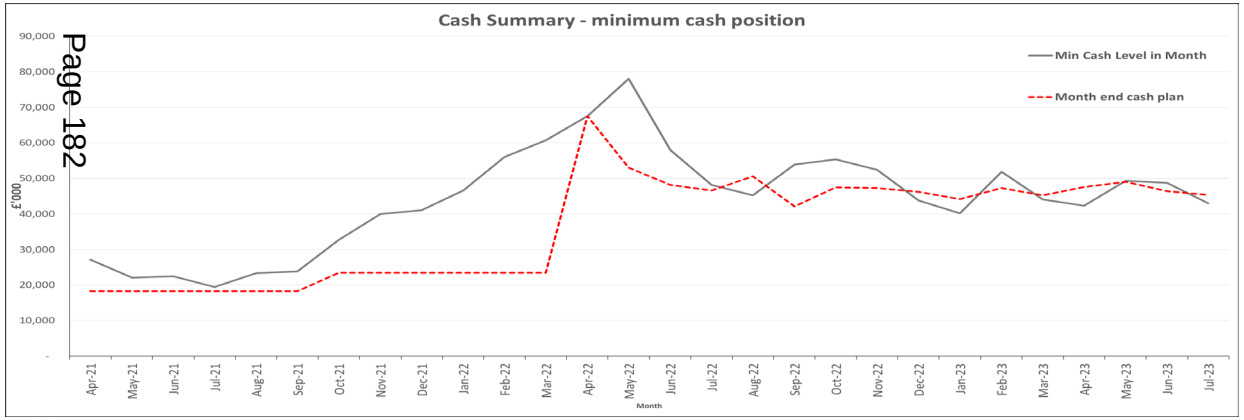
Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust





	Year to date				Full Year
	Actual	Plan	Variance against plan	RAG	Plan
Income (incl pass through)	£194.93m	£189.95m	£4.99m	▲	£574.16m
Pay	£116.70m	£113.34m	-£3.36m	▲	£339.99m
Non Pay (incl pass through)	£80.95m	£78.38m	-£2.57m	▲	£235.43m
Other	£2.23m	£2.94m	£0.71m	◆	£8.79m
Surplus/(Deficit)	-£5.29m	-£4.71m	-£0.57m	◆	-£10.05m
Exclude donated Asset Effect, centrally funded PPE and Impairment	-£0.04m	£0.00m	-£0.04m	◆	£0.00m
Adjusted Financial Performance (NHSE Plan)	-£5.33m	-£4.71m	-£0.61m	▲	-£10.05m

This measures:
Our objective is to live within our means. We have set a budget of a £10.05m full year 2023/24 deficit as the first step on our return to a break-even position.

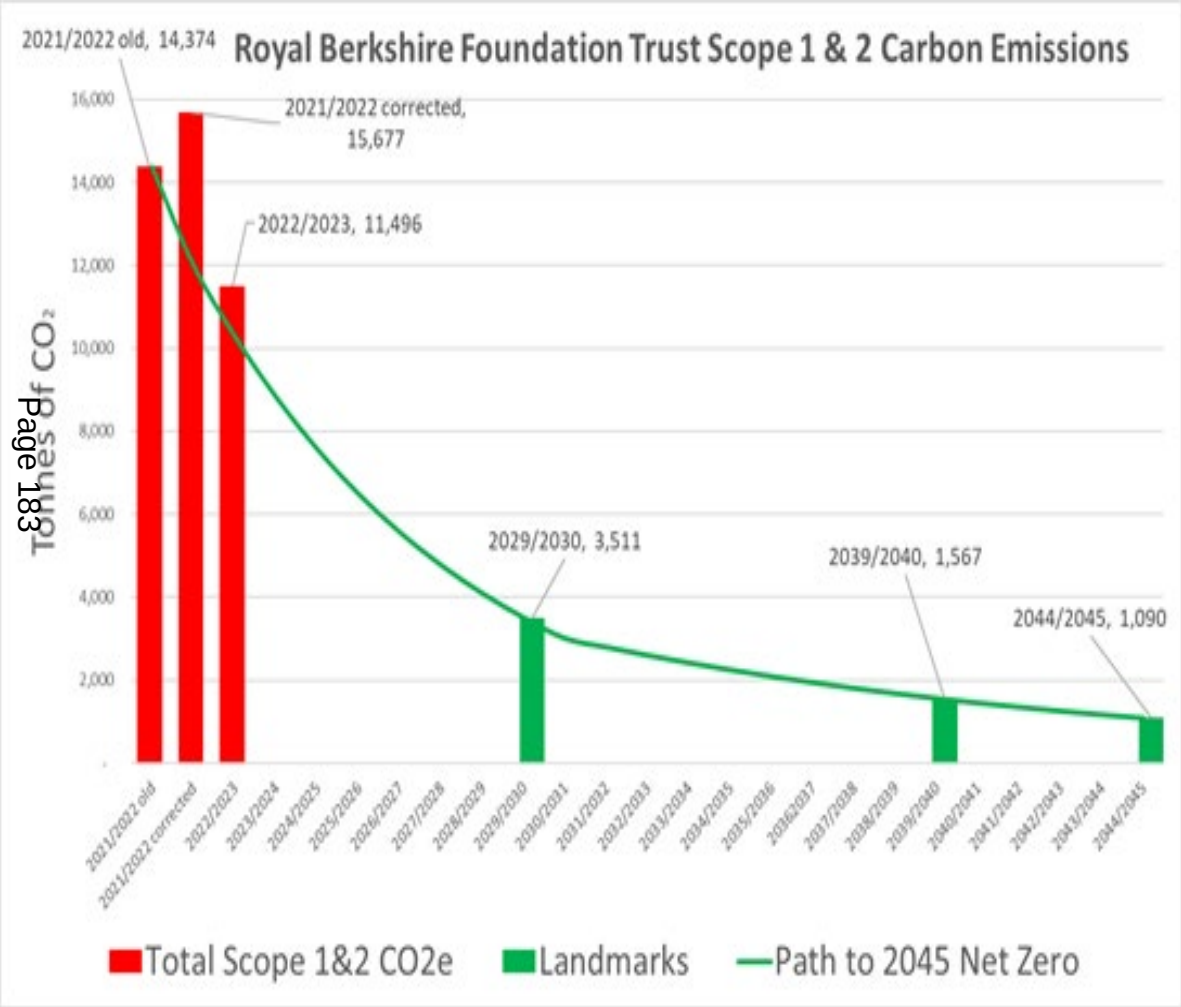
How are we performing:
Month 04 YTD, July 2023, financial performance is a £(5.33)m deficit, which is £(0.61)m worse than plan YTD.
Income is ahead of plan by £4.99m, the variance is partly driven by the accrual for AFC pay award, confirmed post planning, in addition, £1.33m is accrued income for the incident (Insurance settlement).
The Pay position is £(3.36)m adverse to plan YTD, this includes the additional cost of industrial actions of £0.76m that occurred in April, May, June, and July 23.
Non-Pay costs are over budget YTD by £(2.57)m driven by the delays in mobilising of savings programmes in the YTD-M04 position, which includes £1.33m related to the incident, with a corresponding income amount which has been accrued in expectation of the settlement of our insurance claim.
Workforce actions have been taken which have seen a reduction in temporary staff usage at M04 compared to quarter one run rate reflecting the positive impact of increased scrutiny on rotas and booking of bank and agency shifts.

Actions:
- Focus is needed to make run-rate reductions. We are working with a third party to develop proposals on a contingent fee basis for further savings delivery across specific procurement contracts
- Additional workforce controls have been implemented
- The Efficiency and Productivity Committee has received updates on the progress towards the £15m savings programme. We now have £12.25m of risk assessed delivery in year of which £3.21m has been delivered at M04 YTD

Risks:
- Higher than budgeted sickness levels
- Inflationary pressure is occurring where the Trust is not in fixed price contract
- Impact of existing foreseen and future strike action, and the costs of reproviding the lost capacity
- Identification and delivery of the remainder of the full £15m savings programme

Strategic objective: **Achieve long-term sustainability**

Strategic metric: CO2 emissions



Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
	N/A

Royal Berkshire NHS Foundation Trust

This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We have finalised the 2022/23 full year report and are setting up quarterly in year reporting during the year to regularly measure our performance. We are exploring how we benchmark our performance against other organisations and our own planned trajectory, in conjunction with other organisations across BOB ICS.

How we are performing:
The data for energy use has been collated from the properties owned by the Trust. The total 2022/23 RBFT carbon footprint for scope 1 and 2 emissions (The NHS Carbon Footprint) was calculated as 11,496 tonnes of CO2, compared to the updated, 15,677 tonnes for 2021/2022. These emissions included electricity imported, Energy Centre (main site) and wider Trust estates gas utilisation accounting for Combined Heat and Power (CHP), generators, medical gases; inhalers; refrigerant Fugitive F-Gas and fleet vehicles.

Actions:
- A paper is being considered at Finance Committee / EMC in August to agree next steps to resource continued pace of carbon reduction

Risks:
- Lack of in year reporting poses a risk on certainty as to achievement of our Green Plan
- Achievement at pace of major net zero actions requires investment and the Trust's deficit position means that prioritisation of expenditure may not permit the net zero agenda to be progressed at the pace intended, particularly regarding capital expenditure
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Royal Berkshire NHS Foundation Trust

Breakthrough Priorities

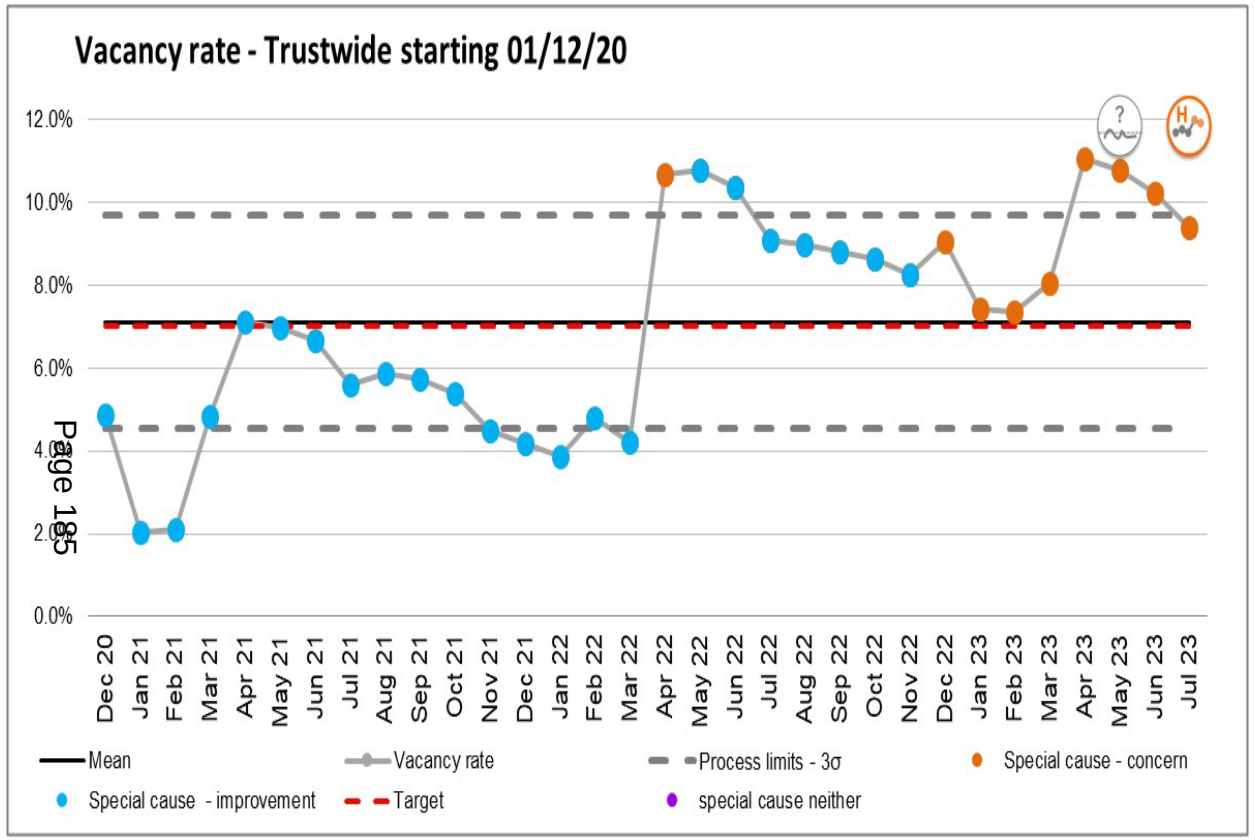
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Trust Performance	7.37%	8.04%	11.04%	10.79%	10.22%	9.38%

This metric measures:
We are seeking to make significant inroads into our vacancy rate as we know that having substantive staff in role will provide quality and financial benefits across the organisation. We are tracking our progress by monitoring the unfilled substantive full time equivalent (FTE) as a percentage of the total staffing budgeted FTE.
**please note: there was an increase in establishment between FYs 21/22 & 22/23 which is why there is a significant increase in the vacancy rate from March 22 to April 23*

How are we performing:
- Vacancy rate continues at statistically high rate although is reducing month on month since Q1
- 76 vacancies went to advert, a total of 112 candidates were shortlisted for interviews
- 86 offers were made across the Trust for domestic recruitment
- On boarded 14 international nurses, 4 Midwives and 2 Occupational Therapists.
- 32 HCA candidates interviewed resulting in 21 candidates accepting
- The clinical open day resulted in 1 Nursing Associate, 2 Paediatric Nurses, 10 Adult Nurses and 5 Midwives being recruited
- Continuing to monitor Time to Hire. This has highlighted areas of concern in particular time taken to shortlist and OH clearance. Working with the OH and recruitment teams on supporting managers to speed up the overall recruitment process
- Work is continuing with the EDI & Digital Marketing teams to build on becoming a more inclusive employer

Actions:
- Attendance at local job fairs and inhouse non-clinical/clinical open days for Autumn/Winter
- Social media campaigns for targeted areas where recruitment is proving difficult
- Reviewing vacancy rates with appointing managers to challenge agency/NHSP spend to reduce expenditure
- Pastoral accreditation award documentation has been submitted – decision pending
- Reviewing the need to offer Retention/Golden Hello payments for hard to recruit roles Finance and Workforce Information establishing a working group to look at the recording of budgeted WTE in ESR to facilitate more accurate reporting of vacancies

Risks:
- Affordable housing in the local area is an urgent requirement
- Competition from neighbouring Trusts offering higher pay rates and incentives to hard to recruit roles and International recruits may affect current pipelines

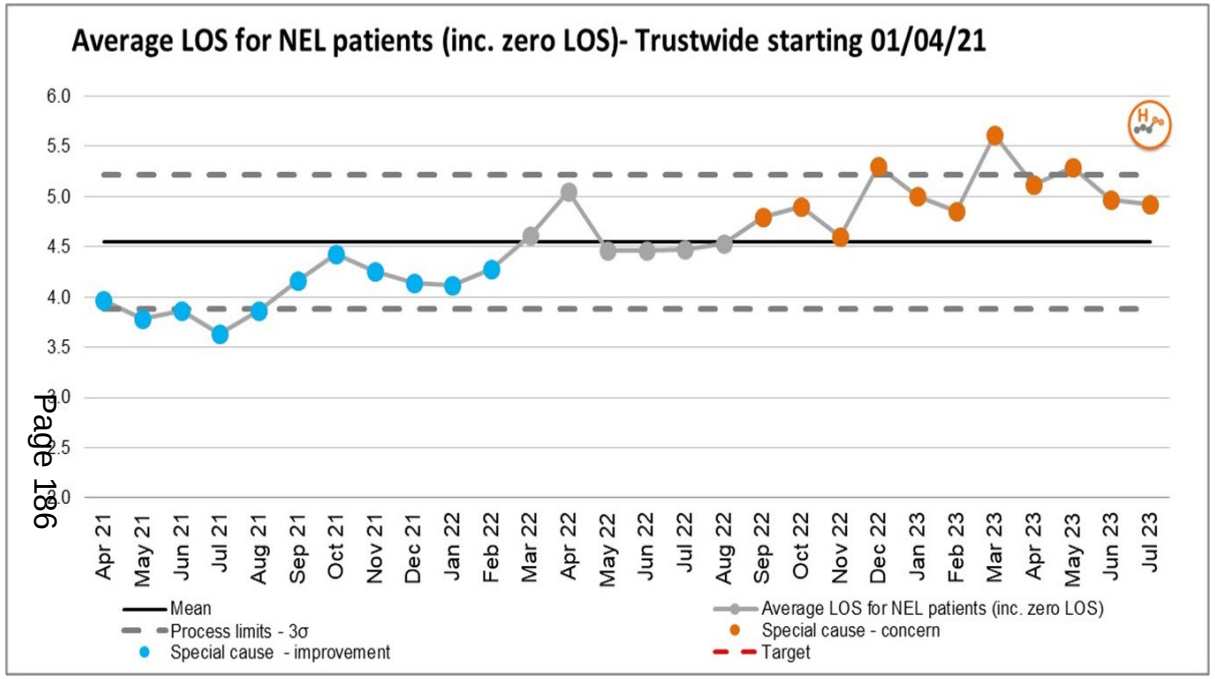
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Ave LOS for NEL patients (inc. zero LOS	4.85	5.61	5.12	5.29	4.97	4.92

This metric measures:

Our objective is to reduce the average Length of Stay (LOS) for non-elective patients to:

- Maximise the use of our limited bed base for the patients that need it most
- Reduce the harm caused to patients due to unwarranted longer stays in hospital, including from infection
- Positively impact ambulance handover times and Emergency Department performance
- Minimise the costs associated with excess stays in hospital beyond what is clinically appropriate

How are we performing:

- The 2-year trend is an increasing LOS for non-elective patients to 4.5 days on average, which is a return to pre-COVID norms. This is driven in part by a reduction in the number of patients with a 1 day LOS
- Additionally, the time that patients have been waiting for a community package of care, once medically optimised for discharge, has increased

Actions:

A holistic patient flow programme is underway, involving various workstreams to tackle the key elements of the pathway including:

- Minimising admission rates and unwarranted variation
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge
- Identifying and tackling the cultural change required to support effective patient flow

Risks:

- Patient flow is impacted by many factors that are difficult to control and this means that while progress can be made it does not always result in observable change to the metric
- It will take time to embed any changes to patient flow which will then be able to be sustained for the long term. The risk is therefore a loss of momentum and motivation from wider teams
- There are a wide variety of stakeholders to bring on board with this project and the capacity of the team is limited. The challenging aim is for Trust-wide changes in culture and practice

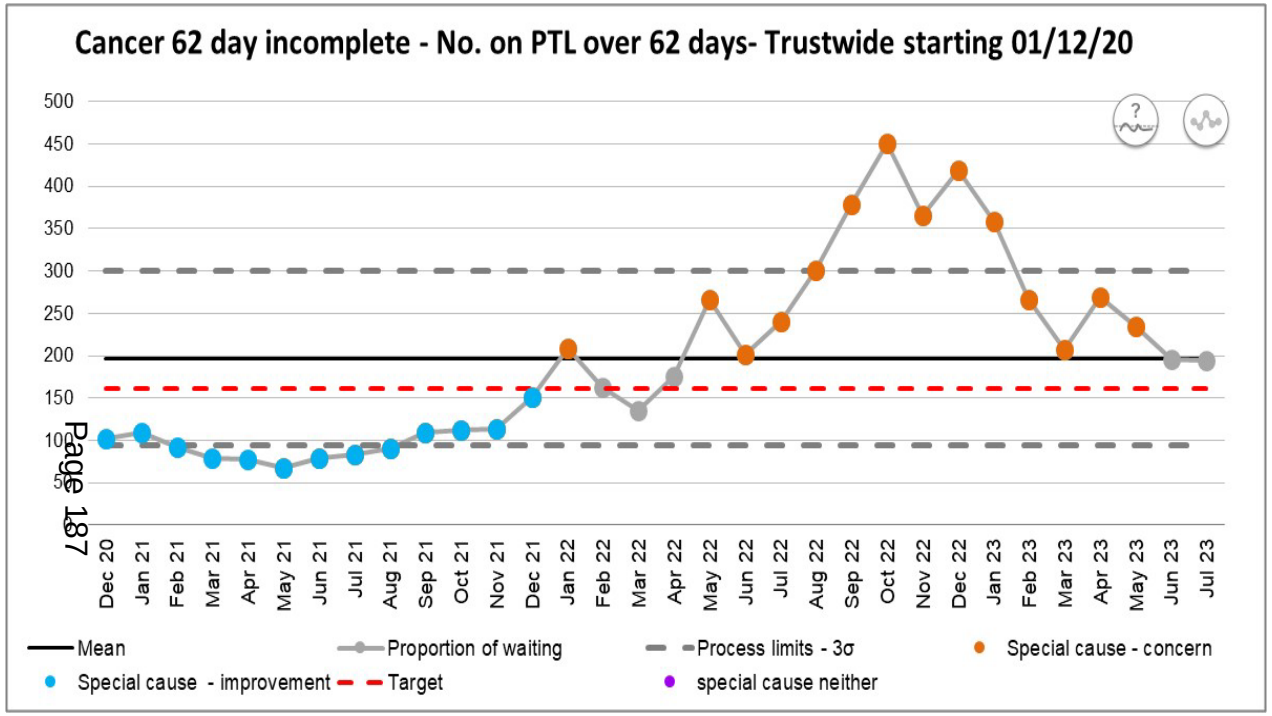
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Trust Performance	67.40%	71.90%	64.30%	65.00%	70.50%	66.40%
Total Cancer PTL list	2191	2252	2275	2152	2316	2325
No. on PTL > 62 days	266	207	269	235	195	194
Incomplete - % on PTL over 62 days	12.10	9.2	11.9	11.1	8.7	8.3
Cancer 28 day Faster Diagnosis	72.4	72.3	76.0	73.0	77.5	78.2

This measures:
We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this areas and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally and the target is 161 patients by March 2024

How are we performing: Comment about change in target

- In June, 70% of patients on a cancer pathway were treated within 62days against 85% target
- July performance is incomplete and un-validated at 66%. As of the end of June the total number of patient on the PTL >62 days shows a decrease to 196 largely due to histology improvements
- Going forward, the revised rate card for doctors is expected to impact negatively on cancer performance and the 161 target (surgery and gastro extra lists/clinics) exacerbated by industrial action. Total GI patients on the PTL are rising (over 100 in the last 4 weeks)

Actions:

- Insourcing capacity to support gastrointestinal (GI) and urology pathway work
- £300k additional funding for GI secured from TVCA. Additional £470k funding being finalised from the bids submitted to TVCA
- New prostate pathway implemented from 7th August to meet 28 day standard and reduce time to MRI and biopsy
- H&N 1 stop service to be implemented following Charity Board approval for an US machine
- Additional scrutiny at weekly Tuesday Cancer Action Group in conjunction with Thames Valley Cancer Alliance (TVCA) & NHS South East (SE) region

Risks:

- 2ww demand levels remain high
- Doctors Rate card significantly affecting clinic and list capacity (huge impact in GI) and likely to see significant growth in patients >62 days as a result
- Funding from TVCA is non-recurrent and may add pressure to budgets next year
- Industrial action
- Prioritisation of non-malignant pathways may result in adverse impact on other pathways

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 122 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

Should a metric exceed its process controls we undertake a check to determine whether further investigation is necessary and consider whether a focus should be given to the metric at our performance meetings with teams.

If a metric be significantly elevated for a prolonged period of time we may determine that the appropriate course of action is to include it within the strategic metrics for a period.

Alerting Metrics July 2023:

In the last month 19 of the 122 metrics exceeded their process controls. These are set out in the table opposite.

A number of the alerting relate to the operational pressures experienced in the Trust and the focus being given to enhancing flow and addressing diagnostic and cancer performance is expected to have impact on these metrics as well as the strategic metrics covered in the report above, this includes those relating to cancer, stroke and mixed sex accommodation.

Other alerting metrics are aligned to strategic metrics including patient experience, serious incidents, maternity safety, delivery of OP by telephone or digital and financial performance.

A final set relate to mandatory training and appraisal completion. In addition to the focus on recruitment, the Trust has put in place a number of interventions to support improvement action in this area.

For this month new alerting metrics include:
% of patient with a #NOF operated on within 36 hrs

Provide the highest quality of care for all
- No. of DOLS applications applied for
- Unborn babies on child protection (CP) / child in need plans (CIP)
- Clostridium difficile (C.Diff) cumulative
- Mixed sex accommodation breaches

Invest in our staff and live out or values
- Ethnicity progression disparity ratio
- Stability rates %
- Rolling 12 month sickness absence
- Appraisal rates

Deliver in Partnership
- Ambulatory care NEL admissions
- Average NEL LOS (excluding 0 LOS)
- % of patients seen by a stroke consultant within 14 hours of admission
- % of patient with a #NOF operated on within 36 hrs
- % patients with high TIA risk treated within 24 hours
- Cancer 2wk wait: cancer suspected
- Cancer 31 day wait: surgery
- Cancer 31 day wait: radiotherapy
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement
- % OP treated virtually

Achieve long term sustainability
- Non pay cost vs Budget (£m)

Access to GP-led services in Berkshire West - Project Summary

Overview and project rationale

Across Berkshire West, the three Healthwatch joined together to produce a health and social care survey which asked local people what matters most to them. The results showed us that GP access, and quality of GP services, were their top priorities.

It is well known that GP practices are extremely stretched nationally as well as locally. However, what we have heard locally is that people registered with local GPs are not aware of new ways of working and therefore their expectations do not match what they might experience when contacting their GP practice or seeking help.

Our project will focus on exploring this further to understand what the public do know, where the gaps are and how communication can improve to address these.

The project is also supported by the following documents.

Berkshire West Health and Social Care Priorities 2023 -2024

Healthwatch England GP Recovery Plan

Healthwatch Wokingham Borough Patient Views July 2022

Project Aims

To support GP surgeries to improve their communication with the public, thereby reducing the number of complaints received about access to GP-led services.

To increase public awareness of other options available for help and self-help, including the NHS App, thereby reducing phone waiting times.

We will meet our aims through:

- Exploring the public understanding of what to expect when contacting their GP practice regarding the new ways of working.
- Listening to how the public are receiving information from their surgery and what they would like to see improved or changed.

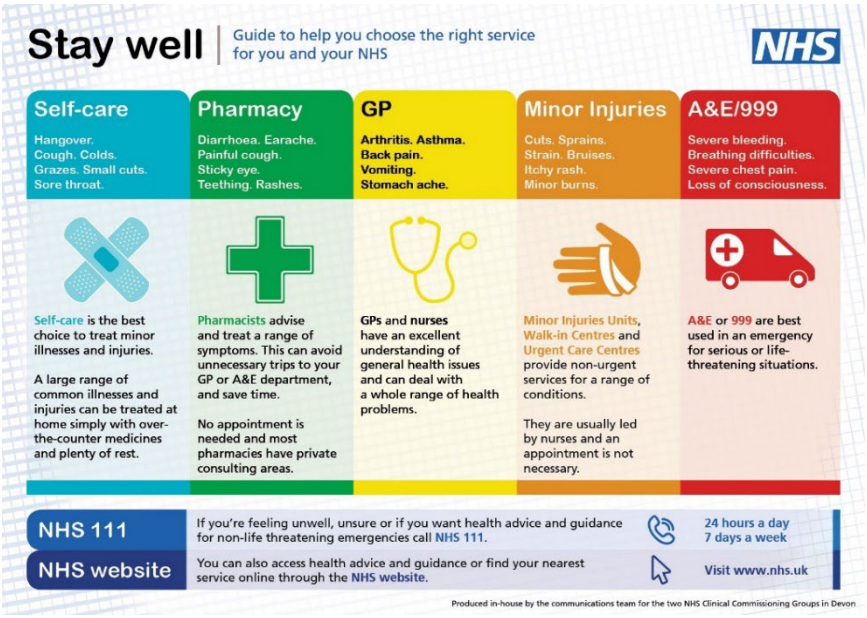
- Increasing awareness of other options available to seek help with their wellbeing.
- Presenting our findings to the GP practices in Berkshire West via the Primary Care Alliance, PCN Managers Forum and BOB ICB Primary Care Manager to share what people think about communication of key information and make recommendations as appropriate.
- Following up our recommendations after 6 months to find out whether our aims have been achieved.

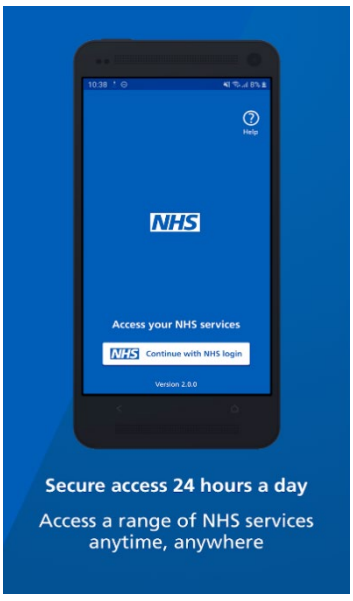
What is the new way of working?

GP-led services

- Triage when appointments are booked with trained person
- Same day appointments booked early morning
- Telephone access and cloud telephony – call back function (phased implementation)
- Phone / online appointments
- Appointments with other healthcare professionals such as paramedic or pharmacist
- Use of online systems such as eConsult
- Use of the NHS App
- Not seeing the same GP each time
- Named team or GP, especially for long term/chronic/complex conditions

Choosing the right service





Methodology

- Speak to PPGs.
- Conduct focus groups:
  - General face to face.
  - Targeted face to face, e.g. people with learning disabilities, people with mental health difficulties, older people.
  - Online (minimum of one per area).

  We aim to speak to at least 100 people per locality.
- Request information from all GP practices on their services which will be used to check what people know about their surgery and raise awareness of how practices now work.
- Seek baseline information for previous six months from practices / PCN / PCA then re-request 6 months post-project:
  - Number of complaints and concerns received that cite appointments and access to services as the main issue.
  - Phone waiting times.
  - Percentage of patients signed up the NHS App.

Communications

We will seek participants through a broad range of traditional and online channels including:

- GP Surgeries / PCNs
- PPGs
- Voluntary Sector Organisations
- Primary Care Manager at BOB ICB
- Health and Wellbeing Boards
- Local Authorities
- Media (newspapers, social media, radio)

Timescales

September to November 2023	Networking / Comms / Focus Groups
December 2023	Data analysis
January 2024	Draft report to PCNs and BOB ICB
February 2024	Publish final report
August/September 2024	Re-request data and ascertain changes made as a result of the project

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Exploring the oral health of under 10s in Norcot, Church and Southcote

Overview and project rationale

In Reading 31.6% of 5 year olds had one or more obvious untreated dentally decayed teeth (national prevalence 29.3%) and 2.5% had had one or more teeth extracted due to dental decay (2022 National Dental Epidemiology Programme Survey). Reading Borough Council does not currently have an oral health strategy.

As part of Core20PLUS5 targeted action, Healthwatch Reading, in partnership with BOB ICB, Healthwatch Bucks and Healthwatch Oxfordshire. are undertaking a project to find out more about the oral health of children in areas of Reading. This is part of the Community Connectors programme funded by NHS England.

Project Aims and outcomes

To identify issues, including barriers and 'what works', for parents, carers and children when: accessing oral health information; helping children with good dental hygiene and to develop good habits early; and experience of accessing regular dental checks.

To understand what is/should be happening at Place and ICB-wide, mapping against NICE recommendations provided to NHSE on oral health promotion and disease prevention.

To connect communities with decision-makers and make recommendations that will lead to change, for example in the way oral health advice and information is provided.

To empower a group of Community Connectors to feel more able to speak up for themselves and others.

We will meet our aims through:

- Recruiting people from our communities to train as Community Connectors who will speak to local people about their children's oral health.
- Facilitating conversations between decision-makers and the Connectors.
- Preparing reports based on our findings in Reading and a combined report with Healthwatch Bucks and Healthwatch Oxfordshire that include recommendations for change.
- Speaking to the Community Connectors to evaluate the project and understand the impact it has had on them personally.
- Following up to find out what changes have been made as a result of the project.

Methodology

- Recruit, train and support at least 5 Community Connectors who will in turn each speak to at least 5 parents/carers about their experiences and seek their views.
- Research local oral health initiatives and national policy.
- Work with the Connectors to develop recommendations for change.
- Bring together key decision makers, providers and Connectors to discuss the report and recommendations and request formal responses to be included in the final reports.
- Publish the final reports in full and in summary.

Working in partnership

As well as BOB ICB, Healthwatch Bucks and Healthwatch Oxfordshire, we will work closely with Reading Borough Council and local VCSE organisations.

Timescales (tbc)

August 2023	Planning and networking.
September 2023	Recruit Community Connectors.
October 2023	Train Community Connectors; start speaking to local people; research local and national oral health initiatives and policies.
November 2023	Continue speaking to local people.
December 2023	Collate responses; develop recommendations.
January 2024	Issue draft reports; conduct discussions between decision makers, providers and Community Connectors; seek formal responses.
February 2024	Publish final reports.
August 2024	Seek updates on changes made following the report.

READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	Community Health Champions Programme Update
Purpose of the report	To note the report for information
Report author	Martin White
Job title	Consultant in Public Health
Organisation	Reading Borough Council
Recommendations	1. That the board notes that the Community Health Champions Programme (CHC) has now begun and is progressing towards delivery of a supported network of champions. 2. That the board notes that the CHC is a development of the CVC, in addition to driving the uptake of vaccine and immunisation programmes it aims to develop health knowledge of communities, strengthen community action, self-help and engagement with health promoting activities and interventions.

1. Executive Summary

1.1. This report provides an update on the Community Health Champions Programme (CHC), the next phase of the Reading Community Vaccines Champion programme (CVC) which ended in October 2022. The CHC is a development of the previous CVC campaign which was focussed on promoting the uptake of the COVID vaccination amongst disadvantaged communities. CHC will have a programme plan that includes a wider range of health priorities in addition to the uptake of vaccines.

1.2. Since the end of CVC, additional grant funding has been secured for the programme. Planning for the next phase has progressed well with increasing activity taking place in the second quarter of 2023-24 to develop the training for the network of champions, programme branding and the recruitment to the CHC support team. The detail about current progress is reported below.

2. Programme Update

2.1. The programme has been funded by a combination of the Contain Outbreak Management Fund (COMF) and the Access and Inequalities Fund (AIF) which has been granted through the Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board (BOB ICB). The COMF was allocated in April 2023 and will be used until March 2024, the AIF is until June 2024. The funding has allowed the CVC network and the residual activity to be ramped up towards a fully functioning supported network of around 50 champions by the beginning of November 2023.

Recruitment

2.2. There are currently 15 people on the waiting list to join the network of champions. The recruitment process for three programme posts has begun and interviews will be completed within two weeks from 18th September. The programme roles will drive the work and include:

- Community Health Champion Coordinator
- Community Health Champion Lead
- Community Health Inequalities Officer.

Once recruitment has been completed a follow-on recruitment campaign will begin for the Community Health Champions themselves. To help with this a recruitment video has been produced by the media officer at ACRE (Alliance for Cohesion and Racial Equality) and will be out in September. The video includes interviews with existing health champions about their role which can then be shared across communities, in the different languages that the health champions speak.

2.3. It should be noted that the role of the Community Health Inequalities Officer will include identification of new funding sources to ensure the sustainability of the programme beyond the current year.

Branding

2.4. The CHC branding is being co-designed with the existing community health champions. It will include a logo and tagline and will be used on a range of marketing materials. The aim is to enhance the visibility of the champions in the community; support their confidence in the role and strengthen their identification as a community health champion.

Training

2.5. Colleagues at the New Directions College are working in partnership with Reading Public Health and Wellbeing Team and with ACRE to recruit a tutor who will deliver a co-designed training programme for the new community health champions. The training will begin on 30th October 2023 and will include a number of relevant topics to develop knowledge and understanding including opportunities for Level 2 accredited training from the Royal Society of Public Health.

Communications

2.6. Communications continue to be shared with the existing network of community champions. This includes the latest Integrated Care Board communications bulletin and details of recent developments such as the September launch of the seasonal vaccination campaign for Covid-19 and Influenza.

3. The Proposal

3.1. It is proposed that the Health and Wellbeing Board notes that the CHC programme has begun and is progressing towards delivery of a supported network of champions.

3.2. That the board notes that the CHC is a development of the CVC, in addition to driving the uptake of vaccine and immunisation programmes it aims to develop health knowledge of communities, strengthen community action, self-help and engagement with health promoting activities and interventions.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The proposal provides an update and assurance about the CHC programme and its contribution towards achieving the goals of Priority 1 Reduce the differences in health between different groups of people. The purpose of the CHC programme is to empower communities by improving access to health information and healthcare services. The intervention aims to reduce the effects of health inequality amongst communities and

population groups that are excluded, have low confidence in vaccination programmes or experience poor access.

4.2. CHC programme also has the potential to contribute to the other four priorities areas dependent upon the inclusion of wider health topics in the training offer and the extent of engagement with the network by members of priority communities and vulnerable population groups.

5. Environmental and Climate Implications

5.1. This proposal in itself does not have an environmental or climate implication. However, it is possible that the health consequences of climate impact and mitigation may form a part of the training programme for the network of champions.

6. Community Engagement

6.1. Community engagement is a central principle of the CHC programme which continues the methods that bult the Community Vaccine Champions network during the early stages of the COVID 19 pandemic. Its work is founded upon the views of local stakeholder communities and no further consultation has been conducted.

7. Equality Implications

7.1. Not applicable. EIA is not relevant to the proposal.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. Not applicable.

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	Seasonal Berkshire Influenza Campaign
Purpose of the report	To note the report for information
Report author	Martin White
Job title	Consultant in Public health
Organisation	Reading Borough Council
Recommendations	1. It is proposed that the Health and Wellbeing Board notes that the seasonal flu and Accelerated Autumn Vaccination Programme has begun, is supported by a communications campaign and equality projects that aim to encourage uptake amongst eligible vulnerable groups. 2. That the board also notes that the programme is supported in Reading through targeted projects and a voucher reimbursement scheme available for Reading Borough Council frontline employees.

1. Executive Summary

1.1. This report provides a brief update on the 2023-24 seasonal flu campaign across Berkshire West and the arrangements for employees and frontline employees at Reading Borough Council.

2. Background and Context

2.1. The emergence of a new variant of COVID-19 classified as BA.2.86, was a sufficient concern to bring forward the flu and covid autumn winter vaccination programme. The UK Health Security Agency (UKHSA) published a briefing note on the 30th August 2023 to inform stakeholders of the acceleration of the 2023-24 autumn flu and COVID-19 vaccination campaign in England. The campaign start date was brought forward to the 11th September 2023 due to the emergence of a new variant of COVID-19 classified as BA.2.86. The conclusions on risk to the public posed by the virulence, pathogenicity and vaccine evasion of this variant are still developing as data is collected. Bringing the vaccination programme forward is a precautionary measure as there is potential for widespread illness over the winter months.

2.2. A UKSHA online seminar on 14th September provided an update on the current situation. It confirmed that small numbers of cases have been hospitalised; all have recovered and illness was not severe. Most of the cases identified had received the spring booster. BA.2.86 is not a variant of concern as the indicators do not suggest it meets the threshold.

2.3. In view of this there are currently no plans to update Infection Control and Prevention (IPC) guidance IPC guidance. There are no new recommendations to introduce the use of face masks in clinical or public settings at the moment but this may change as the evidence

evolves. There are no current plans to expand the eligibility criteria for the COVID-19 vaccine. Existing Joint Committee on Vaccination and Immunisation (JCVI) recommendations are being followed; however, this may change as what is known about BA.2.86 develops.

2.4. The regional strategy is to collaborate with system partners and stakeholders to improve vaccination uptake in all eligible cohorts. The campaign arrangements will administer both flu and COVID-19 vaccines together where operationally possible and to maximise the number of individuals vaccinated, prioritising those most at risk.

2.5. Data on reports of flu-like illnesses and vaccine uptake will commence following the start of the programme. System wide strategic and operational meetings have been stood up. Representatives from Reading Borough Council (RBC) will attend each meeting and continue to work closely with health protection system partners.

BOB ICB and the Accelerated Autumn Vaccination Programme

2.6. On Tuesday, 29th August, the ICB was made aware that NHSE would be asking systems to accelerate the delivery of the Autumn Covid and Flu vaccination programmes. The World Health Organisation (WHO) and United Kingdom Health Security Agency (UKSHA)are assessing the newly emerging variant BA 2.86. and the potential impact it may have on the NHS in winter 2023-24. NHS England has asked systems to start vaccination programmes a month early on the 11th September 2023, and to increase the pace of the delivery programme from 11-weeks to 7-weeks. Currently there are no changes to the eligible cohorts as defined by previous Joint Committee on Vaccination and Immunisation (JCVI) guidance.

2.7. The current position in the Buckingham, Oxfordshire and Berkshire West (BOB) system is that there is a predicted uptake of 427,000 which will require a weekly capacity of 76.8K vaccinations each week. The declared capacity from providers meets demand with minimal use of surge capacity, the minimum declared capacity is 62,278 and maximum surge capacity is 98,481.

2.8. The ICB will work with System Partners to ensure that the network capacity matches demand across the system. And will work to ensure that resources are used effectively to avoid excess capacity and to reduce the likelihood of bottlenecking. There are 41 sites in primary care network, 86 in pharmacies and 7 in hospital hubs. It is not expected that further sites will need be stood up. The maximum travel distance by car is planned to be within 20 minutes for all but two locations across BOB. The identified gaps are not in Reading but in Hungerford and Chipping Norton where outreach options are being discussed with providers to improve provision in these areas

2.9. The numbers of the priority groups are set out in Table 1 below:

Table 1 Numbers of Priority Groups eligible for the accelerated autumn vaccination programme

Priority Group		Population	Eligible
1	All adults 65 and over	339,803	323,678
2	6 months to 64 years in a clinical risk group	189,587	155,961
3	Residents in a care home for older adults	6,985	6,790
4	Frontline health and social care workers	44,595	41,372
5	Persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression	85,535	53,922
6	Persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults (part included in 4)	16,255	16,175
Total		682,760	597,898
	71% Uptake		424,508
	Plus 10% for any data inaccuracies		657,687
	71% Uptake		466,958
	Regional Prediction 71 % Uptake		460,810
Autumn/Winter 23 Covid Planning			
Data source - Foundry 08th September 2023			

Inequalities

2.10. The ICB has been allocated a ring-fenced allowance to support access and address inequality of access amongst the population. As the system is accelerating the programme it is vital that access to the programme is equitable and that variation in uptake is addressed as vaccination uptake rates increase.

2.11. All providers have been made aware of the criteria that the funding can be used for and the bidding process to access these funds. Three autumn review panels have been held which has resulted in 14 projects receiving approval across the system. Opportunities for inequality work can continue until 31 January 24.

2.12. Appendix 1 provides outline details of these.

2.13. The funding allocated to the ICB must also consider any large-scale surge response. Modelling and estimated costs have been developed with the BOB vaccine finance lead to ensure that capacity to respond to a wider surge remains within the system.

Risks

2.14. A number of ongoing risks have been assessed and mitigating control measures have been introduced. However, risks remain these are around vaccine supply; limited national communication associated with low public awareness; the impact on capacity in primary care to maintain core services; Impact of low uptake on winter plans and patient flow across the system; reputational risk to the NHS and loss of confidence in vaccination programs due to rapidly changing advice and the potential need to stand up non-NHS estates if a full surge response is required.

Local arrangements in Reading

2.15. The role of the local authority is to ensure provision of vaccine to frontline health and social care staff; to support communications and to focus on health inequalities by close collaboration with local communities, the voluntary community sector and faith groups. In collaboration with the Interim Public Health Principal at Reading Borough Council and with

other local authority colleagues, campaign promotional materials for system wide use with health inclusion groups have been developed to provide a local uplift to national resources.

2.16. In collaboration with system partners data and intelligence is being analysed to direct support effectively to neighbourhoods and communities within Reading who have historically had low uptake of the vaccination offer. The focus will be on avoiding intervention generated inequality that results from a low uptake amongst marginalised groups.

2.17. The aim is to identify and collaborate with communities and areas that do not have good engagement with healthcare and public services for the purpose of cascading important information about the campaign. Vaccination uptake will be monitored locally to enable early identification of areas with low uptake. The campaign will be supported by targeted pop-up events and linking in with current community outreach projects such as the Community Health Champions Programme

2.18. As in previous years a communication plan is under development with the council's communications team to promote prevention messages about good respiratory hygiene based on the Living with COVID guidance. This will be through a number of channels to reach frontline employees, voluntary community sector, children's centres and the Family Information System.

2.19. Healthcare staff will be provided with vouchers for flu vaccinations and plans are to repeat the same offer to RBC employees and frontline staff. A voucher reimbursement scheme has been running within RBC since 20/21 which has proven to be successful and will be available to adult and social care staff.

2.20. To support the scheme and offer the Making every Contact Count (MECC) approach will be used to help remind frontline staff, adult social care, children services that flu is everyone's business: to understand the importance of the flu programme for different groups and the impact that flu can have on them; know which cohorts should attend when i.e. over 65s, clinically vulnerable; to act as advocates for flu and know how they can contribute to increasing uptake; know where they can signpost patients for more information, especially non-clinical staff and know who to contact if they have further questions.

3. The Proposal

3.1. It is proposed that the Health and Wellbeing Board notes that the seasonal flu and Accelerated Autumn Vaccination Programme has begun, is supported by a communications campaign and equality projects that aim to encourage uptake amongst eligible vulnerable groups.

3.2. That the board also notes that the programme is supported in Reading through targeted projects and a voucher reimbursement scheme available for Reading Borough Council frontline employees.

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The proposal provides an update about the seasonal vaccination campaign and the support for RBC frontline staff. The campaign includes measures to support the uptake of vaccines amongst disadvantaged and vulnerable eligible groups and as such contributes towards achieving the goals of the Health and Wellbeing Strategy Priority 1: Reduce the differences in health between different groups of people. The campaign aims to reduce the effects of health inequality amongst communities and population groups that are excluded or have low confidence in vaccination programmes or experience of poor access.

5. Environmental and Climate Implications

5.1. This proposal in itself does not have an environmental or climate implication

6. Community Engagement

6.1. Community engagement is an important component of the seasonal vaccination programme and locally it builds on the methods that bult the Community Vaccine Champions network during the early stages of the COVID 19 pandemic. Its work is founded upon the views of local stakeholder communities and no further consultation has been conducted

7. Equality Implications

7.1. Not applicable. EIA is not relevant to the proposal.

8. Other Relevant Considerations

8.1. Not applicable.

9. Legal Implications

9.1. Not applicable.

10. Financial Implications

10.1. Not applicable.

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

Appendix 1

PROJECT (for medium term delivery up to end 31 March 24)	**Provider**	**Objectives (high level)**
Buckinghamshire Community Engagement Coordinators (Buckinghamshire)	BHT	To fund BHT to host a community engagement an vaccine delivery team for a period of 12 months that would be managed at place (Buckinghamshire). The team would link into social prescribers and care co-ordinators – **12 month programme**
Community Champions Programme (Oxfordshire)	Oxford City Council	Continue existing LA programme: 1. Engagement with VE priority groups/communities though the Oxford focused Community Champions programme 2. Support/strengthen the Community Health Development Officer (CHDO) network in other IMD 1&2 areas in Oxfordshire 'at Place' to enable CHDO's to identify/connect with VE priorities groups/communities as part of their role 3.To build trust and collaboration with system partners and engage with influential community leaders **– 12 month programme**
Community Champions - Engagement Support Workers (Reading)	Reading Borough Council (Public Health Team)	Extend the existing Public Health contract with ACRE (12 months) to oversee the management, recruitment and training of health champions in the Reading area. The funding will also support communications - development of health champions branding, recruitment video for health champions, coproduction of health messaging/comms with champions (between ACRE and PH comms) – **12 month programme**
New Reading PCN BAME project	New Reading PCN	The funding will be used to directly target 2,500 PCN patients and will involve: at least 6 PCN clinics run in community settings (e.g. mosques, temples, community centres etc.) / engagement & co-op community volunteers and leaders to overcome cultural and language barriers/ use Accrurx for batch messaging of patients / writing & calling all patients (using appropriate 1st language) / provision of MECC offer to all patients engaged by the project – **6 month project**
MECC training of Clinical Nurse Specialists	ICB Personalised Personal Care Training Team	Project to deliver training and educate to improve confidence in health professionals in clinical settings particularly with at-risk cohorts to initiate vaccine conversations and address vaccine hesitancy– **12 month programme**
Dashwood PCN	Dashwood PCN	This would trial a different way of reaching into the communities through the GP model which is seemingly more trusted and would reach to about 1.5k of the population targeted appropriately based on clinical searches, in appropriate languages comms, through engagement events and allowing vaccine hesitancy insight findings report & associated feedback to ICB (based on ethnically focused survey's/semi structured patient interviews) - **12 month programme**

PROJECT (for medium term delivery up to end Jan 24)	**Provider**	**Objectives (high level)**
Maternity Champions	BOB LMNS	Maintain existing maternity champions at RBH, BHT and OH for a further 3 months as well as continuing the provision of community outreach (piloted in Q4). All pregnant women to be offered a vaccine conversation at either community or antenatal visits. Short term impact - increase in vaccination uptake Flu + Covid compared to previous year. Medium term impact - continued improved uptake and improvement in childhood vaccination rate.
At Risk Groups	BHT	To support specific at risk groups that come into contact with secondary care, i.e. hepatology, renal, oncology, etc. Improve health and wellbeing of these patients.
Learning Disabilities & SEN Schools	BHT	Increasing uptake for those with a learning disability neurodiversity and / or additional needs. Increasing access to promote health and wellbeing to this Core20Plus5 cohort. Offer to all SEN schools.
Community Hepatology Outreach	OUH	To increase the uptake of covid vaccination in an underserved community. Improving immunity and health of individuals who do not normally engage in primary or secondary care.
At Risk uptake with a focus on Renal Haemodialysis	RBH	Improving education and access to COVID and FLU vaccinations for Haemodialysis patients. Propose to provide dedicated offer of vaccinations to each of our haemodialysis centres (4 centres).

PROJECT (for medium term delivery up to end Jan 24)	**Provider**	**Objectives (high level)**
MEET PEET Engagement	RBH	Providing Information and targeted discussions around COVID vaccinations from the MEET PEET team who provide engagement outreach services across many disadvantaged communities (high deprivation, or challenges accessing healthcare).
At risk – serious mental illness	RBH	Improving identification and vaccination of Care Home Patients admitted to secondary care, with an admission over 21 days, with a focus on those with a reduced ability to consent due to impaired cognition.
COMMS	BOB	**Communications and Engagement:** To encourage key groups, as identified by JCVI and NHS, to take up the offer of winter vaccinations from September 2023 - Jan 2024. Winter vaccines cover COVID-19 (boosters, first doses) and flu vaccines

READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Update
Purpose of the report	To note the report for information
Report author	Sarah Webster
Job title	Executive Director for Berkshire West Place
Organisation	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
Recommendations	1. That members note the report

1. Executive Summary

1.1. The Integrated Care Board's Update Briefing provides members with an update on the development of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, its contribution to delivery of the Integrated Care Strategy and the progress of place-based partnership structures.

1.2. The briefing incorporates the following key sections:

- NHS Joint Forward Plan
- Update on recent ICB executive appointments
- ICB Board Meeting
- Industrial Action
- Covid-19 and Flu Vaccination Campaign
- Berkshire West focussed updates

2. Policy Context

2.1. The Health and Wellbeing Board has a statutory duty to consider whether the ICB is having due regard to the *Joint Health and Wellbeing Strategy*.

3. The Proposal

3.1. Not applicable

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The briefing describes work undertaken by the ICB which may contribute to Reading's Health and Wellbeing Strategic Aims including:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people

5. Promote good mental health and wellbeing for all adults

5. Environmental and Climate Implications

5.1. Not covered in this report.

6. Community Engagement

6.1 Not covered in this report.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2. Not applicable

8. Other Relevant Considerations

8.1. Not applicable

9. Legal Implications

9.1. Not applicable

10. Financial Implications

10.1. Not applicable

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. None.

Appendices

- Appendix 1 – The Integrated Care Board's Update Briefing
- Appendix 2 - A summary of the ICB's winter communications approach.

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Buckinghamshire, Oxfordshire & Berkshire West Update Briefing

September 2023

Contents:

1. NHS Joint Forward Plan
2. Update on recent ICB executive appointments
3. ICB Board Meeting
4. Industrial Action
5. COVID -19 and Flu Vaccination Campaign
6. Berkshire West Focussed Updates

1. NHS Joint Forward Plan

The first Buckinghamshire, Oxfordshire & Berkshire West (BOB) NHS Joint Forward Plan was published on 30 June 2023 and formerly agreed by BOB Integrated Care Board in July. It sets out a delivery plan that explains how the BOB Integrated Care System (BOB ICS) will arrange and/or provide NHS services to meet our population's physical and mental health needs, particularly with respect to the ambitions of the BOB Integrated Care Strategy. The plan focuses on actions that will be delivered by the NHS in BOB (the BOB ICB, NHS Trusts, primary care, etc). As we develop as a system it is expected that future joint forward plans may reflect more fully our wider partnership activities.

In developing our Joint Forward Plan, we have identified a small number of system challenges that, if addressed, we believe will have the greatest impact on ensuring our services more effectively meet the needs of people in BOB. Meeting these challenges will require long term change, working in new ways–with greater collaboration across system partners and with our communities-and will require a fundamental change in focus, from a system based on treating illness to one that prioritises prevention and keeping people healthy in their communities.

Below shows the progress made over the past few months with our system challenges as outlined in the plan:

- ***Inequalities challenge****:* in 2023/24 we aim to strengthen our approach to population health management (PHM) through the creation of an Integrated Data Set across our providers to support decision making and identify more opportunities for targeted support. We have integrated data from Buckinghamshire and Berkshire West already accessible in our connected care tool. Oxfordshire's data is expected to be included before the end of the calendar year. PHM will be enabled by the implementation of the shared care record. PHM tools will be available in a similar timeline.

To support our Inequalities and Prevention programme, Place Directors have led the production of plans to use £4m of funding for 23/24 that has been distributed between Places (£8m in total over two years).

- ***Model of Care Challenge:*** we have collectively recognised the importance of shifting our focus to a more preventative and community-based approach for health and care services. In 2023/24 we are committed to defining a more integrated approach to primary care, through the delivery of a primary care strategy building on recommendations of the 2022 Fuller Stocktake. Worked has commenced on the primary care strategy, with engagement events held through the place infrastructure; This will include plans to deliver the Primary Care Access and Recovery Plan. Joining up primary care and other services closer to patients' homes will be essential to improve the quality of care, reduce the number of hospital attendances, reduce wait times and drive efficiency and productivity.

- ***User experience challenge:*** as a system we are aware that some people wait longer than they would like to access the care and support they need. We have committed to reviewing the demand and capacity, on a pathway basis, of some services identified by the Elective Care Board and Acute Provider Collaborative teams. The initial clinical areas are ENT, Urology and outpatients. The development of our acute provider collaborative programme will mitigate some of our resource constraints and deliver system wide productivity and efficiency improvements. Additionally, we are increasing community diagnostic centre (CDC) utilisation and developing pathways to support GP direct access to imaging services, cardiology and respiratory testing, and pathology.

- ***Sustainability challenge:*** Recognising the collective challenges of the financial environment and ambition to do more to support our staff and volunteers, we have committed to developing joined up, longer term plans for both areas. We have set up the ICS efficiency collaboration Group (IECG) to identify areas of productivity and efficiency, supporting the journey to a balanced position and have a developed a high-level model to support the scenario planning. In July we approved the BOB Interim People Plan 2023. The five-year People plan will build on these ambitions and take full account of national ambitions set out in the NHS long term workforce plan, published on 30 June. Together these will describe how we will achieve financial balance and a stable, resilient workforce.

2. Industrial Action

This month, for the first time since of NHS strikes started last year, junior doctors and consultants took industrial action at the same time. BMA consultants took part in a two-day strike from 7am on Tuesday 19 September to 7am Thursday 21 September. And junior doctors took part in three-day strike from 7am on Wednesday 20 September to 7am on Saturday 23 September.

During the two days of consultant doctor industrial action, the BMA advised that consultants would provide *'Christmas Day'* cover, meaning they continued to provide all emergency services, but routine services will to be impacted.

Although our local hospitals continue to provide urgent and emergency care, many appointments and elective inpatient and day case procedures had to be rescheduled. Appointments before and after the days of industrial action were also affected.

All patients who are affected during the strikes are being contacted directly by the Trust they are receiving their care. If patients aren't contacted, they are advised to attend their appointment as planned.

The NHS is doing everything possible to prioritise patients with the highest clinical needs, including patients who have already waited a long time for their treatment and cancer and dialysis patients.

Public communications has and will continue to focus on signposting to services and raising awareness of NHS 111 online with the following messages to our residents:

- The NHS wants to see a resolution as soon as possible to the strikes, but ultimately pay is a matter for the Government and the trade unions.
- Maintaining safe patient care is our priority. In addition, we recognise and respect the right of NHS staff to take part in lawful industrial action and will work collaboratively with staff and union partners to minimise the effects on patients and staff.
- When talking to patients or the public, we want them to know that regardless of any action taking place, people who need care should continue to come forward as normal, especially in emergency and life-saving cases.
- People should go to 111 online for help and advice and call 999 if it is a life-threatening emergency.
- Patients with appointments booked on strike days will be contacted by the NHS if their appointment needs to be rescheduled. If they have not been contacted, they should attend their appointment as planned.
- Continue to access GPs as normal
- Make sure prescriptions are up to date
- Stay safe and look out for vulnerable family and friends
- NHS staff are working extremely hard during a very challenging time – please do treat them with respect. We appreciate people's understanding and co-operation during this time.

More industrial action is planned in October with BMA consultants and junior doctors striking together on 2, 3, and 4 of the month, again with *'Christmas day'* levels of cover.

The impact of industrial action cannot be underestimated; 14,007 occasions of staff participation in strikes resulting in at least 16,940 outpatient attendances, 2,572 elective and 972 community appointment cancelled and rearranged. This represents around 20% of capacity within our Trusts[1]. The on-going action also has significant financial implications, is creating tension between staff groups, staff are fatigued and sadly at times our administration teams in Trusts are experiencing unacceptable abuse from patients when re-scheduling appointments and procedures.

[1] Data up to the end of July 2023.

The ICB continues to work with partners across the NHS and care sector to mitigate against the effects of industrial action ensuring services remain safe. We continue to work with our local trusts to ensure mitigations are in place and any mutual aid between trusts is facilitated and agreed in advance of the industrial action.

3. ICB Executive Director Appointments

Several ICB Executive Director appointments have been made recently including Nick Broughton as Interim Chief Executive; Hannah Iqbal as Chief Strategy and Partnerships Officer; Raj Bhamber as Chief People Officer and Sarah Adair as Acting Director of Communications & Engagement. Tori Ottley Groom will also join the ICB at the end of October as Chief Digital and Information Officer.

4. ICB Board Meeting

The BOB ICB held it's board meeting in public on 19 September; papers are available here: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/

Items of note included:

- Chief Executive & Directors Report
- Response to letter from NHS England relating to the verdict in the trial of Lucy Letby
- BOB ICB Annual Report and Accounts 2022/23

5. COVID -19 and Flu Vaccination Campaign

The Covid and Flu autumn vaccination program was accelerated, following the identification of a new COVID-19 variant as per NHS England and UK Health Security Agency guidance. It commenced on 11 September. Eligible cohorts have been invited to book via the National Booking Service, or by direct invite to their Primary Care Network from 18 September.

A communication campaign is underway to promote autumn vaccinations to eligible cohorts through established routes and share materials and updates with Place communications partners regularly throughout the program.

Our communications action plan (part of winter communications) will be coordinated and delivered across the system to reach specific communities i.e., those with an underlying health condition that puts them at higher risk, and groups of low uptake in previous vaccination campaigns: these include minority ethnic groups, people living in geographical areas of deprivation, those with learning disabilities, and people with a serious mental illness.

Alongside national materials, local resources will be produced (translated, easy read, video, pictorial) to be delivered via channels previously identified as successful including: GP texts, GP/ hospital digital screens, posters in waiting rooms, bus and bus stop adverts, radio, ad vans in key areas, social media (organic and paid for adverts), Place outreach channels, partner and voluntary sector networks, postcode maildrops, staff with make every contact count (MECC) and other opportunistic advertising.

6. Berkshire West Focussed Updates

- We are pleased to confirm that Helen Clark has now started as ICB Deputy Place Director for Berkshire West. This ICB investment in local leadership is in recognition of the unique nature of our 'Place' here in Berkshire West and the importance of engaging and working closely with all partners.

- Plans are progressing to utilise the £1.3m of Inequalities Funding allocated to Berkshire West (£2.6m over two years) to develop a Community Wellness Outreach Project, taking health and wellbeing support into the heart of our communities that are most in need. This initiative has been co-produced with partners via the three integrated partnership boards within the Health and Wellbeing Board governance structures across Berkshire West, and more detailed reports will be provided to each Health and Wellbeing Board during Q3 23/24.

- A Berkshire West-wide Mental Health Programme Board is being established in October 2023 to bring partners together to develop and oversee a joint programme of work to improve and enhance our mental health services for our residents in Berkshire West.

- The Reading Urgent Care Centre pilot service continues to run, offering capacity for 100 appointments per day within the health setting located in the Broad Street Mall, for residents with urgent minor illnesses. We will be undertaking a thorough review of this service during Q3 to determine future commissioning plans following the pilot period, including seeking patient and carer feedback.

- Other areas of work being undertaken include: a review of our Same Day Urgent Access services in primary and secondary care aimed to improve access for our residents; a review of our Intermediate Care Services across Berkshire West to ensure these are fully optimised; and improvement work relating to our Continuing Healthcare (CHC) services and processes in the ICB. Further updates on these programmes will be scheduled for future Health and Wellbeing Board agendas.

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Communications to support winter planning

The Winter Communications Plan aims to support the delivery of the System Winter Plan; it has two main key messages for the public & staff:

- Stay well by looking after yourself
- What to expect if you do become unwell

Communication plan – Communication and messaging is aimed at all residents, staff and visitors but with some segmentation for specific messaging as well as differing our approach to communicating with groups for example:

- outreach to BAME communities through our local authority and our community networks
- working with community outreach workers to reach homeless people
- development of easy read materials for people with a learning disability

Campaigns – A number of campaigns and initiatives will be delivered as part of the winter communications plan, these include:

- Promotion of the COVID-19 and flu jab to key groups (public and NHS / Care staff)
- Self-care – what is your personal winter plan?
- 'Help us, help you' stay well this winter. A longstanding national campaign that is tailored locally to signpost appropriate use of services
- Encouraging NHS 111 as first port of call to accessing healthcare services
- Supporting people to stay at home
- 'Why not home? Why not today?' approach - helping people to return home after a stay in hospital

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READING HEALTH AND WELLBEING BOARD

Date of Meeting	06 October 2023
Title	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board Annual Report July 2022-March 2023
Purpose of the report	To note the report for information
Report author	Sarah Webster
Job title	Executive Director for Berkshire West Place
Organisation	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
Recommendations	1. That members note the report

1. Executive Summary

1.1. The Integrated Care Board (ICB)'s Annual Report covers the period July 2022 (when the ICB was formed) to March 2023 and is presented for members to note.

1.2. The Annual Report incorporates the following key sections:

- Performance Report – this consists of a performance overview and a performance analysis and outlines the ICB's purpose and statutory duties, going on to describe how these duties have been executed. It looks at how the organisation has performed since its establishment in July 2022 and the key risks it faces.
- Accountability Report – incorporating Corporate Governance Report, Statement of Accountable Officer's responsibilities and Annual Governance Statement.
- Remuneration Report
- Staff Report

A Parliamentary Accountability and Audit Report is not required however the ICB has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts and feeds and charges (none recorded for this period). Appendix 1 includes the ICB's financial accounts for the period ended 31st March 2023.

2. Policy Context

2.1. The Health and Wellbeing Board has a statutory duty to consider whether ICB commissioning plans take proper regard of the Joint Health and Wellbeing Strategy. This opinion is not formally sought in this paper however members may note the current ICB priorities highlighted.

3. The Proposal

3.1. Not applicable

4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1. The Annual Report describes work undertaken by the ICB which may contribute to Reading's Health and Wellbeing Strategic Aims including:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

5. Environmental and Climate Implications

5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

5.2. The ICB's Annual Report sets out work undertaken on environmental sustainability.

6. Community Engagement

6.1. The ICB's Annual Report sets out the organisation's approach to community engagement.

7. Equality Implications

7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2. Not applicable

8. Other Relevant Considerations

8.1. Not applicable

9. Legal Implications

9.1. Not applicable

10. Financial Implications

10.1. Not applicable

11. Timetable for Implementation

11.1. Not applicable.

12. Background Papers

12.1. There are none.

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board Annual Report July 2022 / March 2023

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Performance Report

The following performance report consists of a performance overview and a performance analysis. It outlines what the Buckinghamshire, Oxfordshire Berkshire West Integrated Board (BOB ICB) is; its purpose, statutory duties and how the ICB has executed those duties. It looks at the work of ICB from its establishment 1 July 2022 until the end of March 2023, how the organisation has performed and outlines the risks it faces.

Performance Overview

What do we do?

The BOB ICB was formally established as a new statutory body on 1 July 2022, replacing the three clinical commissioning groups across the area. The ICB has the statutory responsibility to plan, buy and oversee health services for nearly 2 million people from a range of NHS, voluntary, charitable, community and private sector providers.

The ICB is supporting the development of an Integrated Care System (ICS) which includes local NHS organisations and primary care providers (GPs, dentists, pharmacists and optometrists), local authorities, public health, Healthwatch, care providers, voluntary and community groups, as well as academic and research partners. This collaboration is called the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Partnership (BOB ICP); the group work together to plan and provide health and care services for the people who live and work in the local authority areas of Buckinghamshire, Oxfordshire and Berkshire's three westerly local authority areas of West Berkshire, Reading and Wokingham (known as 'Berkshire West'). The ICP is a joint committee between the local authorities and ICB across BOB and has members from other partners as outlined above.

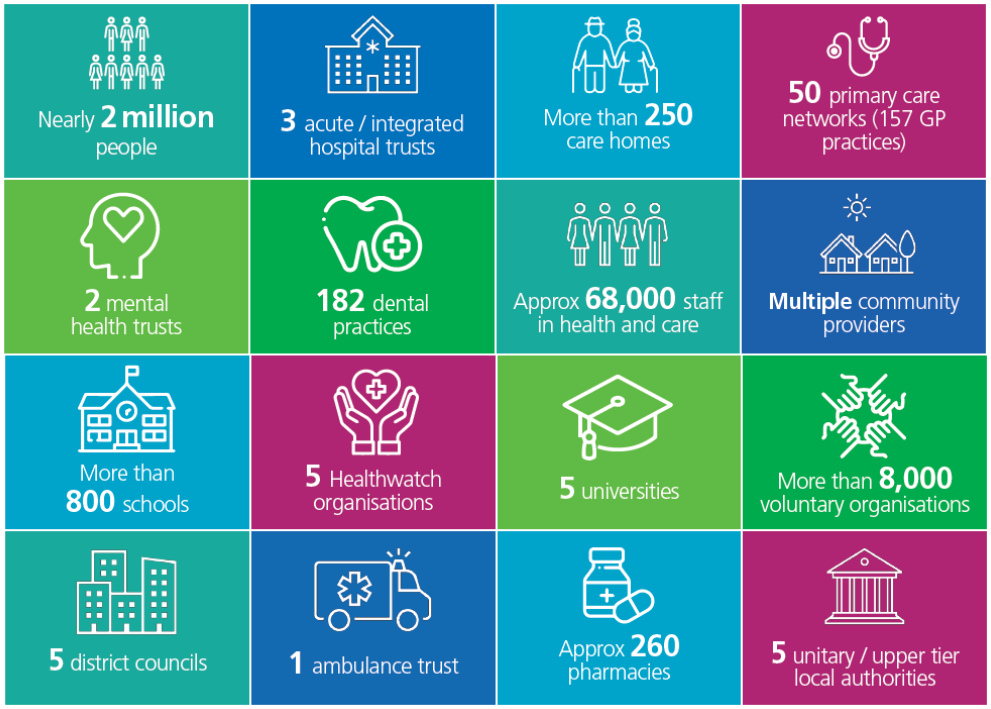
Our integrated care system is situated in the heart of the Thames Valley, much of our area is rural with more densely populated areas around our towns and cities including, High Wycombe, Oxford and Reading.

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

Our partner NHS provider Trusts include:

- Buckinghamshire Healthcare NHS Trust (BHT)
- Berkshire Healthcare NHS Foundation Trust (BHFT)
- Oxford University Hospitals NHS FT (OUH)
- Oxford Health NHS FT (OHFT)
- Royal Berkshire NHS FT (RBH)
- South Central Ambulance Service NHS FT (SCAS)

In addition to these organisations who directly provide health and care services, we have links with schools, universities, businesses and research partners working in health or care in our area. There are well over 8,000 registered charities in our geography and there may be as many as 5,000 more informal community groups.



Most of the registered charities are very small and volunteer-run. As well as making a difference to the health and wellbeing of our population, these voluntary and community groups provide us with a strong link into our communities and a valuable insight into local needs. Some of the people and organisations playing a part in the health and wellbeing of our population include:

Population

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

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

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

Other key facts include:

- People living in our area are generally healthier and live longer lives in good health than the national average. This is true for all our local authorities except for Reading where women do not live as long as the national average and men live as long as the national average. Within each local authority, how long people live varies between wards by up to 10 years, with people living shorter lives in more deprived wards.
- The proportion of babies born at term who were a low birthweight was similar to the national average of 2.9% except in Oxfordshire where 2.3% of babies born at term were low birthweight.
- A higher percentage of children in our area achieve a good level of development compared to the national average, except in Reading which is slightly lower. However, this average overlooks the experience of some of our most vulnerable children. Children in receipt of free school meals have lower levels of good development, especially in Oxfordshire and West Berkshire
- Young people aged 16-17 who are not in education, employment or training (NEET) are at increased risk of poor physical and mental health. In 2020, Buckinghamshire had a higher proportion of 16-17 years who were NEET than the national average, Reading had a similar percentage to the national average, while rates were lower in other parts of our area.
- 13% of residents in our area smoke according to GP data but this varies significantly between our least and most deprived areas.
- 1 in 4 residents in Buckinghamshire and Oxfordshire and 1 in 5 residents in Berkshire West (Wokingham, Reading and West Berkshire) are estimated to drink alcohol at levels that increase their risk of health problems.
- Around 3 in 10 children aged 10-11 years across our area are overweight or obese and around 6 in 10 adults are overweight or obese.
- Around 1 in 5 adults do less than 30 minutes moderate intensity activity a week
- Levels of long-term conditions such as heart disease or diabetes are generally lower than the national average. Long term conditions tend to increase with age and it is estimated that 3 in 5 people over 60 years have a long-term condition. However, many long-term conditions are preventable. For example, up to 70% of heart disease and stroke, up to 50% of type 2 diabetes and 38% of cancer cases could be prevented. Smoking causes 15% of all cancers and obesity and being overweight is the second most common cause of cancer in the UK.
- People living in deprived areas develop more long-term conditions and at an earlier age than people living in less deprived areas
- Approximately 12% of adults across Buckinghamshire, Oxfordshire and Berkshire West have a recorded diagnosis of depression which is similar to the national average and 0.8% have a severe mental illness such as schizophrenia.

Overview from Steve McManus, Interim Chief Executive

The establishment of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) on 1 July 2022 marked a new chapter in the story of the NHS.

As one of 42 new ICBs in England, replacing the dissolved clinical commissioning groups (CCG), we took on responsibility for meeting the health needs of the 1.8 million people across our Integrated Care System geography; managing the NHS budget with the aim of making it easier for people to get the care and support they need, joined up across the health service, local councils, the voluntary and charity sector and other partners.

Dr James Kent, Chief Executive of BOB ICB, oversaw the coming together of three diverse CCGs, which had already strengthened their collaboration over the previous two years in response to the demands of the pandemic. It has been my privilege to carry on James' work since November 2022 as interim chief executive, following his move into the senior strategy team at NHS England.

When I joined the ICB we had already put in place our governance structures, begun recruiting a permanent leadership team and had started developing plans for the internal structure of the organisation. All this has been set against establishing ourselves in the wider BOB system as a key part of the Integrated Care Partnership which formally brings together our local authorities, our acute and community Trusts, our ambulance service, GPs and other primary care services such as dentists, pharmacies and optometrists, the voluntary sector and academic networks.

To date we have agreed our system priorities for the Integrated Care Partnership Strategy; established place-based leadership and partnerships in Buckinghamshire, Oxfordshire and Berkshire West; reinforced our relationship with our Voluntary, Community and Social Enterprise partners; and developed our Joint Forward View to improve the care and lives of the people and communities we serve across our geography over the next five years.

There have been many challenges, not least that that all this work has been done against the backdrop of a difficult winter period which put enormous pressure on all aspects of health and care services, the cost-of-living crisis and industrial action by NHS staff. I have been hugely impressed by the resilience and work of the team at the ICB and our wider system partners, so that, despite the many challenges, we are looking ahead to what we can achieve in the future.

The ICB came into being with four keys aims:

- To improve the health and wellbeing of people in our area
- To tackle health inequalities
- To improve how we better use our collective resources
- To support broader social and economic development.

We have made progress in all these areas over our first nine months, although much work needs to be done.

Our efforts to recover from the effects of the pandemic on waiting times for people needing planned treatment and operations (elective care) have eliminated all waits of two years. We are steadily bringing down the numbers of people waiting up to 78 weeks for treatment across our three acute Trusts – Buckinghamshire Healthcare, Oxford University Hospitals FT and Royal Berkshire FT. We have achieved this by careful

prioritising patients and through our hospitals offering mutual aid to treat people from other areas where waits in particular specialties are longest.

We continue to work with our community and mental health Trusts - BHT, BHFT and OHFT - to improve access to adult and children's mental health services and tackle inequalities. Our performance for the percentage of referrals to NHS Talking Therapies receiving an appointment has been positive and we have exceeded the six and 18-week national targets of 75% and 95% respectively. There are many examples of innovative partnership working in the mental health services section services section of this report.

Across our GP practices, more than half of patients are getting same day appointments and eight out of 10 people are being seen within two weeks of asking for a routine appointment. These encouraging numbers have been achieved through more online and telephone access to GPs and other clinical professionals in practices, and triaging those patients who need in person appointments. More than six out of ten patients are being seen face to face on average.

Our COVID vaccination programme across BOB has been hugely successful and has put more than four million doses in arms since it started in December 2020. This spring the most vulnerable members of our communities – those in care homes, people aged 75 and over and people and children with weak immune systems – have been offered a further booster, with another round planned for the autumn.

We are working to bring down the numbers of patients waiting two months or more from diagnosis to begin cancer treatment, and there has been good progress over recent months, while recognising we are still some way behind the 85% target.

Our aims in tackling health inequalities are urgent and we as the ICB have a significant contribution to make to ensure the structures and funding are in place for the wide variety of prevention and inequalities work being undertaken now and in the future.

Our BOB ICB geography and its population is perceived as being among the wealthiest areas of the UK, but the reality is that around 60,000 people living here are among the 20 per cent poorest people in the UK. Their socio-economic circumstances have profound effects on their health, life expectancy and access to services.

Our presence in this inequalities space is highlighted in our work with public health partners and Trusts around prevention of heart attack and strokes.

The risk for these life-changing and potentially fatal events is being reduced by the success of BP@Home Trailblazer Project which has led to BOB embracing home monitoring as part of the overall approach to support people diagnosed with hypertension. 7,000 monitors were given out during the pandemic to clinically vulnerable people and those living in deprived areas, when access to blood pressure monitoring was difficult. Patients continue to share their results with their GPs and we have made positive progress around the number of people with hypertension being treated, with local data suggesting we have recovered to pre-pandemic levels. Joint working continues with our partners on Cardiovascular Disease (CVD) prevention to reduce the number of strokes and heart attacks, further addressing health inequalities and building on experience.

Prevention services are also going out to where people live, work and worship. These include health pop-ups at mosques in Banbury, our Health on the Move van visiting specific sites in Bucks or the Meet Peet initiative where NHS volunteers set up shop in community centres in

parts of Reading to break down barriers by offering free health checks and medical advice. The numbers of people reached may be relatively small at individual venues and events, but these ‘tailored’ approaches work and must expand to reflect our priorities as a system.

We have worked closely with our local authority colleagues across BOB to ensure there is health provision for refugees and asylum seekers; this has included health assessments, vaccinations and ensuring they have access to primary and mental health care. We also commissioned a dental outreach team to attend those hotels accommodating families to do dental assessment and oral health support.

The pandemic enabled the NHS as a whole to accelerate its digital services and improve the way we work as a system for the benefit of patients. Our people resources are stretched, however, remote monitoring of long-term conditions, sharing of records across services, ‘virtual wards’ which allow patients to get acute hospital care at home and regular medicines reviews are just some of the ways we are improving our use of technology to support the outstanding work of our people.

The economic activity of our local area, and how productive our local towns and cities are, is heavily influenced by the area’s health status. Reducing Emergency Department attendances by providing alternative services, reducing the proportion of workers off with long-term sickness by better prevention and management of long-term conditions increases the health of the working population and provides a significant boost to the local economy. Of course, the NHS and more specifically the BOB ICB cannot do this in isolation, so our Integrated Care Partnership work with local authorities, voluntary organisations and other stakeholders will be a key driver.

We have increasingly seen the unique contribution that the ICB team can make in convening and supporting partners to come together and take a system approach across a range of areas such as the health and care workforce, a system approach to quality improvement, urgent and emergency care services, digital transformation, all in the context of our agreed ambitions set out in our new Integrated Care Strategy. Harnessing the skills and capabilities across our system is a key role of the ICB that includes how we have strengthened and formalised our relationship with the Oxford Academic Health Science Network (AHSN) regarding our collective work with the life sciences industry, academic partners and with the Patient Safety Collaborative.

I sincerely thank my ICB colleagues for their efforts in establishing our new organisation over the last nine months. I hope this brief overview has highlighted the breadth of work they contribute to as commissioners of services, supporting system partners with capacity and expertise or convening system partners to come up with innovative ways to improve quality and patient safety, bold ideas for access to urgent and emergency care and planning how to recruit and retain NHS staff. There are many more examples throughout the pages of this report of the work done and the work being planned.

We have laid solid foundations and we look forward to building on them in the year ahead.

Performance Analysis

The following performance analysis report looks at the work of ICB from its establishment 1 July 2022 until the end of March 2023, how the organisation has performed and outlines the risks it faces.

Improving the health and wellbeing of people across Buckinghamshire, Oxfordshire & Berkshire West

The BOB Integrated Care Partnership has a vision '*for everyone who lives in Buckinghamshire, Oxfordshire and the Berkshire West area, to have the best possible start in life, to live happier, healthier lives for longer, and to get the right support when they need it.'*

The ICP recognises the places and circumstances in which people live and work influence their health – housing, the local environment, the cost of living, employment and communities - which is why we are working together to address this. To achieve the vision of the ICP for our population, the partnership has developed a strategy, with clear priorities to deliver over the coming years. The strategy builds on the three current joint local health and wellbeing strategies across Buckinghamshire, Oxfordshire and Berkshire West. The strategy has been developed through local engagement (for more information about the engagement go to page 40) and sets the direction for our health and care system, linking with local plans, to meet the health and wellbeing needs of people who live in the BOB area. It is also based on a commitment from our partner organisations to work together to improve people's health and wellbeing and reduce the inequalities in health experienced by people across our populations. The strategy has five identified priorities outlined below.

While these priorities will be the central focus of our work, we recognise that the success of this strategy will depend on:

- The **people** who work across our health and care system. This includes people in paid employment and the large number of volunteers and informal carers across Buckinghamshire, Oxfordshire and Berkshire West.
- **The digital solutions, data and insights** available to those who work or volunteer in our area and how we use digital technology to move care closer to people's homes and to support people to self-manage their health conditions.
- Our ability to **respond to change and learn from best practice** to embrace new and innovative ways of working.

Read more about the strategy which is available on our website.

Delivering the Joint Local Health and Wellbeing Strategies (JHLWS) across our three 'places' Buckinghamshire, Oxfordshire and Berkshire West (which covers the local authority areas of Berkshire West, Reading and Wokingham) is a priority for the ICB. During the transition from three CCGs to the ICB there have clearly been challenges identified by our Health and Wellbeing Boards in the involvement of the ICB taking forward work to deliver the JHLWS. Whilst some engagement has been noted by our Health and Wellbeing Boards it is clear this needs to be improved over the coming year. The three ICB Place Directors are working with their HWBs to ensure that priorities and delivery plans show a clear link to the JHLWS priorities.

How we continue to deliver the COVID-19 Vaccination Programme

The establishment of the BOB ICB in July 2022 coincided with the last stages of the year's Spring Booster mass campaign for COVID vaccinations.

The hugely successful vaccination programme started in December 2020 - the largest and fastest vaccine drive in health service history - and the 2022 Spring Booster offered jabs to people aged 75 and over, those aged 12 years and over with a weakened immune system, and residents in older adult care homes. By the time the three clinical commissioning groups were dissolved at the end of June 2022, more than four million jabs had been given across the BOB geography in just over 18 months.

During 2022/23 the vaccination programme has continued across the BOB area via a network of centres comprising GP-practices, community pharmacies, large vaccination centres, hospital sites, pop-up clinics, a mobile service (Health on the Move), and a schools' programme for children. As a result of hard work and commitment from NHS professionals and an army of volunteers, our area has consistently been among the highest performers across England in terms of vaccination uptake and outreach.

During the period 1 July 2022 – 31 March 2023, around 670,000 vaccinations have been given across the BOB area, which includes the completion of the Spring booster rollout and the autumn campaign which offered a top-up jab to people aged 50 years and older, residents in care homes for older people, those aged five years and over in a clinical risk group and health and social care staff.

The COVID-19 vaccination programme has been overseen by the BOB Vaccination Programme Operational Executive, whose members include representatives from the NHS and local authorities across the geography.

Throughout the success of the mass vaccination programme, our BOB ICS has worked hard on its inequalities outreach programme to bring vaccinations to those members of our communities who are more hesitant for many reasons: historical; cultural; rurality; transport etc.

The Vaccine Inequalities Group developed a plan to identify communities at risk of health inequalities and of lower levels of vaccine uptake. It also designed engagement-led approaches to working with community leaders to address underlying causes of low vaccine confidence and provided opportunities to localise vaccine delivery through outreach clinics and the health on the move van. More than 50 health on the move van events were run with each relying on an integrated team including our local authorities, RBH, RBFT, OHFT, BOB colleagues and voluntary sector partners to organise and advertise events. Although the numbers coming to each venue were small, in total more than 16,700 vaccines have been given at these various outreach events and the programme will continue into 2023/24.

This work was done by extending COVID outreach work to include an ‘all vaccinations’ approach and joint working with regional public health teams. The programme has focused on booster jabs and the ‘evergreen’ offer, but more importantly has promoted a *‘Making Every Contact*

Count'(MECC) approach which has been successful among these groups and is an opportunity to talk to people about other aspects of health and wellbeing.

Since the start of the vaccination programme 4,752,157 vaccines have been delivered. Between 1st April 22 - 31st March 2023:

- 873,157 vaccines have been delivered
- 45,604 have received their first vaccine
- 53,863 have received their second vaccine
- 600,167 have received their seasonal booster

Improving access and delivery of elective care

Like the rest of the country elective care (or planned care[1]) within BOB has been severely impacted by the COVID pandemic. Patients are now waiting significant lengths of time to be seen for a hospital consultation, treatment or surgery. In 2022, NHSE published its elective recovery plan, which set out a vision for how the NHS will recover elective services over the next three years. Its central ambitions include timelines for the service to bring down long waits for elective care.

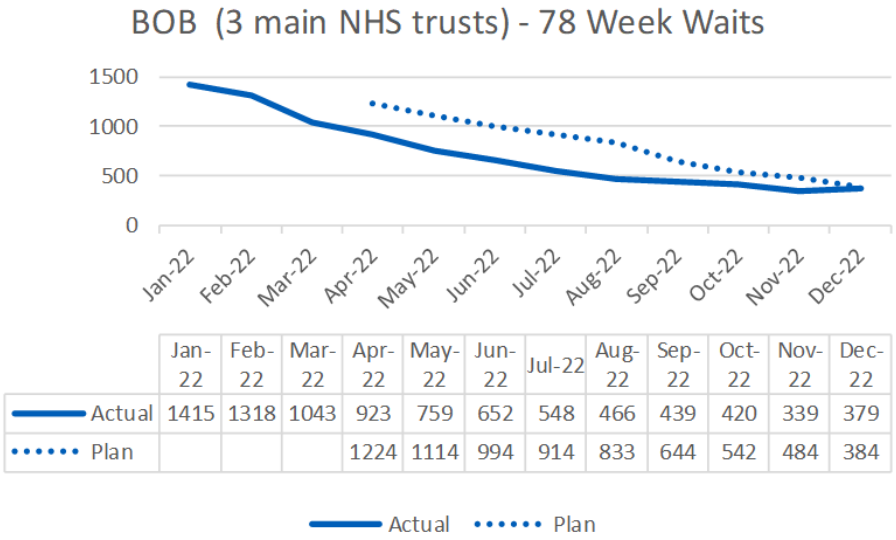
Tackling the backlog of elective care is a key priority for the ICB and our provider Trusts. Patient choice remans high on our agenda with patients being offered a variety of providers, some further away from home but with shorter waiting times. In the past year a number of initiatives have been undertaken to eradicate 104 week waits and reduce waiting times overall for our local population. These have included:

- Delivery of a theatre improvement programme to continue to build upon the significant improvements seen in 2021/22 with theatre utilisation and productivity
- Securing additional capacity with our independent sector providers
- The introduction of a referral management solution *'Rego'* starting in Ear, Nose and Throat (ENT) and Ophthalmology to provide a single point of access for clinicians in primary and secondary care to quickly and accurately triage patients to the right care
- Mutual aid support to NHS Trusts with higher volumes of long waits; ENT and musculoskeletal services for patients for a range of postcodes across BOB were offered appointments at other Trusts to improve equity of access and reduce waiting times
- Development and introduction of alternative workforce models to deliver care in ENT to make best use of a clinical specialists
- BOB ICS submitted a capital bid for £55m for development of elective capacity across the system. This consisted of an elective ophthalmology hub in Amersham Hospital; a virtual outpatients hub at Stoke Mandeville Hospital, High Wycombe; additional elective

[1] Elective or planned care refers to services for pre-arranged health appointments either in the community or in the hospital. It covers diagnostic services, outpatient services and scheduled operations.

hubs for ENT and gynecological surgery in Reading, Henley and Bracknell to support increased outpatient capacity including procedure rooms to free up theatre capacity and an elective surgical hub at the John Radcliffe Hospital in Oxford to expand theatre capacity for an additional 10 theatres

At year end, overall elective activity levels remained below planned levels. Despite activity levels remaining below plan the BOB ICS were compliant with no patients waiting over 104 weeks, with the exception of patient choice at the beginning of July 2022. And we are still achieving a steady reduction in patients waiting over 78 weeks with a trajectory to achieve 0 patients waiting over 78 weeks as per national ambition.



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Actual	1415	1318	1043	923	759	652	548	466	439	420	339	379
Plan				1224	1114	994	914	833	644	542	484	384

Further information on waiting times is available on page 45.

Tackling urgent and emergency care pressures across Buckinghamshire, Oxfordshire & Berkshire West

In common with Trusts and integrated care systems across England, our urgent and emergency care providers across all care settings continue to be under significant pressure. We are seeing an increase in attendances to our Emergency Departments (EDs) and the complexity of patient cases; the average length of stay in our hospitals has also increased. The Trust in BOB delivered 71.2% (BHT), 70.6% (OUH) and 76.2% against the accident and emergency 4-hour standard (95%) at year end.

The number of ambulance handover delays also remains challenging and is an area of priority for the system. At year end >30mins handover delays were reported as 13.9% (BHT), 5.1% (OUH) and 11.9%. The handover delays directly affected SCAS's ambitions to improve waiting times for category 2 calls - 999 calls for a serious condition such as stroke or chest pain that may need rapid assessment and/or urgent transport. These calls should be responded to in under 40 minutes.

Across the BOB ICS, teams from hospital and community Trusts, the ICB and local authorities work together to ensure people who need urgent and emergency medical treatment can access services. Extensive work has been done during 2022/23 to help alleviate pressures and improve patient flow through the hospitals across BOB. Below outlines some of these initiatives:

Virtual Wards

Virtual Wards and Hospital at Home services aim to provide safe, efficient hospital care and treatment in their own home. These services either avoid and admission to hospital or provide support for early discharge. A formal programme to develop and expand our virtual ward offer has been in place throughout 2022/23.

By March 2023, BOB ICS had more than 290 virtual ward/hospital at home beds in place, delivered by six provider organisations. 73%-90% of these beds were in use between January to March 2023. There have been more than 6,000 admissions into these services, which have either prevented an admission or supported a discharge since July 2022.

As part of our standard offer virtual ward/hospital at home services to support frail people and those suffering problems with their respiratory system, which are the organs and tissues that help people breathe, are available in each place across the BOB ICS with additional pathways available in some areas including children's virtual wards, palliative end of life, alcohol withdrawal and those suffering heart disorders. Expansion of our virtual ward offer will continue throughout 2023/24.

Urgent Community Response

Urgent Community Response (UCR) services have been available across the BOB ICS since April 2021. These services aim to provide a multi-disciplinary team response to people are likely to be admitted to hospital in the next 24 hours unless they receive an urgent assessment and treatment / support. Patients are triaged and put into two categories – those needing treatment / support within 2 hours or a same day response. Our aim is to ensure that at least 70% of patients identified as needing a two-hour response should receive it within this time frame. Services are expected to respond to people with at least one of nine clinical conditions including falls, delirium/confusion, blocked catheters, unpaid carer breakdown and those vulnerable frail patients whose condition is deteriorating.

In BOB ICS at least 2,000 referrals are received each month into our Urgent Community Response services. 1,200 people are triaged as requiring a two-hour response and through the intervention provided, their imminent admission to hospital is avoided. The majority of patients seen are over 80 years of age. UCR services are available 8am-8pm, 7 days per week. Through 2023/24 we aim to continue to increase referrals into these service from key referral sources such as GPs, Community Nursing, NHS 111 and SCAS.

The Oxfordshire health and care system worked together to implement an initiative to support paramedic crews and help reduce the number of people being taken to hospital with complicated care needs. For many patients who had called 999, instead of being taken directly to ED, they are now being assessed and treated in their own home. Following the initial 999 call, a clinician is available to facilitate each call with support

from an Urgent Community Response specialist, and other medical colleagues as appropriate. A decision is then made to confirm whether the patient needs to be assessed at home or attend ED. A suitable assessor was asked to visit the patient at home within two hours for those who were well enough to be assessed in their home and appropriate care and treatment arranged to be delivered at home. The Oxfordshire health and care system has adopted the 'Call before Convey' principle to help deal with the pressures facing urgent care services. Data from July 2022 to February 2023 show the average number of falls being conveyed to ED has reduced by 10%.

Supporting patients home from ED

In Berkshire West, the ICB continued its partnership arrangement with the British Red Cross to identify patients attending ED at the RBH who could be safely transported home and supported with shopping, medications and signposting to other voluntary sector support to avoid a hospital admission. We have also worked alongside our paramedic colleagues to staff a dedicated area in ED for patients arriving by ambulances to minimise handover delays.

Urgent Care Centre

Across the BOB ICS we have two new Urgent Care Centres (UCC)[2], one in Reading and another located in Oxford. The Reading UCC opened in December 2022 to improve on-the-day-care for people with non-emergency illness. It is open seven days a week from 8am-8pm. The centre complements the range of healthcare support available to local people and provides an easy to access service for urgent, but not life-threatening illness, and eases pressure on the ED at the RBH and GP practices. It has the capacity to offer 100 appointments per day (combination of walk-ins and patients referred from primary care and ED). The UCC has been developed collaboratively with representatives from the ICB, BHFT, RBH, Reading Borough Council and Healthwatch Reading. It will run for an 18-month pilot period. The Oxford UCC is on the John Radcliffe Hospital (JR) site. The centre is run by the Oxford City Primary Care Network (PCN) and is there to support the day-to-day pressures on GP surgeries, NHS 111, and is working towards taking redirections from the JR ED. It provides an extra 300 appointments per day. Walk-in appointments are not accepted.

The ICB also commissioned additional clinical appointments in general practice to support to winter pressures on UEC; there were approximately 20,000 more appointments provided over the winter period.

Alongside these initiatives, communications teams from the ICB and system partners have worked together to deliver campaigns to local people encouraging them to look after themselves and stay healthy, and to use healthcare services in the most appropriate way. Key messages over the past year have continued to be:

- Emergency Departments (EDs) are for genuinely life-threatening conditions; for non-life-threatening conditions please use alternative services such as local pharmacies, minor injuries units, your GP and NHS 111 who can advise and direct patients to the best place for care.

[2] We have an existing urgent treatment centre operating in High Wycombe and an UCC in Banbury.

- Our EDs and hospitals remain very busy. If you can help your family member or friend home from hospital, please talk to us. We will always support people to get home with the appropriate care packages

The BOB ICB launched a new website www.staywell-bob.nhs.uk this year which signposts the public to key services across BOB and supports wellbeing. It underpins our communication activities by providing a vehicle to educate where to go the get the right care across BOB; inform people where to seek help including links to local services that will help you live independently such as home care agencies; signposts where to go to get a flu and COVID vaccine and provides access to key resources for healthcare advice and local services.

Developing services across primary care

General Practice

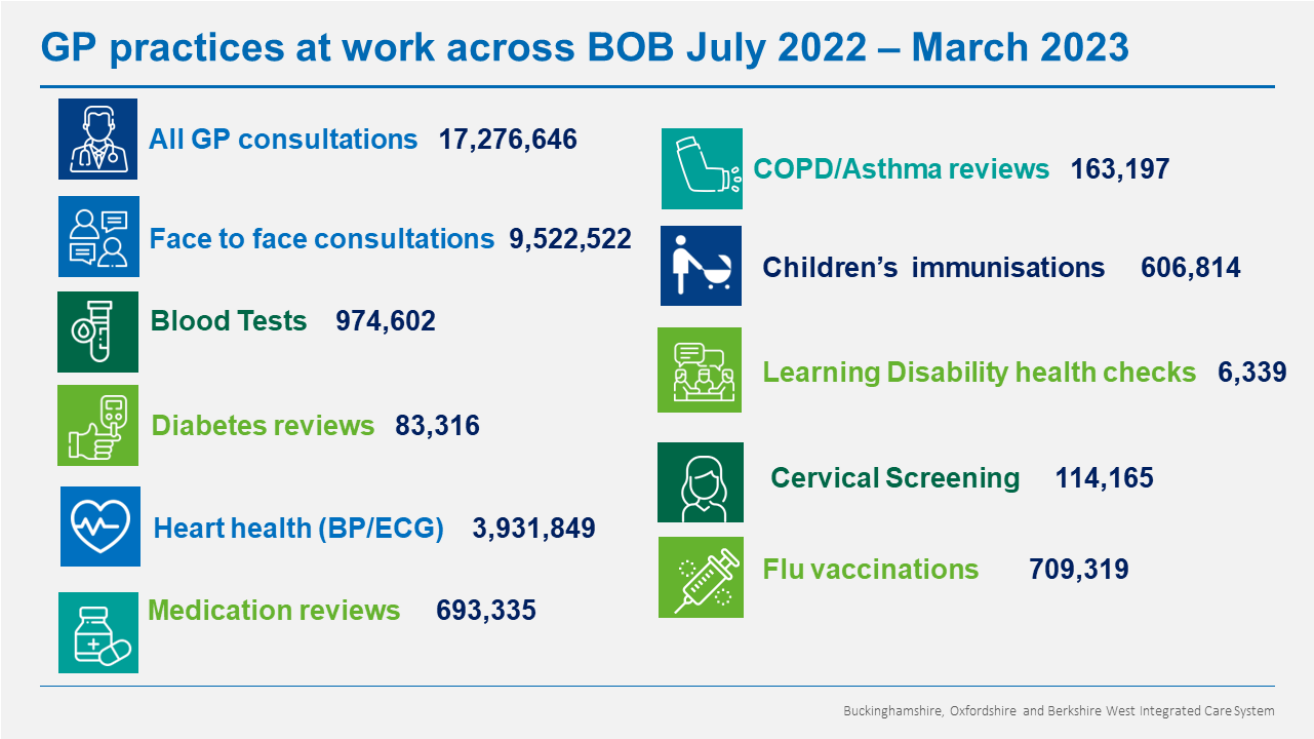
The last three years, initially in response to the COVID-19 pandemic then in response to the ongoing pandemic and roll out of the COVID-19 vaccination programme, has been unprecedented in the delivery of all public services and general practice is no exception.

General practice across BOB responded to these challenges with excellent public sector coordination and joined up response and delivery. General practice worked with local statutory organisations and community and voluntary sector partners to ensure that the needs of our populations were met in respect of both the pandemic response and ongoing service delivery.

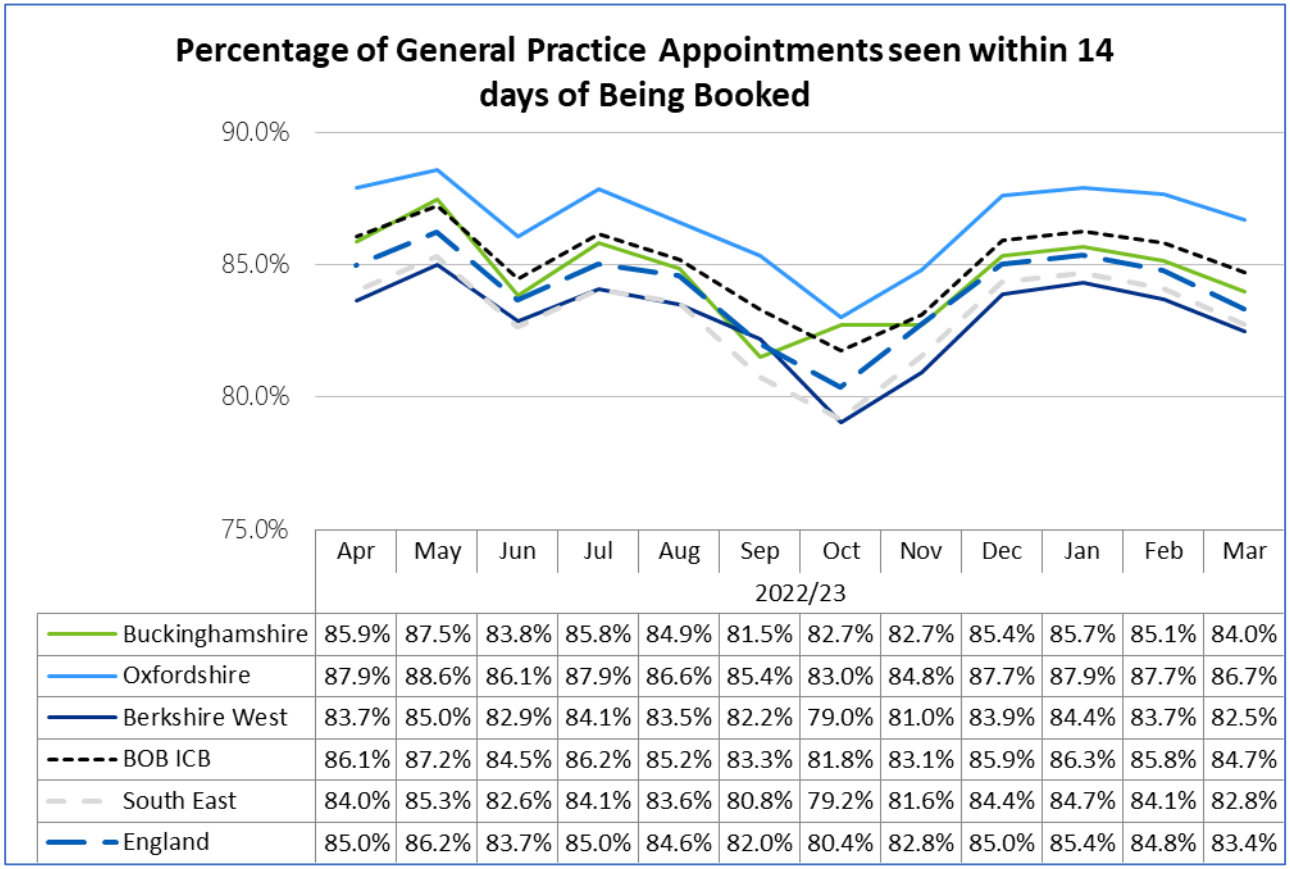
Like other NHS organisations general practice and patients had to adapt to new ways of working. The use of total triage and increased use of virtual access were two of the most significant changes in general practice. As a clear step to reduce the spread of COVID-19, patients were assessed by a GP over the phone or online first, allowing many people to be offered advice, prescriptions or referral without the need for a face-

to-face appointment. For patients with the relevant technology, appointments have been available using video conferencing with healthcare professionals.

While this has proved very successful and popular with many of our population, we recognise that we need to help patients understand how services have changed and the varied work they deliver.



Appointments in general practice are collected and reported nationally each month. The graph below sets out the appointments since April 2020 until March 2023:



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2022/23											
Buckinghamshire	85.9%	87.5%	83.8%	85.8%	84.9%	81.5%	82.7%	82.7%	85.4%	85.7%	85.1%	84.0%
Oxfordshire	87.9%	88.6%	86.1%	87.9%	86.6%	85.4%	83.0%	84.8%	87.7%	87.9%	87.7%	86.7%
Berkshire West	83.7%	85.0%	82.9%	84.1%	83.5%	82.2%	79.0%	81.0%	83.9%	84.4%	83.7%	82.5%
BOB ICB	86.1%	87.2%	84.5%	86.2%	85.2%	83.3%	81.8%	83.1%	85.9%	86.3%	85.8%	84.7%
South East	84.0%	85.3%	82.6%	84.1%	83.6%	80.8%	79.2%	81.6%	84.4%	84.7%	84.1%	82.8%
England	85.0%	86.2%	83.7%	85.0%	84.6%	82.0%	80.4%	82.8%	85.0%	85.4%	84.8%	83.4%

Primary Care Networks (PCNs) as groups of GP practices played a significant delivery role from the outset of the COVID vaccination programme. This work has continued with booster vaccinations throughout 2022/23 and work is underway to deliver a spring vaccination via GP practices and pharmacies to the 75 and over age group, people in care homes and those who are immunosuppressed.

PCNs across BOB continue to recruit roles supported through the Additional Roles Reimbursement Scheme (ARRS), which provides funding for additional roles to create bespoke multi-disciplinary teams in general practice. Two new roles were introduced in October 2022; General Practice Assistants and Digital and Transformation Leads. 705 whole time equivalent posts have now been recruited to across BOB utilising

over 90% of available funding through the scheme. These roles have been instrumental in bringing specialist skills and general clinical skills into practices enabling GPs to focus on patients with more complex needs.

Below are some examples of new initiatives across BOB PCNs

- **Neighbourhood and subplace integration for older people, frail elderly and medical management at home**: Bicester PCN, Manor Surgery in Headington and, Oxford City Primary Care (PCN) have worked together to pilot an enhanced primary care virtual wards initiative. This includes multi-disciplinary (MDT) ward rounds, home visits, MDT assessment and anticipatory care for older people post admission, admission avoidance and anticipatory. This pilot is bringing together primary care, community care, and the voluntary sector working closely with acute care and acute virtual wards.
- **Multidisciplinary Team Working:** Caversham PCN have monthly meetings organised by a Care Coordinator from the Community Trust BHFT, chaired by a Community Matron, attended by various clinicians from the Community trust BHFT, the Acute trust RBH, Reading Borough Council Adult Social Services, SCAS Ambulance Service, Social Prescribing Link Workers and GP's. Patients are selected for discussion using Risk Stratification tools. Complex patients with contact with various services are discussed, their conditions and needs better understood and actions taken to improve their care. Examples include poorly controlled diabetics with depression, young adults with learning disabilities, severely frail, patients with high attendance rates at GP practice.
- **Digital Triage**: Earley PCN developed digital triage and patient RAG segmentation (working with Connected Care, our digital integration partner within BOB and Frimley ICS) to enable prioritisation of patient's conditions. This ensures that the triage teams can stratify patients to the correct clinician and has increased the capability of different allied health professionals to see different presentations, reserving GPs for more complex cases. This work is being further enhanced by developing our digital triage offering utilising AI and integrating this with the RAG rating to increase the accuracy with which patients can be prioritised. The PCN is also developing continuity teams across its 4 sites (31000 patients) to manage red and amber patients. It hopes to be part of a place-based solution to further enhance the urgent care offering particularly for green patients.
- **One stop shop for chronic disease conditions**: Whitley PCN developed a one stop shop was developed, where all chronic disease conditions were managed in one sitting to help ensure patients attended reviews, given the PCN's relatively high levels of social deprivation and communities with health inequalities. They have also developed a GP assistant programme to help GPs manage their patient lists who support the clinicians within the consultation.
- **Social Prescribing** : Shared Decision Making has enabled personalised care across the ICS. Through the BOB ICB Personalised Care training team are accredited to deliver 'Year of Care' Shared Decision-Making Training to our workforce. By adopting this personalised approach of involving people in decisions about their health and care we hope to improve patient health and wellbeing, improve the quality of care and ensure people make informed use of available healthcare resources. Involving people in their own health and care not only adds value to people's lives, it creates value for the health and care system.

BOB ICB took delegated responsibility from NHSE for Pharmacy, Optometry and Dental (POD) services in July 2022. This delegation will allow the ICB to integrate services to enable decisions to be taken as close as possible to their residents, to ensure our population can experience joined up care, with an increased focus on prevention, addressing inequalities and improve access to care.

During the last eight months the system has increased its local knowledge and expertise of the services. This has been enhanced by increasing engagement and dialogue with key stakeholders such as Healthwatch, Health Overview and Scrutiny Committees, and system partners.

This has resulted in increasing an understanding of professional and local issues with an aim to influencing service reform to increase opportunities to develop local solutions to key services problems.

The ICB has prioritised the integration of clinical services and clinicians within the system, providing a seat at relevant partnership forums, access at practice level to wellbeing training and for professional clinical leadership.

As part of the development of the 5 year Forward View Plan, the intent to integrate and optimise POD services to enhance the primary care offer to the population is being developed.

Community Pharmacy

The ICB has approximately 265 Community Pharmacies (CP) providing pharmaceutical services to the system population. BOB Community Pharmacies are represented by Thames Valley Local Pharmacy Committee (LPC) and Buckinghamshire LPC.

Community Pharmacies are well placed within our local communities to support people to live longer, heathier lives, make healthier lifestyle choices and support care closer to home. With a culturally diverse workforce which represents the population they serve, they provide a direct route to accessing our black, Asian and ethnic minority and health inclusive groups.

In collaboration with system partners, the ICB, is working towards implementation and delivery of the NHS E Pharmacy Integration Plan Community Pharmacy Clinical services including:

- Discharge Medicine Service to reduce drug related hospital re admissions.
- Community Pharmacy Consultation Service – NHS 111, GP CPCS and upcoming UEC referrals to reduce GP appointments within the PCN for minor illnesses and reduce A&E appointments.
- Hypertension Case Finding Service to support the identification of undiagnosed Hypertensive patients and reduce the GP Practice workload.
- Smoking Cessation Transfer of Care to improve the prevention of avoidable illnesses.
- Early Diagnosis of Cancer (NHS E Pilot in Thames Valley)
- Oral Contraceptive Service – expected April 2023
- Formal agreement to develop and implementation a BOB ICB Community Pharmacy PCN Lead Programme, which aims to provide a single point of contact for engagement, strengthen Community Pharmacy and General Practice collaboration, system partnership working, optimise delivery of the Pharmacy Integration CP Clinical Services, address health inequalities and promote shared learning.

Optometry

BOB ICB has approximately 195 optical practices. Optometry services deliver NHS funded sight tests across the system, within both high street and domiciliary settings.

The ICB recognise the opportunity for increased integration of these services as part of ensuring maintaining eye health across the system. Work to date has focussed on:

- Increased clinical engagement with optometry practices to identify opportunities for integration
- Phase one development of an Integrated Eye Health Network across the system, that brings representatives from the eye care pathway together, to develop and deliver our identified integration priorities.

Dentistry

BOB ICB now has responsibility for NHS dental services, that includes:

- High street services
- Unscheduled Care-out of normal working hours
- Community Dental services- Specialised Care and Paediatric dentistry
- Orthodontic services
- Hospital services
- Level 2 Oral surgery and restorative dentistry

Good oral health is a key priority for our system population, as the ICB now has responsibility for range of dental services, this will provide an opportunity to work with system partners to collectively align resource and capacity to focus on optimising oral health prevention and early intervention. The system acknowledges the public challenge to accessing NHS high street dental services and has been working collaboratively to both understand and address access issues.

The ICB has implemented and extended an Additional Access Scheme which provides additional capacity for urgent need, with a focus on access for our most vulnerable populations across the system.

Through the flexible Commissioning Scheme, we have worked with our Local Dental Network to refocus NHS dental capacity to meet the needs of our population that have found it the most difficult to access services. The scheme is due to be implemented during the first half of 2023/24.

We have published a patient leaflet on our website to support our public in understanding dental services, supported with access information and frequently asked questions.

Community Dental services have benefited from additional financial resources in year to improve capacity. Our three community providers have increased collaborative working arrangements, sharing experience, best practice and capacity, with an intent to establish a formal Provider Collaborative arrangement.

How we are managing long term conditions

The Long Term Plan (LTP) sets out clear improvement priorities for the biggest killers and disablers of our population including Long Term Conditions (LTCs). The Global Burden of Disease study included as part of the LTP shows that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.

Our ambition for the prevention and management of LTCs is to:

- Improve outcomes in population health and healthcare with a specific focus on health inequalities.
- Acting sooner to help those with preventable LTCs.
- Detecting LTCs earlier.
- Supporting people with LTCs to stay well and independent.
- Caring for those with multiple needs as the population ages.
- Integrating care pathways to provide joined up services.

In the past year we have established LTCs Integrated Delivery Networks across BOB for cardiovascular (inc stroke), respiratory and diabetes to bring together our providers with clinical leadership to drive forward the LTP priorities including prevention, improving health, reducing inequalities, reducing variation and co-designing integrated pathways.

The areas of focus (prioritising areas of health inequalities) over the last year through the LTCs Integrated Delivery Networks have been:

1. Prevention of LTCs through earlier detection by increasing NHS Health Checks, referrals to Diabetes Prevention and smoking cessation
2. Improving the diagnosis of people with Chronic Obstructive Pulmonary Disease (COPD) symptoms
3. Increasing the detection of people with Hypertension, Atrial Fibrillation (AF) and Heart Failure to enable earlier management of the conditions.
4. Better management of people with LTCs with restoration to pre-pandemic levels:
    - Hypertension (to target blood pressure)
    - Diabetes (to treatment targets)
    - AF (optimisation of treatment)
    - COPD (decrease length of stay and readmission to hospital)
    - Stroke, Cardiac and Pulmonary rehabilitation

Some examples of the work are outlined below:

BP@Home Work was undertaken to identify people with hypertension, as part of the blood pressure at home project with BOB identified as a trail blazer. This focused on clinically vulnerable patients in the more deprived areas over the age of 65. Seven thousand blood pressure monitors were distributed across BOB. This programme of work promoted better blood pressure monitoring, increasing patient understanding and thereafter additional support for practices for BP monitoring across all age groups. Work has also been ongoing with community pharmacy

across BOB to support case finding with a focus on areas of higher deprivation. Work continues to achieve the number of people with hypertension treated to target with positive progress being made at each place.

Primary care were supported to find and optimise treatment for people living with Heart Failure, provide spirometry (which was suspended during the pandemic as this is an aerosol generating procedure) to diagnose people with breathlessness and increase referrals to the Diabetes Prevention Programme.

Rehabilitation: We worked with our providers to understand current rehabilitation services and ensure these are available consistently across the BOB area.

Personalised Care and Support Planning

Across BOB over 2000 health professionals have been trained in personalised care skills during 2022/23. The ICB continues to work to ensure that all staff are equipped with the skills to offer personalised care including personal health budgets, social prescribing, personalised care and support planning and shared decision making. Personalised Care simply means that patients have more control and choice when it comes to the way their care is planned and delivered, taking into account individual needs, preferences and circumstances.

Personalised Care and Support Planning recognises the patient's skills and strengths, as well as their experiences and the things that matter the most to them. Professionals and patients have a shared discussion to identify outcomes, goals and actions which will support the patient and lead to better outcomes. A care plan is an essential tool to integrate the person's experience of all the services they access so they have.

Over the last year over 70,000 care plans have been developed in partnership with patients within our maternity, palliative and End of Life Care, Dementia and long-term condition pathways.

Over the past year the BOB Local Maternity and Neonatal System (BOB LMNS) team have undertaken a project to develop a clear and robust personalised care and support pathway (PSCP) for all services users, that is sensitive to the diversity in our population, social determinants of health and the principles of the Core 20+5.

BOB LMNS co-produced this pathway with local maternity voice partnerships (service user voices), transformation midwives, perinatal mental health services, and input form Neonatal and Obstetric leads. Co-production promotes equality, inclusivity, accessibility and reciprocity and gave everyone a seat at the table, and the benefits were enormous. The PCSP has considered accessibility issues such as health literacy, digital poverty and literacy and health inclusion so has been developed with that in mind, so there are free text sections, visual aids and prompts to help people when they are completing it and the initial roll out will be paper versions, with digitisation coming later. The PCSP will also be translated in the top ten languages spoken in BOB initially and then more as required.

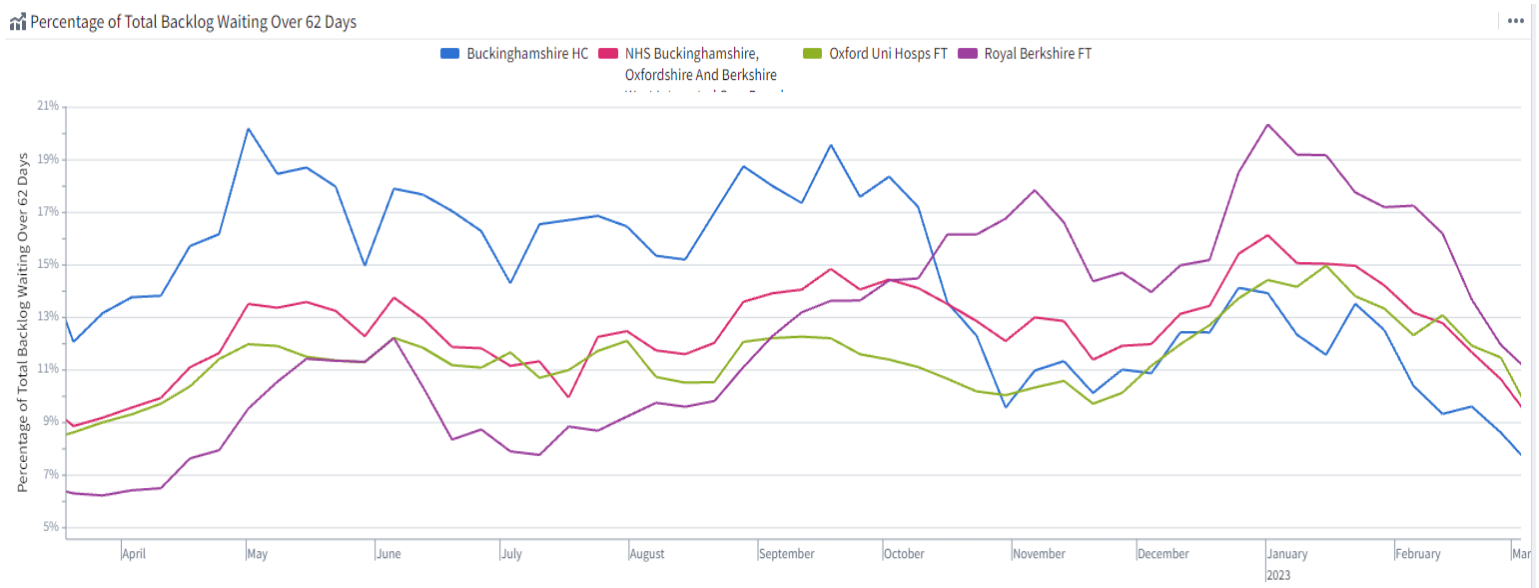
The new PCSP will provide pregnant mothers with one joined-up plan that covers their health and wellbeing needs which can be shared across all health services, meaning that patients do not have to repeat their story.

Improving diagnosis and treatment of cancer

Like other health service areas, cancer services across the country have continued to have been under significant pressure to deliver treatment for all patients following the COVID-19 pandemic. This is no different for the BOB ICS, which works with the Thames Valley Cancer Alliance (TVCA) to ensure delivery of cancer services across the area.

A key priority is for the BOB system is to achieve the target set out of returning the number of people waiting 62 days or more for cancer treatment to the pre-pandemic February 2020 level. The number of patients waiting over 62 days on the cancer patient tracking list as a percentage of the total waiting continued to fall through March 2023 with under 9% of patients waiting over 62 days, the lowest percentage in the 2022/23.

The overall >62 day waiting list has reduced from over 1,000 in December to under 600 by the end of March, lower than the same period last year. Below outlines our Trusts performance for 62 day standard:



The areas of greatest challenge across the Thames Valley over the past year are the cancer pathways of lower gastrointestinal (GI) tract, skin, urology, gynaecological and head and neck. TVCA has led the improvement plan for cancer in 2022/23 with initiatives outlined below:

- Implementation of training programmes for of staff to support improvements to pathway management across the whole cancer pathway
- Working with both primary and secondary care to support increase of faecal immunochemical test (FIT) uptake.

- Increased access to diagnostics
- Reducing pathology turnaround times to support progression on pathways.
- Reviewing pathway baselines against best practice pathways to further understand issues and to support the reduction of delays
- Embedding tele dermatology-led skin cancer pathway to support faster diagnosis and onward treatment
- Embedding patient navigators in cancer pathways to improve patient experience and engagement

Delivering improvements in mental health services

Throughout the past year work has continued to develop mental health services to support mental wellbeing and improve outcomes for people suffering from mental health conditions. As part of the NHS Long Term Plan, the Community Mental Health Framework is a new way of working that aims to improve joining up mental health services so that GPs, mental health teams and other support organisations in the community work better together and improve the experience of people with significant mental health conditions using services.

Across BOB work has progressed to improve access to NHS Talking Therapies for Anxiety and Depression. A transformation programme is underway and included a marketing campaign to promote referrals for people from BAME communities and older people. While further work will be needed to achieve the minimum access trajectory for 23/24. Our performance for the percentage of referrals receiving an appointment has been more positive and we have exceeded the 6-and 18-week national targets of 75% and 95% respectively.

Two 'Keystone' Mental health and Wellbeing hubs have been opened in Oxfordshire; these hubs will help these patients by providing them with access to a team of dedicated mental health professionals in their communities. This new NHS service will also enable GPs to work very closely with health staff in the hubs to ensure their patients receive care and treatment closer to their homes making it easier to get the support they require.

Work has continued through the year to achieve the national target of 60% of people with serious mental illness (SMI) to have a health check. This has included the introduction of Point of Care (PoC) machines, which offer immediate, convenient and easy to use diagnostic testing close to the patient's home. There is a focus on equality with support given to people in deprived areas and those groups who may be hard to reach. In addition, caseloads are being reviewed to identify those people with an SMI who have not had health checks, so these can be offered. A project is being piloted in Wokingham until September 2023 which aims to boost and support physical health checks for people with serious mental illness in line with the 60% national target. Two physical health support workers are employed by Oxfordshire Mind to work with primary care networks to engage people on the SMI register who have either declined or not attended their health check appointment and those who are reluctant to go to clinics or to their GP. To date nearly 100 health checks have been done since September 2022 and it is hoped that by September this year more than 400 will have been carried out.

Despite efforts to improve the diagnosis of dementia, the dementia diagnosis rate in BOB has consistently remained around 59% which is below the standard of 67%, albeit this has slightly improved to 59.7% towards the end of the financial year. The ICB will work with the regional NHSE mental health team to review and improve pathways to diagnosis. In addition, a clinical lead has been appointed and a plan has been developed for improving diagnosis in care homes.

Supporting and treating children and young people with eating disorders is a key part of our work in the provision of mental health services for our younger population. Our targets are to 95% for both urgent referrals - one week, and four weeks for routine referrals. Unfortunately, we have fallen short of the standard over the past year, however, during some months at Place we have achieved 100% compliance for urgent referrals.

Staff turnover, vacancies and quality of referral information all affect our ability to meet these standards, and this is mirrored nationally. We have many initiatives underway to improve access, including the Referral Project which aims to improve referral information and triage. Progress is also being made to address recruitment challenges in the workforce teams for eating disorders and we expect to see an improvement in performance in this area.

Progress continues with the Pathway for Eating disorders and Autism, developed from Clinical Experience (PEACE) programme to support young people with eating disorders and neuro-diverse presentations. The ICS has a working group supporting shared practice and joint work, for example with the Avoidant and Restrictive Food Intake Disorder (ARFID) pilot.

Partnership working is key to supporting children and young people with their mental wellbeing. In February 2023 Berkshire West Children's and Young People's Mental Health Network Event brought together all partners who work with children, young people, and families, to support the development of the Mental Health and Emotional Wellbeing Services. Presentations from the ICB, providers, local authorities and volunteers shared the strategic direction and development of services in the ICB and those attending heard about existing innovations and successes from VCSE partners. Excellent feedback was received with requests for more face-to-face events. The Berkshire Health's Children and Adolescent Mental Health Services (CAMHS) has worked with volunteer organisation Berkshire Youth to support young people waiting mental health treatment. A pilot project was established in Newbury for youth workers, alongside SCT, to offer engagement to young people, make social connections and feel valued through positive activities.

The ICB reported spend of £263,588k on the mental health investment standard (MHIS) 2022/23. This is an increase of 5.81% on the outturn for 2021/22 against a target to increase by 5.54%. The ICB therefore more than achieved its MHIS target.

Learning disability and Autism

The ICB has a Learning Disability and Autism (LDA) programme shaped by the national programme. Part of the programme is to implement the BOB Learning Disabilities and Autism 3-year transformation delivery plan and to meet national performance targets. These include reducing health inequalities, improving support for autistic people and autism pathways, reducing reliance on mental health inpatient care and making this care more appropriate for people with a learning disability and/or autistic people.

Areas of focus over the past year include:

- Reducing the number of out of area placements which will ensure better patient and family experienced as well as reducing costs
- Collaborating with local authorities to support pathways associated with Special Educational Needs and Disabilities to reduce waiting times during 2023/24 and developing services to address the growing demand and backlogs

- Unblocking barriers to physical health care and addressing gaps in provision for people with Learning Disabilities and Autism in mental health inpatient settings. We will aim to incorporate mental health care into discharge planning to ensure safe discharge and ongoing physical health monitoring in the community.
- Continuing to increase the number of autistic people and / or those with a learning disability and getting an annual health check

During 2022/23 the ICB completed extensive research into specific groups including autistic people and / or those with a learning disability (it also included ethnically diverse communities, LGBTQ+ communities) to understand possible barrier in accessing services. It also looked at what we could do to make them more accessible. Recommendations are being developed to address the findings with two immediate actions taken have been to commission a dedicated mental health service for people with learning disabilities and to develop the ChAMHS Children in Care service.

Neonatal and maternity care

Like other areas, the BOB ICS has a Local Maternity and Neonatal System (LMNS). The LMNS was originally formed to be the maternity transformation arm of the ICS. However, since the independent inquiries into serious failings in maternity services in Telford and Shrewsbury (Ockenden), East Kent (Kirkup), and the MBRRACE report into maternal and neonatal morbidity/mortality, the functions and responsibilities of LMNS's have increased significantly. The BOB LMNS works as a close team, in full collaboration with the three maternity and neonatal services, as well as Maternity Voices Partnerships (service user groups) around transformation. Now in addition, the LMNS also has the task of working to seek assurance on compliance in regards key performance indicators, such as safety and service delivery.

The recently published Single Delivery Plan set the drivers for maternity and neonatal services for the next three years, and the LMNS are using this to underpin their own strategic themes, which are fully aligned and include comprehensive workforce and equity strategies, which have been commended by NHSE. They are also developing system-wide working, collaborating with ICB teams as well as the wider ICS, around workforce, the equity agenda and soon to include the women's health strategy.

The team leading this work are fully focused on promoting safe and compassionate care of women, birthing people and their babies, as well as the wellbeing of staff, and have commissioned training on Human Factors for both front line and executive leads in the trusts, as they recognise that our workforce are our greatest asset.

The BOB ICB has implemented the perinatal quality surveillance model as set out in the NHSE guidance for all system levels. The aim of this is to ensure there is system wide oversight of the quality of maternity and neonatal services across the BOB patch. Trusts submit a PQSM report quarterly, which is then sent to the LMNS board presenting key themes of good practice and items of escalation which are then sent to the NHSE regional maternity and safety concerns group on a quarterly basis. Themes are extracted from this data to identify emerging trends or common issues and risks and to then address them via quality and safety improvement projects. This allows the system to learn from serious incidents and the addressing key quality issues in order to improve the quality and safety of our services on an iterative basis.

The saving babies lives care bundle v2 (SBLCBv2) has been implemented as part of the maternity transformation programme but also as part of the immediate and essential actions from the Ockenden report. All trusts have either declared compliance or are close to full compliance. Trusts will now be working towards v3 which was released in May 2023.

As part of the preterm birth optimisation work led by the maternity and neonatal safety improvement programme (MATNEO SIP), led by the Oxford Academic Health Science Network, systems across the patch are aiming to ensure that all babies born before 27 weeks are born in the right place. This is their closest L3 NICU tertiary unit. The Neonatal Intensive Care Unit (NICU) looks after babies from extremely premature neonates, term neonates who have had difficult deliveries and babies with antenatally diagnosed conditions. For the BOB ICB this is the John Radcliffe at the Oxford University Hospitals.

The work of ensuring babies are born in the right place contributes towards the existing safety ambition: maternal mortality, stillbirths, neonatal mortality, brain injury during or soon after birth, and preterm births. In the last quarter for 2022 /2023, 100% were born in the right place and the BOB LMNS trusts continue to surpass the target for this deliverable. This is overseen by the Thames Valley Operational Development Network

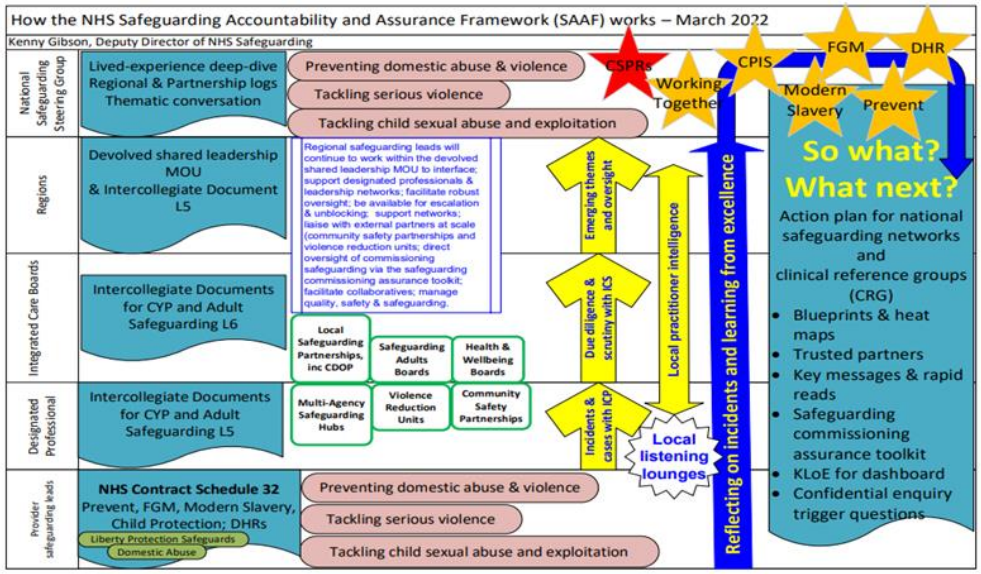
The Midwifery Continuity of Care (MCoC) is a standard of care and a way of delivering maternity care so that women received dedicated support from the same midwifery team throughout their pregnancy. The three-year delivery plan outlines that systems should consider the rollout of midwifery continuity of carer in line with the principles around safe staffing set out in September 2022.

There is one enhanced maternity continuity of carer based in the Royal Berkshire Hospital whilst Oxford University hospitals have a vulnerable women's team which are working towards continuity of carer via working on the building blocks of the model (ensure there is safe staffing). Buckinghamshire Healthcare Trust are prioritising the building blocks of the model and ensuring there is safe staffing in place before development towards the model.

Safeguarding our most vulnerable

BOB ICB has a statutory duty to put in place appropriate arrangements to safeguard children, children looked after, and adults at risk within their areas. The Safeguarding Vulnerable People in the NHS-Accountability and Assurance Framework (NHS England 2022) makes explicit the role of Integrated Care Boards in ensuring that:

- The organisations from which they commission services provide a safe system that safeguards children, young people and adults at risk of abuse or neglect
- They are fully engaged with Local Safeguarding Children and Safeguarding Adults Boards
- Robust processes are in place to learn lessons from cases where children, young people and adults die or are seriously harmed and abuse or neglect is suspected
- They work in partnership with NHS England to ensure the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children, young people and adults at risk.
- Internal ICB safeguarding governance and escalation arrangements are robust, and that safeguarding is embedded in all practice
- They secure the expertise of Designated Professionals with capability and capacity on behalf of the local health system



Overall, the quality of safeguarding and in BOB is good. Three place based safeguarding teams have established partnerships, networks, assurance systems and processes. During and since the COVID-19 pandemic there has been a significant increase in complexity and intensity of cases from a clinical, safeguarding and a psycho-social context from vulnerable groups. We have a key role in preventing and responding to harm, neglect and abuse of children and adults. Organisations within our system are facing significant challenges from capacity, workforce and population health management. System collaboration with all partner organisations is required to maintain and improve safeguarding and deliver a better outcomes for vulnerable groups.

The ICB took over the statutory responsibility for safeguarding from Buckinghamshire, Oxfordshire and Berkshire West CCGs on the 1st July 2022. The Interim Chief Nursing Officer had the Executive responsibility and accountability for Safeguarding for the ICB until they handed it over to the new substantive Chief Nursing Officer on 12th September 2022. An interim safeguarding structure has been in place to ensure robust safeguarding support and supervision to all commissioned services across the system, as well as proactive engagement in Multiagency Safeguarding arrangements for Children and Adults, across our three Place Based Partnerships. On 1st December 2022 an Interim Director Safeguarding to lead and support the development of the wider systems ICB Safeguarding structures and compliance was appointed.

Establishing a corporate ICB Safeguarding Team with the capacity and capability to provide statutory leadership and clinical safeguarding expertise across the ICS and at Place, building on the three experienced Place teams has been a priority, a new corporate team structure with increased capacity has been agreed and recruitment started. Capacity will be further reviewed during 2023/24 with a focus on Looked after Children (LAC), Child Death Overview (CDOP) and Learning from Lives and Deaths People with a Learning Disability and autistic people (LeDeR) arrangements.

The three ‘place’ based safeguarding teams, alongside our Named Leads in provider organisations, have completed audits for a programme of assurance to the locality Safeguarding Partnerships. These include self-assessments.

The ‘place’ based teams have completed both Section 11 and Care Act self-assessment audits in all three localities which overall showed that we are in a strong position. Priorities for improvement were identified around:

- Work to review and standardise our approach to allegations management for children and adults and work with Local Authority Designated Officers (LADOs) to provide assurance, standardise processes and improve information sharing, communication and reporting has started.
- Reviewing and standardising our approach to delivery of Level

There are three Child Death Overview Panels (CDOPs) in BOB each with arrangements that comply with statutory guidance and have robust reporting and learning systems at locality and nationally and publish an annual report.

- Buckinghamshire https://bscb.procedures.org.uk/tkyzqx/the-safeguarding-children-partnership-and-organisational-responsibilities/child-death-review-guideline/
- Oxfordshire https://www.oscb.org.uk/practitioners-volunteers/child-death-overview-panel/
- Pan Berkshire https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp/about-us/child-death-overview-panel-cdop

During 2023/24 we will review and align CDOP arrangements streamlining where possible

Working Together to Safeguard Children 2018, sets out the arrangements for the three safeguarding partners (Local Authority, ICBs and CO of police) and how they will work together with other agencies to safeguard and promote the welfare of children in their local area.

In BOB the following arrangements are in place:

- Buckinghamshire https://www.buckssafeguarding.org.uk/childrenpartnership/
- Oxfordshire https://www.oscb.org.uk/
- Berkshire West https://www.berkshirewestsafeguardingchildrenpartnership.org.uk/scp

Each board publishes an annual report

Working Together to Safeguard Children 20181, states that the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

In BOB the following partners have published annual reports:

- https://www.ouh.nhs.uk/about/trust-board/2023/january/documents/TB2023.15-safeguarding-annual-report-2021-22.pdf
- https://www.oscb.org.uk/wp-content/uploads/2022/08/OSCB-Annual-Report-2021-22.pdf

Our ambition is to create a culture across the ICB/ICS that has at its heart the welfare of our most vulnerable citizens and ensures a strong safeguarding voice, promotes system learning, development, quality improvement and an effective early warning system to enable us to rapidly identify and address areas where safeguarding falls below expected standards.

"*Each child or adult in need of our services is supported to stay healthy, keep their independence and live their lives free from abuse and neglect*."

To deliver our ambition, we will:

- Have a better understanding of the connectivity and matrix working across BOB ICB and with ICS partners
- Embed a learning culture and continuous improvement.
- Align and standardise our safeguarding Quality Assurance Framework (QAF) and reporting, streamlining where possible
- Engage with vulnerable adults, children and young people and their representative groups to improve their experience and to develop our services.
- Ensure the patient voice is heard and acted on, making safeguarding personal and thinking family.

An inaugural BOB Health Economy Safeguarding Strategic Committee, reporting to our System Quality Group and Population Health and Patient Experience Committee took place at the end of January 2023. Chaired by the Chief Nursing Officer, membership included Associate Directors or Heads of Safeguarding for our acute, community and mental health providers, BOB Head of Prevention & Health Inequalities, SCAS Associate Director of Safeguarding, the Safeguarding Lead, NHSE SE and our Named and Designated Professionals. This meeting determined our safeguarding and LAC priorities for 2023/24:

1. **Assess demand and capacity – standardise and identify new ways of working for the following priority workstreams.**
   - Children in Care /Looked After Children (CIC/LAC) – Initial Health IHA/RHA clinical capacity
   - Multi Agency Safeguarding Hub (MASH) child and adult clinical capacity
   - Health Visitor/School Nurse capacity, working with public health commissioners
   - Quality Assurance Framework (QAF) and capacity for commissioned placements
2. **Safeguarding Processes:**
   - Effective information sharing in line with the recommendations and work of the new national Multi-Agency Safeguarding Partner Performance Board (MASPP)
   - Legal literacy MCA/DoLS as part of our preparedness for Liberty Protection Safeguards (LPS) and to including inherent jurisdiction – Deprivation of Liberty Orders for Children and Young People
   - Implementation of the Safeguarding Adult Boards Multiagency Risk Management (MARM) Frameworks
   - CPIS 2 – introduction of next stage Child Protection Information Sharing system
3. **Readiness for Serious Violence Duty to align with Community Safety Partnership and Thames Valley Police, this is a new statutory responsibility from the 21/01/23 work streams will include:**
   - Criminal Exploitation
   - Child Sexual Exploitation

- Contextual Safeguarding
- Vulnerable and seldom heard groups e.g. LD and Neurodivergent people, people with mental health needs, asylum seekers and the travelling community
- Domestic abuse
- Violence against women
- Modern Day Slavery
- Transition to adulthood – links to SEND

Our safeguarding priorities have been shaped by:

- The National Review of Children's Social Care following the deaths of Arthur Labinjo-Hughes and Star Hobson
- The Independent Inquiry into Child Sexual Abuse.
- Statutory guidance on the Serious Violence Duty in accordance with the Police, Crime, Sentencing and Courts Act 2022.
- Domestic Abuse Act, 2021 and new statutory guidance, July 2022.

Workstreams have been developed as a result of learning from BOB Child Safeguarding Practice Reviews (CSPR) Safeguarding Adult Reviews (SARS) and Domestic Homicide Reviews (DHRs) and identified in partnership with our NHS Commissioned providers and through the safeguarding child and adult partnerships and boards across BOB ICS.

Safe and effective use of medicines

The safe and effective use of medicines is an essential element of healthcare and the ICB Medicines Optimisation (MO) team supports clinicians, patients and carers in making decisions about which medications to use in order to obtain the best possible outcomes. The MO teams from the three CCGs had historically worked closely together but, with the formation of the ICB in July 2022, a single team was formed.

The three places had previously had their own approach to a Prescribing Incentive/Quality Scheme (PQS) and the ideas from each were combined to create a BOB-wide PQS the details of which were shared with our GP practices by well attended webinars. Practices were supported in working towards the targets set in the PQS. While medicines safety was the main focus of the scheme, there were projects to release costs savings. The Prescribing Dashboard was extended to cover BOB and continued to be updated monthly informing practices on all their prescribing targets, achievements and priorities. Regular prescribing data was also used to inform the ICB of ongoing cost pressures and reviewing national data helped to identify areas of potential savings as well as highlight where BOB performed better than other ICBs.

In 2022/23, significant work went into establishing a BOB-wide Area Prescribing Committee (APC) which is a strategic decision-making group with responsibility for promoting rational, evidence-based, high quality, cost-effective use of medicines to ensure equity of safe access to medicines for patients. The aim is to make decisions that are clear, consistent and evidenced and take account of regional and national recommendations. The new committee has an extensive work plan which will result in new formulary decisions, the implementation of new guidelines and the introduction of new pathways.

Collaborative working with PCN Pharmacy colleagues continued to be a priority with each place having a Lead PCN Pharmacist working in the ICB MO team and regular meetings bringing together colleagues from across the ICS to share ideas and learning. The strong links with colleagues working in PCNs supported further joint projects including the drafting of an Induction Pack for practice-based pharmacy staff and the review of possible joint posts across PCNs and secondary care. In addition, continued close working with the Local Pharmaceutical Committees (LPCs) ensured that schemes commissioned from our Community Pharmacies could become BOB-wide. The team also continued to work closely with colleagues in secondary care to ensure a consistent approach to medicines optimisation and colleagues in all sectors continue to make regular contact with the MO team with specific questions via the team's generic email addresses.

Optimising medicines use to maximise health outcomes and give the best value has never been more important and, in 2022/23, the ICB MO team continued to work with colleagues across the system to achieve this. As in previous years, there were significant cost pressures and these were managed alongside the delivery of many quality initiatives to deliver good quality, cost-effective prescribing including the review and implementation of guidelines, collaborative work with providers, the introduction of new pathways and the review of data and governance arrangements.

Digital transformation

As a newly formed ICB, we have been strengthening our partnerships with NHS and local authority organisations across the ICS to develop a shared vision and strategy for digital and data. The strategy acknowledges the need to change our ways of working to realise the benefits of being unified as a system, by exploiting and building upon collaboration opportunities which already exist within the ICS.

Our digital transformation programme has been extensive for 2022/23 and has delivered a whole wealth of outcomes which have improved the way care is provided and accessed across BOB. Below are a few examples:

Enhanced access to primary care services: Primary Care Networks (PCNs) will be required to provide 'enhanced access' with multidisciplinary teams working collaboratively to facilitate additional appointments. We have implemented digital capabilities which enable each practice to 'interoperate' so patients can access routine appointments, and more, beyond their own registered home practice. The benefit will be that practices working with each other as PCNs can offer a better understood service for their patients' needs while facilitating convenience of appointments for patients.

Digital Exclusion Inclusion and Literacy: We are working with health and local authority partners across BOB to help citizens manage their health digitally where appropriate, for example electronic prescription requests or find trusted health information via the NHS App or view their records digitally. Currently 61% of the BOB population have the NHS App compared to 54% nationally.

Our focus is:

- Ensuring practice staff are all familiar with NHS App and other relevant tools to help citizens to manage their routine health care digitally.

- Working with all voluntary organisations in BOB who provide digital support to citizens to ensure they have the knowledge and confidence to discuss or demonstrate NHS app usage with citizens.
- Ensure all involved with patient care in BOB are aware of the digital tools being used across the ICB and encourage citizens to access digital health care/advice if appropriate.

Digitising Adult Social Care Programme: The ICB has been successful in securing funding and is now leading a programme to support the digitisation of CQC registered adult social care providers with adopting a Digital Social Care Record (DSCR), often also known as electronic care plans. DSCR allows the digital recording of care information and care received by an individual, within a social care setting, replacing traditional paper records. DSCRs are person-centred and enable information to be shared securely and in real-time with authorised individuals across the health and care sector. And for care homes only, adoption of sensor-based falls prevention and detection technologies, such as acoustic monitoring, to support those residents most at risk of falls. These technologies generate data to those providing care to prevent and/or detect a fall. The benefits include:

- **DSCR** gives staff the information they need about the people they care for helps them to provide the right care at the right time and reducing the administration of care records and plans could release a day a week of carer time in an average sized care home
- **Acoustic monitoring** in care homes can reduce falls among over 65s by 40-55% and subsequent hospital admissions by 20%

Community Pharmacy Consultation Service (CPCS): CPCS enables practice teams to channel defined minor illness patients directly to a community pharmacist for their first contact, where the patient will receive clinical assessment and advice in a more timely manner. We have invested in the technology and rolled this out across GP practices and community pharmacies across BOB as follows:

- 109 (68%) BOB practices are ‘Live’ and referring their patients to community pharmacists via CPCS, with a further 38 (24%) ‘Engaged’ with the service and preparing to ‘Go Live’
- Across BOB 10,828 referrals have been made since April 2022, which equates to approximately 1,805 hours of saved practice appointment time, with potential cost savings of around £80K (based on GP average)
- BOB (as of December 2022) had the highest number of completed referrals across the South East Region, achieving the second highest number of referrals per capita

Going forward the role of the ICB will be to bring together our collective strengths across the BOB ICS and facilitate delivery of a strategy aligned to the ICS development aims. Our digital strategy over the next three years will:

- Digitise our providers to reach the Minimum Digital Foundations to reach a core level of digitisation across our system
- Connect our care settings using digital, data and technology and improve citizen experience
- Transform our data foundations to provide the insights required to transform our system and better meet the needs of our population

Improving quality

The ICB is responsible for ensuring continuous improvement in the quality of services it commissions in connection with the prevention, diagnosis or treatment of illness. Quality is defined in the NHS as safe and effective care alongside outstanding patient experience. Improving the quality of healthcare provided to people across BOC is central to the work we do.

NHS Trusts within our system are facing significant challenges relating to capacity, workforce and population health management. System collaboration with all partner organisations is required to maintain and improve quality and safety and deliver a better patient experience.

Below gives a quality summary of the provider Trusts and GP practices across BOB including the Care Quality Commission rating and the system oversight framework rating for quality.

Provider Trust	Overall CQC Rating	SOF Rating
Berkshire Healthcare Foundation Trust	Outstanding	1
Royal Berkshire Foundation Trust	Good	2
South Central Ambulance Service	Inadequate	4
Buckinghamshire Healthcare Trust	Good	3
Oxford Health Foundation Trust	Good	2
Oxford University Hospitals Foundation Trust	Requires Improvement	2
BOB Primary Care: 157 GP Practices	**Overall CQC Rating**	
153 Practices (97%)	Outstanding or Good	
4 Practices (3%)	Inadequate or Requires Improvement	

*SOF = System Oversight Framework

1

Our ambition is to build a system in which we deliver continuous quality improvement and an effective early warning system to enable us to rapidly identify and address areas where quality fall below expected standards with a particular focus on pathways and links within systems.

Work has continued with our partners to improve patient experience, improve the quality of services and learn from incidents to reduce the risk of them happening again. To ensure we are continuously improving the quality of services across BOB we are developing a system-wide quality assurance framework. This framework will outline the principles, expectations, behaviours and governance for quality assurance and includes

quality assurance methodology which includes use of data, patient feedback and peer reviews. We are using NHSE draft early warning systems dataset including the System Oversight Framework and CQC ratings. This will enable the timely identification of quality concerns which will mean the system can focus on improvements.

The new structure and governance arrangements have been designed to maximise skills and integration with defined portfolio areas which will take system wide responsibility for key service lines such as care homes, end of life, primary care, mental health and urgent and emergency care.

The ICB ensures that quality improvements are made as a result of patient safety incidents. Examples of this are outlined below:

- The RBH has undertaken work on identifying and rapidly responding to deteriorating patients. This came about as a result of a theme being picked up in Serious Incidents and was subsequently made a quality priority by the Trust. The Trust undertook surveys to better understand barriers and to raise awareness of the deteriorating patient. They audited the use of both the NEWS2 tool[1] and the escalations which followed when a deteriorating patient was identified. Following the programme of quality improvement, the Trust undertook an audit which demonstrated clear improvement in outcomes from patients.
- In OUH healthcare professional feedback to the ICB and patient safety incidents had demonstrated that patients with incidental findings of cancer in ED experience disjointed and sometimes delayed pathways which resulted in a poor experience and psychological distress. A new pathway was designed in response to ensure this cohort of patients are picked up immediately on diagnosis (or suspicion of diagnosis) in ED. They are immediately put in touch with nursing and medical support and are discussed by the acute oncology multidisciplinary team. This means that the pathway is much more efficient, and patients receive the support they need immediately.

We are currently working on our priorities for the coming year which include:

- Publish a Quality Strategy to support improvement which will incorporate the National Patient Safety Strategy
- Develop a system-wide quality assurance framework to underpin our improvement work
- Ensure patient experience and co-design is fully embedded in our quality assurance/improvement work and our quality strategy

The ICB will also be responsible for quality assurance for a wider range of services than the predecessor CCGs. This is because of the planned delegation of pharmacy, optometry and dentistry. These services were previously commissioned, and quality assured centrally by NHSE.

[1] NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.

Addressing health inequalities

Work continues across BOB to reduce health inequalities and enhance preventative interventions.

Ongoing work throughout 2022/23 has focused largely on the recovery and delivery of services following the COVID 19 pandemic ensuring health care provision is accessible and experience and outcomes are equitable.

The Adult and children and young people's (CYP) Core20Plus5 programme continues to be developed with significant work taking place across the ICB:

- In maternity teams across BOB were established to support the continuity of care for pregnant women from black and minority ethnic communities as well as those from most deprived populations in BOB.
- Targeted communications were developed and outreach work undertaken to increase the uptake of annual health checks for people with serious mental illness and those with learning disabilities.
- To support people with chronic respiratory conditions work has been undertaken to increase access to pulmonary rehabilitation and looking at equity of access and levelling up capacity with demand across BOB. We have also improved access to spirometry by restarting services and supporting recovery. Alongside this work, there has been targeted communication to highlight the importance of vaccinations for people in chronic respiratory groups. This includes work to increase take up of COVID, Flu & pneumonia vaccines in populations of low take up.
- Work continues with Black and minority ethnic communities and health inclusion groups to support access to screening programmes; understand experience of barriers to services and co-produce solutions and interventions.
- CYP services have recruited a Clinical Lead who is developing activities and plans for the Core20Plus5 ambitions.
- Funding had been agreed for devolvement to Place to prioritise local actions and interventions for 23/24 and the Long-Term Condition Teams portfolio and CYP portfolio are also delivering activity to continue address the five clinical priorities.

Below outlines some areas of work that are on-going as key NHS priorities as we move beyond the COVID 19 pandemic.

Restoring NHS services inclusively:

- Working with our acute service providers on elective care with a focus on recovery and reducing waiting times across system whilst mitigating against inequality of access.
- Ensuring Primary Care are supported to accelerate return to pre pandemic levels of care as quickly as possible re the management of Long-Term Conditions and ongoing patient access. i.e. Targeted Diabetes Funding to support areas in areas of higher deprivation to accelerate annual health checks and return to pre pandemic levels of clinical care.
- The identification on patient registers of top 30-50 patients who would benefit most from a holistic health and wellbeing review (physical, mental and social), supported by a social prescriber.

Mitigate against digital inclusion:

- We have appointed a Digital Inclusion Lead to ensure digital inclusion is central to developments in new and existing projects such as virtual wards and remote service patient engagement.
- There is a sustained focus on work to ensure that data sets are gathered robustly and data set are complete and timely.
- Population Health Management developments

Accelerate preventative programmes:

- The COVID-19 Vaccination Programme continues to operate across BOB, identifying cohorts of concern/ low take up and targeted interventions delivered. This continues to engage with communities and their representatives through outreach, bespoke communication, engagement, and education. The Health On the Move Van providing outreach in areas if higher deprivation is also screening for hypertension.
- Smoking cessation services are being rolled out across inpatient services for acute and mental health providers as well as maternity services to ensure that all inpatients are identified who smoke and encouraged/ supported to quit.

Strengthen leadership and accountability:

- The ICB Prevention and Heath Inequalities Group has established and agreed £4million of investment for 2023/24 to target inequalities and prevention work across the area. This will be driven by placed based agreed health inequality priorities and partnerships linking with local activities to ensure added value and grease impact.

Engaging people and our communities

We aim to create an ICB built on effective engagement and partnerships to successfully serve our citizens. We know that effective communication and engagement is key to achieving these goals. The COVID-19 pandemic resulted in increased collaboration across the system. The vaccination programme strengthened partnerships with primary care, the VCSE sector and local authorities, resulting in improved vaccination rates for vulnerable communities.

Statutory partners, such as Healthwatch, have given insight into the experiences of our citizens and made recommendations which enabled corrective action where needed. Developing the links between acute settings, including private providers, aided capacity management throughout the pandemic response. The strength of these partnerships were critical to the way that the NHS, and the communities we serve, were able to adapt to rapidly changing circumstances.

As we move on with life after the pandemic, we are committed to progressing and sustaining these relationships by empowering community representatives and providing a range of public-facing engagement facilities, both in-person (face to face) and via digital channels. In this way, we will continue to develop an effective system with engaged partners and involved stakeholders.

To help us achieve our goals we will seek opportunities to engage at the most effective geographical level, whether this be system - in other words, across the whole ICS population – or at Place (local authority level), or indeed at local neighbourhood level. For example, while the direction of travel for our ICB and priorities for the years ahead may be best approached at system-level, local community engagement needs to be delivered on a smaller level such a working with a local patient participation group on a particular issue. We also recognise that different groups of people and different communities need to be supported to engage with us in different ways.

We recognise there is much to do to develop our work with communities and people within BOB. We are currently reviewing resources and our capability to ensure we have the right team in place to deliver this important work and to develop a culture of working with our citizens and patients across the organisation. Below outlines some of the work we have undertaken across BOB since the establishment of the ICB to develop our networks and shape our public engagement.

Working with People and Communities Strategy

We have developed a high-level strategy for working with people and communities, which sets out our proposed principles for engagement and our aims for engagement for the ICB. Before the initial draft was written we held a workshop involving representatives from all five Healthwatch's across BOB, the BOB Voluntary Community and Social Enterprise Alliance (VCSE) and NHS Trust lead governors. We were also invited to speak at a wider meeting of the VCSE Alliance. These discussions were focused on testing out principles and approach.

The draft strategy was also made available on our engagement site to enable partners and members of the public to submit comments. We received a range of helpful ideas and comments, and we used these to help shape the strategy.

Development of a framework to deliver our strategy: putting our principles for engagement into practice

Following the development of our working with people and communities strategy, we designed a framework that set out how we plan to put the high-level principles of the strategy into practice. The main elements of the framework were to develop a consultation platform; further develop relationships with our partners to utilise their channels to promote awareness and drive traffic toward the consultation platform; develop a representative citizens' panel, which we will develop and use for feedback and comment via surveys and to develop and work closely with our partners to reach and engage with specific groups and communities.

Launch of our new engagement portal 'Your Voice in Buckinghamshire, Oxfordshire & Berkshire West'

The ICB has invested in a new digital engagement platform to give people across BOB the opportunity to get involved and help shape the future of health and care. It enables people to have their say on projects and proposals related to health and care. People can register to be regular users of the platform and can be kept informed on work of the ICB and partners. The platform was launched in December 2022 and already has 822 participants registered. Over the next year we will be developing our membership with a campaign to raise awareness of the site and get more people on board with the work of the ICB.

Developing our partnerships

We recognise the value of Healthwatch's contributions for our engagement and involvement ambitions and ensuring we can meet the needs of our population and are working closely with our five Healthwatch groups across our system. We have strong relationships with Healthwatch, who have previously supported place-based projects, provided essential access to patient voices, and given detailed analysis and recommendations.

Our Healthwatch groups already provide invaluable support: the Oxfordshire Healthwatch, for example, already facilitate and recruit members to the county's Patient Participation Groups – a model approach being adopted by other Healthwatch groups across Buckinghamshire and Berkshire West; this is funded by the ICB.

Healthwatch will continue to provide independent scrutiny and challenge where appropriate as they are the independent health and social care champions for their places. We meet with them regularly and use their insights and public feedback to inform our strategies and plans. An example of this was the suggestion of a sign language interpreter joining our online public meetings during our engagement for developing the BOB ICP strategic priorities.

Working closely with our VCSE sector is also key to successful engagement. The voluntary and community sector has a range of skills, experience, and brings a way of looking at things that often leads to quick and creative change. They are composed of people and communities who promote mutual aid and advocacy and provide professional service.

We are working closely with the voluntary and community sector to ensure it has a voice and influence at all levels. We want to work together with the sector to better understand people's and community's needs, experiences and aspirations for health, care, and wellbeing. The BOB VCSE Alliance is a very important channel for engagement. Through them we will be able to work with community leaders, reaching out to those affected by inequalities - strengthening relationships, building trust, and enabling the voice of people and communities to be heard.

We are working with the voluntary and community sector to explore ways to reach and engage with communities who have poorer experiences and outcomes. As we develop our engagement, we will work with the BOB VCSE Alliance to tailor our approach to engagement depending on the needs of the audience rather than trying to create a one-size-fits-all approach.

Developing a BOB wide Citizen's Panel

To ensure we engage as widely as possible, we are in the process of setting up a Citizens' Panel to act as a core engagement resource. There is an established panel within Buckinghamshire, and we are developing this by recruiting a wider representative pool from across Oxfordshire and Berkshire West. Our initial aim is to recruit approximately 1,500 members. The panel will be used to answer broad surveys and to segment them and create smaller focus groups to consider specific issues in more detail.

BOB ICP strategic priorities engagement

We worked with the public, local authority partners, NHS Trusts, Healthwatch and our VCSE to seek feedback on proposed principles and priorities for the BOB ICP Integrated Care Strategy. The engagement sought to get local people and communities to help refine the proposals for a common set of priorities for our health and care system. We invited people to comment on the direction (principles) of the strategy and a common set of priorities for the partnership, through which we aim to meet local needs and reduce pressure on services.

We sought feedback on the strategy from 13 December 2022 until 29 January 2023. We drafted a document that explained the rationale for the strategy, the need for change, who is involved in the work, the principles that will guide the work of the ICP and the proposed strategic priorities.

The document was made available on the new ICB engagement site and published both an easy read version and a Word version to support online translations. We also shared recordings of the public events and a Q&A session. Through a survey, we asked people if they felt the proposed principles and priorities were the right ones and to add any ideas / suggestions to the strategy.

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

More information about the engagement, including the engagement report and outcomes, is available here.

Working with our local communities

There is a wide network of GP patient participation groups across BOB Berkshire. The engage with PPGs a number of ways. In Berkshire West PPGs, in addition to their practice-based meetings, meet regularly within their local authority area and attended by ICB colleagues to share best practice, receive updates on developments within their area and discuss ways of widening their engagement within their communities. Over the last year there have been keynote speakers at these sessions including the ICB directors and RBH colleagues. A monthly e-newsletter is produced jointly by the RBH and ICB and distributed to the PPGs, Practice staff and a wider audience including parish councils, Healthwatch, VSCO and other community partners.

In Buckinghamshire, PPGs are a central part of the Buckinghamshire Engagement Reference Group. The group includes the ICB, VCSE, Healthwatch and the local authority. It comes together to support collaborative working and decision making that improves health and social care outcomes in Buckinghamshire and facilitates effective partnership between health, local authority and wider partnership organisations in Buckinghamshire

The ICB also supports practices and PPGs on specific issues, an example of this in the past year includes working closely with the PPG of Botley Medical Centre. Earlier this year, the GP partners at the Botley Medical Centre and its branch surgery in Kennington gave six months' notice to the ICB that they intended to resign their contract. The primary care team at the ICB began working immediately with the PPG and other key stakeholders to find another GP team to take on the contract, with the aim of both sites continuing to offer primary care services in the long term.

The primary care team met regularly with the PPG's executive members to update them on progress and to answer questions. The PPG executive was also involved in reviewing the proposals from other Oxfordshire GP practices which expressed an interest in taking on the provision of services to the 14,000 registered patients. The PPG shared information with patients and a dedicated web page with information and frequently asked questions was set up on the BOB ICB website. The process is ongoing as this report is published.

Working with children and young people

The ICB worked with Local Authority partners in Berkshire West, BHFT and supported by our Young People and our Counselling Organisations (No5, Time2Talk, ARC Web) to procure a Digital Mental Health and Wellbeing Support service for 11–17-year-olds. The project aimed to reduce health inequalities, with a service specification which includes service standards to this effect and a procurement selection process which includes specific questions aimed at understanding how the provider will be supporting people from the most vulnerable cohorts and proactively targeting them to improve access. In developing the questions to ask bidders for the service we worked with young people via our counselling organisation to get them to propose questions they'd like to incorporate into the tender document. A group of young people involved in the project also tested the customer facing app/web service and scored the different applications on several factors. The scores then informed the selection process.

Joint Forward Plan

At the beginning of 2023, planning started on how we would engage with local people on the development of our Joint Forward Plan. The Joint Forward Plan is how we intend to deliver the BOB Integrated Care Strategy. It will also set out how we will deliver national NHS commitments and recommendations. To launch this work the ICB held a workshop, which brought together system colleagues from across BOB to explore how we will achieve our integrated care ambitions together. Over 70 representatives from our NHS Trusts, primary care, local government, the Academic Science Health Network, voluntary and community sector and Healthwatch came together to come up with bold ideas for how we meet the challenges facing health and care and improve the health and wellbeing of our local population.

Wider engagement will run through April 2023 and will include information on Your Voice inviting ideas to be included in the Joint Forward plan; we will also be running several focus groups on the priorities we aim to deliver.

Developing a sustainable environment

The Net Zero Programme Board has developed over its first year of operation. Currently, we are developing an Action Plan for both the Board itself and for the Areas of Focus in order to produce valuable data for use in funding applications, proof of concept, reporting and to move us towards the goal of Net Zero by 2040.

The annual review of our ICS Green Plan is approaching, which will be reworked in line with feedback from the Net Zero Board on our priorities and with support from our Area of Focus leads and Trust Sustainability leads to ensure we align with our goals and ambitions across the three places.

There have been successful funding applications across the ICS, notably OUH have secured funds from the Public Sector Decarbonisation Scheme (PSDS), which will aid in their efforts to move away from Carbon emitting energy sources and implement Greener Energy. There was a number of successful applications for the Healthier Futures Action Fund for smaller projects in which funds have been received and the plans are underway.

Some of the initiatives that are currently taking place are:

- High Wycombe Hospital has been undergoing major renovations to repair and modernise the buildings. The NHS Wycombe Energy Centre has been designed to allow stable, predictable, accurate forecasting for future energy expenditure and will provide a 40% reduction in energy costs for the site. The Energy Centre will enable significant de-steaming of the site and once available, can be converted into Hydrogen Power. BHT have also made strides in reducing the waste leaving the site by introducing an ‘on site’ facility that uses an aerobic digestion machine with multiple strains of bacteria to digest organic materials. This can reduce the mass of the waste by 50% mass and up to 70% volume, thereby reducing waste collections by around 2/3. The Floc that is produced by this process is currently being used by Energy from Waste (EfW), however future plans are to send the Floc to be processed as Solid Recovered Fuel (SRF) which costs 40% less than EfW and will benefit the Circular Economy.

- Oxford Health has been working towards lowering their travel and transport carbon contributions. They have currently had a review of their grey fleet completed by The Energy Saving Trust and are using this information to develop a plan towards lowering their emissions. Oxfordshire County Council have invited NHS representatives to their Climate Adaptation Group who are working at future planning to prevent possible problems that will arise from climate changes taking place. We hope to bring this learning back to the NHS and incorporate it into our future planning.
- One area we are working towards reducing our carbon emissions is with medication management. Medication is one of the biggest contributors to our carbon footprint as a healthcare provider. The anaesthetists at The Royal Berkshire Hospital in Reading have responded to this by swapping out one of their regularly used anaesthetic gases Desflurane, with the less carbon intensive Sevoflurane, which will save 413 tonnes of CO2 per year. Over the past year RBH have reduced their usage to 0%, with BHT close behind with 1.8%.

Responding to an emergency

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act (2004), the NHS Act 2006 and the Health and Care Act 2022. These require NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR). New arrangements for local health EPRR form some of the changes the Health and Care Act 2022 made to the health system in England.

The Civil Contingencies Act (2004) (CCA) and the NHS England Emergency Preparedness, Resilience and Response Framework (2022) requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients.

Under the CCA, BOB ICB is defined as a Category 1 Responder, meaning it is subjected to the list of statutory duties listed in the Civil Contingencies Act (2004) Contingency Planning Regulations (2005).

In addition to meeting the CCA legislative duties, the ICB is required to comply with guidance and framework documents, including but not limited to:

- NHS England Emergency Preparedness, Resilience and Response Framework;
- NHS England Core Standards for Emergency Preparedness, Resilience and Response;
- NHS England Business Continuity Framework.
- EPRR requirements laid out in the NHS Standard Contract
- Minimum Occupational Standards for NHS Emergency Preparedness, Resilience and Response (MOS)

- ISO 22301:2019 Security and resilience – Business continuity management systems

The ICB's Accountable Emergency Officer (AEO) is responsible for executive leadership of EPRR, supported by the ICB's EPRR team. The ICB's Chief Delivery Officer holds the AEO portfolio.

Since the creation of the ICB through the Health and Care Act 2022, the ICB has worked on developing and growing the capacity and capability of the EPRR team. This includes appointment of a Head of EPRR to lead the team. The team have developed a new EPRR Policy and Strategy, supporting the implementation of a broad programme of work to ensure the ICB is discharging responsibilities, assessing risk of emergencies, and taking appropriate preparatory action such as planning, training and exercising.

The ICB has responded to a range of incidents and emergencies over the past year, including but not limited to communicable disease outbreaks; IT systems failures; adverse weather; and industrial action.

Due to the sustained response to the COVID-19 pandemic combined with a multitude of other incidents and widespread NHS pressure, the past year has seen the NHS mostly operating at an EPRR Level 3 incident, invoking regional NHS England coordination supported by ICB leadership at system and place.

As part of enhanced operating arrangements, all ICBs in England opened System Control Centres (SCCs) at the end of 2022, to provide a 24/7 hub of coordination within the ICS for system risk balancing and system leadership in times of pressure. The SCC also acts as a central node of coordination for operational assurance between NHS England, the ICB, and our NHS providers. In the event of major, critical, or business continuity incidents, the SCC can operate as the ICB's Incident Coordination Centre (ICC) through which an incident response is coordinated and supported. The Head of EPRR is responsible for the leadership and delivery of this capability.

At the same time the ICB continues to lead on NHS engagement with the Thames Valley Local Resilience Forum, the coordination network of Category 1 responders, Category 2 responders, and Voluntary, Faith and Community groups in regard to emergency preparedness. Similarly, the ICB co-chairs the Thames Valley Local Health Resilience Partnership, where all health partners come together around emergency preparedness.

As part of the annual rhythm of assurance, the ICB conducted the 2022 annual assurance process for the NHS England Core Standards for EPRR, both within the ICB and for all providers of NHS funded care within the Integrated Care System (ICS). The outcome of this process saw the ICB rated as Substantially Compliant, and all providers rated either Substantially or Fully Compliant.

How does BOB ICB manage its money and coordinate system finances?

Revenue

BOB ICB came into existence on 1 July 2022 following the disestablishment of the three constituent CCGs. The accounts presented are for nine months only (1 July 2022 to 31 March 2023) and there is no comparator data.

For the nine months of the ICB's existence, BOB ICB's total funding was £2,506m. Of this, £2,481m was allocated for healthcare programmes and £26m for the CCG's running costs as reflected in the table below which summarises our budget (plan) and actual expenditure for 2022/23. The ICB achieved a small surplus of £248k against a stretch target agreed with NHS England of breakeven.

BOB ICB by Service Line	YTD Budget Month 12 £'000	YTD Actual Month 12 £'000	YTD Variance Month 12 £'000
Acute	1,235,034	1,255,145	(20,110)
Community Health Services	245,218	231,819	13,399
Continuing Care	122,660	139,813	(17,153)
Mental Health	230,531	232,619	(2,088)
Other Programme	101,157	63,757	37,399
Other Commissioned Services	0	(12,352)	12,352
Primary Care	136,593	127,743	8,849
Prescribing, Central Drugs and Oxygen	177,504	210,753	(33,248)
Delegated Co-Commissioning	232,171	232,053	118
Total Programme Costs	**2,480,868**	**2,481,350**	**(482)**
ADMIN Costs	26,323	24,882	1,441
NET SURPLUS / (DEFICIT) before CIP and Planned Surplus	**2,507,191**	**2,506,232**	**959**
Unidentified CIP target	(16,453)	0	(16,453)
Planned surplus/(deficit) Q2 to Q4	15,741	0	15,741
NET SURPLUS / (DEFICIT)	**2,506,480**	**2,506,232**	**248**

BOB ICB brought forward a cumulative historic surplus of £1.6m from the constituent CCGs, none of which was utilised (drawn down) in the year. The small surplus achieved in 2022/23 is expected to be added to the historic surplus and will be carried forward into next year.

The ICB also achieved its other financial targets including the Mental Health Investment standard (4.67% increase in investment compared to the target 4.33%) and Better Payment Practice code (95% of invoices by value paid within 30 days).

The block payment approach for NHS providers continued into 2022/23 continuing the simplified arrangements implemented during the pandemic.

BOB ICB has formal delegated responsibility from NHS England for GP Primary Care Commissioning and received an allocation of £232m to deliver this.

BOB ICB has also taken on delegated responsibility for Pharmacy, Optometry and Dental services (POD) from 1 July 2023 and received an allocation of £98.8m to deliver this.

The ICB now takes a role in co-ordination of system finances of its five main NHS providers. The original system plan for 2022/23 was for breakeven but this included an assumption of £22m system savings target. During the year it became apparent that the system would not be able to deliver this savings target and a revised stretch target of £35.8m deficit was agreed with NHS England for the system in December 2022. The provider trusts improved their performance overall relative to the stretch target by £5.1m to £30.6m deficit as shown in the table below:

System Revenue	BHFT £m	BHT £m	OH £m	OUH £m	RBFT £m	ICB £m	Total £m
Stretch Target	1.9	-14.3	-1.5	-5.3	-16.7	0.2	-35.8
2022-23 draft outturn pre audit	2.2	-14.3	-2.1	0.1	-16.7	0.2	-30.6
Variance	0.3	0.0	-0.6	5.4	0.0	0.1	5.1

For the next financial year (2023/24), BOB ICS has been issued with a financial envelope by NHS England based on national inflation and growth assumptions. In April 2023, the ICS submitted its latest plans for the year. Final plan submission is due on 4th May 2023.

Delivering efficiency challenges in the current climate, post covid and with elective backlogs, is challenging. To improve delivery of savings targets across the system, the ICS has laid foundations for ongoing work by setting up an ICS Efficiencies Collaboration Group (IECG) which reports to the System Productivity Committee of the ICB and is chaired by the Chief Finance Officer of a Provider trust. The group will work across the system to challenge, share opportunities and to monitor delivery.

Capital

Under the Health and Care Act 2022 (the 2006 Act) there is a new obligation for ICBs and their partner NHS trusts and NHS foundation trusts to produce and publish annual joint capital resource use plans. The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims. This aligns with the ICB financial duty to ensure that allocated capital is not overspent and the obligation to report annually on our use of resources.

The plans for the financial year 2022/3 were required at a high level only, to include a short narrative on the main categories of expenditure. This disclosure will set the baseline towards transparency for reporting for future years and is a step towards ensuring the plan is a useful document in terms of showing how capital is contributing to the ICBs' priorities and delivering benefits to patients and healthcare users.

The BOB ICB and partner Trusts published a Joint Capital Plan for 2022/23 in accordance with this new requirement. It covers the whole financial year 2022/23 not just the nine months since the ICB was established. This is available on the ICB website here.

The capital allocation to the ICB is small with most funding being allocated to providers as shown below. The year end position against plan by organization is as follows:

Organisation	Total Charge against capital allocation							
	Plan	Actual	Variance		Plan	Forecast	Variance	
	YTD	YTD	YTD	YTD	Year Ending	Year Ending	Year Ending	Year Ending
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
Buckinghamshire, Oxfordshire And Berkshire West ICB	1,146	1,146	0	0.0%				
Berkshire Healthcare NHS Foundation Trust	8,700	9,022	(322)	(3.7%)				
Buckinghamshire Healthcare NHS Trust	20,000	20,413	(413)	(2.1%)				
Oxford Health NHS Foundation Trust	9,937	9,978	(41)	(0.4%)				
Oxford University Hospitals NHS Foundation Trust	30,838	27,466	3,372	10.9%				
Royal Berkshire NHS Foundation Trust	28,000	27,780	220	0.8%				
ICS Total	**98,621**	**95,805**	**2,816**	**2.9%**				

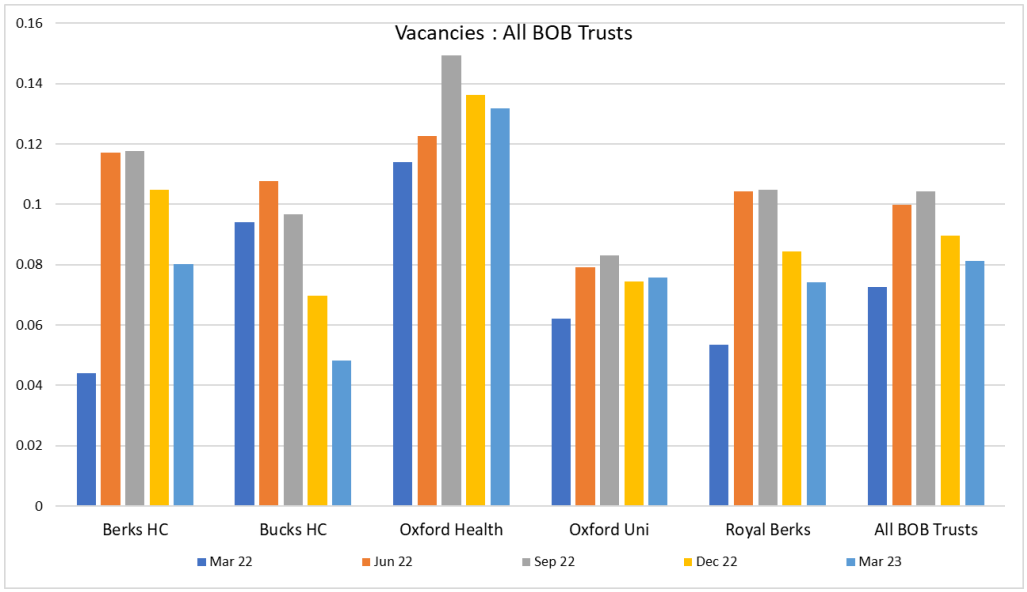
The system achieved the target of not overspending the capital allocation in year, delivering a £2.8m underspend against capital allocation.

The Joint Capital Plan for 2023/24 is also available on the website here.

BOB Integrated Care System workforce

The ICB monitors the number of vacancies across all BOB Trusts and staff turnover. The risks associated with high vacancy rates and turnover of staff include the quality and continuity of care for patients and increased cost of interim bank and agency staff to cover vacancies.

Fortunately, vacancy rates across the BOB ICS are decreasing; vacancies across all staff groups decreased from 9.1% in Jan 2023 to 8.2% in Feb 2023 and no 8.1% in March 2023. This is below the most recently published national average of 8.9% in December 2022.



For the majority of Trusts turnover rates have remained constant over the last quarter. Although we have seen a slight decrease in BHT and a steady increase in turnover for Oxford Health.

A number of initiatives are underway included targeted work on the cost of living to understand the impact of living costs and how these relate to the local health sector labour market and salary structures. This will help us to develop a geographical picture of factors underpinning living costs, how these vary and impact to inform future planned recruitment and retention interventions.

Among the initiatives supported by BOB ICB to tackle workforce shortages in the NHS is a project by Health Education England to encourage nurses, midwives and allied health professionals to come back to practice if they have had a break from their careers.

This project is being run in partnership with providers across the BOB geography:

- **Buckinghamshire Healthcare NHS Trust**
- **Oxford University Hospitals NHS Foundation Trust**
- **Oxford Health NHS Foundation Trust**
- **Berkshire Healthcare NHS Foundation Trust**
- **Royal Berkshire NHS Foundation Trust**
- **Primary Care**

All these employers have dedicated programmes to help people back into the profession through a variety of routes including university study courses with funding and job placements.

BOB ICB's has supported Return to Practice by offering information and links to employers through a dedicated webpage Return to Practice | BOB ICB. In addition, the communications an engagement team produced targeted social media advertising and messaging to publicise a recent free webinar for people to discover ways to return, the funding and resources available and meet some local employers to hear about the opportunities.

Performance targets

The ICB works collaboratively with providers in the BOB health economy, to deliver timely and robust healthcare provision. Meetings are held to provide assurance on actions being taken by providers to ensure performance achievement. Where performance is not achieved, we work together in partnership to resolve the issues and to develop remedial actions plans to recover performance.

NHS services in the system have faced unprecedented pressures over the course of the pandemic waves and have responded to a significant increase in demand on Primary, Community and Acute services as well as delivering the biggest vaccination programme in history.

The system continues to be under significant pressure; this has been compounded by high level of demand during the winter months which continued into spring. The table below outlines the performance in Buckinghamshire, Oxfordshire and Berkshire West from 1 June 2022 until 31 March 2023:

	Indicator	Month	Standard	BHT	OUH	RBFT
UEC	A&E Performance (All Types)	Apr 23	95%	71.2%	70.6%	76.2%
	Ambulance Handover Delays (> 30 mins)	Apr 23		13.9%	5.1%	11.9%
Planned Care	Incomplete Pathways over 52 weeks at month end	Mar 23	Rated against plan	3444	2226	19
	Incomplete Pathways over 65 weeks at month end			782	461	1
	Incomplete Pathways over 78 weeks at month end			2	59	0
Cancer	Percentage meeting faster diagnosis standard	Mar 23	75%	70.6%	83.3%	73.9%
	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer		93%	95.2%	79.5%	88.2%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer		85%	60.8%	58.1%	71.9%

	Indicator	Report Period	Standard	BOB ICS (3 CCG)	Bucks	Oxon	Berks W
Mental Health	Talking Therapies - Total Accessing in Period	Rolling 3 months to Feb 23		5.2%	6.0%	5.2%	4.5%
	Talking Therapies - Moving to Recovery	Feb 23	50%	49.2%	49.5%	50.4%	47.5%
	Dementia Diagnosis Rate	Mar 23	67%	60.2%	56.8%	61.5%	62.5%
	CYP Eating Disorders - Urgent (1 week)	Rolling 12 months to Dec 22	95%	68.7%	70.0%	28.6%	74.0%
	CYP Eating Disorders - Routine (4 weeks)		95%	41.0%	33.3%	15.8%	77.9%
	Severe Mental Illness (SMI) 6 Health Checks	2022/23 Q4	60%	54.9%	59.7%	48.9%	59.7%

How does the ICB monitor performance?

The ICB Board is responsible for discharging the duties of its constitution, which includes monitoring and scrutinising the performance of service providers. The Board receives a performance report at the bi-monthly meetings in public.

Formal committees of the Board scrutinise in more detail how the ICB and health providers are delivering contracted services; these are the Audit and Risk Committee, People Committee, Place and System Development Committee, Population Health & Patient Experience Committee and System Productivity Committee (for more information about the committees and their purpose please see page 51).

The ICB also has a memorandum of understanding with NHSE which outlines how we work together to discharge the formal regulatory responsibilities of NHSE, in terms of the national oversight framework for NHS Trusts, through regular tripartite review meetings . NHSE oversees the ICB through this framework through quarterly review meetings. For 2022/23 the ICB will not be formally assessed against this framework in light of the revisions to the NHSE operating model and potential implications of the Hewitt review.

How is the ICB monitored?

NHS England has a statutory duty to undertake annual assessment of ICBs. This is undertaken using the NHS Oversight Framework. The new framework is intended as a focal point for joint work, support and dialogue between NHS England, ICBs, providers and their integrated care systems.

For 2022/23 these annual assessments will not take place until quarter two.

Managing risk

Reducing risk across the health system is a priority for ICB to ensure patients receive high standards of care. Risks are events or scenarios which can hamper ICB's ability to achieve its objectives. These risks, divided into strategic/principal, corporate and operational, are identified, assessed and managed by the organisation and reviewed at every alternate ICB Board meeting in public. They are continually reviewed at Board committee meetings including the Audit and Risk Committee, People Committee, Place and System Development Committee, Population Health & Patient Experience Committee, System Productivity Committee.

There is a regular monthly review of risk through directorates, Operational Risk Management Group and the ICB's Executive Management Committee. The ICB Board Assurance Framework and strategic risks is available here.

Steve McManus, Accountable Officer
28 June 2023

Accountability Report

Corporate Governance Report

The names of the Chair and Chief Executive for the Buckinghamshire, Oxfordshire & Berkshire West ICB are:

- Javed Khan, Chair
- Steve McManus, Chief Executive

Along with the Chair and Chief Executive the board of BOB ICB comprises non-executive directors, executive directors a Mental Health Member and partner members for NHS Trusts and Foundation Trusts, local Authorities and Providers of Primary Medical Services.

The composition of the board as of 31 March 2023 includes:

- Javed Khan, Chair
- Steve McManus, Chief Executive

Non-Executive Directors:

- Saqhib Ali, Chair of Audit and Risk Committee
- Margaret Batty, Chair of the Population Health and Patient Experience Committee
- Tim Nolan, Chair of the System Productivity Committee
- Aidan Rave, Senior Independent Director and Chair of the Place and System Development Committee
- Sim Scavazza, Deputy Chair of ICB and Chair of the People Committee and the Remuneration Committee

Partner Members:

- Dr Nick Broughton, Mental Health Member
- Stephen Chandler, Partner Member - local authorities
- Dr Sheheen Jinah, Partner Member - Providers of Primary Medical Services
- Neil Macdonald, Partner Member - NHS Trusts and Foundation Trusts

Executive Directors:

- Rachael Corser, Chief Nursing Officer
- Dr Rachael de Caux, Chief Medical Officer
- Jim Hayburn, Interim Chief Finance Officer

Profiles of the board are available here.

There are six committees of the ICB Board:

- Audit and Risk Committee
- People Committee
- Place and System Development Committee
- Population Health and Patient Experience Committee
- Remuneration Committee
- System Productivity Committee

Details of the committees can be found in the annual governance statement on page 51.

Register of Interests

The Board members Register of Interests is available on the ICB website here.

Personal data related incidents

There have been no personal data related incidents formally reported to the information commissioner's office.

Modern Slavery Act

BOB ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Steve McManus
Accountable Officer
28 June 2023

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of BOB ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Steve McManus to be the Accountable Officer of BOB ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the BOB ICB assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that BOB ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Steve McManus
Accountable Officer
28 June 2023

Annual Governance Statement

Introduction and context

Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The BOB ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the BOB ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the BOB ICB's Accountable Officer Appointment Letter.

I am responsible for ensuring that the BOB ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement. The systems have been in place for the period under review and up to the date of the approval of the annual report and accounts.

Governance arrangements and effectiveness

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it. The main features that support regular monitoring, review and assurance are the Constitution, Scheme of Reservation and Delegation (SoRD), the Standing Financial Instructions (SFIs), the BOB ICB Board and the Board assurance committees as detailed below.

The BOB ICB's Constitution and Governance Handbook sets out the arrangements we have made to meet our responsibilities for commissioning care for our patients and the principles we will operate by with our partners. It describes the governing principles, rules and procedures that we operate by to ensure probity and accountability in the day-to-day running of the ICB to ensure that decisions are made in an open and transparent way with the interests of our patients and clinicians central to our goals and ambitions.. The matters reserved to the Board are clearly defined in the Constitution and Scheme of Reservation and Delegation (SoRD).

The Board has met five times in the period of this report. The meeting was quorate in terms of executive, non-executive and partner members. A table of members attendance is included in Appendix 1. The meetings have considered establishment of the ICB, operational planning performance, financial performance, development of the joint forward plan, public engagement, development of arrangements within Place and establishment of the BOB Integrated Care Partnership Joint Committee.

The BOB ICB has the following statutory committees:

- Audit and Risk Committee
- Remuneration Committee

It has also established:

- People Committee
- Place and System Development Committee
- Population Health and Patient Experience Committee
- System Productivity Committee

The terms of reference for each of these committees sets out the role and purpose and have been ratified by the Board. Committee Escalation and Assurance Reports are publicly available as part of the Board meeting papers (except for Remuneration Committee). Each of the committees submits an annual report to the Board giving assurance they are carrying out their duties and may also undertake self-assessments of their effectiveness.

The Standing Financial Instructions (SFIs) regulate the proceedings of the ICB, as set out in the Health and Social Care Act 2012 (HSCA). The SFIs, together with the SoRD provide the procedural framework within which the ICB discharges its business.

Board Committees

Audit and Risk Committee

The Audit and Risk Committee ensures that all the ICB's activities are managed in accordance with legislation and regulations governing the NHS; and provides assurance to the Board on governance, risk management and internal control processes ensuring appropriate relationships with both internal and external auditors are maintained.

The Committee's duty is also to assure the Board on:

- Other assurance functions

- Counter Fraud
- Financial Reporting
- Information Governance
- Conflicts of Interest
- Emergency Planning, Resilience and Response

The Chair and Chief Executive Officer (CEO) of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations. Other executive directors attend meetings as requested. Representative of internal audit and external audit and local counter fraud service attend each meeting. The Agenda of the Audit and Risk Committee is governed by its annual business cycle.

The Committee met five times during the period of this report. A table of members attendance is included in Appendix 1.

Remuneration Committee

The main purpose of the Remuneration Committee is to exercise the functions of the ICB in relation to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006: set executive pay policy and frameworks; approve executive remuneration and terms of employment. The Committee's duties include:

- Board nominations and appointments
- Executive remuneration policy
- Performance evaluation
- Succession planning
- ICB members and staff

The CEO, or nominated deputy, may attend meetings. The Chair may request attendance by other individuals or subject matter experts where necessary.

The Committee met three times during the period of this report. A table of members attendance is included in Appendix 1.

People Committee

The purpose of the People Committee is to hold the People Board to account for achieving the intended results and benefits of the People Strategy and plans for reaching agreed milestones in supporting the Integrated Care System (ICS) to become an increasingly equitable, diverse, and inclusive health and care system. The Committee provides:

- Oversight and scrutiny of the effectiveness of the ICS People Plan
- Oversee and support the strategic approach to talent management and succession planning for the ICS

- Support opportunities to extend partnership and integrated working across the workforce agenda within the system
- Oversight of ICB people development

The Chair and CEO may attend any meetings of the Committee. Other individuals may be invited to attend as and when appropriate to assist with discussion on particular matters including representatives from workforce related ICS working groups, secondary, mental health and community providers and primary care subject matter experts.

The Committee met three times during the period of this report. A table of members attendance is included in Appendix 1.

Place and System Development Committee

The Place and System Development Committee provides assurance that the three Places in BOB ICB and system working arrangements across BOB are being developed and fulfil the aims of improving health and wellbeing, reducing health inequalities, increasing system productivity, and supporting local socio-economic development. The duty of the Committee is to assure the board on place and system development.

The Chair of the Committee may invite others to attend if they would bring important perspectives to a particular discussion. The CEO of the ICB can attend any meeting of the Committee and may be invited to attend to gain an understanding of the Committee's operations.

The Committee met three times during the period of this report. A table of members attendance is included in Appendix 1.

Population Health and Patient Experience Committee

The Population Health and Patient Experience Committee provides assurance to the Board on service quality and performance, Population Health Management (PHM), and patient and public involvement. The Committee also provides assurance to the Board on governance for quality groups and matrix working.

The Chair and CEO of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations. Other executive directors or senior officers of the ICB may be required to attend at the Committee's request. Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.

The Committee met three times during the period of this report. A table of members attendance is included in Appendix 1.

System Productivity Committee

The System Productivity Committee provides assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals. The Committee's duty is to assure the Board on:

- Financial planning and oversight
- Performance against the delivery of the ICB's Strategy and Operational Plan
- System Oversight Framework

- Sustainability and innovation, including digital and procurement

The Chair of the ICB may be invited to attend one meeting each year to gain an understanding of the Committee's operations. Other executive directors or senior officers of the ICB may be required to attend at the request of the Committee.

The Committee met six times during the period of this report. A table of members attendance is included in Appendix 1.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code considered relevant to ICBs. For the period covered by this report we complied with the provisions set out in the Code and applied the principles of the Code.

Discharge of Statutory Functions

BOB ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

Risk management arrangements and effectiveness

The Audit and Risk Committee have approved a Risk Management Framework and overseen the development of a BOB ICB Corporate Risk Register (CRR) and a BOB ICB Board Assurance Framework (BAF. This has been supported by reports to the Board public meetings as well as Board workshop discussion on identification of its principal risks; based around the Integrated Care System (ICS) four core goals. The Board approved its principal risks at the 17 January 2023 Board meeting.

Capacity to Manage and Handle Risk

To manage its risks effectively, and in line with its risk management framework, BOB ICB put in place a Risk Management Reporting System (4Risk), enabling risk management, and reporting across the organisation. The management and evaluation of risk, including its controls and actions, are now fully embedded within BOB's core business decisions and transactions and assists in the identification, preventing and deterring of risks in relation to fraud. Risk management is overseen by a series of meetings at Directorate, Senior Management and Executive level; allowing for comprehensive discussion, risk reporting, the sharing and highlighting of areas of good practice and 'lessons learnt'; and which ultimately report into the Executive and Audit and Risk Committee. The management of risk is overseen and supported by the Governance Team.

The Governance Team co-ordinate production of risk reports, offer advice and carry out training, organise and facilitate the Operational Risk Management Group's (ORMG) agenda, and will work with designated risk owners and Executive Directors via individual 1:1s.

Risk Assessment and Awareness

ICB staff are responsible for their risks and for maintaining risk awareness and identifying and reporting risks as appropriate to their line manager. Staff are to ensure that they familiarise themselves with the Risk Management Framework and undertake risk management training appropriate to their role.

The Operational Risk Management Group (ORMG) has been put in place to provide a wider organisational oversight and review of risk to ensure consistency of rating, review any directorate risks for escalation to the Corporate Risk Register and make recommendations to Executive Management Committee. The Group's duties, authority, accountability, and reporting is defined within its Terms of Reference (ToR). The Governance Leads will oversee the management of risk ensuring risks are being reviewed in a timely fashion and adhere to the organisational reporting cycle (Executive/Committee/Sub-Committee/Board).

The BOB ICB has no appetite for fraud/financial risk and zero tolerance for regulatory breaches. The ICB supports well managed risk taking and will ensure that the skill, ability, and knowledge is in place to support innovation and maximise opportunities to improve its service. The Audit and Risk Committee will review the appetite statement on an annual basis and propose any changes the Board.

The Board Assurance Framework (BAF) sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assess controls against delivery. The BAF is a primary source of evidence in describing how the ICB is discharging its responsibilities for internal control.

The BAF sets out the controls in place to manage these risks and the assurances available to support judgements on whether the controls are having the desired impact and describes the actions to further reduce each risk. Embedding risk management supports achievement of the ICB's corporate objectives through managing risk to delivery.

Sustainability

In October 2020, the NHS became the world's first health service to commit to reaching carbon net zero with an ambition to provide high-quality health and care for all, both now and for future generations. As a result, the "Delivering a Net Zero Health Service" report was published which set out the NHS ambition alongside two evidence-based targets. These targets are:

- for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The Health and Care Act 2022 placed new duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets. The Act gives NHS England power to publish statutory guidance to support the system on its path towards net zero and requires commissioners and providers of NHS services specifically to address:

- the UK net zero emissions target;

- the environmental targets within the Environment Act 2021, and;
- to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.

The Open Greener NHS Dashboard provides data at Trust, ICS and Regional levels which enables ICB's to baseline, compare and track progress over time.

BOB ICS Green Plan

The ICS Green Plan was approved in March 2022 and published online https://www.bucksoxonberksw.icb.nhs.uk/media/1986/04_20220701-bob-icb-board-item-09-green-plan-annex-1.pdf. This Plan included plans to take account of climate change and, in particular, delivering a net zero national health service report under the Greener NHS Programme.

As part of the implementation of the ICS Green Plan, The ICS set up a Net Zero Board and established a working group to discuss Green Plan progress across the system. The Net Zero Board is chaired by Commercial Director of Buckinghamshire Healthcare Trust, with membership across all BOB Trusts.

Four workstreams were agreed by the Net Zero as a priority and area of focus. Each of the workstreams below has a responsible Lead from our Trusts:

- Procurement and Supply Chain
- Meds management
- Estates and Facilities
- Travel and Transport

Some examples of workstream progress are highlighted below:

- BOB ICS are working with the SE Greener NHS team and Global Action Plan to implement the ICS Clean Air Framework working collaboratively with local authorities.
- Oxford University Hospitals were successful in Phase 3b Public Sector Decarbonisation Scheme and were awarded £5.7m for 23/24 project and £24.1m for a multi-year project.
- Oxford Health have launched a community e-bike project which incorporates GPS to reduce business travel-based emissions and improve air pollution.

Discussions have now begun, so that a refreshed version of the ICS Green Plan can be presented to ICB Board in July for review, consideration, and subsequent approval.

External Review and Oversight

To manage compliance and provide assurance in risk management, the BOB ICB conducts annual risk reviews, which are part of the ICB's internal audit review process. The purpose is to ensure that the ICB has the appropriate risk management processes in place, and which conforms to its statutory duties and obligations.

As part of this process, 'Recommendations' and 'Actions' on lapses in its controls are identified and scored, with detailed findings put forward for attention. This will ensure that the ICB is compliant in all areas relating to Risk; and is meeting the expectations of a newly formed ICB.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the ICB to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

The ICB's internal auditors carried out an audit for 2022/23. The conclusion of the audit was that the Board could take substantial assurance that the controls upon which the organisation relies to manage conflicts of interest are suitably designed, consistently applied and effective.

The audit identified two management actions, one low and one medium, around ensuring Conflicts of Interest forms were completed where an interest was raised and ensuring the process for new starters was formally aligned for timeliness of form submissions.

Data Quality

The sourcing of data and management of provider data quality is achieved via contracts. The data contract management processes in the ICB have been built on the well-established processes of the predecessor CCGs, and we continue to capitalise on strong relationships between NHS South Central and West Commissioning Support Unit and information governance teams within provider organisations to drive continuous improvement.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees particularly personal identifiable information. The NHS Information Governance Framework is supported by the Data Security and

Protection Toolkit (DSPT) and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The BOB ICB submitted its DSPT for 2022/23 before the deadline of 30 June 2023.

The ICB places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents.

Information governance is reported to the Audit and Risk committee as a standing agenda item and is reviewed regularly through the Information Governance Steering Group.

Business Critical Models

The ICB is aware of the Macpherson Report on government business critical models and quality assurance mechanisms, and of its findings. The ICB does not operate any business-critical models as defined in the report.

Third party assurances

Where the ICB relies on third party providers, it gains assurance through service level agreements and contract specifications; regular review meetings with providers on multiple levels; the use of performance data and external regulatory inspection reports; and monitoring and review by appropriate programme boards and committees. Third party assurances are reported to the Audit and Risk Committee and informs this governance statement and external audit conclusion.

Control Issues

Performance against constitution targets remains under pressure as the system recovers from the broader impact of the pandemic. Performance is affected by physical capacity constraints, workforce shortages and the continuing level of COVID positive cases, flu and respiratory infections.

Work is ongoing with recruitment of additional clinical and support staff, with Health Education England, across the system, especially looking at new ways of working. Trusts continue to work with South Central Ambulance Service to mitigate handover delays through the provision of queue nurses and instigation of Hospital Ambulance Liaison Officers where required, opening of additional capacity, and ensuring senior decision making is available. Trusts are continuing to support each other with their requests for mutual aid where appropriate, through the elective care programme and speciality level task and finish groups. Ways to increase capacity in general practice following the increased demand on the NHS and primary care continues and includes up to an additional 2000 sessions of clinical time in general practice and

additional capacity via the acute respiratory infection ‘hubs’. Something about sustained focus on caner services, particularly 62-day target has led to improved performance though not yet meeting constitutional standards.

Review of economy, efficiency & effectiveness of the use of resources

The ICB has established systems and processes for managing its resources effectively, efficiently, and economically. The Board has an overarching responsibility for ensuring the ICB has appropriate arrangements in place, and delegates responsibilities to its Committees. The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. An audit programme is followed to ensure that resources are used economically, efficiently, and effectively.

The Audit and Risk Committee reviews and monitors the ICB’s financial reporting and internal control principles; to ensure the ICB’s activities are managed in accordance with legislation and regulations governing the NHS; and to ensure that appropriate relationships are maintained with internal and external auditors.

The System Productivity Committee monitors contract and financial performance, savings plans and overall use of resources; it provides assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals.

The ICB has process in place to secure economy, efficiency and effectiveness through its procurement, contract negotiation and contract management processes. Effectiveness is monitored specifically through the quality processes.

The Chief Finance Officer meets regularly with the ICB’s finance teams and holds monthly meetings with the finance leads to review month-end reporting. Regular meetings are also held with system partners’ finance leads (CFOs and Deputy CFOs).

The ICB informs its control framework by the work of Internal and External Audit. The ICB’s external auditors are required to satisfy themselves that the ICB has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources. Their audit work is made available to and reviewed by the Audit and Risk Committee and the Board.

Delegation of functions

The ICB’s SoRD outlines the control mechanisms in place for delegation of functions and is found in the Governance Handbook.

The Board receives reports from each of its committees detailing the delivery of work, and associated risks, within their specific remit. Additionally, the Board maintains a high-level overview of the organisation’s business and identifies and assesses risks and issues straddling committees. These risks are owned and overseen at Board level and scrutinised at alternate meetings to ensure appropriate management and reporting is in place.

Internal Audit is used to provide an in-depth examination of any areas of concern.

Counter fraud arrangements

The ICB is committed to reducing the risk from fraud and corruption and discharges its counter fraud responsibilities locally through its appointed Local Counter Fraud Specialist (LCFS) who acts as the “first line of defence” against fraud, bribery, and corruption, working closely with the ICB and the NHS Counter Fraud Authority (CFA). The Chief Finance Officer is the Executive Lead for counter fraud. The ICB has a Local Anti-Fraud, Bribery and Corruption Policy in place. This was last reviewed by the Audit and Risk Committee on 10 May 2023.

Fraud awareness material, including fraud alerts and information on bribery, is regularly circulated to ICB staff. Fraud referrals are investigated by the LCFS, and the progress and results of investigations are reported to the Chief Finance Officer and the Audit and Risk Committee. The Audit and Risk Committee receive an anti-crime progress report at each meeting. There is a proactive risk-based work plan aligned to the NHS CFA Standards for Commissioners to maintain and improve compliance and performance against each of the standards which is assessed on an annual basis.

The ICB also participates in the National Fraud Initiative Exercise now run by the Cabinet Office which is a mandatory exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. The exercise has been run every two years since 1996.

Head of Internal Audit Opinion

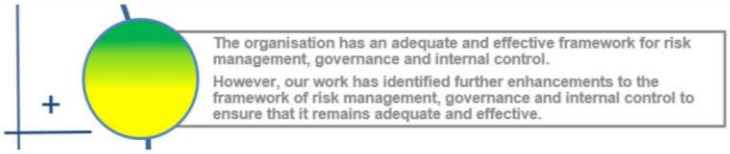
Following completion of the planned audit work for the period 1 July 2022 to 31 March 2023 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control.

In accordance with Public Sector Internal Audit Standards, the head of internal audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance statement.

1.1 The opinion

For the 12 months ended 31 March 2023, the head of internal audit opinion for Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board is as follows:

Head of internal audit opinion 2022/23



Please see appendix A for the full range of annual opinions available to us in preparing this report and opinion.

1.2 Scope and limitations of our work

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee, our opinion is subject to inherent limitations, as detailed below:

- the opinion does not imply that internal audit has reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. As such, the assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management / lead individual;
- the opinion is based on the testing we have undertaken, which was limited to the area being audited, as detailed in the agreed audit scope;
- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;
- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to attention; and

The Head of Internal Audit concluded that there are no issues from their work to date the ICB needed to consider as significant control issues.

During the period, Internal Audit issued the following audit reports:

Area of Audit	**Level of Assurance Given**
Governance (Part 2)	Substantial Assurance
Financial Feeder Systems & Payroll	Reasonable Assurance
Financial Feeder Systems including Payroll	Reasonable Assurance
Conflicts of Interest	Substantial Assurance
Primary Care Commissioning	Reasonable Assurance
Risk Management and Assurance Framework (Part 2)	Substantial Assurance

The following audits have yet to be completed:

- Commissioning and Contract Management
- Data Security and Protection Toolkit

Four advisory reviews were also undertaken in 2022/23:

- Financial Sustainability HFMA Review
- Risk Management and Assurance Framework (Part 1)
- Governance (Part 1)
- Data Security Protection Toolkit (Draft)

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers, and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

The Board Assurance Framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

I have been guided on the effectiveness of controls through the oversight of the Board and its committees and this has also informed by review. If necessary, plans to address weaknesses and ensure continuous improvement of the system, will be put in place.

Conclusion

No significant internal control issues have been identified.

Steve McManus
Accountable Officer
28 June 2023

Remuneration Report

Remuneration Committee

Each Integrated Care Board has a Remuneration Committee, the role of the committee is to set executive pay policy and frameworks; approve executive remuneration and terms of employment. Details of memberships and terms of reference of the committee are available in the ICB's Governance Handbook available here.

Policy on the remuneration of senior managers

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process via bodies that are independent of the senior managers whose pay is being set. No individual is involved in deciding his or her own remuneration. Executive senior managers are ordinarily on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

Policy on the remuneration of very senior managers

All very senior manager remuneration (VSM) is determined by the ICB's Remuneration Committee based on available national guidance, benchmarking data against other ICBs and with due regard for national pay negotiations/awards for NHS staff on national terms and conditions. The Remuneration Committee is also cognisant of public sector pay restraint and its responsibility to ensure that executive pay remains publicly justifiable. The Remuneration Committee acknowledges and commits to complying with the requirement to seek pre-approval from NHS England for salaries in excess of £150,000.

Percentage change in remuneration of highest paid director (1 July 2022 to March 31 2023)

Percentage Changes	22/23	21/22	Change	% Change
Highest paid director				
Salary and Allowances	226,000	0	NA	NA
Performances and bonuses	0	0	NA	NA
Employees of the entity taken as a whole (Average)				
Salary and Allowances	62,696	0	NA	NA
Performances and bonuses	0	0	NA	NA

The ICB was established on 1st July 2022 as a result there is no comparative prior year remuneration in order to establish changes.

Pay ratio information

The banded remuneration of the highest paid director / member in the BOB ICB in the reporting period 1 July 2022 to 31 March 2023 was £225,000 - £230,000 on an annualised basis.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2022/23	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	41,108	50,361	67,531
Salary component of total remuneration (£)	41,108	50,361	67,531
Pay ratio information	5.53	4.52	3.37

During the reporting period 1 July 2022 to 31 March 2023 no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £8,000 to £227,500. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The ICB have no Year-on-Year ratio variance this year.

Senior manager remuneration (including salary and pension entitlements 1 July 2022 to 31 March 2023)

Name	Title	BOB ICB Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) * £00	Performance Pay and bonuses (Bands of £5,000) £000	Long Term performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Debbie Simmons (**)	Interim Chief Nursing Officer	25-30	0	0-5	0-5	40-42.5	70-75
Dr James Kent (**)	Chief Executive	70-75	1	0-5	0-5	87.5-90	160-165
Steve McManus (**)	Chief Executive (Interim)	95-100	0	0-5	0-5	0-2.5	95-100
Richard Eley (**)	Chief Finance Officer (Interim)	70-75	0	0-5	0-5	0-2.5	70-75
Jim Hayburn (**)	Chief Financial Officer (Interim)	70-75	0	0-5	0-5	0-2.5	70-75
Javed Khan	NED – Chair	55-60	1	0-5	0-5	0-2.5	55-60
Sim Scavazza	NED – Deputy Chair	10-15	0	0-5	0-5	0-2.5	10-15
Rachael DeCaux	Chief Medical Officer	130-135	2	0-5	0-5	0-2.5	130-135
Rachael Corser (**)	Chief Nurse	80-85	9	0-5	0-5	92.5-95	175-180
Catherine Mountford	Director of Governance	85-90	1	0-5	0-5	57.5-60	145-150
Nick Broughton (***)	Member for Mental Health	0-5	0	0-5	0-5	0-2.5	0-5
Shaheen Jinah	Partner member – Primary medical services	10-15	0	0-5	0-5	0-2.5	10-15
Stephen Chandler (***)	Partner member – Local Authorities	0-5	0	0-5	0-5	0-2.5	0-5
Neil McDonald (***)	Partner member – NHS and Foundation Trusts	0-5	0	0-5	0-5	0-2.5	0-5
Matthew Tait	Interim Chief Delivery Officer	105-110	9	0-5	0-5	20-22.5	130-135
Sonya Wallbank (**)	Chief People Officer	95-100	0	0-5	0-5	87.5-90	180-185
Karen Beech (**)	Acting Chief People Officer	80-85	0	0-5	0-5	257.5-260	340-345
Amanda Lyons (**)	Interim Director of Strategy and Partnerships	30-35	0	0-5	0-5	0-2.5	30-35
Rob Bowen (**)	Acting Director of Strategy Partnerships	80-85	0	0-5	0-5	17.5-20	95-100
Ross Fullerton	Interim Chief Information Officer	95-100	0	0-5	0-5	0-2.5	95-100
Rob Beasley (**)	Interim Director of Communications and Engagement	110-115	0	0-5	0-5	0-2.5	110-115
Nick Samuels (**)	Interim Director of Communications and Engagement	15-20	0	0-5	0-5	0-2.5	15-20
Tim Nolan	NED	10-15	1	0-5	0-5	0-2.5	10-15
Aidan Rave	NED	10-15	0	0-5	0-5	0-2.5	10-15
Margaret Batty	NED	10-15	0	0-5	0-5	0-2.5	10-15
Saqhib Ali	NED	10-15	1	0-5	0-5	0-2.5	10-15
Haider Husain	NED – Associate	5-10	0	0-5	0-5	0-2.5	5-10

Note:

*Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

**

- Debbie Simmons left the ICB in September 2022
- James Kent went on secondment to NHS England in September 2022
- Steve McManus joined the ICB in October 2022
- Richard Eley left the ICB in October 2022
- Jim Hayburn joined in November 2022 and left the ICB in March 2023
- Rachel Corser joined the ICB in September 2022
- Sonya Wallbank left the ICB in February 2023
- Karen Beech was appointed Acting Chief People Officer at the ICB in March 2023
- Amanda Lyons finished her secondment to the ICB in September 2022
- Rob Bowen was appointed Acting Director of Strategy at the ICB in March 2023
- Rob Beasley joined the ICB in February 2023
- Nick Samuels joined the ICB in March 2023

*** Stephen Chandler, Neil McDonald and Nick Broughton receives no remuneration from BOB ICB

Interim Roles held by more than one person**.**

1. Interim Chief Finance Officer handled by Richard Eley and Jim Hayburn.
2. Interim Director of Communications and Engagement handled by Rob Beasley and Nick Samuels.

The BOB ICB is formally established on 1st July 2022 as a result have no prior year comparative senior manager remuneration.

Pension benefits (1 July 2022 to 31 March 2023)

Name	Title	Real increase in pension at age 60 (bands of £2,500) £'000	Real increase in pension lump sum at age 60 (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2023 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2023 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1st July 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000	Employer's contribution to stakeholder pension £'000
Debbie Simmons	Interim Chief Nursing Officer	0-2.5	0-2.5	35-40	85-90	775	7	853	0
Dr James Kent	Chief Executive	0-2.5	0-2.5	10-15	0-5	125	7	203	0
Rachael DeCaux	Chief Medical Officer	0-2.5	0-2.5	30-35	50-55	563	0	487	0
Rachael Corser	Chief Nurse	2.5-5	2.5-5	40-45	65-70	531	35	632	0
Catherine Mountford	Director of Governance	2.5-5	2.5-5	50-55	135-140	1,108	0	94	0
Matthew Tait	Interim Chief Delivery Officer	0-2.5	0-2.5	55-60	95-100	973	15	1,043	0
Sonya Wallbank	Chief People Officer	2.5-5	0-2.5	15-20	0-5	143	33	217	0
Karen Beech	Acting Chief People Officer	0-2.5	0-2.5	10-15	0-5	0	9	179	0
Rob Bowen	Acting Director of Strategy Partnerships	0-2.5	0-2.5	5-10	10-15	101	0	122	0

Notes: CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Given the remedy has yet to be implemented, and the uncertainty over the outcome for individual members, we believe the approach taken by NHS Pensions is appropriate at 31 March 2023. We would however expect the 31st March 2024 Greenbury calculations to take into account this remedy to the extent that any in scope member records have been processed for the McCloud remedy by that date.

- As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive directors.
- Pension benefit disclosed above represents the full year 2022-23 pension although the ICB reporting period is 1st July 2022 to 31st March 2023.
- The BOB ICB is formally established on 1st July 2022 as a result have no prior year comparative senior manager remuneration.
- The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.
- Factors determining the variation in the values recorded between individuals include but is not limited to:-

- A change in role with a resulting change in pay and impact on pension benefits.
- A change in the pension scheme itself.
- Changes in the contribution rates.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The benefits and corresponding CETV do not allow for any potential adjustments in relation to the McCloud judgement.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement of for loss of office

No payments for compensation on early retirement or for loss of office have been made by the ICB.

Payments to past directors

No payments have been made to any person who was not a director at the time the payment was made, but who had been a director of the entity previously.

Staff Report

Staff numbers and gender analysis

The ICB has a workforce comprised of employees from a wide variety of professional groups. At the end of 2022/23. The ICB employed 361 staff (headcount), of which 266 were women and 95 men. As of 31 March 2023, the Chief Executive Office and Board was made up of 2 women and 4 men. Below is a breakdown of gender analysis of staff.

	Female headcount	Male Headcount	Total Headcount
CEO and Board	2	4	6
Very Senior Managers	5	5	10
All other employees	259	87	346
Total employees	266	95	361

The below table shows the number of people (headcount) employed by the ICB and other numbers, either employed by other organisations or temporary staff who are working for the ICB as at 31 March 2023:

	Permanently employed number	Other numbers	1 July 2022 to 31 March 2023
Total (headcount)	361	40	401

The below table shows the average number of people employed (whole time equivalent – WTE)) by the ICB and other numbers either employed by other organisations or temporary staff working for the ICB from 1 July 2022 until 31 March 2023.

	Permanently employed	Other staff	Total number
Average number of WTE people	256	58	314
Of which: WTE people engaged on capital projects	0	0	0

Staff turnover for the ICB is 4.25%

Employee benefits and cost

	Total Permanent Employees £'000	Other £'000	2022-23 Total £'000
Employee Benefits			
Salaries and wages	13,649	2,903	**16,552**
Social security costs	1,392	-	**1,392**
Employer Contributions to NHS Pension scheme	2,075	-	**2,075**
Apprenticeship Levy	55	-	**55**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	**17,331**	**2,903**	**20,234**

Sickness absence data

Below outlines the ICB's sickness absence data from 1 July 2023 to 31 March 2023.

	1 July 2023 / 31 March 2023
Sum of full time equivalent (FTE)	915.05
Sum of FTE days available	Not available
Average annual sick days per FTE	2.44%

Sickness absence is managed in a supportive and effective manner by ICB managers, with professional advice and targeted support from human resources (HR), occupational health, employee assistance programme and staff support services which are appropriate and responsive to the needs of our workforce. The ICB's approach to managing sickness absence is governed by a clear HR policy and this is further supported by the provision of HR advice and guidance sessions for line managers on the effective management of sickness absence.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored.

Staff engagement percentages

As a newly formed ICB we recognise that the staff survey results require improvement. While we had very good staff engagement in the 2022 NHS Staff Survey of 73% the results are a reflection of the current staff experiences and challenges in moving from the legacy CCGs to the newly created ICB. Due to internal reorganisation with the CCGs merging into BOB ICB this had led to staff had been uncertain about their roles over a significant period of time. Moving forward the ICB is committed to engaging with staff following the results of the survey and we are working together in collaboration with our staff to build a better BOB. An organisational transformation plan is underway that is supported by people plan that will utilise the data, feedback and insights including the staff survey results to drive the organisations staff engagement. We are committed to improving our staff engagement and will support our employees to make BOB ICB a great place to work.

Trade Union Facility Time Reporting Requirements

The ICB has 1 trade union representative for the ICB, but no trade union facilities time has been recorded for the period 1 July 2022 to 31 March 2023. We are currently in the process of agreeing our recognition agreement with the Executive and this includes our facilities agreement which will record our Trade Union facility time reporting. This should be agreed by May 2023.

Other employee matters

The covid-19 pandemic has forced ways of working to be changed. It provided an opportunity to test systems and processes to improve agile working and flexibility for staff. With a remote workforce and a reduced desk space in our new office in Sandford Gate, Oxford we encouraged teams and directorates to explore new ways of working to support staff and align to the NHS People Plan.

Our internal Project Simul programme helped us explore smarter working styles with our staff and how this could be supported by technology, reasonable adjustments and wellbeing offers. The embedding of MS Teams, and the move to a hybrid work pattern allowed for a balance between the office and home locations and this has continued during the recovery phase. We worked closely with staff throughout 2022/23, as a result we produced guidance on working in a new hybrid way. As we move forward, as part of the BOB ICB transformation programme under the wellbeing pillar, we aim to increase agile ways of working and improve flexibility in the way we work in support of our staff.

As part of the programme of transformation across the ICB, staffing structures have recently been reviewed and updated to support the newly created ICB. This has resulted in an organisational wide consultation with our staff. It is recognised that to meet the requirements of the ICB phase two of our transformation programme "Project Simul" will continue during 23/24.

Programmes are underway to develop our staff polices for the ICB and this will be supported by establishing formal staff partnership forums during 2023.

Expenditure on consultancy

Expenditure on consultancy was £1,820k 1 July 2022 to 31 March 2023 as per Note 5 to the Accounts page 109.

Off-payroll engagements

Table below: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245[(1)] per day:

	Number
Number of existing engagements as of 31 March 2023	31
Of which, the number that have existed:	
for less than one year at the time of reporting	31
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0

for 4 or more years at the time of reporting	0

Below table: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 July 2022 to 31 March 2023, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1 July 2022 to 31 March 2023	47
Of which:	
No. not subject to off-payroll legislation[2]	0
No. subject to off-payroll legislation and determined as in-scope of IR35[2]	47
No. subject to off-payroll legislation and determined as out of scope of IR35[2]	0
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

[1] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[2] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Below table: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 July to 31 March 2023.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period[1]	1

Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. (2)	8

Exit packages, including special (non-contractual) payments

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000								
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 –£200,000	1	£160,000						
>£200,000								
TOTALS	1	£160,000						

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Redundancy Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the ICB has agreed early retirements, the additional costs are met by the ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	n/a	n/a
Mutually agreed resignations (MARS) contractual costs	n/a	n/a
Early retirements in the efficiency of the service contractual costs	n/a	n/a
Contractual payments in lieu of notice*	n/a	n/a
Exit payments following Employment Tribunals or court orders	n/a	n/a
Non-contractual payments requiring HMT approval**	n/a	n/a
TOTAL		nil

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in table 1 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

Zero non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Equality and Diversity

For information on the Public Sector Equality Duty and how we give ‘due regard’ to eliminating discrimination please see here.

Disability information

The BOB ICB has developed an integrated approach to delivering workforce equality, so it does not have a separate policy for disabled employees or for any other protected characteristics. Equalities issues are incorporated in policies covering all aspects of the employee lifecycle ranging from recruitment to performance.

Health and Safety

The BOB ICB recognises that the maintenance of a safe workplace and safe working environment is critical to our continued success and accordingly, we view our responsibilities for health, safety and welfare with the utmost importance. However, in the past year, the majority of staff have been working from home. During this time, considerable effort had gone into supporting staff as they continue to work from home. This included all staff undertaking risk assessments of their 'at home' working environment and purchasing equipment (for example office chairs and monitors) to accommodate individual staff needs. Health and Safety training forms part of the suite of statutory and mandatory training which is undertaken by all employees.

Whistleblowing

The BOB ICB has a whistleblowing policy that is communicated to all staff and was available on the staff intranet.

Auditable elements

Please note that the elements of this remuneration and staff report that have been subject to audit are the tables of salaries and allowances senior managers and related narrative notes on page 72 and 73, pension benefits of senior managers and related narrative on pages 73 and 74, the fair pay disclosures and related narrative notes on page 70 to 71 and exit packages and any other agreed departures on page 81 and 82.

Steve McManus
Accountable Officer
28 June 2023

Parliamentary Accountability and Audit Report

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board is not required to produce an Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. For 1 July 2022 to 31 March 2023 there were no remote contingent liabilities, losses and special payments, gifts, fees or charges.

Steve McManus
Accountable Officer
28 June 2023

Appendix 1:

Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)
Board Meetings 1 July 2022 – 31 March 2023

Attendees	01 Jul 2022	27 Sept 2022	15 Nov 2022	17 Jan 2023	21 Mar 2023
Members					
Javed Khan	Y	Y	Y	Y	Y
Dr James Kent	Y				
Steve McManus	Y*	Y*	Y***	Y***	Y
Saqhib Ali	Y	Y	Y	Y	Y
Margaret Batty	Y	Y	Y	A	Y
Dr Nick Broughton, Chief Executive at Oxford Health NHS Foundation Trust - Partner Member NHS Trusts	Y	Y	A	Y	A
Stephen Chandler, Interim Executive Director: People, Transformation & Performance at Oxfordshire County Council - Partner Member Local Authorities	Y	Y	Y	Y	Y
Rachael Corser	Y**	Y	Y	Y	Y
Rachel De Caux	Y	Y	Y	Y	Y
Richard Eley	Y	Y			
Jim Hayburn			Y	Y	Y
Dr Shaheen Jinah, Partner Member Primary Care	A	Y	Y	A	Part
Neil McDonald, Chief Executive at Buckinghamshire Healthcare NHS Trust - Partner Member NHS Trusts			A	Y	Y
Tim Nolan	A	Y	Y	Y	Y
Aidan Rave	Y	Y	Y	Y	Y
Sim Scavazza	Y	Y	Y	A	Y
Debbie Simmons	A				
Regular Attendees					
Rob Beasley	Y	Y	Y	Y	
Rob Bowen			Y	Y	Y
Ross Fullerton	A	A	A	Y	Y
Catherine Mountford	Y	Y	Y	Y	Y
Nick Samuels					Y

Matthew Tait	Y	Y	Y	Y	

* As Partner member – NHS Trusts

** As Chief Nursing Officer Designate

*** As Chief Executive Officer

Audit and Risk Committee Meetings 1 July 2022 – 31 March 2023

Attendees	**23 Aug 2022**	**11 Oct 2022**	**06 Dec 2022 (Cancelled)**	**03 Jan 2023**	**28 Feb 2023**
Members					
Saqhib Ali	Y	Y	N/A	Y	Y
Margaret Batty	Y	A	N/A	Y	Y
Aidan Rave	A	Y	N/A	A	Y
Regular Attendees					
Rachael Corser		Y	N/A	A	Y
Rachael De Caux	Y	Y	N/A	Y	Y
Richard Eley	A	Y	N/A		
Jim Hayburn				Y	Y
Noreen Kanyangarara	Y	Y	N/A	(SG) Y	Y
Catherine Mountford	Y	Y	N/A	Y	Y
Steve McManus	N/A	N/A	N/A	N/A	Y
Debbie Simmons (DS)	Y				

People Committee Meetings 1 July 2022 – 31 March 2023

Attendees	**24 Nov 2022**	**10 Jan 2023**	**22 Feb 2023**
Members			
Tim Nolan	Y	Y	Y
Sim Scavazza	Y	Y	Y
Juliet Anderson, Director Buckinghamshire Health and Social Care Academy	Y	Y	Y
Ansaf Azhar, Corporate Director of Public Health Oxfordshire County Council	Y	A	Y

Stephen Barnet, Partnerships Manager Voluntary, Community and Social Care Enterprise Health Alliance BOB	A	Y	Y
Rachael Corser	Y	Y	Y
Tracy Daszkiewicz, Director of Public Health for West Berkshire	Y	Y	A
Rachael De'Caux	A	Y	A
Charmaine D'Souza, Chief People Officer Oxford Health NHS Foundation Trust	Y	Y	Y
Don Fairley	A	A	A
Louise Hall, Director of Workforce and OD NHS England South East	A	Y	A
Abid Ifran	A	A	A
Sarah Keyes, Human Resources Director Buckinghamshire County Council	A	Y	A
Amir Khaki, Inclusion, Education and Organisational Development Buckinghamshire Healthcare	Y	Y	Y
Ruth Monger, Health Education England Regional Director South East	Y	Y	A
Sarah Murphy-Brookman, Corporate Director Resources Buckinghamshire County Council	A	Y	A
Jane Nicholson, Director of People Berkshire West	Y	Y	Y
Jane O'Grady, Director of Public Health Buckinghamshire Council	A	A	A
Bridget O'Kelly, Chief People Officer,	Y	Y	A

Buckinghamshire Healthcare			
Terry Roberts, Chief People Officer Oxford University Hospitals NHS Foundation Trust	A	A	Y
Claire Taylor, Corporate Director Oxfordshire County Council	Y	A	A
Sonya Wallbank	Y	Y	
Regular Attendees			
Javed Khan OBE	Y	Y	Y
Steve McManus	A	Y	Y

Place and System Development Committee Meetings 1 July 2022 – 31 March 2023

Attendees	**11 October 2022**	**13 December 2022**	**14 February 2023**
Members			
Aidan Rave	Y	Y	Y
Ansaf Azhar, Director of Public Health and Wellbeing Oxfordshire County Council	Y	Y	Y
Philippa Baker	A	Y	Y
William Butler, BOB VCSE Health Alliance Chair	Y	Y	Y
Tracy Daszkiewicz, Director of Public Health for West Berkshire	Y	A	A
Javed Khan OBE	A	Y	Y
Daniel Leveson	Y	Y	Y
Amanda Lyons	Y	A	A
Jane O'Grady, Director of Public Health Buckinghamshire County Council	A	A	A
Gillian Quinton, Corporate Director (Adults and Health Directorate) Buckinghamshire County Council	Y	A	A
Matthew Tait	A	Y	Y

Sarah Webster	Y	Y	Y
Regular Attendees			
Robert Bowen	A	Y	Y
Katie Higginson, Chief Executive Community Impact Buckinghamshire	A	A	Y
Matt Pope, Director of Adult Services Wokingham Borough Council	A	A	A
Melissa Wise, Interim Executive Director of Adult Social Care and Health Reading Borough Council	A	A	A

Population Health and Patient Experience Committee Meetings 1 July 2022 – 31 March 2023

Attendees	**29 November 2022**	**05 January 2023**	**28 February 2023**
Members			
Daniel Alton	Y	A	A
Margaret Batty	Y	Y	Y
Shairoz Claridge	Y	Y	Y
Rachael Corser	Y	Y	Y
Rachael De Caux	Y	Y	Y
Sanjay Desai	Y	Y	Y
Ross Fullerton	A	A	A
Steve Goldensmith	Y	Y	Y
Abid Irfan	A	A	A
Vanessa Lodge		Y	Y
Karl Marlowe, Medical Director Oxford Health NHS Foundation Trust	A	A	A
Zoe McIntosh, Chief Executive Healthwatch Buckinghamshire	Y	Y	Y
Raju Reddy, Clinical Lead for TVPC, BOB ICS / Consultant Paediatric Anaesthetist	Y	Y	Y
Rashmi Sawhney	Y	Y	Y

Sim Scavazza	Y	Y	Y
Andrew Sharp, Healthwatch Buckinghamshire	Y		
Matthew Tait	Y	Y	Y

Remuneration Committee 1 July 2022 – 31 March 2023

Attendees	**27 September 2022**	**9 December 2022**	**11 January 2023**
Members			
Javed Khan OBE	Y	Y	Y
Sim Scavazza	Y	Y	Y
Margaret Batty	Y	Y	A
Aidan Rave	Y	Y	Y
Tim Nolan	Y	Y	A
Saqhib Ali	Y	Y	A
Regular Attendees			
Steve McManus	A	Y	Y
Sonya Wallbank	Y	Y	Y

System Productivity Committee Meetings 1 July 2022 – 31 March 2023

Attendees	**06 Sep 2022**	**01 Nov 2022**	**06 Dec 2022**	**06 Jan 2023**	**07 Feb 2023**	**07 Mar 2023**
Members						
Saqhib Ali	Y	Y	Y	Y	Y	Y
Haider Husain	Y	Y	Y	Y	Y	A
Tim Nolan	Y	Y	Y	Y	Y	Y
Richard Eley	Y					
Jim Hayburn		Y	Y	Y	Y	Y
Ross Fullerton	Y	Y	Y	A	Y	Y
Matthew Tait		A	A	Y	A	Y
Regular Attendees						
Rob Bowen		Y				
Rachael Corser					Y	A
Rachel De Caux			Y	A	Y	A
Jason Dorsett, Chief Finance Officer, Oxford University		Y	A	Y	A	A

Hospital NHS Foundation Trust						
Ben Gatlin			Y	A	Y	A
Javed Khan OBE	Y	Y	Y	Y	A	Y
Amanda Lyon	Y					
Steve McManus		A	A	A	Y	A
Jenny Simpson			Y	Y	Y	Y
Andrew Thomas	Y	Y				

FINANCIAL ACCOUNTS

FOR THE PERIOD ENDED 31 MARCH 2023

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Financial Information - Accounts Year Ended 31 March 2023

These accounts for the year ended 31st March 2023 have been prepared by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board under a Direction issued by the NHS Commissioning Board, now known as NHS England under the National Health Service Act 2006.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS BUCKINGHAMSHIRE, OXFORDSHIRE & BERKSHIRE WEST INTEGRATED CARE BOARD

Opinion

We have audited the financial statements of NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board ("the ICB") for the nine-month period ended 31 March 2023 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 22, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023, and the Accounts Direction issued by NHS England in accordance with the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Buckinghamshire, Oxfordshire and Berkshire West ICB as at 31 March 2023 and of its net expenditure for the nine-month period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- have been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Social Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's, or the successor body's, ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the ICB's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2022 to 2023; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the ICB under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the nine-month period ended 31 March 2023.

We have nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on page 55, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the annual report, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- *We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant are the National Health Service Act 2006, Health and Social Care Act 2012 and Health and Care Act 2022, and other legislation governing NHS ICBs, as well as relevant employment laws of the United Kingdom. In addition, the ICB has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.*
- *We understood how NHS Buckinghamshire, Oxfordshire and Berkshire West ICB is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.*
- *We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the ICB is engaging in any transactions outside the usual course of business. In response to the risk of fraud in expenditure recognition for year-end accruals, we reviewed and tested revenue and expenditure accounting policies, year-end accruals and expenditure cut-off at the period end date. We specifically focused on key aspects of unrecorded liabilities to provide assurance that year-end accounts were free form material mis-statement and performed substantive procedures on Department of Health balances data, investigating significant differences outside of Department of Health tolerances.*
- *Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations. NHS Buckinghamshire, Oxfordshire and Berkshire West ICB has robust policies and procedures to mitigate the potential for override of controls, there is a culture of ethical behaviour, supported by a number of policies in respect of human resources and counter fraud, bribery and corruption.*
- *We addressed our fraud risk related to management override through implementation of a journal entry testing strategy, assessing accounting estimates for evidence of management bias and evaluating the business rationale for significant unusual transactions.*

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in January 2023 as to whether the ICB had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the ICB put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the nine-month period ended 31 March 2023.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the ICB had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Certificate

We certify that we have completed the audit of the accounts of NHS Buckinghamshire, Oxfordshire and Berkshire West ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of NHS Buckinghamshire, Oxfordshire and Berkshire West ICB in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
5 July 2023

Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

	Note	2022-23 £'000
Income from sale of goods and services	2	(36,276)
Other operating income	2	(324)
Total operating income		**(36,599)**
Staff costs	4	20,234
Purchase of goods and services	5	2,522,298
Depreciation and impairment charges	5	463
Provision expense	5	(757)
Other Operating Expenditure	5	565
Total operating expenditure		**2,542,803**
Net Operating Expenditure		**2,506,203**
Finance expense	7	29
Net expenditure for the Year		**2,506,232**
Total Net Expenditure for the Financial Year		**2,506,232**
Comprehensive Expenditure for the year		**2,506,232**

The notes on pages 100 to 122 form part of this statement.

Statement of Financial Position as at 31 March 2023

	Note	2022-23 £'000	2022-23 As at 30 Jun £'000
Non-current assets:			
Property, plant and equipment	9	304	244
Right-of-use assets	10	1,391	1,494
Intangible assets	11	616	733
Total non-current assets		**2,310**	**2,471**
Current assets:			
Trade and other receivables	12	22,037	12,871
Cash and cash equivalents	13	64	3,226
Total current assets		**22,101**	**16,097**
Total current assets		**22,101**	**16,097**
Total assets		**24,411**	**18,568**
Current liabilities			
Trade and other payables	14	(220,910)	(171,000)
Lease liabilities	10	(228)	(214)
Provisions	15	(2,851)	(4,556)
Total current liabilities		**(223,989)**	**(175,770)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(199,578)**	**(157,202)**
Non-current liabilities			
Lease liabilities	10	(1,169)	(1,281)
Provisions	15	(1,840)	(1,840)
Total non-current liabilities		**(3,009)**	**(3,121)**
Assets less Liabilities		**(202,586)**	**(160,323)**
Financed by Taxpayers' Equity			
General fund		(202,586)	(160,323)
Total taxpayers' equity:		**(202,586)**	**(160,323)**

The notes on pages 100 to 122 form part of this statement.

The financial statements on pages 100 to 122 were approved by the Governing Body on 28 June 2023 and signed on its behalf by:

Steve McManus
Chief Accountable Officer

Matthew Metcalf
Chief Finance Officer

Statement of Changes In Taxpayers Equity for the year ended 31 March 2023

	Note	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23			
Balance at 01 April 2022		-	-
Changes in NHS Integrated Care Board taxpayers' equity for 2022-23			
Net operating expenditure for the financial year		(2,506,232)	**(2,506,232)**
Transfers by absorption to (from) other bodies	8	(160,323)	(160,323)
Net Recognised NHS Integrated Care Board Expenditure for the Financial year		**(2,666,555)**	**(2,666,555)**
Net funding		2,463,969	**2,463,969**
Balance at 31 March 2023		**(202,586)**	**(202,586)**

The notes on pages 100 to 122 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2023

	Note	2022-23 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year	5	(2,506,232)
Depreciation and amortisation		463
Interest paid	10	10
(Increase)/decrease in trade & other receivables	12	(6,903)
Increase/(decrease) in trade & other payables	14	47,589
Increase CHC PUPOC transfer liability	8	83
Provisions utilised	15	(947)
Increase/(decrease) in provisions		(757)
Net Cash Inflow (Outflow) from Operating Activities		**(2,466,694)**
Cash Flows from Investing Activities		
(Payments) for property, plant and equipment		(242)
Net Cash Inflow (Outflow) from Investing Activities		**(242)**
Net Cash Inflow (Outflow) before Financing		**(2,466,936)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		2,463,969
Repayment of lease liabilities		(195)
Net Cash Inflow (Outflow) from Financing Activities		**2,463,774**
Net Increase (Decrease) in Cash & Cash Equivalents	13	**(3,162)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**3,226**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**64**

The notes on pages 100 to 122 form part of this statement.

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (Integrated Care Boards) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Integrated Care Board for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis. The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the Commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

When Clinical Commissioning Group ceased to exist on 1 July 2022, the services continued to be provided by Integrated Care Boards (using the same assets, by another public sector entity). The financial statements for Integrated Care Boards are prepared on a Going Concern basis as they will continue to provide the services in the future.

The ICB has submitted a forward financial plan for 2023/24 in May 2023 to NHS England which has now been formally approved. For 2023/24 the ICB is forecasting a breakeven position. In addition, the ICB has received indicative funding allocations for the provision of services for 2024/25. (See: NHS England » Allocation of resources 2023/24 to 2024/25). Longer-term strategic plans are being developed with key local partners and stakeholders as part of the wider Integrated Care System. This supports the use for the application of the Going Concern assumption for a period of at least 12 months from the date of the authorisation of these financial statements.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

For transfers of assets and liabilities from Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG that closed on 30 June 2022 a modified absorption approach has been applied. For these transactions only gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Joint arrangements**

Arrangements over which the Integrated Care Board has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the Integrated Care Board is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.5 **Pooled Budgets**

The Integrated Care Board has entered into a pooled budget arrangement with Buckinghamshire County Council, Oxfordshire County Council, West Berkshire District Council, Wokingham Borough Council and Reading Borough Council which cover Integrated Care Board geographical area in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the provision of health and social care services and a note 19 to the accounts provides details of the assets, liabilities, income and expenditure.

There are different pooled budget hosting arrangements between the ICB and respective Councils. The Integrated Care Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.6 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the Integrated Care Board.

Notes to the financial statements

1.7 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard, the Integrated Care Board will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The Integrated Care Board is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Integrated Care Board to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Integrated Care Boards is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. There are no significant terms.

The value of the benefit received when the Integrated Care Board accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.8 **Employee Benefits**

1.8.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.8.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Integrated Care Board commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.9 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.1 **Property, Plant & Equipment**

1.10.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the Integrated Care Board;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Notes to the financial statements

1.10.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11 **Intangible Assets**

1.11.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Integrated Care Board's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the Integrated Care Board;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2 **Measurement**

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

Notes to the financial statements

1.11.3 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Integrated Care Board expects to obtain economic benefits or service potential from the asset. This is specific to the Integrated Care Board and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the Integrated Care Board checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The Integrated Care Board assesses whether a contract is or contains a lease, at inception of the contract.

1.12.1 **The Integrated Care Board as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.13 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Integrated Care Board's cash management.

Notes to the financial statements

1.14 **Provisions**

Provisions are recognised when the Integrated Care Board has a present legal or constructive obligation as a result of a past event, it is probable that the Integrated Care Board will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 3.27% (2021-22: -0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 3.20% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 3.51% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 3.00% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Integrated Care Board has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the Integrated Care Board pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with Integrated Care Board.

1.16 **Non-clinical Risk Pooling**

The Integrated Care Board participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Integrated Care Board pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.17 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Integrated Care Board, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Integrated Care Board. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18 **Financial Assets**

Financial assets are recognised when the Integrated Care Board becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified into the following categories:
- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.19 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the Integrated Care Board becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20 **Value Added Tax**

Most of the activities of the Integrated Care Board are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Notes to the financial statements

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Integrated Care Board not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.22 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Integrated Care Board's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.22.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the Integrated Care Board's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.22.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Accruals

Accruals are calculated utilising management knowledge, market intelligence and contractual arrangements. These accruals cover areas such as prescribing and contracts for healthcare and non healthcare services. For goods and/or services that have been delivered but for which no invoice has been received/sent, the Integrated Care Board has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligation.

Prescribing liabilities

NHS England actions monthly cash charges to the Integrated Care Board for prescribing drug costs. These are issued approximately 8 weeks in arrears. The Integrated Care Board uses data from the NHS Business Service Authority on prescribing costs incurred to date, which at year end would be actuals up to January, and would then base a year end prediction on the remaining months using growth patterns incurred from previous years factoring in any other cost pressures such as NCSOs (no cheaper stock obtainable) etc.

1.23 **Continuing Care Provisions**

Sources of estimation uncertainty - CHC provisions

The ICB generates provisions to cover future liabilities with an element of uncertainty over the value and/or resolution trajectory. These provisions are estimated by management based on knowledge of the business, assumptions of probability and resolution delays. These assumptions are reviewed annually.

Provision is made in the ICB books for challenges and other backdated claims for funder under Continuing Healthcare (CHC) or Children's Continuing Care (CCC). These include:

- Assessment of previously unassessed periods of care (PUPoC).
- Local Authority disputes and Responsible Commissioner disputes, where it has not been definitively determined that BOB ICB is financially responsible commissioner.
- Appeals, where a negative eligibility decision has been challenged and is to be resolved, in the first instance, locally.
- Independent review panel cases, where a negative eligibility decision has been challenged and is to be resolved by an independent review panel.
- Retrospective cases, where an eligibility decision has not been made previously.

Each case has an estimated potential liability, calculate on the length of time for which the claim relates and an estimated cost for that period of time, up to the accounting period end.

A "risk" percentage is applied to the cases by category, based on local past experience of the success of such cases to fairly reflect the potential liability of the ICB. This risk percentage varies by category/locality. Where a case outcome is known to be positive but a settlement value has not yet been finally agreed, the risk percentage is 100%.

1.24 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2 Other Operating Revenue

31 March 2023	2022-23 Admin	2022-23 Programme	2022-23 Total
	£'000	£'000	£'000
Income from sale of goods and services (contracts)			
Education, training and research	-	4,633	**4,633**
Non-patient care services to other bodies	130	1,888	**2,019**
Prescription fees and charges	-	11,413	**11,413**
Dental fees and charges	-	15,877	**15,877**
Other Contract income	1,040	1,294	**2,334**
Total Income from sale of goods and services	**1,170**	**35,105**	**36,276**
Other operating income			
Other non contract revenue	-	324	**324**
Total Other operating income	**-**	**324**	**324**
Total Operating Income	**1,170**	**35,429**	**36,599**

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	-	284	-	-	1,255
Non NHS	4,633	1,735	11,413	15,877	1,079
Total	**4,633**	**2,019**	**11,413**	**15,877**	**2,334**

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	4,633	2,019	11,413	15,877	2,334
Over time	-	-	-	-	-
Total	**4,633**	**2,019**	**11,413**	**15,877**	**2,334**

4. Employee benefits and staff numbers

4.1 Employee benefits

	Total		2022-23
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	13,649	2,903	**16,552**
Social security costs	1,392	-	**1,392**
Employer Contributions to NHS Pension scheme	2,075	-	**2,075**
Apprenticeship Levy	55	-	**55**
Termination benefits	160	-	**160**
Gross employee benefits expenditure	**17,331**	**2,903**	**20,234**
Total - Net admin employee benefits including capitalised costs	**17,331**	**2,903**	**20,234**
Net employee benefits excluding capitalised costs	**17,331**	**2,903**	**20,234**

4.2 Average number of people employed

	2022-23		
	Permanently employed Number	Other Number	Total Number
Total	**256**	**58**	**314**

4.3 Exit packages agreed in the financial year

	2022-23 Compulsory redundancies		2022-23 Total	
	Number	£	Number	£
£150,001 to £200,000	1	160,000	**1**	**160,000**
Total	**1**	**160,000**	**1**	**160,000**

There are no special payments made due to departure.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in full.

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Redundancy Scheme . Exit costs in this note are accounted for in full in the year of departure.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5. Operating expenses

	2022-23 Admin £'000	2022-23 Programme £'000	2022-23 Total £'000
Purchase of goods and services			
Services from other ICBs, CCGs and NHS England	8,410	3,066	11,477
Services from foundation trusts	-	1,307,723	1,307,723
Services from other NHS trusts	-	312,919	312,919
Purchase of healthcare from non-NHS bodies	-	329,395	329,395
Purchase of social care	-	3,273	3,273
General Dental services and personal dental services*	-	61,617	61,617
Prescribing costs	-	206,698	206,698
Pharmaceutical services*	-	33,282	33,282
General Ophthalmic services*	-	10,497	10,497
GPMS/APMS and PCTMS	-	229,342	229,342
Supplies and services – clinical	-	1,149	1,149
Supplies and services – general	254	1,447	1,701
Consultancy services	908	912	1,820
Establishment	241	4,693	4,933
Transport	0	1	2
Premises	777	2,165	2,941
Audit fees	200	-	200
Other non statutory audit expenditure			
· Internal audit services	150	-	150
· Other services	331	-	331
Other professional fees	216	1,270	1,486
Legal fees	63	236	299
Education, training and conferences	34	1,028	1,063
Total Purchase of goods and services	**11,584**	**2,510,713**	**2,522,298**
Depreciation and impairment charges			
Depreciation	235	111	346
Amortisation	6	111	117
Total Depreciation and impairment charges	**241**	**222**	**463**
Provision expense			
Provisions	-	-	(757)
Total Provision expense	**-**	**-**	**(757)**
Other Operating Expenditure			
Chair and Non Executive Members	-	-	147
Grants to Other bodies	147	-	25
Research and development (excluding staff costs)	-	-	281
Other expenditure	-	-	112
Total Other Operating Expenditure	**147**	**306**	**565**
Total operating expenditure	**11,972**	**2,511,242**	**2,522,569**

* Pharmacy, Optometry and Dental services (POD) were delegated commissioning from 1st July 2022.

6.1 Better Payment Practice Code

Measure of compliance	2022-23 Number	2022-23 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	25,894	314,600
Total Non-NHS Trade Invoices paid within target	24,929	309,196
Percentage of Non-NHS Trade invoices paid within target	**96.3%**	**98.3%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	763	25,415
Total NHS Trade Invoices Paid within target	714	24,154
Percentage of NHS Trade Invoices paid within target	**93.6%**	**95.0%**

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is greater than 95%. The ICB achieved the target within Non NHS both in volume and value however achieved target in NHS by value and not volume.

7. Finance costs

	2022-23 £'000
Interest	
Interest on lease liabilities	10
Other interest expense	19
Total interest	**29**
Total finance costs	**29**

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

For transfers of assets and liabilities from Buckinghamshire CCG (Bucks), Oxfordshire CCG (Oxf) and Berkshire West CCG (BW) that closed on 30 June 2022 a modified absorption approach has been applied. For these transactions only gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

In closing year end the individual legacy CCGs (Bucks, Oxford and BW) each completed a CCG_CSU template and set of statutory accounts as at 30 June that includes all their individual assets and liabilities to transfer to the new entity BOB ICB. Using numbers the closing balances at 30 June and impact on the group account is reflected below.
The group position remains the same as the group overall has taken on no new assets or liabilities as a result of the closure of the three legacy CCGs and creation of the BOB ICB.

	2022-23	2022-23 (As at 30 Jun 22)					
	BOB ICB NHS England Group Entities (non parent) £'000	Bucks CCG £'000	Oxford CCG £'000	BW CCG £'000	Total £'000	Consol adj £'000	Group account £'000
Transfer of property plant and equipment	**244**	157	42	45	**244**	-	**244**
Transfer of Right of Use assets	**1,494**	694	-	800	**1,494**	-	**1,494**
Transfer of intangibles	**733**	703	30	-	**733**	-	**733**
Transfer of cash and cash equivalents	**3,226**	215	2,822	189	**3,226**	-	**3,226**
Transfer of receivables	**12,871**	2,014	11,713	1,407	**15,134**	(2,263)	**12,871**
Transfer of payables	**(170,917)**	(61,778)	(67,404)	(43,998)	**(173,180)**	2,263	**(170,917)**
Transfer of provisions	**(6,396)**	(1,362)	(1,232)	(3,802)	**(6,396)**	-	**(6,396)**
Transfer of Right Of Use liabilities	**(1,495)**	(694)	-	(801)	**(1,495)**	-	**(1,495)**
Transfer of PUPOC liability - payables	**(83)**	-	(83)	-	**(83)**	-	**(83)**
Net loss on transfers by absorption	**(160,323)**	**(60,051)**	**(54,112)**	**(46,160)**	**(160,323)**	**-**	**(160,323)**

9. Property, plant and equipment

2022-23	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2022	-	-	-
Additions purchased	215	-	215
Transfer (to)/from other public sector body	1,207	573	1,780
Cost/Valuation at 31 March 2023	**1,422**	**573**	**1,995**
Depreciation 01 April 2022	-	-	-
Charged during the year	155	-	155
Transfer (to)/from other public sector body	962	573	1,536
Depreciation at 31 March 2023	**1,118**	**573**	**1,691**
Net Book Value at 31 March 2023	**304**	**-**	**304**
Purchased	304	-	304
Total at 31 March 2023	**304**	**-**	**304**
Asset financing:			
Owned	304	-	304
Total at 31 March 2023	**304**	**-**	**304**
Net Book Value at 30 June 2022	244	-	244

9.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	5
Furniture & fittings	5	10

10. Leases

10.1 Right-of-use assets

2022-23	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2022	-	-	
Additions	87	87	
Transfer (to) from other public sector body	1,557	1,557	593
Cost/Valuation at 31 March 2023	**1,644**	**1,644**	**593**
Depreciation 01 April 2022	-	-	
Charged during the year	190	190	74
Transfer (to) from other public sector body	63	63	25
Depreciation at 31 March 2023	**253**	**253**	**99**
Net Book Value at 31 March 2023	**1,391**	**1,391**	**494**
Net Book Value at 30 June 2022	1,494	1,494	

10.2 Lease liabilities

2022-23	2022-23 £'000
Lease liabilities at 01 April 2022	-
Additions	(87)
Interest expense relating to lease liabilities	(9)
Repayment of lease liabilities (capital and interest)	195
Transfer (to) from other public sector body	(1,495)
Lease liabilities at 31 March 2023	**(1,396)**

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2022-23 £'000
Within one year	(227)
Between one and five years	(1,134)
After five years	(35)
Balance at 31 March 2023	**(1,396)**
Balance by counterparty	
Leased from DHSC	(693)
Leased from NHS Providers	(496)
Leased from Non-Departmental Public Bodies	(207)
Balance as at 31 March 2023	**(1,396)**

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2022-23	2022-23 £'000
Depreciation expense on right-of-use assets	190
Interest expense on lease liabilities	9
Expense relating to variable lease payments not included in the measurement of the lease liability	745

10.5 Amounts recognised in Statement of Cash Flows

	2022-23 £'000
Total cash outflow on leases under IFRS 16	195
Total cash outflow for lease payments not included within the measurement of lease liabilities	745

11. Intangible non-current assets

2022-23	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2022	**-**	**-**
Transfer (to)/from other public sector body	780	**780**
Cost / Valuation At 31 March 2023	**780**	**780**
Amortisation 01 April 2022	**-**	**-**
Charged during the year	117	**117**
Transfer (to) from other public sector body	47	**47**
Amortisation At 31 March 2023	**164**	**164**
Net Book Value at 31 March 2023	**616**	**616**
Purchased	616	**616**
Total at 31 March 2023	**616**	**616**
Net Book Value at 30 June 2022	733	**733**

11.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	3	**5**

12.1 Trade and other receivables	**Current 2022-23 £'000**	Current 2022-23 £'000 As at 30 Jun 22
NHS receivables: Revenue	1,017	375
NHS prepayments	874	699
NHS accrued income	45	2,136
NHS Non Contract trade receivable (i.e pass through funding)	1,451	397
Non-NHS and Other WGA receivables: Revenue	982	937
Non-NHS and Other WGA prepayments	225	1,942
Non-NHS and Other WGA accrued income	3,989	2,003
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	3,641	854
Non-NHS Contract Assets	27	-
Expected credit loss allowance-receivables	(21)	(21)
VAT	119	265
Other receivables and accruals	9,690	3,283
Total Trade & other receivables	**22,037**	**12,871**
Total current and non current	**22,037**	**12,871**

12.2 Receivables past their due date but not impaired

	2022-23 DHSC Group Bodies £'000	**2022-23 Non DHSC Group Bodies £'000**
By up to three months	1,538	68
By three to six months	29	14
By more than six months	40	70
Total	**1,607**	**152**

12.3 Loss allowance on asset classes	**Trade and other receivables - Non DHSC Group Bodies £'000**	**Total £'000**
Transfer by Absorption from other entity	(21)	**(21)**
Total	**(21)**	**(21)**

13. Cash and Cash Equivalents

	2022-23 £'000	2022-23 £'000 As at 30 Jun 22
Balance at 01 April 2022	3,226	336
Net change in year	(3,162)	2,890
Balance at 31 March 2023	**64**	3,226
Made up of:		
Cash with the Government Banking Service	64	3,226
Cash and cash equivalents as in statement of financial position	**64**	
Balance at 31 March 2023	**64**	3,226

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB) does not hold any patients' money neither held money on behalf of the ICB Group by the 31 March 2023.

14 Trade and other payables	**Current 2022-23 £'000**	Current 2022-23 £'000 As at 30 Jun 22
NHS payables: Revenue	19,187	7,248
NHS accruals	7,361	10,456
Non-NHS and Other WGA payables: Revenue	12,146	14,790
Non-NHS and Other WGA payables: Capital	103	130
Non-NHS and Other WGA accruals	109,104	84,389
Non-NHS and Other WGA deferred income	220	79
Social security costs	266	260
Tax	285	243
Other payables and accruals	72,238	53,323
CHC PUPOC Accruals	-	83
Total Trade & Other Payables	**220,910**	171,000
Total current and non-current	**220,910**	171,000

Other payables include £2,685k outstanding pension contributions at 31st March 2023

15. Provisions

	Current 2022-23 £'000	**Non-current 2022-23 £'000**	Current 2022-23 £'000	Non-current 2022-23 £'000
Continuing care	2,851	1,840	4,556	1,840
Total	**2,851**	**1,840**	4,556	1,840
Total current and non-current	**4,691**		6,396	

	Continuing Care £'000	**Total £'000**
Balance at 01 April 2022	**-**	**-**
Arising during the year	1,072	1,072
Utilised during the year	(947)	(947)
Reversed unused	(1,829)	(1,829)
Transfer (to) from other public sector body under absorption	6,395	6,395
Balance at 31 March 2023	**4,691**	**4,691**
Expected timing of cash flows:		
Within one year	2,851	
Between one and five years	1,840	
Balance at 31 March 2023	**4,691**	

Pension payments are made quarterly and amounts are known. The pension provision is based on life expectancy.

Legal claims are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them. There were no legal claims outstanding at 31st March 2023.

The provision for Continuing Care is the Integrated Care Board's estimated liability to pay claims in respect of continuing care assessments.

16. Contingencies

	2022-23 £'000
Contingent liabilities	
Net value of contingent liabilities	53

There was a contingent liabilities of £53k provided by the NHS Litigation Authority as at 31st March 2023 in respect of Clinical Negligence liabilities of the Integrated Care Board. The timing of cash outflow is not certain as the case is still under review.

17. Financial instruments

17.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Integrated Care Board (ICB) is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS ICB Standing Financial Instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Integrated Care Board and internal auditors.

17.1.1 Currency risk

The NHS Integrated Care Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS ICB has no overseas operations. The NHS ICB and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The Integrated Care Board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Integrated Care Board therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the NHS Integrated care Board (ICB) and revenue comes from parliamentary funding, NHS Integrated Care Board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

NHS Integrated Care Board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Integrated Care Board draws down cash to cover expenditure, as the need arises. The NHS Integrated Care Board is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

17. Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	306	306
Trade and other receivables with other DHSC group bodies	1,971	1,971
Trade and other receivables with external bodies	18,563	18,563
Cash and cash equivalents	64	64
Total at 31 March 2023	**20,904**	**20,904**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other payables with NHSE bodies	3,890	**3,890**
Trade and other payables with other DHSC group bodies	24,127	**24,127**
Trade and other payables with external bodies	193,519	**193,519**
Total at 31 March 2023	**221,536**	**221,536**

18. Operating Segments

The Integrated Care Board and consolidated group consider they have only one segment: that being Commissioning of Healthcare Services.

19. Joint arrangements - interests in joint operations

Buckinghamshire, Oxfordshire and Berkshire West ICB (BOB ICB) should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

The NHS Integrated Care Board shares of the income and expenditure handled by the pooled budgets in the financial year were:

Pooled Budget Total

	2022-23			
Arrangement schemes	**Assets £000**	**Liabilities £000**	**Income £000**	**Expenditure £000**
Adults with Care and Social Needs (ACSN)	1,287	1,287	66,361	66,361
Better Care Fund	8,398	8,398	144,913	143,805
Child And Adolescent Mental Health	-	-	7,064	7,064
Community Equipment Stores	-	-	3,266	3,266
Integrated Community Equipment Service (Management)	-	-	43	43
Integrated Community Equipment Service	-	-	5,252	5,252
Respite Residential Short Breaks, Occupational Therapy, Physiotherapy	-	-	401	401
Speech And Language Therapy, Occupational Therapy & Physiotherapy	-	-	1,536	1,536
Section 117	-	-	8,291	8,291
Total	**9,685**	**9,685**	**237,127**	**236,019**

Buckinghamshire		**Amounts recognised in Entities books ONLY**	
		2022-23	
Parties to the arrangement and schemes	**Description of principal activities**	**Income**	**Expenditure**
		£'000	**£'000**
BOB ICB and Buckinghamshire County Council - Integrated Community Equipment Service	The Pool Budget covers the provision of Integrated Community Equipment Service (including Adult Social Care, Telecare and Children and Young People's Service) for the period. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement. The Joint Pooled Fund supports procurement, storage, delivery, installation and technical demonstration as well as subsequent collection, cleaning, recycling, maintenance and repair of equipment, for use by eligible clients.	5,252	5,252
BOB ICB and Buckinghamshire County Council - Integrated Community Equipment Service (Management)	The Pool Budget is for the provision of Integrated Community Equipment Service Contract Management. The agreement covers the period. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	43	43
BOB ICB and Buckinghamshire County Council - Section 117	The Pool Budget covers the provision of Section 117 aftercare, to cover the period, providing care packages that are suitable for the clients requirements. Buckinghamshire County Council is the host and lead authority for this pooled fund arrangement.	8,291	8,291
BOB ICB and Buckinghamshire County Council - Better Care Fund	The Pool Budget is for the provision of the Better Care Fund, for health and social care, to cover the period. The Joint Pooled Fund supports the provision of community health teams and social care activities for the population of Buckinghamshire. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	25,317	25,317
BOB ICB and Buckinghamshire County Council - Child And Adolescent Mental Health	This is a Pool Budget is for the provision of Children and Adolescence Mental Health Service to cover the cover the period. Buckinghamshire Council is the host and lead authority for this pooled fund arrangement.	7,064	7,064
BOB ICB and Buckinghamshire County Council - Speech And Language Therapy, Occupational Therapy & Physiotherapy	The Pooled budget is for the provision of Speech & Language Therapies this covers the period. Buckinghamshire County Council is the host and lead authority.	1,536	1,536
BOB ICB and Buckinghamshire County Council - Respite Residential Short Breaks	The Pooled budget is for the provision of Residential Respite Short Breaks this covers the period. Buckinghamshire County Council is the host and lead authority.	401	401

19. Joint arrangements - interests in joint operations

Oxfordshire		Amounts recognised in Entities books ONLY			
		2022-23			
Parties to the arrangement and schemes	Description of principal activities	Assets	Liabilities	Income	Expenditure
		£'000	£'000	£'000	£'000
BOB ICB and Oxfordshire County Council (OCC) - Better Care Fund (BCF) Pool	The BCF pool provides health and social care services to adults of working age and older adults. Services include those covering care homes provision as well as services designed to promote hospital avoidance and prevention of admission to hospital.	8,398	8,398	95,073	95,073
BOB ICB and Oxfordshire County Council (OCC) - Adults with Care and Social Needs (ACSN)	The ACSN pool provides health and social care services to children and adults of working age. Services include those covering mental health, acquired brain injury and learning disability.	1,287	1,287	66,361	66,361

Berkshire West		Amounts recognised in Entities books ONLY	
		2022-23	
Parties to the arrangement and schemes	Description of principal activities	Income	Expenditure
		£'000	£'000
Pooled Budget with West Berkshire Council (consortium lead), Reading Borough Council, Wokingham Borough Council, Bracknell Forest Borough Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead, NHS Frimley ICB, Royal Berkshire Fire and Rescue Service and BOB ICB. - Community Equipment Stores	West Berkshire Council acts as the consortium lead hosting the contract with NRS Healthcare Ltd to provide community equipment (also known as home loans) for Berkshire residents and patients. The equipment items are prescribed by social services, health and fire professionals from the partner organisations. The provision of this community equipment is intended to facilitate timely discharges of patients from hospital to home, prevent unnecessary hospital admissions, and promote health and independence in enabling people to continue living safely in their own homes.	3,266	3,266
Wokingham Borough Council and BOB ICB - Better Care Fund	Short term integrated health and social care, Step up beds at Wokingham Hospital, Community health and social care, Preventative services and Protection of adult social care	4,324	4,324
BOB ICB and Wokingham Borough Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	2,965	2,965
West Berkshire Council and BOB ICB - Better Care Fund	Step down beds in West Berkshire Care Home, adult social care, 7 day week service, protecting social care services and delayed transfer of care projects	5,004	5,004
BOB ICB & West Berkshire Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	3,373	2,266
Reading Borough Council and BOB ICB - Better Care Fund	Protection of social care, time to decide beds, Care Act costs, carers funding and delayed transfer of care projects	5,093	5,093
BOB ICB & Reading Borough Council - Better Care Fund	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	3,763	3,763

20. Related party transactions

Details of related party transactions with individuals are as follows:

NHS BOB ICB Related Party Disclosure 2022-23

		2022-23			
Member	Related Party	Payments to Related Party	Amounts owed to Related Party	Receipts from Related Party	Amounts due from Related Party
		£'000	£'000	£'000	£'000
Saqhib ALI - Non Exec Dir & Chair of the Audit & Risk Committee	Non Exec Dir and Audit Chair - NHS BEDFORDSHIRE LUTON AND MILTON KEYNES ICB	156	2	-	-
	Non Exec Dir and Audit Chair -Northamptonshire Healthcare NHSFT	124	-	-	-
Nick BROUGHTON - Mental Health Partner member	Chief Exec - Oxford Health NHS Foundation Trust	224,700	4,760	264	-
	Honorary Fellow - University of Oxford	1,179	-	-	2
	Board member - Mental Health network, NHS Confederation	40	-	-	-
Rachael de CAUX - Chief Medical Officer	Consultant - Royal Berkshire NHS Foundation Trust	296,950	1,519	-	200
	Spouse - Director of Performance - NHS England South East Regional Office	646	211	7,064	1,390
Stephen CHANDLER - Partner member Local Authorities	Chief Executive - Oxfordshire County Council	93,806	2,586	13,607	1,688
Richard ELEY - Interim Director of Finance (left on 31/10/2022)	Member - Oxford Health NHS Foundation Trust	99,867	2,116	117	-
Haider HUSAIN - Associate Non Executive Director	Non-Executive Director - Milton Keynes University Hospital NHS Foundation Trust	12,126	-	-	-
Dr James KENT - Chief Executive (left on 26/09/2022)	Spouse is employed as a senior Pharmacist - Hall Practice and Chalfont PCN	293	-	-	-
	Friend, Porthaven Chief Executive	548	-	-	-
Javed KHAN - Chair	Non-Executive Director - Guy's and St Thomas NHS Foundation Trust	11,325	337	-	-
Neil MCDONALD - Partner member NHS Trusts	Chief Executive Officer - Buckinghamshire Healthcare NHS Trust	303,346	723	507	216
	Spouse is Managing Partner - Marlow Medical Group	2,579	-	-	-
	Spouse is Chair - FedBucks	8,234	-	66	69
	Spouse is Accountable Clinical Director - Wooburn Green Primary Care Network	1,260	-	-	-
Steve MCMANUS - Interim Chief Executive	Chief Executive - Royal Berkshire NHS Foundation Trust (RBFT)	296,950	1,519	-	200
Tim NOLAN - Non Executive Director Chair of the System Productivity Committee	Governor - Royal Marsden NHS Foundation Trust	339	-	-	-
Sim SCAVAZZA - Non Executive Director and Deputy Chair of ICB and Chair of the People & Remuneration Committee	Non-Executive Director and Chair of People Committee - Imperial College Healthcare Trust	5,796	-	-	-
Sonya Wallbank - Chief People Officer	Consultant - Kings Fund	12	-	-	-
Ross Fullerton - Interim Chief Information Officer	Director - Starlight Management Consultancy Limited	166	-	-	-

GP practices within the area have joined other professionals in the Integrated Care Board in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the ICB for taking a lead role on clinical services. All such arrangements are in the ordinary course of business and follow the ICBs strict governance and accountability arrangements. From 1 July 2022, the ICb had delegated commissioning responsibility for primary care GP services. This means that the ICB now makes all payments due to practices based on the Statement of Financial Entitlement and the Premises Direction and this has resulted In a significant increase in the amounts recorded against practice based Governing Body members. Material transactions are disclosed appropriately in the accounts.

The amounts in the table above represent the amounts paid to organisations named rather than the individual. Where an organisation appears several times, it is a duplicate of the previous entry but related to a different Governing Body member.

The Department of Health is regarded as a related party. During the year the Integrated Care Board has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:
• Integrated Care Board
• NHS England;
• NHS Foundation Trusts;
• NHS Trusts;
• NHS Litigation Authority; and,
• NHS Business Services Authority.

In addition, the Integrated Care Board has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Local Authority in respect of joint commissioning arrangements.

20. Related party transactions - continued

Department of Health and Social Care (DHSC) related party information for group bodies 2022-23

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties set out in IAS 24 (Related Party Transactions) are also deemed to be related parties of entities within the Departmental Group.

This note therefore sets out the individuals and entities which we have assessed as meeting the IAS 24 definition of Related Parties for the year ending 31 March 2023 to assist group bodies in preparing disclosures compliant with IAS 24.

Ministers	**Senior Officials**	**Non-executive Directors**
The Rt Hon Steve Barclay MP	Sir Chris Wormald KCB	Kate Lampard
The Rt Hon Dr Thérèse Coffey MP	Professor Sir Christopher Whitty KCB	Doug Gurr
The Rt Hon Sajid Javid MP	Shona Dunn	Gerry Murphy
Edward Argar MP	Clara Swinson CB	Julian Hartley
Gillian Keegan MP	Jonathan Marron	
Dr Caroline Johnson MP	Matthew Style	
Robert Jenrick MP	Michelle Dyson	
William Quince MP	Andrew Brittain	
Helen Whately MP	Stephen Oldfield	
Maggie Throup MP	Matthew Gould	
Maria Caulfield MP	Professor Lucy Chappell	
James Morris MP	Jenny Richardson	
Neil O'Brien MP	Hugh Harris	
Lord Markham	Lorraine Jackson	
Lord Kamall		

		2022-23			
	Related party	**Payments to Related Party £'000**	**Amounts Owed to Related Party £'000**	**Receipts from Related party £'000**	**Amounts due from Related Party £'000**
Entity linked to the individuals above	Leeds Teaching Hospital NHS Trust	104	-	-	-
Entity linked to the individuals above	Macmillan Cancer Support	-	-	8	70

21. Events after the end of the reporting period

The Integrated Care Board has no events after the end of the reporting period to disclose at the point of producing these accounts.

22. Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).
NHS Integrated Care Board performance against those duties was as follows:

	2022-23 Target	**2022-23 Performance**	**Duty Achieved?**
Expenditure not to exceed income	2,543,382	2,543,134	Yes
Capital resource use does not exceed the amount specified in Directions	303	303	Yes
Revenue resource use does not exceed the amount specified in Directions	2,506,480	2,506,232	Yes
Revenue administration resource use does not exceed the amount specified in Directions	25,346	24,882	Yes