



Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Date: Tuesday 13 June 2017

Time: 10.00 am (pre-meet for Committee Members at 9.30am)

Venue: Mezzanine Room 1, 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 ELECTION OF CHAIRMAN	10.00am	
2 APPOINTMENT OF VICE-CHAIRMAN		
3 COMMITTEE APPROVAL OF CO-OPTED MEMBERS AND VOTING RIGHTS For Committee Members to consider the appointment of former County Councillor Mrs Margaret Aston as a non-voting co-opted Member on the Health & Adult Social Care Select Committee. For Committee Members to confirm and approve the voting rights of the District Council representatives on the Health & Adult Social Care Select Committee.		
4 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP		
5 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests		



CHILTERN
District Council



South Bucks
District Council



WYCOMBE
DISTRICT COUNCIL

- | | | | |
|---|--|---------|---------|
| 6 | MINUTES
of the meeting held on Tuesday 28 March 2017 to be confirmed as a correct record. | 10.05am | 5 - 8 |
| 7 | INTRODUCTION TO HEALTH & ADULT SOCIAL CARE
The purpose of this item is to provide Committee Members with an understanding of the Health and Social Care environment in Buckinghamshire. Members will hear from key representatives from within the health and social care sector about their strategies, main challenges and key priorities.

Attendees:
Neil Dardis, Chief Executive, Buckinghamshire Healthcare NHS Trust
Lou Patten, Chief Accountable Officer, Clinical Commissioning Groups
Sheila Norris, Managing Director, Communities, Health and Adult Social Care

Papers attached:
Health Integration report

Outcome:
For Members to gain a greater understanding of Buckinghamshire's health and social care system and to meet the key representatives in the sector. | 10.10am | 9 - 16 |
| 8 | HEALTH & WELLBEING BOARD
The purpose of this item is for Committee Members to hear about the remit of Buckinghamshire's Health & Wellbeing Board and how it differs from the work of the HASC Select Committee. The Board provides a key partnership for promoting the health and wellbeing of residents. Its focus is on securing the best possible health outcomes for local people.

Attendees:
Katie McDonald, Lead Policy Officer, Health & Wellbeing Board

Outcome:
For Committee Members to have a greater understanding of the statutory duties of the Health & Wellbeing Board and how its role differs from the work of the HASC. | 12 noon | |
| 9 | HEALTHWATCH BUCKS
The purpose of this item is to introduce Committee Members to the work of Healthwatch Bucks. | 12.10pm | 17 - 18 |

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



Attendees:

Thalia Jervis, Chief Executive, Healthwatch Bucks

Papers attached:

Healthwatch Bucks briefing paper

Outcome:

For Committee Members to have a greater understanding of the work of Healthwatch Bucks and to provide feedback on their future projects.

- | | | |
|-----------|--|----------------|
| 10 | ANY OTHER BUSINESS | 12.20pm |
| 11 | DATE AND TIME OF NEXT MEETING
The next meeting is due to take place on Tuesday 25 July at 10am in Mezz 1, County Hall, Aylesbury. There will be a pre-meeting for Committee Members at 9.30am. | 12.30pm |

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

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



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.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should ask the committee clerk, who will advise where to sit.

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: Liz Wheaton on 01296 383856, email: ewheaton@buckscc.gov.uk

Members

Mr R Bagge	Mr D Martin
Mr W Bendyshe-Brown	Mr B Roberts
Mr C Etholen	Mr D Shakespeare OBE
Mrs B Gibbs	Julia Wassell
Mr M Hussain	Ms A Wight
Mr S Lambert	

Co-opted Members

Ms T Jervis, Healthwatch Bucks
Mr A Green, Wycombe District Council
Ms S Jenkins, Aylesbury Vale District Council
Ms J Cook, Chiltern District Council
Dr W Matthews, South Bucks District Council

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy





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 28 March 2017, in Large Dining Room, Judges Lodgings, Aylesbury, commencing at 10.00 am and concluding at 12.13 pm.

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

Mr B Roberts (In the Chair)

Mr R Reed, Mr B Adams, Mr C Adams, Mr N Brown, Mrs A Davies and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
Ms R Bennett, Committee Assistant
Ms J Bowie, Director Of Joint Commissioning
Ms R Cairns, Public Health Practitioner

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies received from Mr Carl Etholen

2 DECLARATIONS OF INTEREST

Ms T Jervis declared an interest in the Better Care Fund item as Healthwatch Bucks are involved in some of the projects.



South Bucks
District Council



3 MINUTES

Members wanted it noted following the special meeting on 21 February that during the Community Hubs pilot beds would be closed for overnight admissions and not permanent closure as reported in the press.

The minutes of the meetings held on 24 January 2017 and 21 February 2017 were agreed as a correct record.

4 PUBLIC QUESTIONS

No public questions had been received.

Julia Wassell handed in a letter from a resident regarding pain management. Letter was passed to Mrs Wheaton to pass on to the correct department.

Action: Committee & Governance Adviser to forward letter to relevant health organisation

5 PETITION

The members of the committee noted the response to the petition received from Ozma Hasif in relation to Community Hospitals.

The evaluation of the pilot scheme is due to be discussed by the Committee in September.

6 CHAIRMAN'S UPDATE

As this meeting was the last one before the Elections in May, the Chairman thanked the Members for their hard work and involvement in the various inquiries. He asked Committee Members to reflect on the work over the past few years and feedback any learning points and work that they felt had been of great benefit.

The following points were highlighted

- The value of getting out to visit those that deliver the services
- GP inquiry and seeing the recommendations implemented and have an impact
- The importance of continuity in Membership
- Inquiry focus groups had worked well
- The idea of sub committees being used to feed information into scrutiny inquiries
- More systematic follow up to inquiries to see if actions have been implemented and are successful
- To evaluate the relationship between BCC and Healthwatch and maximise the opportunities.

7 COMMITTEE UPDATE

Julia Wassell updated the committee that following a meeting with the Clinical Care Commissioning lead on GP commissioning, £20k had been awarded towards the refurbishment of Linton House surgery and an active campaign to have a new health centre in East Wycombe as part of the infrastructure funding and development.

Ms T Jervis from Healthwatch provided a presentation on some of the highlights that Healthwatch has been involved in and their planned areas of work for the rest of the year.

Following discussions with the Committee. Ms Jervis confirmed:

- That although Healthwatch were funded by the County Council they were still

- independent
- That individual surgery reports were not available on the website but there has been feedback directly to them to see how they have taken forward any recommendations
- They continue to recruit volunteers through various means

Ms Jervis was thanked for her update.

8 MUSCULOSKELETAL SERVICES

Dr Christine Campling, CCG Clinical Director, Mr Neil Flint, Head of Commissioning for Planned Care and Ms Charlotte Moss, BHT Clinical Lead for MSK attended the meeting and gave a presentation to update Committee Members on the clinical integration of Musculoskeletal Services.

The Committee discussed the following areas:

- The timings of the implementation of the new service. This is anticipated to be the second quarter of this year but can't be confirmed at the moment
- Factors that contribute to the workload of the service
- The pathways of care and the need for this to remain seamless
- The need for consultation and engagement to be cross county
- Other areas that could benefit from integrated service for example psychology
- The publicity required to highlight the launch of the new service
- The barriers that need to be removed e.g. access for older people and ethnic communities
- The Governance of the new service and where for example complaints would be handled. It was confirmed that the details of the governance were still being worked on, however Bucks Healthcare Trust will have overall governance over the other providers.

9 COMMITTEE WORK PROGRAMME

The Committee discussed ideas for the work programme and possible topics for future inquiries

Areas to consider included:

- Contract Management
- Sustainability and Transformation Plans
- Dementia
- Diabetes and links to obesity
- Performance Reports

The Committee requested that District Members of the Committee were included in any induction material used for new County Councillors.

Action Mrs Wheaton

10 BETTER CARE FUND 2017-19

Ms Jane Bowie, Director of Joint Commissioning and Ms Rajni Cairns, Programme Manager Integrated Care attended the meeting to update Committee Members on the progress of the Better Care Fund.

Ms Bowie gave an overview of the programme including areas of success, examples of work completed and next steps.

The Committee discussed the following areas:

- Concerns were raised as part of the Hospital Discharge inquiry about the governance

and decision-making

- In response to a question about who sits on the Transformation Delivery Group, it was confirmed that this Group is made up of health commissioners, CCGs and health providers, including BHT
- Examples of where integration had been successful and learning from them. Ms Bowie confirmed that they were in touch with other Local Authorities and were learning from their experiences
- A Member expressed concern over the lack of performance indicators in the report but Ms Bowie confirmed that this information is available and would be included in future reports. The overall responsibility for the BCF sits with the CCGs.
- The protection of funding in some areas and how the assessments of funding applied have been carried out
- An explanation of acronyms including MAGs (Multi Agency Groups), DFG (Disabled Facilities Grant) and OPAT (Outpatient Services)
- The administration of the programme and its back offices services and if this was funded from within the BCF
- Discussed the Joint Commissioning team and its membership was confirmed as lead commissioners from Health and Social Care and this will feed into the Health and Wellbeing Board
- Committee Members asked when the delayed transfers of care Better Care Fund performance indicator would be out of the red. Ms Bowie confirmed that an official response on this would be fed back to partners following the Hospital Discharge inquiry but confirmed that work is ongoing about how they can address that particular target. Ms Bowie also stated that Bucks is a better performing area locally but the way in which the targets are set doesn't always highlight this
- It was agreed that Committee Members would be invited to the BCF workshop

Action: Ms Cairns

The Committee thanked Ms Bowie and Ms Cairns for their update.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 13 June 2017 at 10am.

CHAIRMAN



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Report to the Health and Adult Social Care Select Committee

Title: Health and Social Care Integration: Road Map to 2020

Committee date: 13 June 2017

Author (s): Rachel Shimmin, Lou Patten, Neil Dardis, Sheila Norris

Purpose of Agenda Item

The 2015 spending review set out an ambitious plan for health and social care to be integrated across the country by 2020. The attached report was submitted to the Health and Wellbeing Board in March as a statement of intent for more integrated working between health and social care organisations in Buckinghamshire. It sets out the opportunities for local integration to deliver joint outcomes for the health and wellbeing of Buckinghamshire residents and better manage demand on services.

The Sustainability and Transformation Plans (STPs) guidance stipulates that STPs are to be aligned with local integration programmes and its success requires the engagement of all partners across the local system including the Health and Adult Social Care Select Committee.

The key Buckinghamshire health and social care organisations are presenting to the HASC at the meeting on 13 June. This paper provides information on partnership working and future priorities across the system as background.

<https://democracy.buckscc.gov.uk/documents/s94866/Health%20and%20Social%20Care%20integration%20report%20for%209%20March%20HWB.pdf>



Health and Social Care Integration Roadmap to 2020

1. Purpose of report

This report sets out the opportunities for Buckinghamshire County Council and the NHS to have more integrated working (between commissioners and providers of health services, public health and social care services and other council services) for the purposes of advancing the health and wellbeing of our residents and better managing demand.

2. National position

2.1 Sustainability and Transformation Plans

STP's articulate at a high level how local services will evolve and become sustainable over the next five years, contributing to the national 'Five Year Forward View' vision of better health, better patient care and improved NHS efficiency. STPs were announced in December 2015 as part of NHS planning guidance. There are 44 'footprint' areas for England each with a STP, a 'place based' plan. These draft plans were published in 2016 and are going through a process of assessment, engagement and further development.

2.2 Demand

Business intelligence reveals a growing and ageing population. Notably, a significant increase in the 85+ population which leads to rising pressures on health services, social care, informal care, supported housing and other services. Life expectancy is increasing, and time spent in ill health is rising as people are living longer in poor health, resulting in a growing number of people with high levels of complex need: most older people have more than one long term condition. Our current health and social care system, whilst it has made improvements, has failed to keep pace with the population's needs and expectations and is unsustainable. We face unprecedented constraints on funding and growing demand and therefore fundamental innovative changes in the design and delivery of care are needed. Integration offers an opportunity to redesign services around the needs of individuals, not organisations, and to make the best use of collective resources to manage demand more effectively.

2.3 Prevention, early intervention and care co-ordination

There is a longstanding ambition to shift more health care from hospitals to settings closer to people's homes and from reactive care to prevention and proactive models based on early intervention. By identifying risk factors to poor health and wellbeing early on, we can help people to help themselves by drawing on support in the community and by joining up local services to meet the needs of our diverse local population. However, to achieve these aims, health and social care services will need to be better co-ordinated around the individual, ensuring the right care is offered at the right time and in the right place. To support this, we will identify people with existing conditions to manage these safely with support in the community, and to co-ordinate care for those most at risk of hospital admission to keep them at home for longer. We also will create health and social care hubs that can provide a wealth of information, support and advice to support this aim to keep individuals and families healthy and well in their communities.

2.4 Collaboration and innovation

Given the rising demand on services and financial pressures all agencies are facing, there is a growing need to work together to improve performance and transform care. Whilst health and care professionals are committed to better integration, there can often be a perceived level of complexity and lack of clarity on what this means in practice which in turn reduces the pace of change. The Buckinghamshire system is developing, taking a strategic view with a set of agreed and shared outcomes and clear action plans to drive forward to reach a fully integrated care and health system by 2020/21.

3. Local position

Every health and care system across England has been asked to come together and create its own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. As one of the 44 footprint areas, NHS organisations and local authorities across Buckinghamshire, Oxfordshire and Berkshire West (BOB) have come together and developed an STP to reduce the gaps in health and wellbeing, care and quality and finance. The STP umbrella provides transformational planning across all three areas. It is an opportunity to build on good practice, maximise opportunities, generate at scale efficiencies and avoid future costs.

The Health and Adult Social Care Select Committee and the Health and Wellbeing Board have had several discussions on STP progress in September and October. On 21 October the draft STP (2017 – 2020) was submitted to NHS England and throughout November and December public stakeholder engagement events were held. On 15 December the Health and Wellbeing Board discussed the STP and local delivery plans in detail, recognising some of the challenges and the need for better integration to advance the health and wellbeing of everyone within the footprint area.

Whilst we have made progress, we now need to move from planning to delivering our aspirations. Our current model of health and social care is in the main reactive, based upon provision of support when problems arise, creating a degree of dependency. Whilst there will always be a need to provide some level of reactive services, it is essential we shift our focus towards supporting our communities to stay healthy and well for longer, working at scale to generate new types of services and support that meet our community's needs.

4. Roadmap to 2020

In order for health and social care to become fully integrated, we must work collaboratively, with pace, to shift investment from reactive services to early intervention and preventative services, looking at the whole life cycle with particular focus on transition points. To support the next phase of development we have identified four closely interlinked areas of work (each underpinned by an action plan which is currently being reviewed by the Transformation Delivery Group).

1. Joint Commissioning
2. Integrated Provision
3. Back office (One Public Estate, Communications and Business intelligence)
4. Governance

4.1 Key Area 1: Joint Commissioning

Joint commissioning must ensure that as a health and care system we invest in keeping people well and independent, creating the right incentives for providers to achieve these outcomes and stripping out duplication. It means working closely with communities, individuals and carers as partners in supporting people to stay healthy and independent. We need to optimise opportunities by having better alignment between health and social care; ensuring services are funded and commissioned with a whole life course approach. Commissioning has a key role to play including reshaping the way voluntary sector are funded to ensure a coordinated approach to developing and providing services. Jane Bowie, Director of Joint Commissioning, joined Buckinghamshire County Council in January and has a wealth of experience integrating health and care across both children's and adults services. Work has already begun in aligning commissioning teams therefore it is anticipated further work will progress quickly. Outputs include developing a co-commissioning (health and social care) integration team and developing a commissioning vision (aligned with the STP and health and wellbeing strategy) which will use the best of all approaches from health and social care to deliver integrated provision.

4.2 Key area 2: Integrated Provision

Locality working and intermediate care are two critical aspects to focus on which will provide maximum outcomes for residents.

A simpler pathway through the health and social care system is needed so professionals and residents can navigate and access the right support at the right time. Transformation into place based planning (a locality model) where a multi-disciplinary team (primary care, social care, mental health, community health services, acute expertise, public health and the voluntary sector) deliver a seamless pathway of health and social care to a designated General Practice cluster population enables a more coordinated model of care with a common vision and purpose. With a thorough understanding of a community's health and care needs, resources can be pooled and services aligned to deliver improved quality care closer to people's homes, reducing reliance on the acute sector. The locality model takes a local assets based approach, ensuring access to local voluntary and community services in multi-functional community 'hubs', as well as considering the wider infrastructure implications. By streamlining and simplifying care pathways, providing better information, advice and signposting we will reduce dependence, promote self-management and increase resilience. Each locality team will be expected to identify those most in need, and those whose needs are rising, within its population and to work together to support them.

An important part of the new integrated locality model of care and ensuring there are appropriate care solutions in the community, is the transformation of our care home and domiciliary care sectors. Approximately 15% to 18% of emergency admissions into the hospital are from care homes and the length of stay for these people tends to be higher than for average admissions. In addition, people often enter care homes following a hospital admission, with individuals and their families losing confidence in their ability to regain their independence. Yet most people want to be cared for in their own homes and we know this is best for their wellbeing. This will require good partnerships with the care home sector and the domiciliary care market – with a presumption not to assess people's long-term care needs while they are in hospital. Intermediate care is the short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or

inappropriate admission to hospital or residential care. An intermediate care strategy with a strong re-ablement ethos will be the foundation of the integrated provider programme. At the centre of the locality model approach is care that is person-centred, focused on rehabilitation and delivered by a combination of professional groups.

Local NHS providers in Buckinghamshire have agreed to form a Primary and Acute Care System (PACS) as a vehicle to transform services to this new model of care firmly based around the patient in localities. Oxford Health NHS Foundation Trust (our NHS mental health provider), Buckinghamshire Healthcare NHS Trust (our NHS acute and community provider) and FedBucks (an organisation supporting 85% of GP practices in Buckinghamshire) are the partners in this provider alliance. The alliance has prioritised four areas of service transformation to break down barriers between professionals, organisations and care pathways; urgent care, frail elderly, diabetes and mental health. The PACS will be learning from similar PACS and Multi-specialty Community Providers across the country as it develops the locality model.

4.3 Key area 3: Back office

Developing coordinated back office systems could not only lead to enhanced service development but also enable significant efficiencies. This is widely becoming acknowledged and NHS Improvement has highlighted that back office bills can result in savings of £350m over the next four years. Greater Manchester, Kent, Essex and North West London have been chosen to become back office merger pathfinders. NHS providers in the wider Thames Valley region are working on areas such as procurement, human resources and joint financial systems to generate synergies and efficiency savings for the NHS.

Building on the development of a shared service for communications and engagement, work must now mature to ensure commonly agreed narratives, consistent messages, enhancing all digital opportunities and links to national campaigns.

One public estate (OPE) partnerships across the country have shown the value of working together across the public sector. Buckinghamshire has six projects as part of a current OPE application for the county. These projects demonstrate the benefit of a strategic and collaborative approach to asset management to maximise public buildings and resources enabling service transformation and savings on running costs.

Business Intelligence will help drive integrated care across health and social care both within and between organisations. Working together and sharing information will bring together the evidence base and intelligence to inform strategic planning. It will enable integrate systems allowing better data management where health and care professionals fully understand the needs of the population they serve. It will provide a platform for better analysis prompting early intervention campaigns and encourage everyone to use technology to manage their own wellbeing. Additionally, developing integrated IT systems across health and social care organisations will support patient centred care and enhance decision making. A first step along this journey has been linking GP practice systems so that the summary care records can be viewed across organisations. This has improved the visibility of the summary patient record to both health and social care staff.

Buckinghamshire will focus on supporting the development of the workforce to ensure we can continue to recruit and retain the highest quality staff to care for our patients and communities. A workforce group across the STP is developing a plan for support workers, focussing on leadership development and using the apprenticeship levy to its full extent to train and develop new skills in our workforce for the future.

4.4 Key area 4: Governance

Strong leadership, transparency, measurable outcomes and continued scrutiny are needed to drive through improvements to this shared agenda. In Buckinghamshire, the Health and Wellbeing Board will have oversight of progress, monitor key deliverables and system wide projects.

It is essential that all local (and border) plans align to the STP and joint health and well-being strategy. Clear accountability will be required to ensure there are no duplications and a streamlined governance framework is in place. It is important that there is full visibility in relation to the decision making process. Developing a streamlined and coherent governance framework will speed up decision making and create a positive environment within which commissioners collaborate and transformation is driven forward.

March 2017

Rachael Shimmin
Chief Executive
Buckinghamshire County
Council

Louise Patten
Chief Officer
Aylesbury Vale and Chiltern
Clinical Commissioning Group

Neil Dardis
Chief Executive
Buckinghamshire Healthcare
NHS Trust




Aylesbury Vale
Clinical Commissioning Group


Chiltern
Clinical Commissioning Group


Buckinghamshire Healthcare
NHS Trust

Healthwatch Bucks Strategy 2017-2020

What is Healthwatch Bucks?

Healthwatch Bucks is one of 148 independent local organisations set up by government to ensure that decision-makers and health and social care services put the experiences of people at the heart of their work.

What does Healthwatch Bucks want?

Our vision is that your experiences, ideas and opinions make a positive difference to the way health and social care is provided in Buckinghamshire.

How does Healthwatch Bucks help make that happen?

Our mission is to ensure that the collective voice of people using health and social care services is heard, considered and acted upon.

Our three objectives are:

To **listen** to you, the residents of Buckinghamshire, so we understand what you think about health & social care

You will know who we are and why you should talk to us

- We listen to you to understand what you think about health and social care provision
- We help other organisations engage effectively with you
- We partner with other organisations to understand the views of different groups
- We enable you to feed in your views on changes proposed for health and social care
- We work with others to make sure you know where to go when you need help

To **influence** the right people so your views make a difference to health and social care services

You trust us to represent your views independently and with integrity

- We celebrate success and recognise and share good practice
- We highlight areas for improvement and work with providers to understand how they will deliver improvements
- We attend the right meetings and work with providers in decision making
- We work with other organisations to extend the reach of our influence
- We make sure our influence is felt at a national level through Healthwatch England and the Care Quality Commission

To **change** the way health and social care services are commissioned and delivered for the better

You can see how we have made a positive difference

- We hold people to account in responding to the changes we have recommended
- Our projects, processes and reporting are designed to deliver and demonstrate impact
- We review and report on specific aspects of health and social care to provide detailed recommendations
- We ask for patient and service user representation in all aspects of decision making on health & social care
- We collaborate with others to make change happen

We always ask ourselves.... "what difference does this make for patients and other service users?"

So how does the organisation work:

We will be:

- **Independent** – we are independent of those who buy, design or deliver health and social care services
- **Listening** – we focus on understanding what your views are on health & social care services
- **Active** – we get out and about and make things happen
- **Focussed** – our delivery will be targeted on our priority areas
- **Balanced** – we will work across the health, wellbeing and social care agendas
- **Volunteer based** – Volunteers will be at the heart of Healthwatch Bucks
- **Collaborative** – we will work with other people to extend our reach
- **Sustainable** – we will support our core business with additional income streams
- **Signposting** – helping you work out where you need to go to get the services you need

What are your priorities for 2017-18?

Our priorities are:

- **Mental health and Wellbeing**
- **Prevention and Primary Care**
- **Transition to and within Social Care**

The priorities will guide our focus around key aspects of our activity such as:

- engagement with underrepresented groups;
- engagement with key healthcare developments (e.g. the Sustainability and Transformation plans);
- meeting attendance and stakeholder management; and
- project delivery.

Our most recent projects have focussed on:

- **Partners in maternity - an experience report**
- **Community Transport – hospital parking for voluntary community drivers**
- **Dignity in Care – looking at care homes across Buckinghamshire**
- **Mental health peer support (with Bucks MIND) – an evaluation**
- **GP Patient Experience – looking at waiting rooms, websites and out of hours messaging**
- **Dentistry Mystery Shopping – availability of information about NHS dental provision**

To access our reports on the above projects please look at <http://www.healthwatchbucks.co.uk/category/results/>

We are currently delivering projects on:

- **Patient Participation Groups Support**
- **Dignity in Care**
- **Access to services for the Deaf Community (with Action on Hearing Loss)**
- **Access to Annual Health Checks for those with learning disabilities (with TalkBack)**
- **Community Pharmacy Services Use**
- **Patient Experience of Telecare**

To find out more about what we do and how we deliver please visit our website: www.healthwatchbucks.co.uk
You can also follow us on Twitter: @HW_Bucks or Facebook: HealthWatchBucks