

BOARD MEETING

Title	Buckinghamshire Place Report		
Paper Date:	13 November 2024	Board Meeting Date:	19 November 2024
Purpose:	Discussion	Agenda Item:	10
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Executive Summary

The report provides an update to the BOB ICB Board on Buckinghamshire Place.

Key highlights to note are:

- Strengthening of collaboration between secondary, community and primary care, alongside wider partners.
- The development of a new model of care to improve population health outcomes.
- Improvements across Buckinghamshire Healthcare NHS Trust.
- Collaborative Place approach to Winter.

The Buckinghamshire Place Partnership continues to evolve. The strength of the partnership is particularly evidenced through the commitment and engagement of all partners in the development of a Buckinghamshire place strategy. The paper concludes with reflections on the key enablers required to continue the evolution of place working.

Action Required

The board are asked to:

- Note the content of the report and in particular the continued development of the Buckinghamshire place partnership and reflections on the next steps to enable place working.

Conflicts of Interest:

Conflict noted: conflicted party can participate in discussion and decision

Two of our partner members work within Buckinghamshire. This paper is not for decision and the perspective of these members will be valuable to the Board in understanding how the partnership is developing.

BOB ICB Public Board

Update on Buckinghamshire Place

Buckinghamshire Executive Partnership priorities 2024/25

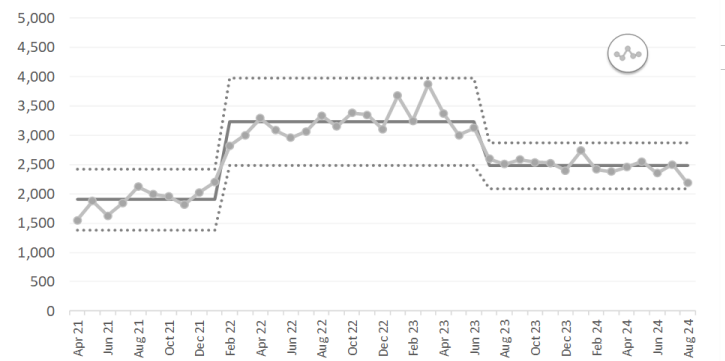
The Buckinghamshire Executive Partnership has identified three priorities in 2024/25.

Joined-up Care

10% less bed days are being used for people who do not meet the criteria to reside in Buckinghamshire Healthcare Trust in 2024 compared to 2023.

Bed days used by people who do not meet the criteria to reside

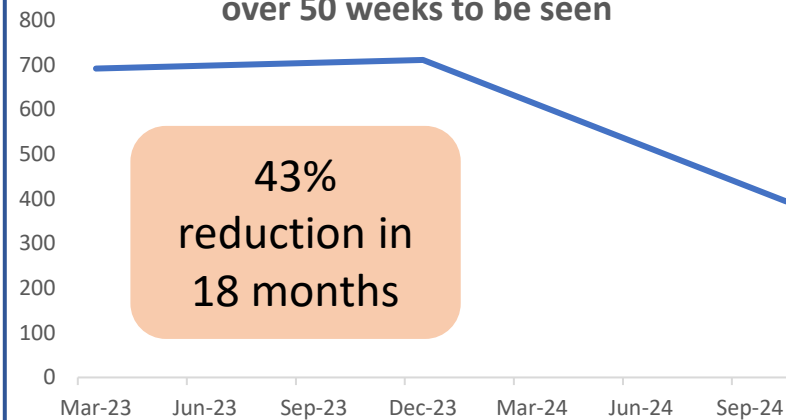
Aug-24	Variance Type	Target	Achievement
2183	Common cause variation	-	N/A



SEND

There is higher demand for neurodevelopmental assessments with average waiting time of 80 weeks. Transformation in community paediatrics has supported improved performance.

Community Paediatrics - Children waiting over 50 weeks to be seen



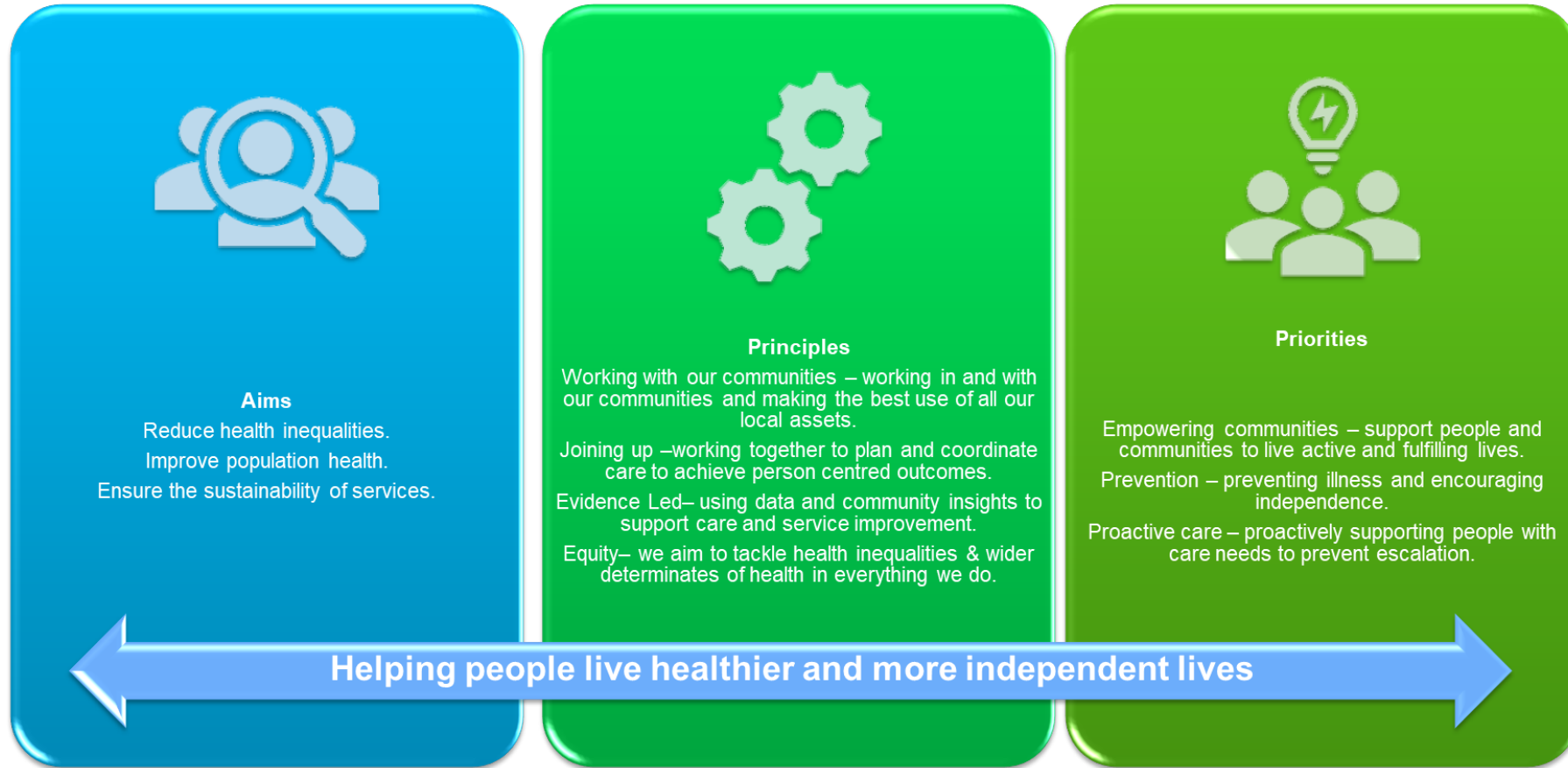
Health Inequalities & Integrated Neighbourhood Working

Projects are supporting the development of integrated teams in Buckinghamshire.

- Supporting people who are frail to live in their own homes across 4 integrated teams.
- Helping more people to manage their blood pressure in Aylesbury.
- Supporting families so more children access their vaccinations and health and developmental checks in Wycombe.

Investment in infrastructure is supporting integration, for example Deep End Networks in Primary Care.

We have agreed with partners a Buckinghamshire wide strategy focusing on working together to increase prevention and reduce inequalities.



Delivery structure

Start well

Increase school readiness

Live well

Reduce preventable mortality

Age well

Reduce loneliness and isolation

Primary care collaboration – building trust and improving care for our patients



Buckinghamshire Clinical Interface Group
Annual report

September 2024



Formal interfaces

- A longstanding BHT & Primary care senior leaders forum for information sharing and collegiately resolving issues
- Buckinghamshire Executive Partnership includes joint working across Place partners across a range of shared priorities – e.g. Integrated Neighbourhood Teams.
- GP Provider Alliance – BHT attendance to agree strategy and plans – e.g. Aylesbury population growth.

Informal engagement

- BHT COO/CMO led visits to every PCN over H2 2024 to agree collaboration proposals
- Primary care invited as standard to BHT led projects and programmes – e.g. Cancer Board, Virtual Wards – to create place boards
- Collective discussions on system issues and joint working groups – e.g. wound care, insulin initiation, PAR/MAR charts

1 Infrastructure for integrated care

- Investment in the Joy App – countywide platform for social prescribing
- Connected Care Board manages prioritisation of population health work
- Integrated Care workshops supported Bucks Health and Social Care Academy to develop underpinning culture for integration

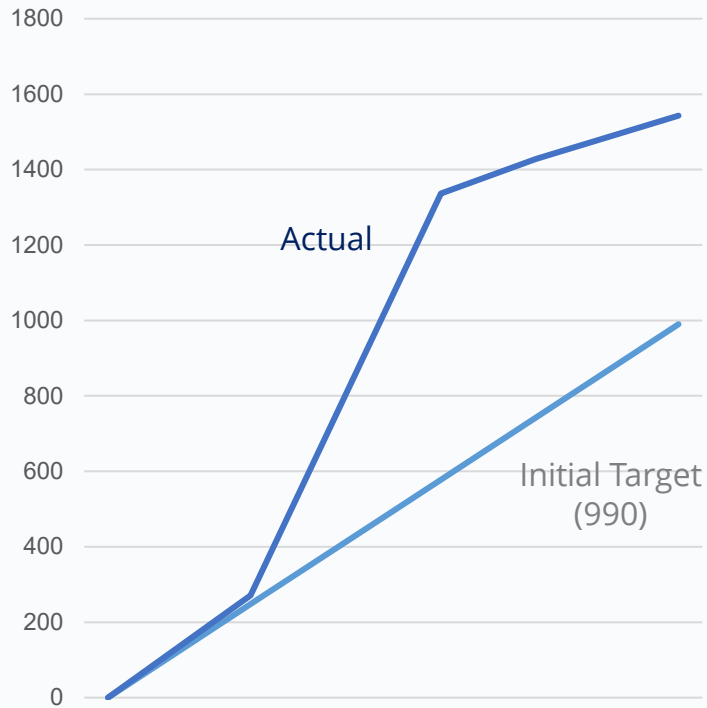
2 Collaborating on models of care

- Country-first secondary care prescribing of Inclisiran to for lipid optimisation
- Integrated Neighbourhood Working pilots underway focused on (i) frailty; (ii) start well; and (iii) cardio-vascular disease.
- Prehabilitation pilot to optimise patients on the admitted waiting list

3 Jointly solving interface issues

- Collaboration to address wound care gaps in service with practices withdrawing from service provision
- Review of MAR/PAR charts to reduce load on GPs
- Collective approach to insulin initiation to avoid patients bouncing between GPs and district nurses

Driving population health outcomes – lipid optimisation



Medical Clinic Reviews

Over 1,532 medical reviews carried out within the 12 months of the programme, exceeding the initial target by month 6.

BHT Programme in Numbers (Est. 12 Month Data)

1,963

Total number of appointments provided in virtual medical appointments for lipid optimisation

1,532

Patients seen in virtual medical appointments for lipid optimisation consultations

1,122

Patients offered or refused NICE approved lipid lowering therapies

947

Patients initiated or up titrated on any NICE approved lipid lowering therapy

652

Patients referred for Inclisiran therapy

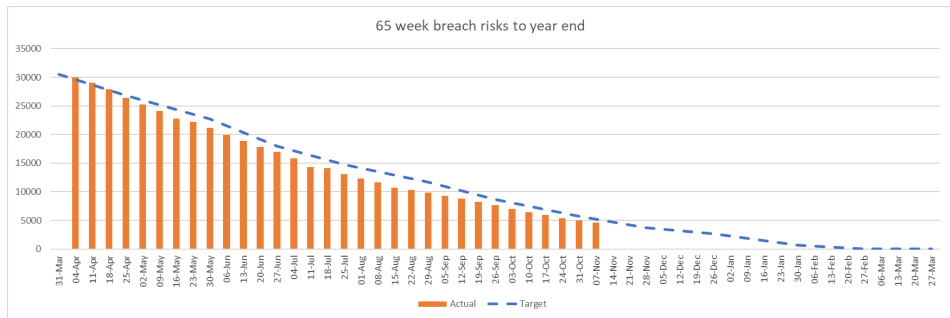
485

Patients administered Inclisiran therapy at BHT

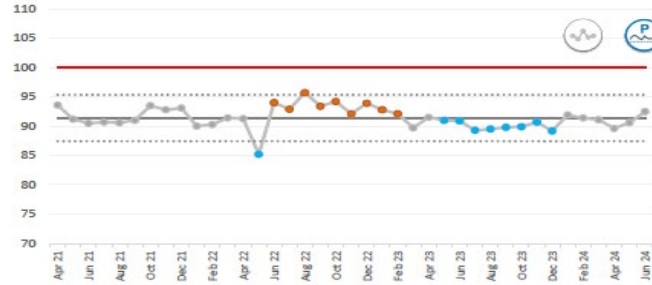
Update on Buckinghamshire Healthcare NHT Trust improvements

August 2024 - NHS England moved BHT from National Oversight Framework (NOF) Level 3 to NOF Level 2.

Long wait reduction

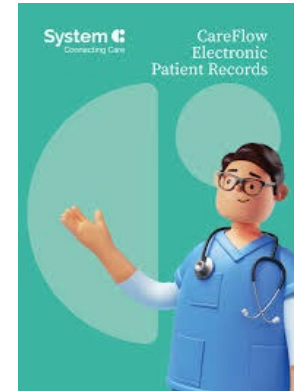


Low mortality



Hospital Standardised Mortality Ratio

Big strategic changes



access Rio EPR



Productivity improvements



NHSE Productivity measure

On financial plan



Buckinghamshire Winter Plan – key elements

Additional Capacity

- New acute ward facilitating significant increases in assessment space at Stoke Mandeville
- Olympic Lodge re-opening providing 22 beds for non-criteria to reside patients
- Virtual Ward capacity increasing to 160 'beds' from 100 'beds' last winter.

System flow improvements

- Transfer of Care Hub in operation for 12-months. Non-criteria to reside patients 10% lower than last year.
- Integration of Pathway One discharge services across BHT and council underway.
- Clinical Single Point of Access for BHT admission avoidance services live and expanding to cover all services by the end of winter.

Integrating pathways across Place

- Connected Care Segmentation being introduced in primary care and Stoke Mandeville Emergency Department to support consistent triage of patients
- Integrated Neighbourhood Working focused on moderate frailty 'live' in seven PCNs.
- Community Teams physical presence at Stoke Mandeville including social work to avoid admissions.

Next steps on Place working – key enablers



Focus on Integrated Neighbourhood Working/Teams as the delivery vehicle for future service improvements.

Key enablers:

- Organisation design
- Shared digital platforms
- Population Health segmentation using ConnectedCare
- Estates strategy to enable joint working
- Alignment of financial incentives/payment flows

Transparency and alignment of decisions across the ICB and between system/place.

E.G.

- Agreed clinical model and prioritisation from planning
- Understanding of monies spent in Buckinghamshire – locally commissioned GP services, community contracts, etc.
- Consistency of approach across ICB Directorates

Delegation of authority around funding decisions and use of resources.

E.G.

- Agreement to multi-year programmes of funding with defined outcomes
- Ability for Place to move monies between areas as agreed locally
- Agreement on Place based delivery models for key programmes – e.g. LTC, UEC.