



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Date: Tuesday 30 June 2015
Time: 10.00 am
Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP	10:00	
2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests		
3 MINUTES Minutes of the meeting held on 26 th May 2015 to be confirmed as a correct record	10:05	5 - 10
4 PUBLIC QUESTIONS This is an opportunity for members of the public to put a question or raise an issue of concern, related to health. Where possible, the relevant organisation to which the question/issue is directed will be present to give a verbal response. The member of public will be invited to speak for up to four minutes on their issue. A maximum of 30 minutes is set aside for the Public Questions slot in total (including responses and any Committee discussion). This may be extended with the Chairman's discretion.	10:10	



CHILTERN
District Council



South Bucks
District Council



WYCOMBE
DISTRICT COUNCIL

For full guidance on Public Questions, including how to register a request to speak during this slot, please follow this link:

<http://www.buckscc.gov.uk/about-your-council/scrutiny/getting-involved/>

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|----------|--|--------------|----------------|
| 5 | CHAIRMAN UPDATE | 10:15 | |
| 6 | COMMITTEE UPDATE
An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives. | | |
| 7 | PUBLIC HEALTH OVERVIEW
Attendees: Jane O’Grady, Director for Public Health | 10:25 | 11 - 36 |
| | For Members to receive an overview update from the Public Health Directorate. Members will consider the key priorities and challenges for Public Health including the budget and how it is allocated and spent. | | |
| 8 | COMMUNITIES, HEALTH AND ADULT SOCIAL CARE BUSINESS UNIT PLAN
Attendees: Trevor Boyd, Managing Director for Communities, Health and Adult Social Care. | 11:25 | 37 - 40 |
| | Members will receive an overview of the newly formed Business Unit for Communities, Health and Adult Social Care. They will consider the key priorities, activities, risks and challenges for the year ahead and have an opportunity to highlight possible areas of focus for the Committee. | | |
| 9 | HEALTH WATCH UPDATE ON TRANSPORT REPORT
Attendees: Richard Corbett, Chief Executive of Health Watch Bucks | 11:55 | |

Members will receive an update from HealthWatch Bucks on the key findings of their Transport review and report recently published.

The report can be found at the following link:

<http://www.healthwatchbucks.co.uk/healthwatch-bucks-report-identifies-major-problems-transport-hospitals>

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10	COMMITTEE WORK PROGRAMME For Members to note the committee forward plan.	12:10	41 - 42
11	DATE AND TIME OF NEXT MEETING There has been a change of date for the next meeting. The meeting of the 15 th September has been moved to the 24 th September 2015, 13:00-16:00, in Mezzanine Room 2.	12:15	

Purpose of the committee

The role of the Health and Adult Social Care Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

It shall have the power to scrutinise all issues in relation to Health and Adult Social Care. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Public health and wellbeing
- NHS services
- Health and social care commissioning
- GPs and medical centres
- Dental Practices
- Health and social care performance
- Private health services
- Family wellbeing
- Adult social services
- Older people
- Adult safeguarding
- Physical and sensory services
- Learning disabilities
- Drugs and Alcohol Action Team (DAAT services)

** In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of health matters holding external health partners to account.*

Webcasting notice

Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

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If you have any queries regarding this, please contact Member Services on 01296 382876.

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Kama Wager on 01296 382615 , email: kwager@buckscc.gov.uk

Members

Ms A Macpherson (C)	Mrs J Teesdale
Mr R Reed (VC)	Julia Wassell
Mr B Adams	Vacancy
Ms J Blake	Mr B Roberts
Mr N Brown	Vacancy
Mr D Hayday	

Co-opted Members

Ms S Adoh, Local HealthWatch
Mr A Green, Wycombe District Council
Mr T Hunter-Watts, Aylesbury Vale District Council
Mr N Shepherd, Chiltern District Council
Dr W Matthews, South Bucks District Council

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Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Tuesday 26 May 2015, in Mezzanine Room 2, County Hall, Aylesbury, commencing at Time Not Specified and concluding at Time Not Specified.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Ms A Macpherson (In the Chair)
 Mr R Reed, Mr B Adams, Mrs M Aston, Mr B Roberts, Mrs J Teesdale and Mr N Brown

District Councils

Mr N Shepherd	Chiltern District Council
Mr A Green	Wycombe District Council
Ms S Adoh	Local HealthWatch

Others in Attendance

Ms K Wager, Committee Adviser
 Ms J Breen, Head of Older Adult Mental Health Services, Oxford Health NHS Foundation Trust
 Mr R Bale, Clinical Director, Oxford Healthcare Trust
 Ms M Kuelka, R-U-Safe Children's Services Manager, R-U-Safe Barnardo's Project
 Ms P Scully, Oxford Health NHS Foundation Trust
 Mr T Boyd, Strategic Director, Adults and Family Wellbeing
 Ms C Hart, Commissioner (Pooled Budget Manager), Bucks County Council
 Ms Y Taylor, Service Director of Child and Adolescent Mental Health Services, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

1 ELECTION OF CHAIRMAN

Mr Reed took nominations for Chairman. Mrs Aston nominated Mrs Macpherson as Chairman and Mr Roberts seconded the nomination. Mrs Macpherson was duly elected as Chairman. No other nominations were made.



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 District Council



2 APPOINTMENT OF VICE CHAIRMAN

The Chairman appointed Mr Reed as Vice Chairman; no other nominations were made by the committee.

3 ANNUAL COMMITTEE APPROVAL OF VOTING RIGHTS

In line with the Council's constitution (page 58), the committee formally agreed the annual voting rights of district co-optees.

4 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr Hayday, Mrs Blake, Mrs Matthews.

Changes to membership: Mrs Davies has come off the committee and Julia Wassell has joined the committee.

5 DECLARATIONS OF INTEREST

Mrs Aston declared her interest in future topics as a trustee of Carers Bucks and for Public Health related topics as Deputy Cabinet Member for Communities and Public Health.

Julia Wassell highlighted that her interests are registered.

6 MINUTES

Minutes of the meeting held on 28th April 2015 were agreed as a correct record subject to minor amendments:

1. Mrs not Ms Jean Teesdale
2. Item 6. To add B Adams as a member of his PPG.
3. Item 9. First action – typo circulate, not circulates.

7 PUBLIC QUESTIONS

The Chairman reminded the committee of the public question guidance. The guidance has recently been updated and can be found at on the website in the agenda pack. Committee members and the public were reminded that public questions should relate to a specific issue of public interest and ideally to a topic being covered on the committee work programme (although not exclusively), they should not be used for general information gathering.

Where information specific to external bodies is required, members of the public should where appropriate, go directly to the external body in the first instance for general information requests.

The Chairman does not want to discourage public questions, but wants to make sure that information requests are dealt with in the most appropriate way.

The Chairman received one public question and requested a written response from the Clinical Commissioning Group and Buckinghamshire Healthcare Trust.

This question however, is an example of further information being gathered that should have been directed to the external bodies concerned and not through the committee in the first instance.

The question received by a member of public was:

“What plans does Bucks NHS have for the Marlow Cottage Hospital, in reports that management are looking to either close down the hospital or scale down the facilities”?

The written response received from Buckinghamshire Healthcare Trust and the Clinical Commissioning Group was as follows:

“We are very proud of the service offered by Marlow Community Hospital and we know that it is an important facility for local people. A range of services are provided from the site including x-ray, a number of clinics, an inpatient ward and it is the base for one of the adult community healthcare teams (providing nursing and therapy care to patients across the community and in patients’ own homes).

We have not made, or announced, any changes to the services provided at Marlow Hospital. Our strategy for the next five years is to support even more patients in a community setting and this is a real priority for us going forward to ensure patients are seen in a place most appropriate for the care or treatment they require. This approach is consistent with NHS England’s own five year forward view. We continue to work across primary, secondary, community, mental health and social care to transform the way we work and to make this a reality. We will continue to work with staff, patients and local communities to discuss and involve them in these developments”.

Action: For Committee Advisor to arrange for publicity of the public question guidance to raise awareness about the process and promote the guidance document.

8 CHAIRMAN'S UPDATE

The Chairman updated the committee on:

- The meeting she and Mr Reed had with the CQC.
- The Regional Health Scrutiny Chairman’s network event Bucks are hosting on 7th July.
- The evidence gathering schedule for the 15 min visits Inquiry. The dates set are the 4th June (audit of care plans), throughout June for visits, 2nd July (for the final evidence session) and 4th August (for a special committee meeting to agree the draft report before going to Cabinet in September).

9 COMMITTEE UPDATE

There were no committee updates.

10 ADULT MENTAL HEALTH SERVICES

Mr Rob Bale gave a presentation to the committee on Adult Mental Health conditions and services delivered in Buckinghamshire by Oxfordshire Health Trust. Mrs Jo Breen gave a presentation on the conditions and services for Older Adults.

For full details see committee papers and the webcast.

Following the presentations Members asked questions on the following points:

- The success and impact of mental health awareness week in raising awareness and removing the stigma attached to mental health conditions.
- The prevalence of mental health conditions locally, and the services available for treating these.
- How mental health services are working with major employers to address mental health conditions such as stress, depression and anxiety. The extent to which there are services to help people remain in work/support people back to work such as Increasing Access to Psychological Therapy Services, Connexions services etc. but

there is still a lot more proactive preventative work that could be done, there are no specific programmes for interventions.

- Outcomes based commissioning approach and how success against outcomes is measured. Data collection to measure success of services.
- Integrated working with public health, and other partners.
- The improved access to mental health services through 7 day service delivery. Move towards large locality teams to cover the hours, and more effective use of electronic communication and health records to ensure a seamless pathway for service users.
- Staffing, staff morale and the integrations agenda. Members were reassured that staff morale has improved greatly following a low turn after the integrated approach came in and staff now feel that the move to more integrated cluster care packages was the right thing to do moving away from assertive outreach teams.
- Access to services, the numbers of people who are treated out of area.
- Waiting times for appointments and benchmarking against national waiting times.
- Service provision for older adults mental health conditions was also covered, considering the specific needs of older people (over 65), and the prevalence of dementia and complexity of other factors such as frailty, physical health conditions etc.

Actions arising:

1. **Oxford Health to provide data on the number of community treatment orders in Bucks.**
2. **Oxford Health agreed to provide details on the number of people who had been sent out of county for acute mental healthcare.**

For full details of the discussions please see the webcast.

11 CHILDREN AND ADOLESCENT MENTAL SERVICES (CAMHS) RE- TENDER

The committee received an overview presentation from Pauline Skully and Michelle Kukielka on the key service priorities and key changes to the service having successfully been retendered the contract for children's mental health services.

For full details see the webcast and committee papers.

The following areas were covered through the questions and discussion:

- Key aspects of the Oxford Health approach to Children's Mental Health Services.
- The shape of the new service and how it is distinct from the current one (service improvements). The move towards a partnership model with Barnados, bringing a combination of Barnardos expertise in engagement with young people and the clinical expertise of Oxford Health.
- Access to services and engagement with young people - Barnados Buddy programme and the improvements this offers to engage young people in intervention programmes and continue accessing services longer term where needed.
- Improvements to looked after children services and referral process.

Members were informed of the timescales of the new service. The provider is currently in a 6 month implementation phase having recently won the contract. Oxford Health has offered to come back to the committee in 6 -12 months' time to provide a more detailed update on how the new service is performing and the improvements seen.

Action: Kama Wager to add update to the committee work programme.

*****NOTE: At this point a fire alarm went off and the meeting was closed due to the time and the time the building will be vacated***.**

ACTION: All Committee Members: Members are asked to send any questions they would like to ask of CAMHs at this stage to Kama Wager who will forward them to Oxford Health who will provide written responses. Any questions and their response will be published in the final minutes of the meeting.

12 COMMUNITIES, HEALTH AND ADULT SOCIAL CARE BUSINESS UNIT PLAN

This item was deferred due to the meeting being closed early as there was a fire alarm.

The item will be scheduled for a future committee meeting.

13 COMMITTEE WORK PROGRAMME

This item was deferred due to the fire alarm causing the meeting to close early.

ACTION: ALL Committee Members – To send any comments on the work programme to Kama Wager.

14 DATE AND TIME OF NEXT MEETING

The next meeting will be held on the 30th June at 10:00 in the Mezzanine Room 2.

CHAIRMAN

PUBLIC HEALTH REVIEW

***WHAT ARE WE SPENDING THE RINGFENCED
PUBLIC HEALTH BUDGET ON AND WHY ?***

Dr Jane O'Grady
Director of Public Health



BCC public health responsibilities

- Local government has a new duty to promote and protect residents health
- This responsibility transferred from the NHS to BCC in April 2013 with a ringfenced budget

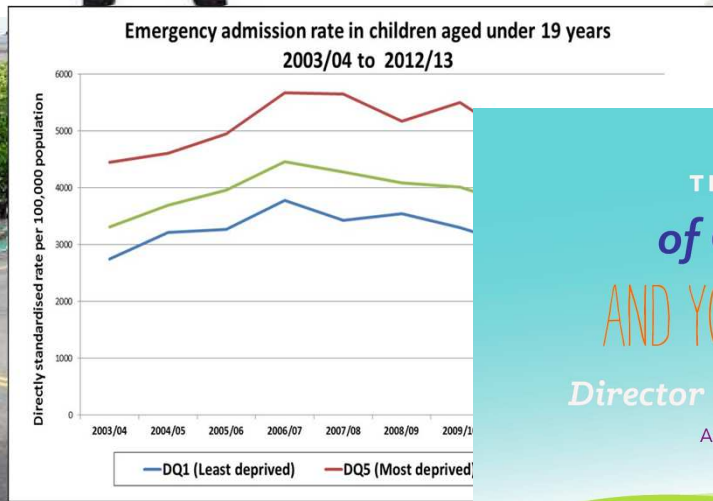
Government has set 2 high level objectives for councils ;

- **To increase healthy life expectancy**
- **To reduce the differences in life expectancy and healthy life expectancy between communities**



What are our core Public Health responsibilities in BCC ?

13



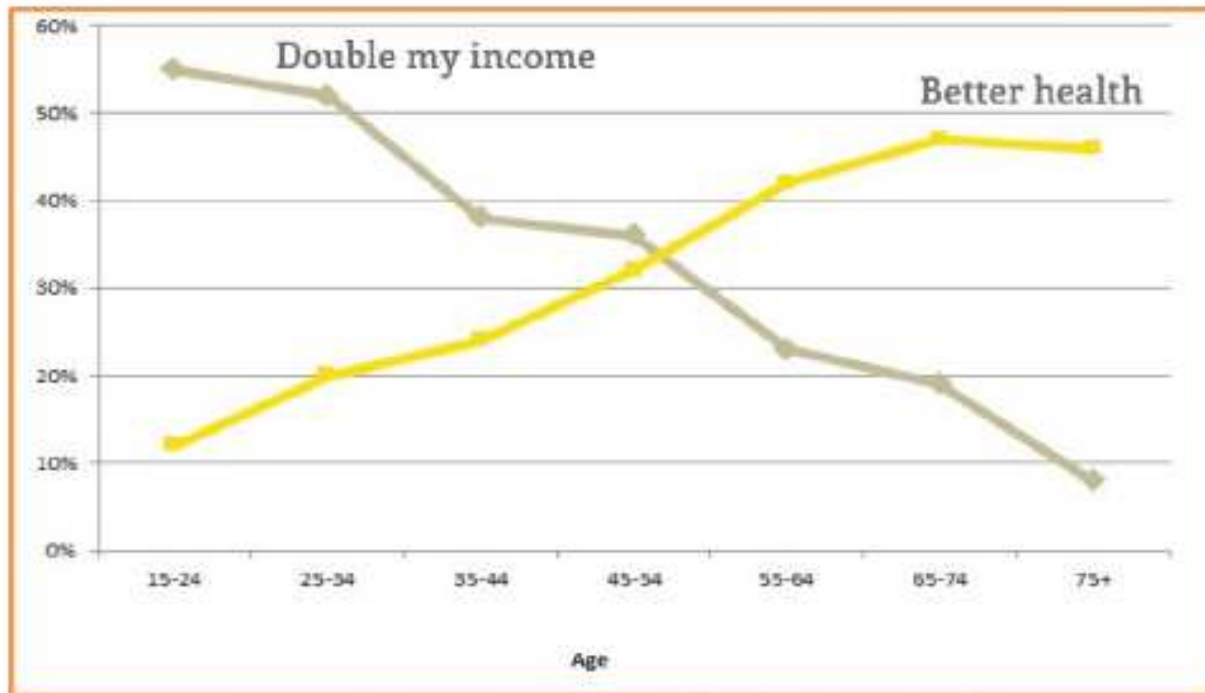
THE HEALTH
of Children
AND YOUNG PEOPLE
Director of Public Health's
Annual Report 2014

The logo of Buckinghamshire County Council, featuring a stylized figure and the text 'BUCKINGHAMSHIRE COUNTY COUNCIL'.

Why invest in improving our residents health ?

People really value their health

When asked what would make them happiest, people responded



Ipsos MORI survey - Base: 2,015 interviewed face to face in home in GB aged 15+, 20-25 Sept

Investing in public health interventions supports other council objectives and reduces demand by

- Reducing demand for adult social care by preventing long term conditions which account for 70% of adult social care spend
- Reducing the need for childrens social care by reducing disability and reducing child maltreatment.
- Improving school readiness and educational attainment.
- Supporting a thriving economy by increasing productivity and decreasing sickness absence, worklessness and reducing need for welfare support.
- Improving health can improve community resilience, safety, cohesion and reduce crime.
- Reducing congestion and contributing to environmental quality & sustainability.



Buckinghamshire County Council

What could we achieve ?

We could ...

- save 100 lives in Buckinghamshire per year just by getting everyone to walk 10 minutes more a day
- reduce the 600 deaths per year due to smoking and save Bucks £109m
- ensure 266 babies are born at the right time rather than too early thus ensuring they are healthier, learn better and reduce disability
- increase school childrens grades by 40%
- reduce the number of people getting dementia by 30% & hence need for social care
- reduce the number of children suffering abuse
- halve the rate of heart disease and stroke for our residents
- reduce workplace sickness absence by more than 20%
- reduce the number of mothers developing post natal depression by 30% and thus improve outcomes for their children

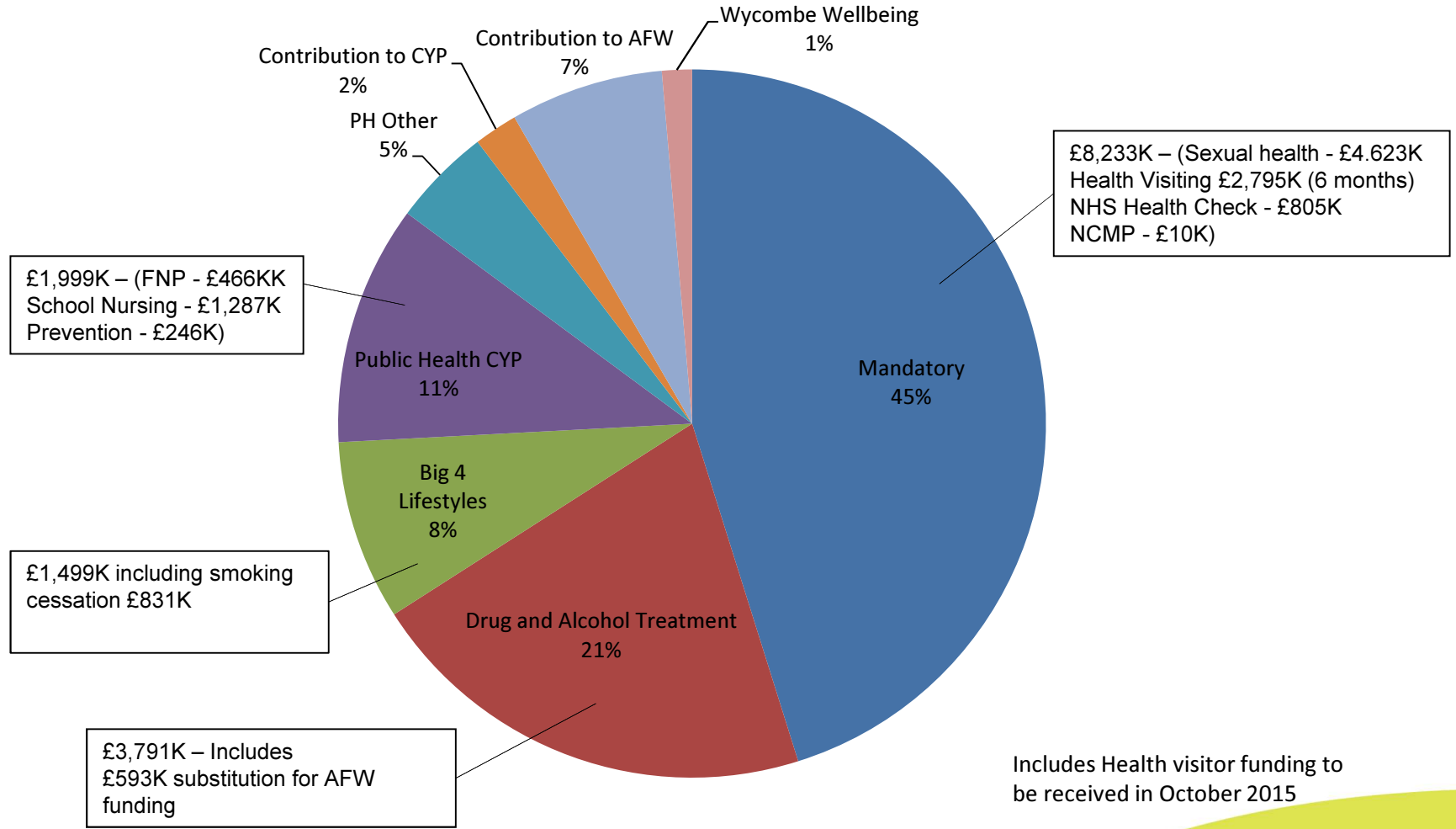
The budget

- BCCs ringfenced public health budget is was £17.2m in 2014/15 with no uplift for 2015/16 to reflect demography or inflation
- This is £33 per head of population in Bucks compared to national average of £51. The highest funded local authorities receive approximately 4x as much per head
- The budget reflects historic spend by PCTs and some movement towards “target allocation”.
- The target allocation is weighted based on the relative health of our population (death rate under 75 years). Bucks is currently £1.8m under target ie underfunded.
- In October 2015 we will receive £2.7m for health visiting and 266 K for Family nurse partnership service
- However there is also to be a national 7.6% cut to the local authority PH budget in year
- This budget funds the public health responsibilities that transferred over and includes mandatory and non-mandatory services.

Local authority public health responsibilities

Mandatory responsibilities	Other responsibilities
Sexual health & contraception services	Drugs and alcohol services
NHS health check	Smoking cessation services
National child measurement programme	Weight management services
Health visiting service	Healthy eating
Health care advice to NHS commissioners	Oral health promotion
Health protection – communicable disease, environmental hazards & emergency planning	School nursing service
Monitoring the populations health including DPH annual report and Joint Strategic Needs Assessment	Public mental health
Dental epidemiology survey	

Public Health Budget areas of spend 2015/16

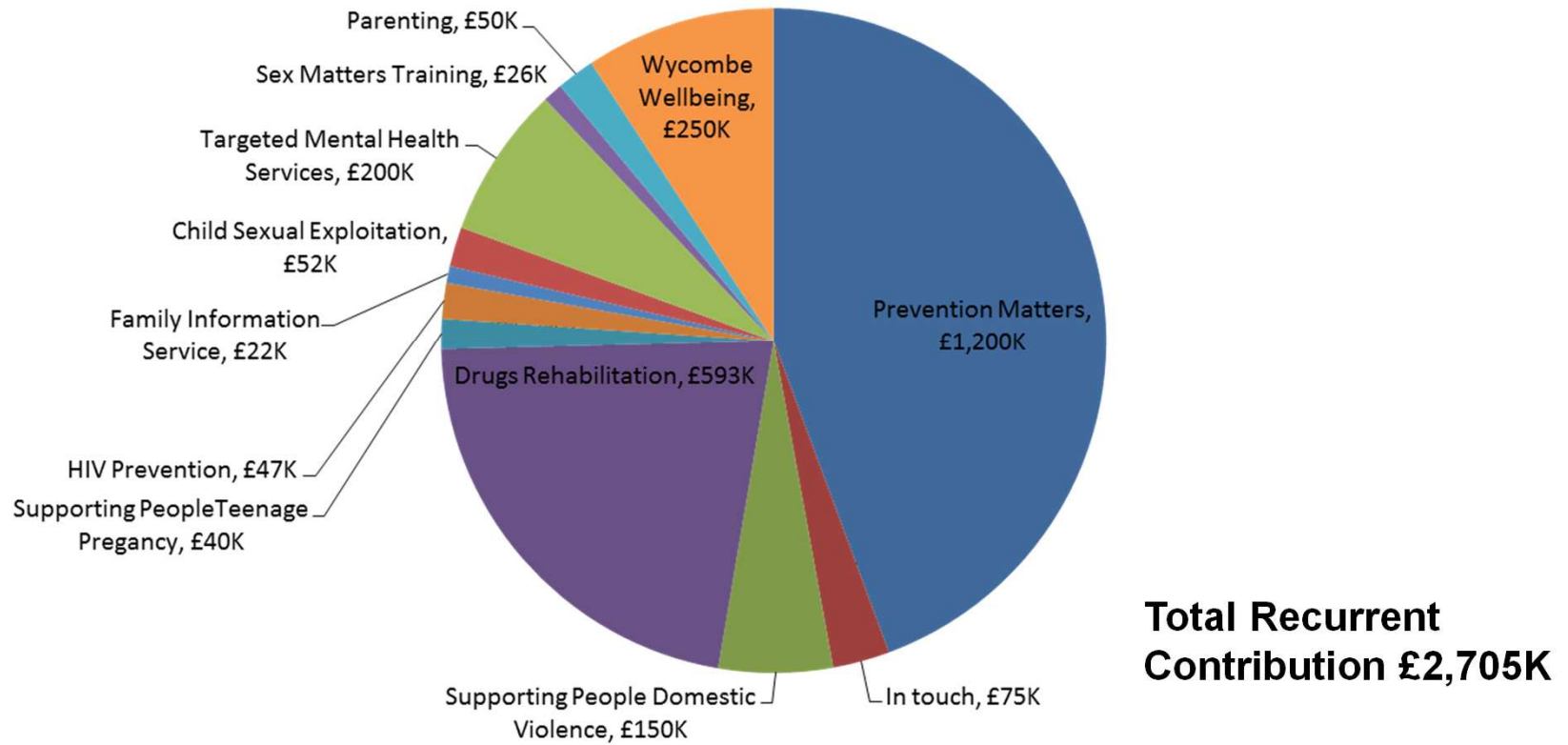


Includes Health visitor funding to be received in October 2015



Buckinghamshire County Council

Recurrent support to other council programmes delivering public health outcomes



Immediate & Future Cost Pressures 2015/16 - 2016/17

- Nationally 7.6% in year cut to local authority public health grant announced. Total impact £1.2m – £1.5m depending on whether allocation for Health Visiting and FNP is included in the total
- Mandatory introduction of Nalmefene by NICE (a drug to reduce the craving for alcohol in high risk drinkers) estimated cost pressure £300K
- Re-commissioning several services in 2015/16



Where will investment have the biggest impact in Bucks ?

- **Priority 1. Ensuring every child and young person has the best start in life.** Early years - from conception to leaving school –prevention of disability & maltreatment, promoting good physical, mental, social and emotional development & educational attainment
- **Priority 2. Preventing long term conditions** including dementia, depression, cancer, heart disease, stroke, diabetes

Priority 1. Investing in Children and young people

- What happens before birth and in the early years affects health, happiness and success for the rest of a persons life.
- Healthy children and young people can learn better and achieve more
- Adverse experiences set in train a cycle of poor outcomes that last a lifetime
- Cost to UK economy of social problems e.g. crime, mental ill health, family breakdown, drug abuse, obesity almost £4 trillion over 20 yrs but interventions in the early years could help address £1.5 trillion of social problems.
- There are evidence based ways to improve outcomes for children and young people in Bucks and reduce child maltreatment.

Improving outcomes for children and young people

Public health commissions services that

- Aim to ensure that all children have a good start in life
- reduce adverse outcomes in pregnancy such as low birthweight and prematurity thus reducing physical and learning disability in children
- improve maternal mental health, improve parenting, reduce drug and alcohol misuse , thus improving child development and life chances and reducing risk of child maltreatment
- reduce teenage pregnancy and improve outcomes for teenage mothers and their babies and halve the risk of child maltreatment
- promote emotional resilience in young people
- Improve educational attainment
- Promote uptake of healthy lifestyles and reduce uptake of unhealthy lifestyles

Priority 2. Preventing long term conditions - why invest ?

- Long term conditions such as heart disease, stroke, diabetes, cancer, dementia, chronic lung disease, depression account for **85%** of the burden of disease in Buckinghamshire and the UK.
- **70%** of health & social care spend is on people with long term conditions
- Long term conditions increase as the population ages but this is not inevitable as a very significant proportion are preventable.
- National research shows that **60%** of care home placements are due to dementia. In Bucks **68%** of people in care homes have dementia
- Long term conditions increase the chances of care home placement
- Chances of care home placement are increased by
 - >4x by dementia,
 - >2x by stroke, 60% by diabetes,
 - 50% by depression, 50-80% by hip fracture

Many long term conditions are preventable

- **By action on 4 key lifestyles** smoking, increasing physical activity, adopting healthy diets, maintaining a healthy weight and drinking within “safe” limits, public health interventions can prevent
- 30% of dementia
- Up to 80% of strokes
- 80% of diabetes
- 80% of chronic lung disease
- 40% of cancers
- At least 25% and potentially up to 54% of falls



Reducing the development of long term conditions by

- A multifaceted approach developing multiagency strategies for each of the Big 4 lifestyles, awareness raising campaigns and commission specific services including -
- NHS health checks –This can help reduce the risk of many diseases including dementia, stroke, cancer, diabetes.
- weight management services for those at higher risk of illness due to their weight to reduce obesity and risk of attendant diseases
- a diabetes prevention programme that evidence shows can reduce new cases of diabetes in higher risk people by 58%
- Active Bucks project to get everyone more active, and also improve community cohesion and increase volunteering
- smoking cessation services
- Alcohol brief intervention services & drug and alcohol treatment services

NHS health checks case study . “M” - male aged 53

- “The message at the Health Check was clear and not unexpected in that I was overweight so needed to start some regular exercise if possible, eat more healthily and cut down a little on my drinking. Blood tests were also taken and sent away for analysis.
- Before I really had a chance to do anything I received a letter from the Health Centre (2 days after the Health Check) asking me to make an appointment urgently with the doctor following review of my blood test, which I did. At this appointment I was told that my HbA1C was 110 which was indicative of diabetes and that further tests were needed
- The doctor explained some of the follow up appointments, prescribed metformin and recommended that I read up further about diabetes on line.”

“M” NHS health checks case study (2)

- “Following extensive reading I resolved to change my lifestyle by exercising regularly, not to drink bar special occasions and diet to get down to a normal BMI in order to bring my HbA1C down and avoid any diabetes complications if possible. Additionally I bought a blood glucose meter to test regularly and changed my diet to reduce my carbohydrate intake while recording everything.
- Within 6 months with regular exercise, around 1700 calories and 80g of carbs per day I had lost around 4 stone (25 kg) to get to a BMI of 23 and achieved an HbA1C of 37. I have since maintained my weight, increasing my calories and carbs, am still exercising albeit not every day now and my most recent HbA1C was 34 . I intend to maintain my current regime for the long term.”

“M’s” view on health checks

- “I am really grateful for the Health Check which led to my diagnosis with diabetes; I had no significant symptoms at all and thought that I was quite well. This has allowed me to make the necessary changes to my lifestyle. I would recommend everyone to have this check when they are invited as it is an invaluable aid to pinpointing conditions such as mine which can be largely symptomless. You will always be better off knowing and getting the appropriate treatment and taking suitable action than carrying on in ignorance. This Health Check can and will save lives and improve quality of life.”



Other Residents feedback on NHS health check

- ***“I think I needed that kick in the behind to change my life for the better. I think my doctor and I were surprised that I had a cholesterol level of 8.4 but I have tablets to reduce that and its 2.4 now.”*** Female, 50, White British
- ***“Cut smoking down to half.”*** Female, 66, White British
- ***“Keeping an eye on weight.”*** Male, 73, White British
- ***“Excellent preventative programme. Good to discuss issues of concern.”*** Female, White British
- ***“A preventive/wellbeing approach to healthcare is a great way to ensure healthy individuals. Keep up the good work and many thanks to the team at [GP practice].”*** Male, 55, Indian

Physical activity

- Being physically active helps prevent and manage more than 20 long term conditions, improves educational attainment and economic productivity
- Inactivity is the 4th largest contributor to global deaths
- Inactivity is responsible for 17% of premature deaths in the UK, 18% of cases of colon and breast cancer and 13% of type 2 diabetes.
- Inactivity costs UK economy £20bn per year
- 25% of adults in Bucks report they are inactive taking less than 30 minutes activity per week

- 57% people in Bucks report they meet recommended 150 minutes physical activity per week but national research using objective measures (accelerometers) revealed only 6% men and 4% of women were actually doing 150 minutes per week

- Most health gain is from getting inactive people to be more active

Successful ageing and physical activity

Chances of ageing successfully almost 2x as high for active people

Being physically active reduces many of the factors triggering adult social care use

- Chance of experiencing difficulties with activities of daily living by 43% for moderately active and 59% by vigorously active
- Falls by up to 68%
- Heart disease and stroke by up to 35%
- Diabetes by up to 50%
- Chronic disease by 33%
- Depression by up to 49%
- Dementia by 30%



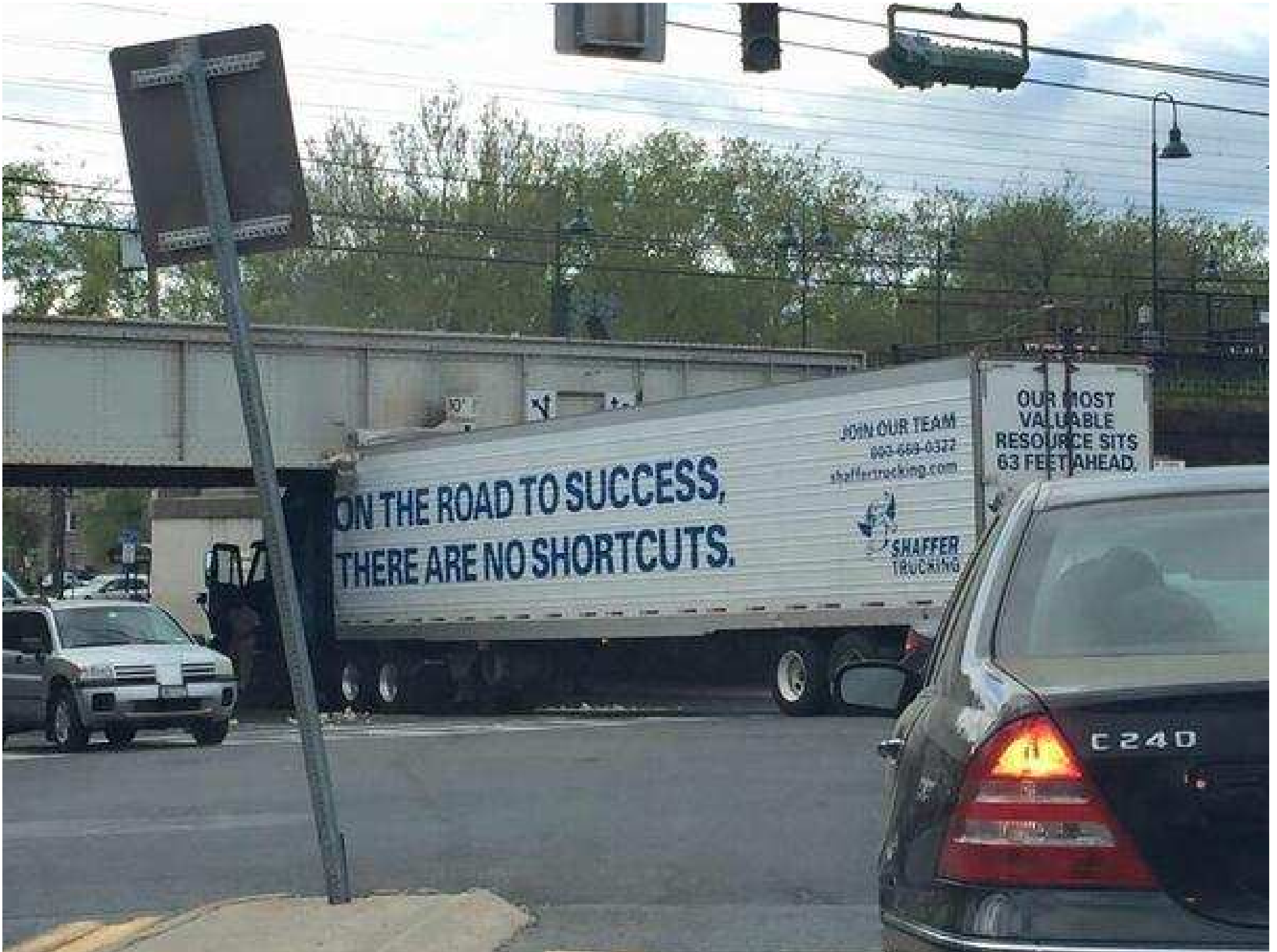
Bucks Physical activity

- Multiagency strategy
- early years – physical literacy programme
- School programmes
- Green space project
- Active Bucks project
- Chair based exercise
- Physical activity in NHS treatment pathways
- DCLG project delivering differently



A stitch in time ?

- Adult social care predicting cost pressures of £43m due to demographic growth by 2025
- Current spend in adults services is 280K per DAY
- 6 days of adult social care services spend = total annual budget for prevention for the 4 key lifestyle risks for long term conditions in Bucks.
- Demand on childrens services has also grown but it is possible to intervene early to improve outcomes and reduce pressures on services.
- Can we afford to invest in public health ? Can we afford not to ?



Title: Communities, Health and Adult Social Care Business Unit Plan Overview

Introduction -The Business Unit Plan sets out how the Cabinet Members will support the delivery of the County Council Strategic Plan outcomes. It contains the following vision statement: ‘ *Residents of Buckinghamshire will be enabled to take control of their own health and wellbeing, whatever their age, in places that enable people to grow up well, achieve their goals in life and age well. We shall help communities to become strong and safe, and for people to be as independent as possible*’.

Purpose - The purpose of this briefing paper is to provide a summary of the BU Plan. It gives an overview of how the vision will be achieved, against which a couple of examples of specific activities/projects have been identified which together give a flavour of the whole. We have focused on Health and Adult Social Care but have also included those community-based activities which make a significant contribution to the delivery of outcomes in this area. We have also included some of the key risks. However, these are only a small proportion of the risks and opportunities identified in the Plan.

Risks -There are specific risks and opportunities in the BU Plan against each individual outcome. For the sake of brevity 3 key risks have been highlighted below:

- Delivery of existing and new savings targets through the current Medium Term Plan (MTP) commitments and the new additional savings targets relating to Future Shape
- Recruitment and retention issues - there is a risk that we become even more dependent on expensive agency staff to fulfil our statutory duties
- The cost of new burdens. If we are not effective in evidencing the new burdens and their impact in Buckinghamshire we may not receive sufficient resource to implement new statutory requirements. Even if we are, there is a risk that Government will not adequately resource the additional costs to Bucks.

The full public facing BU Plan can be found at:

<https://democracy.buckscc.gov.uk/documents/s56765/Agreed%20ACH%20CHASC%20Business%20Unit%20Plan.pdf>

Ref	Key Priority	Example activities to deliver priority
1	Focus on recognising and building the strengths and capabilities of individuals and communities and support the shift of specific roles and responsibilities from the Council to individuals and communities where appropriate	<ul style="list-style-type: none"> • Expand the opportunities to devolve functions to local communities and individuals to support them to find the solutions
2	Take a strong prevention based approach that starts before birth, and then focuses on prevention and early intervention across the life course to change the patterns of demand for services.	<ul style="list-style-type: none"> • Develop and implement programmes aimed at supporting healthy pregnancy and Early Years, including an effective healthy child programme 5-19 • Develop multi agency communication plans for prevention topics including smoking, alcohol, physical activity and sexual health
3	Support the increase of healthy life expectancy for all and reduce the gap in life expectancy between different groups	<ul style="list-style-type: none"> • Develop links and programmes across individual lifestyle services to improve co-ordination and signposting for individuals

	in Buckinghamshire by improving the health of those with the poorest health towards that of the best.	<p>with multiple risky lifestyles</p> <ul style="list-style-type: none"> • Develop an action plan to deliver the healthy ageing strategy
4	Work in partnership with other agencies (including community groups and voluntary and social enterprises) to create living, working and social environments that make it easy to make healthy choices and supports good health and wellbeing.	<ul style="list-style-type: none"> • Expand opportunities for employment for people with a disability through Buckinghamshire Care and the modernisation of employment related services as part of the day opportunities programme and closer partnership working with the Job Centre Plus
5	Develop a model which focuses on individuals and communities' assets rather than deficits, where there is clarity around the role and responsibilities of the Council and those of individuals and communities.	<ul style="list-style-type: none"> • Support provided for community asset transfers to local groups • Hold annual two month window for Community right to Challenge applications and manage appropriately for each application
6	Enable and empower people to take control of their own health and wellbeing by a stronger emphasis on the information, support and tools that will facilitate this	<ul style="list-style-type: none"> • Implement and evaluate a pre-diabetes service project providing structured education to people at high risk of developing diabetes • Implement a pilot for a local behaviour change hub to act as a central resource for people wanting to make lifestyle changes.
7	Involve people more in the design of the services they wish to receive and tailor approaches to different needs and wishes using customer insight	<ul style="list-style-type: none"> • Public consultations on ASC Charging Policy; Supporting People; Domiciliary Care; Refresh of local area priorities
8	Rebalance traditional models of care and support where prevention and early intervention becomes the default position in order to delay the onset of need for more intensive care and support, reduce dependency and avoid planning for people's future during a crisis	<ul style="list-style-type: none"> • Further development of Prevention Matters • Commission the new integrated falls and bone health service. • Expanding partnerships with the NHS through closer integration for older people and people with a learning disability
9	Simplify the care and support system and processes to provide the freedom and flexibility to deliver improved choice and control and individual outcomes.	<ul style="list-style-type: none"> • Support service users through innovative brokerage and technological support to know what services are available and have greater control through the use of personal budget to decide how they would like to spend their allocation.
10	Develop innovative packages of care and support which respond to the unique needs of the individual which increasingly will involve the use of assistive technologies to support good quality of life and independent living.	<ul style="list-style-type: none"> • Provision of telecare equipment, aids and adaptations through providers and occupational therapy services • Provision of Information, Advice and Guidance in line with the Care Act
11	Enable individuals and communities to feel safe and the Council will safeguard the most vulnerable.	<ul style="list-style-type: none"> • Peer review of Safeguarding • Maximise the benefits of the Business Unit through closer alignment between community safety & cohesion, trading standards & safeguarding vulnerable adults
12	Take an approach that recognises and builds on the strengths and assets of individuals and communities and builds individual and community resilience - See 1 above	

13	Develop a strong sense of community where diversity is celebrated and equality promoted	<ul style="list-style-type: none"> • Continue to support the ongoing development of a thriving and diverse community, voluntary and social enterprise sector.
14	Support increased volunteering, including developing the Council's Employer Supported Volunteering programme	<ul style="list-style-type: none"> • Support the development of volunteer programmes across the Council, including activities to recognise the contribution of volunteers • Co-ordinate and deliver the Council's Employer Supported Volunteering programme, encouraging staff to engage with local (VCS) organisations
15	Support the community leadership role of local members, working with them on key community projects to encourage life-long learning and an appreciation of the cultural and heritage legacy of Buckinghamshire - See 13 above	
16	Effectively join up and co-ordinate commissioning and leadership across care, public health, community safety, community engagement and housing to improve outcomes, quality and value for money.	<ul style="list-style-type: none"> • Explore new models of service delivery and commercial partnership to push the boundaries of the secondary prevention offer, enablement and accommodation. • To explore further opportunities to maximise the benefits of new delivery vehicles including the Local Authority Trading Company.
17	Ensure the Council is run as efficiently as possible	<ul style="list-style-type: none"> • Successful delivery of the savings & investment plan over the lifetime of this budget • Lobby to secure a sustainable settlement for the Care Act, Better Care Fund and Public Health Transfer and other New Burdens
18	Ensure that our Services and support for the most vulnerable are resilient, even in the event of an emergency.	<ul style="list-style-type: none"> • Early planning for medium and longer term to ensure we are in best place to be able to cope with the changes • Continue to cross-train Council staff as Liaison Officers / cross-service resilience officers who would support the resilience team in the event of an emergency
19	Ensure that there is a strong quality assurance and performance related culture which asks the important questions around impact and delivers a return on investment for Council Tax payers	<ul style="list-style-type: none"> • Continue to drive improved efficiency and value for money across a range of indicators

Date	Topic	Description and purpose	Contact Officer	Attendees
Health & Adult Social Care Select Committee				
30 Jun 2015	Public Health	For members to scrutinise public health; the key priorities and challenges and how the budget is allocated and spent. Members will also examine progress towards mainstreaming public health across other council services, building upon the integration update members received in 2014.	Kama Wager, Committee Adviser	Martin Phillips, Cabinet Member for Community Engagement and Public Health, □Jane O'Grady, Consultant Director of Public Health.
4 Aug 2015	Inquiry Draft Report: 15 Min Visits	A special meeting being held for Members to agree the draft Inquiry report for the committee's Inquiry on 15 Min Domiciliary Care Visits, prior to it being presented to Cabinet in September.	Kama Wager, Committee Adviser	Committee Chairman
15 Sep 2015	Adults Learning Disability Services Inquiry	Inquiry Evidence: For members to receive evidence on the services available for adults with learning disabilities. The overview information will include; data on services and number of service users, budget allocation and the integration agenda. This information will provide members with the background evidence for their inquiry.	Zita Calkin, Lead Commissioner for Learning Disabilities	Mike Appleyard, Cabinet Member for Health and Wellbeing, □Adam Payne, Service Manager, □Zita Calkin, Senior Joint Commissioner
15 Sep 2015	Committee Work Programme	For the Committee to note its updated work programme	Kama Wager, Committee Adviser	Kama Wager, Committee Advisor

Date	Topic	Description and purpose	Contact Officer	Attendees
15 Sep 2015	Frimley Health Trust Update	Overview Information: For members to receive an update on the progress towards quality improvements, future plans for trust sites, services and impacts on residents.	Kama Wager, Committee Adviser	Andrew Morris, Chief Executive of Frimley Health Trust
20 Oct 2015	(TBC) Day Care Opportunities	For members to review day care opportunities across the County.	Kama Wager, Committee Adviser, Susie Yapp, Service Director (Commissioning and Service Improvement)	Mike Appleyard, Cabinet Member for Health and Wellbeing, □ Kelly Taylor, Project Manager, □ Susie Yapp, Service Director
20 Oct 2015	Adults with Learning Disability Inquiry Update	For members of the committee to receive an update from the Inquiry group on the progress of the Inquiry into services for adults with learning disabilities.	Kama Wager, Committee Adviser	Inquiry Chairman and Members.
20 Oct 2015	Committee Work Programme	For the Committee to note its updated work programme	Kama Wager, Committee Adviser	Kama Wager, Committee Advisor
24 Nov 2015	Adults with Learning Disability Inquiry Update	For members of the committee to receive an update from the Inquiry group on the progress of the Inquiry into services for adults with learning disabilities.	Kama Wager, Committee Adviser	Inquiry Chairman and Members
24 Nov 2015	HASC GP Services Inquiry 12 month review		Kama Wager, Committee Adviser	