

1. Chief Executive's Report
2. South East ICBs doing common specialist commissioning
3. ICB changing functions
4. Foundations of Neighbourhood Health Service

1. Chief Executive's Report

2024-2025 Expenditure £16M adrift

Royal Berks £17.5M adrift OUH similar

Must reduce running costs by 50% by end of 2025 !

£18.76 per head of population (1.75 million =? £33M)

Inspection of services for children subject to domestic abuse in Reading
revealed weaknesses

Limited understanding of ethnicity, cultural religious needs

Limited appreciation of needs of those with learning difficulties/disabilities

But also strengths identified

1. Chief Executive's Report (Chief Medical Officer section)

20. The ICB has identified two key strategic work priorities for 2025/26; to establish sustainable foundations for Neighbourhood Health and for Effective Clinical Practice. The Medical Directorate's work plan will focus on the following key areas to directly support these aims:

- .The strategic commissioning of effective and sustainable Primary Care in a modern, Neighbourhood Health context (including locally accessible GP, Pharmacy, Optometry and Dentistry services)
- .Developing a more resilient infrastructure plan for sustainable community-based health and care (as a key enabler for 'care closer to home')
- .Optimising the use of medicines and ensuring the cost-effectiveness of prescribed treatments, including high cost drugs and devices
- .Growing and enabling clinical research, innovation and use of digital technology to improve everyday healthcare
- .Targeting health inequalities and reducing unwarranted variations in care
- .Preventing ill health and enabling more people to start, live and age well by co-producing more streamlined, integrated care pathways
- .Keeping our staff well and supporting them through the coming period of change.

2. Collaborative South East ICBs Chief Executive Officers Joint Committee

BOB, Frimley, Kent and Medway, Hants/IOW, Sussex, Surrey

- Using a common approach for the Federated Data Platform (FDP)
- Reviewing and assessing commissioning of delegated services
- Culture and leadership:
 - Developing a system approach for the south east ICBs
- Financial sustainability
- Strategic and collaborative commissioning at scale:
 - Ambulance services
 - Mental health services
- Specialised commissioning sub-committee – decisions only reported

4. Foundations of a Neighbourhood Health Service

Fuller Stocktake (2022):

At place level (which we recognise will often mean local authority footprints covering populations of around 250-300,000), neighbourhood teams working together and with wider system partners, will provide more intensive support to patients.

This reorientation of our existing workforce to support our most vulnerable and complex patients to stay at home and access care in the community will, over time, contribute significantly to efforts to reduce growth in hospital demand and signal a shift away from a hospital-centric model of care that is no longer suited to the population we serve.

Planning Paper – BOB ICB 11 March 2025

Trend between 2023/24 and 2029/30 projected from changes in population and its age structure alone

Primary care up 18%	Community contacts up 55%	Mental health contacts up 21%
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A&E attendance up 18%	Non-elective spells up 31%	Elective spells up 29%
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Spend up from £2.8B to £4.1B

4. Foundations of a Neighbourhood Health Service

Six Core Components:

- Population Health Management – population stratification - forecasting
- Modern GP Practice – streamlined access – appropriate clinicians
- Standardised Community Care – joined up physical and mental community health care with social care
- Multi-disciplinary Neighbourhood Teams – for people with complex needs
- Neighbourhood Intermediate Care – e.g. cardiac rehab, COPD, re-ablement
- Neighbourhood Urgent Care – e.g. 2-hour response service

London Model

Each borough will have a lead “integrator” to bring services together

Bucks progress

Neighbourhoods of about 100,000. Population health assessments based on shared care records. Pilots for children/youth, frailty, CVD.

4. Foundations of a Neighbourhood Healthcare Service

What about Berkshire West? And Reading?

- Parties still to agree on their approach to neighbourhoods.
- Population stratification is used in primary care triage, so available for planning.
- Various models of multi-disciplinary team working with complex patients for 4 years.
- Berkshire Healthcare providing many community physical and mental health services.

- Reading has practices with branches in multiple neighbourhoods.
- PCNs are not truly geographical.
- Opportunity to put patient views in while the approach is not yet settled.

4. Foundations of a Neighbourhood Health Service

Establish a Programme and a Programme Board

- Convene 3 places – share best practice,
- Establish measures for neighbourhood health service
- Data reporting
- Develop relationships between providers
- “Support the organisational of neighbourhood teams to enable the development of effective relationships across the health and care system, including NHS, social care, local authority, voluntary, community and social enterprise (VCSE) and academic partners, and the cultural shift required to work together in a new way.”
- “. It is expected that priorities for neighbourhood working in 2025/26 will be developing and planning the infrastructure, information flows and ways of working required to support cohorts of people with complex health and social care needs who require support from multiple services and organisations at a neighbourhood level. This focus aims to prevent people from spending unnecessary time in

