Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Date: Thursday 14 November 2019

Time: 10.00 am (pre-meeting for Committee Members at 9.15am)

Venue: Mezzanine Room 1, County Hall, Aylesbury

AGENDA

9.15 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** of the meeting held on Thursday 19th September to be confirmed as a correct record.		**7 - 22**
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. Members of the 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. For full guidance on Public Questions, including how to	**10:05**	**23 - 26**

register a request to speak during this slot, please follow this link:

https://www.buckscc.gov.uk/services/council-and-democracy/getting-involved/how-to-get-involved/

A number of questions have been received in relation to the future plans for primary care provision in Wycombe.

The questions were sent to representatives at the Buckinghamshire Clinical Commissioning Group for a written response. The responses are attached.

5	**CHAIRMAN'S UPDATE**	**10:25**	
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.	**10:30**	
7	**SUPPORT FOR CARERS - 6 MONTH RECOMMENDATION IMPLEMENTATION MONITORING**	**10:35**	**27 - 32**

Purpose:

The Committee set up a Task & Finish Group to review the current support available for carers and to make recommendations to help improve the service. The report was presented to Cabinet in May 2019 and all the recommendations were agreed. This item provides an opportunity to review the progress made with implementing the recommendations, six months on.

Attendees:

Lin Hazell, Cabinet Member for Health & Wellbeing
Mr J Chilver, Cabinet Member for Resources
Mrs A Cranmer, Cabinet Member for Education & Skills
Ms G Quinton, Executive Director, Communities, Health & Adult Social Care
Mr J Everson, Senior Commissioning Manager
Ms L Truett, Commissioning Manager
Ms H Cannon, Organisational Development Consultant
Ms J O'Neill, Head of HR & OD Consultancy
Mr G Drawmer, Head of Achievement and Learning

Papers:

Recommendation progress table attached (6 months on)

Intended outcome:
For Members to discuss the progress of each recommendation and to delegate the assigning of the RAG status to the Chairman.

8	**TEMPORARY CLOSURE OF CHARTRIDGE WARD, AMERSHAM**	**11:00**	**33 - 42**

This item has been deferred to the next meeting of HASC due to the rules surrounding the pre-election period (Purdah).

Purpose:
Buckinghamshire Healthcare NHS Trust recently announced the temporary closure of the Chartridge Ward at Amersham Hospital. The Hospital Trust has been working with partners and key stakeholders to look at future options.

Attendees:
Mr N Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust
Dr T Kenny, Medical Director
Mr D Williams, Director of Strategy
Ms L Patten, Accountable Officer, Buckinghamshire Clinical Commissioning Group
Ms G Quinton, Executive Director, Communities, Health & Adult Social Care

Papers:
Paper attached

Intended outcome:
For Members to discuss the future options with representatives from the Hospital Trust and to hear about the next steps.

9	**THE FUTURE ARRANGEMENTS FOR NHS COMMISSIONING WITHIN THE BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE SYSTEM**	**11:45**	**43 - 52**

Purpose:
In October, the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System published an engagement document around the future arrangements for NHS commissioning.

Attendees:
Ms L Patten, Accountable Officer, Buckinghamshire CCG and Oxfordshire CCG

Papers:
"The future arrangements for NHS commissioning in your area" – Engagement Document, October 2019

Intended outcome:
For Members to gain a greater understanding on the proposals contained in the engagement document and to provide feedback to help design future arrangements.

10 COMMITTEE WORK PROGRAMME **12:30**

The last Select Committee of this authority will take place on Friday 7th February 2020. This meeting will be an opportunity to hear from partners across the health and social care system on the key issues discussed at Committee meetings over the last 12 months. There will also be an opportunity to reflect on the work of the Committee and discuss issues that the new authority may want to review.

11 DATE AND TIME OF NEXT MEETING **12:45**

The next meeting will take place on Friday 7th February in Mezz Room 1, County Hall, Aylesbury.

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

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For further information please contact: Liz Wheaton on 01296 383856 , email: ewheaton@buckscc.gov.uk

Members

Mr M Appleyard (C)
Mr R Bagge
Mr W Bendyshe-Brown
Mrs P Birchley (VC)
Mrs L Clarke OBE
Mr C Etholen
Mr S Lambert
Mr D Martin
Mr I Rashid
Mr B Roberts
Julia Wassell

Co-opted Members

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

Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

Minutes from the meeting held on Thursday 19 September 2019, in Mezzanine Room 1, County Hall, Aylesbury, commencing at 10.02 am and concluding at 12.45 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 M Appleyard (In the Chair)
Mr R Bagge, Mr S Lambert, Mr D Martin and Julia Wassell

District Councils

Ms T Jervis	Healthwatch Bucks
Mr A Green	Wycombe District Council
Ms J MacBean	Chiltern District Council

Members in Attendance

Ms L Hazell, Buckinghamshire County Council
Mr G Williams, Buckinghamshire County Council

Others in Attendance

Mrs E Wheaton, Committee and Governance Adviser
Ms J Bowie, Director of Integrated Commissioning
Dr J O'Grady, Director of Public Health
Ms L Spencer, Lead Transformation Officer

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr W Bendyshe-Brown, Mrs P Birchley, Mrs L Clarke OBE, Mr C Etholen, Mr B Roberts, Ms S Jenkins, Dr W Matthews and Mr N Shepherd.

Ms J MacBean substituted for Mr N Shepherd.

2 DECLARATIONS OF INTEREST

Julia Wassell declared an interest in item 7 as she worked for Mind, mental health services in Wycombe.

Mr R Bagge declared an interest in item 8 as he was Chairman of a Public Health Advisory Committee at NICE which was investigating alcohol and the use of digital interventions.

Mr T Green declared an interest in item 8 as he was a designated supervisor for two licensed, charitable premises in Buckinghamshire.

3 MINUTES

The minutes of the meeting held on Tuesday 2nd July 2019 were agreed as a correct record.

Julia Wassell reported that a resident had further questions regarding ear operations and grommets and would send these to the Committee & Governance Adviser.

4 PUBLIC QUESTIONS

There were no public questions.

5 CHAIRMAN'S UPDATE

The Chairman updated the Committee on the following.

- Buckinghamshire Healthcare NHS Trust's Open Day and AGM would take place on Saturday 21st September between 11am-3pm at Stoke Mandeville Hospital;
- The Child Obesity RAG status would be attached to the minutes;
- An informal Scrutiny Chairman meeting was being arranged for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System.

6 COMMITTEE UPDATE

Ms T Jervis, Chief Executive, Healthwatch Bucks provided the following update.

- Two Healthwatch Bucks reports had been published – Outpatient services (feedback from Stoke Mandeville, Amersham and Wycombe Hospitals) and Live Well, Stay Well;
- Healthwatch Bucks had been shortlisted for a national award in recognition for their work around readability;
- Recruitment was underway for a new chief executive.

7 ADULT SOCIAL CARE TRANSFORMATION - TIER 3

The Chairman welcomed Lin Hazell, Cabinet Member for Health & Wellbeing, Ms J Bowie, Service Director, Integrated Commissioning and Ms L Spencer, Lead for Transformation.

The following main points were made during the discussion.

- The transformation programme was organised into three tiers:
    - Living Independently (Tier 1);
    - Regaining Independence (Tier 2);
    - Living with Support (Tier 3).
- There were 9 workstreams within Tier 3, as follows:
    - Prevention Commissioning;
    - Mental Health services;

- Direct Care and Support;
- Housing and Equipment;
- Planned reviews of existing care packages;
- Transport;
- Direct Payments;
- New Learning Disability service model;
- Continuing Health Care – create a single point of access for providers and reduce duplication.

- A Member commented that the use of acronyms and structure of the report made it difficult to understand how many clients were affected by the proposed changes in services, what the actual spend was in each area and the impact of the service improvements on the clients. Ms Bowie agreed to look into this and come back with the number of clients and the actual spend in each area.

ACTION: Ms Bowie

- The Better Lives Strategy was about making sure individual service users had better experiences.
- A Member sought assurance that the transformation work being undertaken was delivering the right level of care deemed acceptable by service users and families. The Member commented that it was not just about delivering financial savings, the Committee needed to know that the quality of services had not been adversely affected.
- Ms Bowie confirmed that the Transformation Board had requested evidence on the impact of the service changes, to include feedback from users and carers as well as measuring the impact via key performance indicators.

ACTION: Ms Bowie

- A Member expressed concern about delivering the savings in this tier and asked particularly about the living with dementia financial savings in light of an increase in demand on services and the complexity of peoples' needs. Ms Bowie explained that the £285k savings sat within the mental health project overview and the savings would come from reviewing existing service users plans and looking at alternative provision. The savings would be made from offering more independent tenancies to service users who are currently in residential homes and other types of support. There would also be a review of s117 after care packages to ensure these were aligned with current policies and procedures.
- A Member commented that it was difficult to see how the Better Lives Strategy was being delivered across all the tiers and suggested that future presentations needed to include action plans for each tier with deliverables and timeframes, as well as budget savings. Ms Bowie confirmed that there should be consistent approach to reporting on the transformation programme.
- It was agreed that representatives from the HASC Select Committee would meet with Adult Social Care Officers to help shape and structure future reports on Transformation.

ACTION: Chairman/Committee & Governance Adviser/Jane Bowie

- A Member commented that "cuckooing" (where drug dealers take over the home of a vulnerable person) was a real concern and having a consistent team of social workers was important so that signs of this criminal activity could potentially be spotted more easily. The Member asked what was being done to address vacancies in the team. Ms Bowie responded by saying that there were challenges around this and the service was working hard with the HR team to fill the vacancies. Within the occupational therapy team, there was a "try before you buy" initiative in place and 6 OTs had been recruited as a result.

- It was acknowledged that getting the workforce mix right was important and there were training programmes in place for social workers and OTs.
- Ms Bowie confirmed that all the work streams involved partnership working and cited, by way of example, the s75 agreement with Oxford Health in delivering the mental health work stream.
- In response to a question about gaining feedback from service users and carers, Ms Bowie explained that both qualitative and quantitative feedback was obtained via a number of different routes, including Healthwatch Bucks and complaints and compliments directly to the service – the results of all feedback was triangulated. Ms Spencer added that frontline staff were also being asked for their feedback to help shape the service redesign.
- In response to a question about the s117 after care packages, Ms Bowie confirmed that the Council was reviewing their arrangements against best practice elsewhere to better understand and improve the effectiveness of care packages.
- A Member asked whether there were any particular areas of concern/challenges within the work streams. Ms Bowie highlighted the work around prevention and the challenges around some of the smaller, less connected communities that exist across the County. She went on to stress the importance of having strong transport links and work to find solutions around community transport was on the agenda.
- The virtual wallet for Direct Payments (DP) provision was being decommissioned and a new system called iCares was being rolled-out. The savings in this area would be made by reviewing users of DPs to see who had not used their allocated funding. Reviews of DPs should take place annually and work was underway to prioritise clients requiring a review.

The Chairman thanked the presenters.

8 PRE-DECISION SCRUTINY - RE-PROVISIONING OF RESIDENTIAL SHORT BREAKS (RESPITE) FOR OLDER PEOPLE

A Task & Finish Group was set-up to undertake pre-decision scrutiny on the proposals for the re-provisioning of residential short breaks (respite) for older people and adults with a learning, mental, sensory or physical disability.

Mr S Lambert, Chairman of the Task & Finish Group, updated the Committee on the key findings of the Group which were outlined in a letter to the Cabinet Member for Health & Wellbeing. The Cabinet Member responded by letter, both were attached to the papers for the meeting.

Committee Members thanked the Task & Finish Group for the work they had undertaken on this issue. Mrs Wheaton, Committee & Governance Advisor, was also thanked for her work in supporting the Task & Finish Group.

A Member asked for clarification around the recent decision to temporarily close Seeleys House and asked whether it included the Day Opportunities Centre. Ms Bowie confirmed that it was only the residential respite care service that was temporarily closed.

In response to a question about the level of involvement of the voluntary sector in the proposed changes, Ms Bowie confirmed that the key stakeholder groups had engaged in the process and had made a good contribution throughout the consultation. The service users and carers were thanked for providing valuable feedback during the initial consultation period. It was acknowledged that beneficial feedback had been gained as a result of extending the consultation for a further 6 weeks and focussing on the Aylesbury Opportunities Centre.

The proposal would be presented to Cabinet on Monday 30th September 2019 for a decision.

9 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Chairman welcomed Mr G Williams, Cabinet Member for Community Engagement & Public Health and Dr J O'Grady, Director of Public Health.

The following main points were made during the discussion.

- 1 in 4 of Buckinghamshire residents were drinking at levels that could be harming their health. Most of the people drinking over the Chief Medical Officer's recommended weekly intake (14 units) were not dependent on alcohol.
- The proportion of people drinking over 14 units a week was highest in highest income households, older people (women 55 to 64 years and men 65-74 years) and men.
- The annual report provided an overview of alcohol in Buckinghamshire and the harms it can cause. It included stories from residents and frontline staff about the impact of alcohol on them.
- The report contained a number of recommendations to stimulate conversation and action across partners and communities in Buckinghamshire. The main aim was to increase awareness of safer drinking levels and what could be done to help reduce the harms from alcohol. There was a role for all partners in this, but particularly for frontline staff in health and social care to routinely ask the simple questions that might result in someone getting the help they need and changing their life for the better.
- In response to a question, Dr O'Grady confirmed that the Director for Public Health chose the topic for the annual report but used the priorities identified in the Joint Strategic Needs Analysis to highlight specific issues.
- A Member suggested "Nutrition and the effects of too much processed food" as a topic for a future annual report.
- Members discussed the benefits of lobbying Government and when the Government introduced policies around smoking, it had had an immediate effect.
- In response to a question around the social side of drinking, Dr O'Grady explained that her annual report was about helping people to make informed choices and to raise awareness around the safe levels of drinking alcohol.
- A Member suggested that leaflets should be sent to all households in Bucks informing people about the number of units and safe levels of alcohol.
- Concerns were raised around the effects of "hidden drinking" and it was acknowledged that this was a problem.
- Dr O'Grady explained that the annual report had been discussed and agreed at the recent Health & Wellbeing Board meeting so key partners were signed up to the recommendations. The report would also be discussed at the next Safer, Stronger Bucks meeting.
- The Cabinet Member said that partner workshops had been set-up to review the recommendations and develop specific delivery plans with timescales.
- A Member asked about the metrics being used to measure the success of the campaign. Dr O'Grady explained that data links were being developed, including capturing alcohol related admissions to A&E, deaths from cirrhosis of the liver and referrals to specialist services.
- In response to a question about the sustainability of funding for specialist services, Dr O'Grady clarified that the Government had committed to no cuts in Public Health funding and alcohol and substance misuse services were part of this funding.
- A Member commented that Buckinghamshire receives less funding than other areas due to its perceived affluence but there were still health inequalities across the County. The Member suggested lobbying Government for more funding to help address the inequalities.
- Dr O'Grady agreed to send the infographics to health partners to help publicise the key messages and provide signposting to specialist services.

ACTION: Dr O'Grady

The Chairman thanked the presenters.

10 COMMITTEE WORK PROGRAMME

The Committee noted the items for the November meeting:

- Temporary closure of Chartridge Ward, Amersham Hospital;
- Support for Carers Inquiry – 6 month recommendation implementation monitoring.

Members discussed possible items for the February meeting (date to be agreed) as this would be the last formal meeting before the Unitary council comes into being on 1 April 2020.

- A composite report on ASC Transformation, which tells a story of the success of the transformation programme across the tiers, from a service user viewpoint;
- An update on the Primary Care Networks, including evidence of progress to date and patient improvements;
- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System and the alignment of priorities within the long term plan;
- Community hubs – plans for further roll-out across the county;
- Digital strategy – how the improvement plans impact on Bucks residents.

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Thursday 14th November 2019 at 10am in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN

Scrutiny Inquiry Progress Update on Recommendations made in the Child Obesity Inquiry report
Interim Progress Report (9 months)

Select Committee Inquiry Report Completion Date: October 2018
Date of this update: July 2019
Lead Officer responsible for this response: Lucie Smith (Rec 1, 2, 5, 6, 7, 10, 11a, 11b, 11c) , Nathan Whitley (Rec 3), Richard Nash (Rec 4), Sarah Callaghan (Rec 8, 9, 11a)
Cabinet Member that has signed-off this update:
Gareth Williams (Cabinet Member for Community Engagement and Public Health) (seen at CHASC BU Board 30th May)
Anita Cranmer (Cabinet Member for Education & Skills)
Warren Whyte (Cabinet Member for Children's Services)

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
1: **That the Council develops a vision for tackling child obesity – "Everyone's Responsibility" to include:** **Setting-up a Healthy Communities Partnership sub-group to develop a co-ordinated "Child Healthy Eating Action Plan" with a 1-2 year delivery plan which aligns with the Government targets to reduce child obesity.**	The Council will request that partners on the Health and Wellbeing Board commit to developing a multiagency action plan via the Healthy Communities Partnership (HCP). However this will also need to involve schools and early year's settings. The development of a plan depends on the capacity of partners and internal stakeholders to support it. Any plan will take account of available resources to ensure the action plan is realistic and achievable.	The Healthy Communities Partnership (HCP) agreed to develop a Child Healthy Eating Action Plan at their meeting on the 14th March 2019. Work is currently underway to develop a draft plan. Meetings are taking place with partners outside of the HCP to ensure their contribution to this agenda is captured. The action plan will take a whole system approach in line with latest guidance, and will be an opportunity to identify gaps and areas for development taking account of available resources. The final action plan will be completed July 2019.	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
2: **That progress on delivery of the action plan be reported to the Health & Wellbeing Board on an annual basis.**	This depends on whether partners agree to develop a children and young people healthy eating action plan.	Once the action plan has been developed progress will be reported to the Health and Wellbeing Board.	

3: **(As Corporate Parents) To develop a healthy eating/cooking section in the induction pack for all Fostering and Adoption Families and signpost to support services.**	Information on healthy eating, cooking and local services will be distributed to existing carers, parents and special guardians and included in the induction material for people newly approved. This information will be drawn from existing sources to ensure messages are clear and concise.	Information on healthy eating, cooking and local services is included in each edition of the biannual newsletter for foster carers. In addition, the fostering team are currently working with public health to agree the information to be included in induction packs.
		NB:
		• All foster carers and adoptive parents undergo thorough assessment and preparation training which includes reference to healthy lifestyles.
		• All BCC residential care homes are Ofsted inspected which includes assessment of how a healthy lifestyle is encouraged and supported. The first of our new children's home was inspected in May 2019 and inspectors reported that:
		  ○ 'Children's health and well-being are promoted successfully and planned for well.'
		  ○ 'Healthy eating is promoted.'
			

4: **(As Corporate Parents) To introduce a dashboard metric to show the proportion of children in care who are obese and overweight with regular reporting to the Corporate Parenting**	The Corporate Parenting Panel reviews the health of its children annually and will include a healthy weight as part of this.	All children and young people who are in care are weighed and measured as part of their regular health assessment, either six monthly (under the age of 5) or annually (between 5 and 18 years old). This is to ensure their height and weight progress as expected. Children Services and LAC Health will collect all data about the weight of our children and provide the Corporate	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
Panel on progress on specific action plans.		Parenting Panel with a yearly report on this subject. This will include information and actions regarding children who are overweight or obese.	
5: **To ensure that the work of the Prevention at Scale pilot be used to shape and inform the work of the Healthy Communities Partnership.**	The existing Prevention at Scale pilot is adult focused; therefore whilst not specific to children the key learning of Prevention at Scale may take families into account. Depending on the outcome of recommendation 1, any relevant outcomes will be shared with the Healthy Communities Partnership.	The experience and learning from the Prevention at Scale work demonstrates the importance of understanding the behavioural science and evidence of behaviour change related to obesity / healthy eating. By fully understanding this it will ensure the action plan can make a real difference. Desktop research is underway to gather insight from other regions to inform development of the action plan.	
6: **To explore other innovative approaches to the National Child Measurement Programme (NCMP), including Manchester's approach and consider the feasibility and benefits of such approaches for Bucks, whilst continuing to deliver the NCMP in accordance with national protocol.**	The existing NCMP programme in Buckinghamshire meets the national operating guidance and data quality indicators as stipulated by Public Health England. Understanding innovative approaches to the NCMP is part of Public Health's horizon scanning remit. Public Health proactively searches for examples of good practice, including through participation in national and regional networks. Manchester's programme (where all primary aged children are measured and parents receive annual growth updates through an online feedback system) will be considered as part of this. All approaches will be reviewed in terms of the benefits to be gained and the resource implications of any new approach.	BCC continues to commission the NCMP programme within Bucks. The 2017-18 survey participation rates were 95.4% for reception children and 93.6% for year 6 children, which continue to be better than the national quality measures. Public Health participated in a Public Health England skype conference call on 20th March 2019 to further understand the NCMP Obesity Child Profiles and case studies of using the NCMP data in innovative ways. This has resulted in a number of actions being included within the HCP healthy eating action plan to review how the Bucks NCMP data is used and shared with partners to maximum effect.	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
7: **To develop a "suite of projects with costs" which can be used by the Local Area Forums as part of their Local Priorities Funding discussions. The project list could include a series of cooking workshops for most deprived children to providing gardening tools and seeds for a community allotment.**	Public health will develop a project list based on national best practice with indicative costs. The project list will be developed in consultation with stakeholders and across BCC business units. This will be done within existing resources.	A list of projects with costs is being finalised and will be available by the end of May 2019.	
8: **To act as the co-ordinator/facilitator of the Healthy Pupils Capital Programme to ensure the money is allocated and used to make a difference. Provide guidance to schools on how the money can be used, based on the Government's guidance.**	The decision on the use of Healthy Pupil Capital Fund (HCPF) will be a Cabinet Member decision (Cabinet Member for Education and Cabinet Member for Resources) as it is an un-ringfenced capital grant. Initial options have been presented to Members and were considered by Asset Strategy Board in July but no final decision was made on a preferred option for the use of this grant. Until such time as Cabinet Members have agreed a preferred option and taken a formal decision the proposed use of the grant cannot be confirmed.	The monies for the Healthy Pupil Capital Programme have been allocated against major projects to support schools with improving outcomes for pupil activity. Projects have included, but are not limited to, playground refurbishment. The majority of works will take place during school holidays as they are very disruptive activities.	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
9: **To write a letter to the Department for Education in support of introducing the new voluntary healthy rating scheme for primary schools as soon as possible and for it to be used by Ofsted as part of the inspection criteria.**	In Buckinghamshire we are committed to supporting schools to make the most of their vital role in supporting healthy eating and physical activity. Children's Services will produce a letter in support of the introduction of the new voluntary healthy rating scheme, which was a commitment from the Governments first instalment of the Childhood Obesity Plan in 2016. Shaping healthy habits from an early age and the expedient implementation of these proposals will greatly support us in our endeavours.	The letter was agreed by Sarah Callaghan and sent as discussed.	
10: To support schools to deliver the PSHE curriculum in a consistent and coherent way across Buckinghamshire.	Health Education will become compulsory in all maintained schools from September 2020. This statutory requirement will provide the foundation for consistent and coherent delivery. Public health is already supporting this with a PSHE Lead in post. The PSHE Lead has developed school PSHE networks and forums. These will be used to support schools to develop and implement the new Health Education subject by September 2020.	The Public Health PSHE Programme Manager has established schools PSHE Forums as a means of engagement, communication and a development network for PSHE leads. Through these forums topical discussions/ updates are held which will be useful for developing Healthy Eating work. Promotion of the PSHE Association's Programme of Study and other quality assured materials are shared to support PSHE curriculum development; schools are being well prepared for statutory status. Public Health and PSHE initiatives are promoted via the forums, half termly PSHE newsletter, and articles placed on the school bulletin and cascaded to head teachers through school liaison groups. The Schoolsweb PSHE page and Public Health in Schools webpages contain advice, guidance and links to resources to support healthy eating and healthy lifestyles. Further work with schools to support engagement with parents is planned for the Spring term (2020). See also Recommendation 11c below regarding	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
	The school nurse team will provide the opportunity to support a consistent and coherent approach to signposting and referring families to appropriate support. Responsibility to implement and deliver the Health Education curriculum sits with schools, whilst public health can support schools, they cannot take responsibility for the delivery.	PSHE training School Nurses have a comprehensive follow up pathway linked to the National Child Measurement Programme (NCMP). This involves supporting families and referring or signposting to available support including the child weight management programme – Spark. During 2018-2019, 96% of all referrals to Spark came from school nurses, demonstrating that the pathway to support families, and refer to appropriate support, is working well.	
11: **a) To create "Child Healthy Eating" ambassadors within the Early Years setting and in schools (with the help of the Early Years Providers and School Liaison Officers) who can drive the key messages around the health benefits of providing healthy food to their local communities**	11 (a) Partially agreed The Education Service will champion healthy lifestyles to mitigate against obesity but cannot directly provide ambassadors. The withdrawal of the Education Support Grant has created considerable funding pressures within the Education Service and in response, we have created Side By Side, a schools led model for school improvement. In keeping with the principles of Side by Side, we will facilitate and support schools to help each other drawing from the expertise across our family of schools so that where good practice exists in all areas (including healthy lifestyles) we will build capacity.	Up until this point, the Side by Side initiative has focussed on academic support within schools. The plan for the academic year 2019-20 will include developing capacity around a variety of non-academic areas including the promotion of healthy lifestyles within enhanced profile Personal Social Health and Citizenship Education (PSHCE) leads in schools to support each other.	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
	In addition to this, the creation of school 'child healthy eating' ambassadors should utilise the existing network of PSHE leads within schools, which complements the Side by Side model, in order to avoid duplication of information and to ensure integration within a whole school approach. The Early Years' Service will encourage Early Years' settings to promote healthy eating to children attending these settings and their families The specific role and function of the ambassadors will depend on the successful development of a multi-agency Healthy Communities Partnership healthy eating action plan. The school ambassador's role will be further informed by the involvement and engagement of the PSHE network.	The network of PSHE leads continues to grow and the promotion of the school 'child healthy eating' ambassadors' role and key messages around healthy eating and healthy lifestyles can be effectively communicated to schools via PSHE leads. The Early Years service has engaged with settings in both the maintained and private, voluntary and independent (PVI) sectors and supported them in promoting healthy eating messages to parents that they support. The specific role will be picked up during the development of the multi-agency Healthy Communities Partnership healthy eating action plan. Discussions are currently underway with partners to shape and form this.	
b) To develop strong messages for specific communities, for example, Mosques, Churches, GP surgeries, Hospitals (pre-natal and antenatal	11 (b) – Yes Through the existing Prevention at Scale programme research is underway to understand the behaviour and insight of adults from key priority groups for two lifestyle areas including healthy weight. This will then be used to develop targeted communication campaigns. Whilst not specifically aimed at children, it will help to	In January 2019, Public Health delivered a Better you! Campaign which focused on adults losing weight. Whilst this was not focused on children, it did raise awareness of weight amongst adults in areas with high levels of obesity and overweight, as seen by an increase in referrals. These communications were available in GP surgeries and pharmacies. Generic *Live Well Stay Well* marketing materials are also being distributed amongst specific communities, but also through targeted events such as	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
clinics and maternity wards), Libraries, Parish and Town Councils;	support strong messages for the whole of these specific communities. Through the current Live Well Stay Well service specific communication messages for pre-natal and antenatal services, are being co-designed via the multi-agency Healthy Pregnancy Steering Group.	Health Checks at Mosques. The insight undertaken by Prevention at Scale shows that messages must also come from key influencers including community leaders and health professionals and these were targeted via the Better You! campaign and by the *Live Well Stay Well* outreach work. Health information is available within the maternity wards promoting the importance of healthy weight, alongside other lifestyle areas such as smoking.	
c) Work with the PSHE Leads in schools to devise a training module for Head teachers and School Governors around the importance of healthy eating/cooking and heathy choices in schools in conjunction with those who can deliver this.	11 (c) – Partially agreed Public health is already exploring the training needs of the PSHE network particularly with the introduction of compulsory Health Education. The feasibility of training head teachers and school governors, and the benefits of doing so will be considered as part of this work. Any training developed will link with the wider Health Education agenda and take a whole school approach, which will be sustainable and have a greater impact for the whole school community. This will be dependent on the resources available.	Two half day CPD sessions delivered by the PSHE Association have taken place for both primary and secondary PSHE leads. The first session (March 2018) focused on raising the quality of leadership and management of PSHE - 30 primary and 20 secondary PSHE leads were trained. The second CPD session (March 2019) focused on 'Preparing for statutory relationships education / Relationships and Sex Education' - 56 primary and 26 secondary PSHE leads were trained. The PSHE Association will deliver a half day CPD session for PSHE leads 'Preparing for statutory Health Education' on 5th and 6th June 2019 (60 spaces for primary, 30 spaces for secondary). A whole school approach to healthy eating and making healthy lifestyle choices will be promoted alongside relevant Public Health initiatives and resources. School leaders will be informed about this offer. For the summer term there is a focus on Health Education in both the PSHE forum meetings and the newsletters.	

Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
		Requests from schools for further training and development in this area are anticipated, and will be explored following these events.	

RAG Status Guidance (For the Select Committee's Assessment)

	*Recommendation implemented to the satisfaction of the committee.*		*Committee have concerns the recommendation may not be fully delivered to its satisfaction*
	*Recommendation on track to be completed to the satisfaction of the committee.*		*Committee consider the recommendation to have not been delivered/implemented*

CCG Response to Questions from Mr Snaith

1. We have a deficiency in East Wycombe of doctors and surgeries. Over 3 doctors short and that's with over 1500 new homes already and another 1200 homes planned in next 5 years. Can we have the CCG plans to deliver adequate GP services for residents ?

A In January this year, NHS England published its Long Term Plan and then a further document "Investment and Evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan". These documents set out a new way of working for primary care including the establishment of Primary Care Networks (PCNs).

Primary care is transforming so that the focus is no longer just on GP led services and surgery buildings. Other healthcare professionals will play a key role in delivering primary medical services. For example, paramedics and advanced nurse practitioners might provide home visiting services and cover the bulk of minor illness presenting to the GP practice. In addition, with the introduction of a Community Pharmacy Consultation Service, community pharmacy is moving towards playing a greater role in providing first contact advice and support to patients with minor ailments.

A programme of digital transformation is also underway which enables patients to manage their health at home by the use of on-line consultations, access to medical records and an electronic prescriptions service.

For East Wycombe, and indeed the whole of the county and England, this means that there is less emphasis on physical premises as services will be built around the individual needs of patients, providing services in a timely way, at a range of facilities and by the most appropriate healthcare profession.

Whilst the CCG will continue to have overall responsibility for the development of primary medical services in Buckinghamshire it will be working across the health and social care system with its partners in NHS Trusts and Local Government. Primary Care Networks (PCNs) will be responsible for the delivery of the transformation of services in their areas. In Wycombe, there are 2 PCNs; Cygnet and Dashwood.

PCNs will need to consider their combined estate and agree with the CCG how this needs to change in order that facilities are appropriate for the delivery of services in Wycombe.

2. Lynton House was upgraded as an interim measure. But it continues to function on reduced opening hours with referrals up to Cressex practice at every opportunity . Why do we still have a deficiency of GPs in East Wycombe?

A The catchment of all practices in Wycombe cover the East of the town and Kingswood Surgery's catchment particularly focusses on the area. As a branch site, Lynton House operates all day (0800 to 1800) Monday and Friday and mornings only (0800 to 1300) on Tuesday and Thursday. The CCG believes this is adequate for a branch site and it is appropriate for referrals to be made to the main site at Hanover House where further investigation or specialist advice is needed. Lynton House does have the space to accommodate additional patient numbers should the practice list expand in that area of the town.

Wycombe is not alone in facing a shortage of GPs, this is a national problem and one of the driving factors for primary care transformation as described in the answer to Q1. In addition,

Buckinghamshire CCG is working with the CCGs in Oxfordshire and West Berkshire on a number of initiatives designed to encourage GP recruitment and retention.

3. There is a new plan for practices to work together to manage workloads. Why has Cressex practice linked with practices to west of Wycombe when Lynton House is in east of Wycombe?

A PCNs are not just about managing workloads. Ultimately, as described in the answer to Q1, PCNs will be responsible for delivering the transformation of primary care in their area.

Membership of a PCN was a decision for the practices that make up its membership and as previously stated all practices based in Wycombe have catchments that include East Wycombe. The membership of Dashwood PCN comprises Cressex Health Centre (branch at Lynton House), Riverside Surgery, Wye Valley Surgery, Chiltern House Medical Centre and Carrington House. This PCN felt that the inclusion of Stokenchurch Medical Centre would be appropriate as its patients look to Wycombe and share service providers with the other practices in the PCN.

4. S Kearey of CCG states “GP drive doctors surgeries”. Why is CCG hiding behind GPs decide on surgeries as a reason not to meet increased demand

A Simon Kearey was referring to the fact that GPs are independent contractors and as such have to make business decisions which create sustainable practices which provide high quality, safe services for their patients. As contractors they are required to have suitable premises from which to deliver services. It is for the CCG to ensure that there are adequate primary medical services which are accessible to patients. It does this by the management of GP contracts and working collaboratively with GPs and going forward PCNs. It seeks to retain and encourage the development of existing practices.

In line with national and local strategy and with due regard to affordability and patient engagement, the CCG will support a practice who wishes to move to a different location.

5. S Kearey of CCG also states “Another factor would be a massive house building programme - the likes of what we see in Aylesbury but not quite to the same extent in Wycombe” . Perhaps CCG can therefore justify why Beaconsfield is getting a doctors coming together in a new practice with home building well below that of High Wycombe

A Population expansion caused by housing development is just one factor which would justify relocation or new build GP premises. The GPs in Beaconsfield (Simpson Centre and Millbarn Medical Centre) worked together in 2016 to apply for capital funding from NHS England to build new joint facilities. Their bid was successful and they are working with their chosen developer to submit a full business case to NHS England to secure funding for this scheme.

6. CCG saying they rely on doctors to relocate is not an acceptable solution to a growing problem. Why will the CCCG not grasp the problem and secure land ready for a new practice/health centre. The Homebase site is ideal. There is also another community building available (The Junction Pub). Also land on the new Gomm Valley estate. These pieces of land and buildings won’t be around forever.

A The CCG is unable to own property or hold a lease and does not hold capital reserves to fund such an acquisition. It commissions primary medical services via GP contracts within which is a requirement for contractors to have suitable premises but the CCG could not make stipulation about the location of premises (unless existing premises are available) as any potential

contractor will need to decide on affordability and suitability as well as their willingness to invest.

Although the CCG could tender for a new contract it is of the opinion that there are currently adequate primary medical services in Wycombe, especially in light of the plans for the transformation of primary care as described, which are already underway.

7. Its been 12 years since doctor surgery was allowed for on the Retail Park. CCCR refused the building that was offered. BCC Cllr Julia Wassell is on record at stating it could be up to another 10 years before we see a new doctors or Health Centre in the east end of High Wycombe . Excuses and procrastination reigns from all areas. What is it going to take to get a positive commitment and surgery /Health Centre for the people of east end of High Wycombe

A Previous answers have provided detail of the context and contractual framework within which the CCG is working. This explains that future provision of primary medical services is not all about doctors or buildings but using technology and a range of healthcare professionals in a variety of settings to deliver services in a different way. Where a building is needed, the use of existing estate will be maximised before investment is considered in alternative premises.

Having stated that, due to public concern that there are insufficient primary care facilities available to residents in the East Wycombe area, the CCG has submitted a bid to Wycombe District Council to draw down some Community Infrastructure Levy (CIL) funding to allow for a comprehensive review and feasibility study to be undertaken of the primary care estate in this area. This review will take into account existing facilities, planned housing growth and the development of new technologies such as online consulting, that will be factors to consider when looking at the need for more premises.

If this review does find that new facilities are required then a proposal would need to come from an individual practice or PCN and be subject to the availability of capital, support from practices, engagement with the public and a robust business case.

8. How can CCCG and BCC work together to secure land for a Health Centre .

A Previous answers have explained that the CCG is unable to own or lease property or land. It also currently has no plans to offer another contract for primary medical services in Wycombe.

The CCG is working with Bucks County Council on programmes such as the One Public Estate Initiative, the purpose being wherever possible to invest in existing publically owned estate. The CCG's support for the relocation of the Wye Valley Surgery to the Wycombe hospital site is an illustration of where funding previously going to a 3rd party landlord, is now going back into the NHS.

Overarching Statement from CCG

The CCG's aim is to strengthen and build primary care services that result in all patients being able to access the best possible care in a timely way. Primary care isn't just about general practice, but about the wider team that support the delivery of care to patients, including community nurses, social prescribers, paramedics and pharmacists. Building an integrated service model is the first step in developing not just a service strategy but an estate strategy fit for the future and the CCG is already working on this, with both Buckinghamshire Healthcare Trust and the County Council. The integration of Primary and Community care is also a cornerstone of the NHS Long Term Plan.

Health & Adult Social Care Select Committee Support for Carers Inquiry
6 month recommendation monitoring

Select Committee Inquiry Title: Support for Carers
Committee Chairman: Brian Roberts
Date report submitted for response at Cabinet: 25th March 2019
Lead BCC Cabinet Members and Lead Officers: Lin Hazell, Cabinet Member for Health & Wellbeing, John Chilver, Cabinet Member for Resources and Anita Cranmer, Cabinet Member for Education and Skills, Gill Quinton, Executive Director (CHASC), John Everson, Specialist Commissioning Manager (CHASC) and Lisa Truett, Commissioning Manager (CHASC)
Select Committee Support Officer / Advisor (Extension): Liz Wheaton (ext. 3856)
Suggested frequency of future updates on progress to the HASC Select Committee: 6 & 12 months

Recommendation	BCC Cabinet / Partner Agency Response including proposed action	Cabinet Member	Officer	RAG status (6 months)
Recommendation 1 (Communities): **a)That an action plan is created with key partners which brings together the working practices of the operational and commissioning teams to ensure better sharing of information on carers and early detection of issues.** **That the action plan:** • **b) creates a single point of access for all carers (see slide 26) and includes signposting for financial assistance, care planning, assessment and review guidance, health and social care needs (including specific information for self-funders);** • **c) develops a *single assessment form which can be accessed by all key organisations; includes timescales and measurable outcomes to help demonstrate improved support for carers of all ages**	**Response: Agreed** **6 month update** The action plan has been drafted and circulated to all key partners for consultation around key processes and recommended information sharing protocols. The Carers provision delivers an all age integrated service to all carers within Buckinghamshire. The council's vision is for the service provider to work with other community and voluntary community sector (VCS) partners to promote a strengths based whole family approach to service delivery. The transformation of integrated care within Buckinghamshire, whilst in its infancy, brings better sharing of information across commissioning teams, social work teams, hospital and community teams to include carers and their needs within provisions alongside those of the 'cared for'. Dialogue between Carers and commissioners has led to the development of a new Carers Assessment. This approach will improve over time as systems become imbedded. The service provider are the main point of access for all carers to receive support and advice including information on accessing respite provisions, benefits, entitlements and help with completing forms, providing signposting and regular Carer Support Groups to address their wellbeing and social needs. Members of the Brokerage Team have met with service provider staff to inform and share information about the brokerage service which can support carers looking for packages of care for the person they care for. The brokerage service is free of charge for respite care. Better Lives: My Carers Assessment process[1] has been completed, which maps journey of carers. A new My Caring Role[2] form has been developed with Carers who provided feedback on their experience of completing the existing Carers Assessment form. The new form focuses on enabling Carers who opt to complete the form to write about what matters to them and what will make a difference in their caring role. **My Carers Assessment forms** – 'Supporting you' [3] & 'Improving Wellbeing'[4] being launched in September 2019, this new strengths based carers assessment has been developed in conjunction with Carers and Carers Bucks who provided feedback about their experiences during a co-production session which explored the Better Lives strength based approach.	Lin Hazell	John Everson to lead and co-ordinate	

[1] Better Lives: My Carers Assessment process
[2] My Caring Role
[3] 'Supporting you'
[4] 'Improving Wellbeing'

year on year; • **d) includes specific actions for young carers to help increase identification and introduces a measure to track their educational attainment;** • **e) Ensures contingency care plans are in place for all carers - reviewed regularly as part of the carer assessment reviews.**	The new form will enable, through the use of strengths based conversation, both the Carer and Social Care Worker to explore positive outcomes for the Carer with a focus on improving wellbeing as well as supporting the Carer in their caring role. A new My Carers Wellbeing Plan[5] (contingency is included in this plan) will enable both the Carer and Social Care Worker to work collaboratively on care and support planning with Wellbeing Outcomes at the centre of the planning process. Further co-production meetings will be held with Carers and Carers Bucks to review and gather further feedback. A **young carer** is defined as a child under 18 years of age, whose life is significantly affected because of the need to care for a family member who is ill, has a disability or mental illness or is affected by substance abuse (including alcohol) or other debilitating illness. For information there are 1875 young carers aged 0-19yrs in Bucks. Buckinghamshire Children's Services Procedures Manual [6] provides guidance to social Workers and Children's Services on identifying and supporting young carers. Children's Services use the procedures manual for children requiring a young carer assessment and follow BCC' local assessment protocol[7] and will then also complete a Child and Family assessment form[8] to assess their needs. When a young carer reaches 18 they will undergo a transition assessment, this may have already been collected as part of the young carers needs assessment. Another identification opportunity is via Early Help Pathways Team, the family referral form will identify if there is a Young Carer within that family. The development of the new BCC website is about to go live. This contains explanatory information to support Carers of all ages including signposting and links to other agencies, information and advice in relation to benefits, allowances, assessments and respite care. Link to BCC Carers webpage; https://careadvicebucks-preprod.pcgprojects.co.uk/your-care-and-support-options/caring-for-someone/ [9] The provider is participating in a Pilot Project with the CCG and CAMHS within schools to help practitioners identify and support young carers suffering from mental health issues because of their caring responsibilities. This will start in Jan 2020 within a selected number of schools.			
Recommendation 2 (Health): **That good practice with GPs is developed further and experience of undertaking the GP Award is shared with all practices through the Practice Manager Forum.**	**Response: Agreed** **6 month update** An independent review is being undertaken of the GP Award highlighting best practise and areas for improvement. This will be shared with GP Practices through the Practice Manager Forum. The key recommendation will be communicated to Carers Bucks who coordinate the award; implementation will be overseen by the lead commissioning manager. There are 4 GP surgeries who have completed the process and been awarded and another 4 about to be evaluated for the award	Health lead	Louise Smith (CCG) and John Everson to lead and co-ordinate	
Recommendation 3 (Health): **That an independent review be undertaken of the GP Standard**	**Response: Agreed** **6 month update** An independent review has commenced with engagement and feedback visits arranged with: - GP surgeries who have completed the award	Health lead	Louise Smith (CCG) and John Everson to	

[5] My Carers Wellbeing Plan
[6] Buckinghamshire Children's Services Procedures Manual
[7] BCC' local assessment protocol[7]
[8] Child and Family assessment form
[9] BCC Carers webpage; https://careadvicebucks-preprod.pcgprojects.co.uk/your-care-and-support-options/caring-for-someone/

award to seek views from GP practices and use the feedback to make changes to the existing framework with the aim of increasing the take-up of the award.	- GP surgeries who have started but have yet to complete the award - GP surgeries who have not signed up to complete the award. The review will identify the benefits that GP practises feel are attained through completion of the award and also any areas in which they have struggled to complete. Views will be gathered from the surgeries completing to identify how long they have been completing the award and the barriers to completion. The overall report will make recommendations with regards to improvements to the programme and ways that the scheme can be positively promoted across Buckinghamshire. The implementation of the recommendations will be overseen by the commissioning manager; commissioners will also be responsible for promoting the award to colleagues in health and social care. Initial findings by commissioners and the CCG has revealed that the current process required is too time consuming for most GP's and whilst the work is necessary this is not enough impetus for GP's to sign-up. We therefore plan to work with the CCG, to review the case loads at those practices that have signed up to the scheme in order to verify whether the scheme has resulted in a reduction of the number of appointments carers and their cared for now have with their GP. Should this indicate a reduction in work for GP's we anticipate that this will encourage a larger take up by GP's.		lead and co-ordinate	
Recommendation 4 (Public Health): **a)That the costs for providing annual health checks for carers be explored and possible funding streams investigated.**	**Response: Agreed** **<u>6 month update</u>** This does not fit within the existing public health responsibilities. However, colleagues across CCG, Adult Social Care and Children's Social Care are investigating the cost associated with providing annual health checks for carers and how existing health checks might be utilised. There are a range of health checks and assessments currently provided for a number of different groups across Buckinghamshire. These include GP NHS Health Checks, SMI Health Checks. NHS health check cost is £22-£28 (DQ dependent), (current age restriction, 40-74yrs). Carers Bucks have 11,539 carers registered aged 17-104 yrs. The highest proportion of carers in Buckinghamshire is in the 50-64 range, which aligns with the NHS health check. GP Register Data for 2018/19 says 450 carers (aged 40-74yrs) received a NHS Health Check. 2402 carers have had a health check in the past five years[10]. Cost for health check for registered carers outside 40-74yrs would be approx. £139,524.00 *(age brackets from Carers Bucks stats do not give breakdown by individual ages so cannot be accurate figure).* NHS EMIS Data [11]12,230 Carers tracked via EMIS register. 375 identified as having a CMI (Common Mental Health Issue). 200 are on the SMI Register (Serious Mental Health Issue) and 65 have had a SMI Health Check. SMI Health Check - GP receives £45 for each assessment given. <u>Healthy Child Programme</u>[12] also covers some health checks during 0-19 years.	Health lead	Louise Smith (CCG) and John Everson to lead and co-ordinate Marie Mickiewicz – Community (SCM Prevention Services) Public Health	
Recommendation 5 (Education): **That the Council lobby Government to include a question about the number of young carers identified at**	**Response: Agreed** **<u>6 month update</u>** Following further consideration, the service is in the process of drafting a letter to Government, encouraging them to include a question about young carers as part of the annual school census return. Historically, young carer data was considered as a proposal by the DfE in their 2016-17 review of the census; however, the proposal was withdrawn	Anita Cranmer	Gareth Drawmer	

[10] Please note this figure represents 49 of the 50 Bucks practices (one practice uses a separate clinical system

[11] **EMIS Enterprise extracts is for patients registered with a member GP practice of Bucks CCG. As with all EMIS data searches, the information extracted is reliant on consistent, accurate and up-to-date coding by the practices.** *(EMIS Health, formerly known as Egton Medical Information Systems, supplies electronic patient record systems and software used in primary care, acute care and community pharmacy in the UK.)*

[12] <u>Healthy Child Programme</u>

school as part of the annual school census return.	before it went through their star chamber scrutiny board.			
Recommendation 6 (Employment): **That a corporate training programme be developed for BCC Managers and other partners within the ICS to help identify and support carers, to coincide with the launch of the employee health & wellbeing strategy.**	**Response: Agreed** **6 month update** An e-learning module, 'carers awareness' has been introduced on BCC's online learning platform, in the 'Wellbeing in the Workplace' section. The module looks at the characteristics that define a carer, including the roles of both young and adult carers, and demonstrates how to identify somebody who might be a carer, and how to help them find support. Carers awareness training will become part of the manager development programme for Buckinghamshire Council, which is currently being developed as part of the Unitary OD Work Programme. HR colleagues are working with ICP partners across healthcare to develop a unified People Plan and are meeting regularly to share best practice ideas. Carers support will be developed as part of the 'Supporting our Staff' work stream. As an additional point, becoming a new organisation presents the need to create a new careers website. As part of this project HR will be reviewing the candidate journey and relevant to this, whether we should ask candidates if they currently have caring responsibilities. We need to be clear why we're asking this question and what we're doing with this information (i.e. that we're asking so a supportive conversation can be had and be a prompt to tell candidates how we as an organisation support employee carers).	John Chilver	Helen Cannon – Organisational Development Consultant - BCC	
Recommendation 7 (Employment): **That an employee carers support group be established and an annual survey be undertaken to find out the views of carers and help shape future support for carers services.**	**Response: Agreed** **6 month update** Bucks Carers have launched a support group called the BCC Employee Carers Group and they have now met twice in September & October 2019 with 6 'carers' attending the first and an increase to 8 on the second. The first of the events was featured in Internal Comms and CHASC newsletter[13]. Attendees reported that they wanted to meet peers who were also carers. They felt it would be beneficial in providing information, signposting and importantly emotional support. These groups will now be held monthly and not fixed to specific days of the week to ensure people can access around meetings and working days etc. Carers Support Group Poster [14] and we intend to extend them to District colleagues and to the ICP Terms of reference[15] for the group Once we have grown the network, we'll seek to create a targeted survey, to supplement discussion at the support group meetings and to feed into how we shape future support for carers. A group (including commissioning, communications, digital and HR) is meeting in October to develop a creative internal communications campaign to improve carer awareness and promote the support group. Health and Wellbeing at work guide[16] has been produced to support employees. This guide features a page (page 11) specifically around carers' support; include carers' leave, flexible working arrangements, the carers' support group and signposting to Carers Bucks.	John Chilver	Helen Cannon	

[13] CHASC newsletter
[14] Poster
[15] Terms of reference
[16] Health and Wellbeing at work guide

Recommendation 8 (Employment): **That the Employee Assistance Programme is more widely promoted amongst employees and feedback from users is obtained to ensure service quality.**	**Response: Agreed** **<u>6 month update</u>** PAM Assist, the employee assistance programme (EAP), has been recommissioned as part of a wider Occupational Health contract with the PAM Group, which is joint with the District Councils. PAM Assist is an independent service to help employees, and their families, through life's ups and down. A free phone line is available 24/7, as well as online support and resources, including online CBT. Counselling is available. PAM Assist is being promoted as part of wider health and wellbeing communications, for example at Unitary Roadshows and at pops up. The EAP is currently underutilised and part of the strategy is to increase the number of employees benefitting from the advice and resources available to them. We plan to run a promotion specifically on how EAP can support carers/people who have recently become a carer, towards the end of this year.	John Chilver	Helen Cannon	

RAG Status Guidance (For the Select Committee's Assessment)

	*Recommendation implemented to the satisfaction of the committee.*		*Committee have concerns the recommendation may not be fully delivered to its satisfaction*
	*Recommendation on track to be completed to the satisfaction of the committee.*		*Committee consider the recommendation to have not been delivered/implemented*

UPDATE ON THE TEMPORARY CLOSURE OF CHARTRIDGE WARD AT AMERSHAM HOSPITAL

NOVEMBER 2019

Lesly Clifford, Associate Director of Communications & Engagement
Ben Collins, Deputy Director of Integrated Elderly and Community Care
November 2019

1. Background

Buckinghamshire Healthcare NHS Trust is on a journey to achieving an 'Outstanding' overall rating from the Care Quality Commission (CQC), and we are particularly proud that the CQC has rated us as 'Outstanding' for being caring.

However, the CQC identified the challenges of providing sustainable safe, effective care in the Trust's community inpatient wards in its 2019 report.

In response to this, on 1 July 2019 the Trust temporarily closed Chartridge Ward in Amersham Hospital to concentrate staff across two community inpatient wards, rather than three, to deliver a safer and more effective model of care.

The aim is to help people avoid a hospital stay, or, if they do need to be admitted, to help them to return home as quickly as it is safe to do so, to continue their recovery in the comfort of their own homes.

Whilst we have continued to recruit staff to enable us to reopen Chartridge Ward, we have also been working with members of the public and other health and social care providers to develop a safe, effective and sustainable alternative model of care, should we be unsuccessful in our recruitment drive to reopen the ward. This paper describes the outcome of this work, and our current thinking about the future based on:

- what is best for patients from a clinical and patient experience point of view;
- what is best for staff;
- what is best for the system as a whole;
- what we have heard from our stakeholders; and
- how we make the best use of the resources we have available.

This has been developed within the context the NHS Long Term Plan[*1] which outlines improvements to urgent community services over the next five years in the following areas:-

- Expansion of Urgent Community Response services to operate seven days a week 24/7.
- Delivery of the new national standards for Urgent Community Response (within 2 hours for urgent care and 2 days for accessing intermediate care/reablement services).
- Partnership working with Primary Care Networks to develop new service models of Anticipatory Care to help people stay well and fully implement the clinical domains of the ageing well guidance[*2] (as provided in the NHS Long Term Plan).

2. Current position

The table below shows the number of community beds available prior to this temporary closure and currently.

Ward	Location	Number of community inpatient beds available prior to 1 July 2019	Number of community inpatient beds available since 1 July 2019
Chartridge	Amersham Hospital	22	0
Waterside	Amersham Hospital	24	24
Buckinghamshire Neuro Rehab Unit	Amersham Hospital	17	17
Buckingham	Buckingham Hospital	12	12
Total		75	53

The following actions have been taken since the temporary closure of Chartridge Ward to improve patient outcomes and help them to either return home as quickly as possible or to avoid a hospital admission in the first place:

- We have recruited two more therapists and three rehabilitation support workers. This is helping us to provide more comprehensive rehabilitation, including delivery of therapy at weekends. Further recruitment is in progress and shortlisting has been completed for five further physiotherapy posts in community and acute settings.
- We have increased therapy available to patients in their homes:
    - Our Rapid Response Intermediate Care (RRIC) service provides physiotherapy, occupational therapy and care within 2 hours, for up to six week. Patients can receive therapy up to three times daily, seven days/week. The RRIC service has had an average caseload of 196 patients at any one point in time during 2019/20.
    - Our Community Physiotherapy Service maximises patients' independence at home, for longer term patients. The RRIC service has had an average caseload of 562 patients at any one point in time during 2019/20.

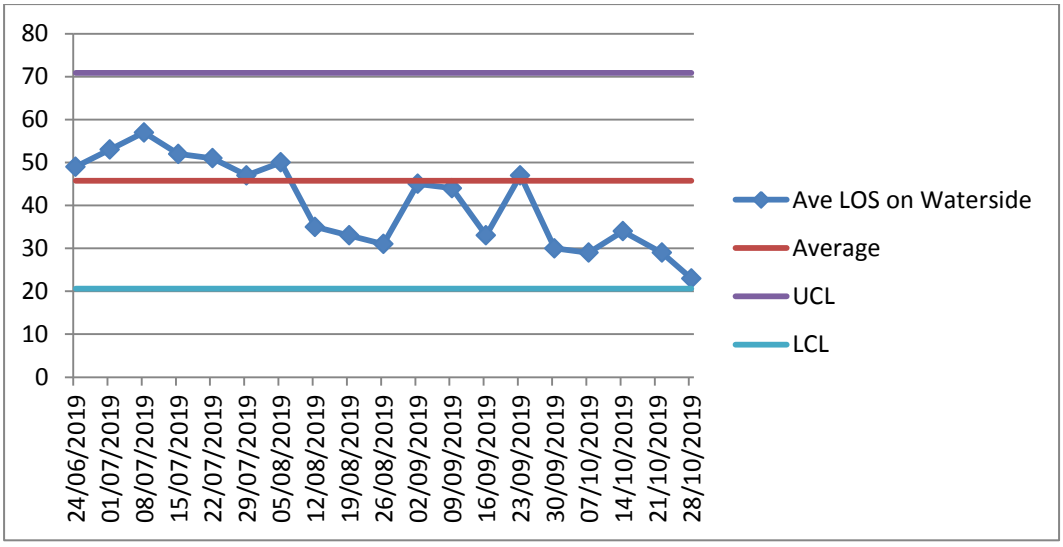
  Both of these services work in close partnership with Buckinghamshire County Council's Reablement and Adult Social Care teams.
- We have an additional elderly care consultant in A&E for two hours every day to identify those patients who do not need to be admitted and to ensure the relevant support is put in place to enable them to go home.
- We are introducing seven complex care managers to community nursing. These complex care managers specialise in helping patients with multiple long-term conditions to stay in their own homes. In addition to current district nursing staff, these roles will enable us to support and look after patients who need a high level of care in the community. We have appointed six out of the seven roles planned and these managers are currently developing their caseloads.
- We have provided an additional six hours of specialist elderly care consultant support for our elderly patients on our general surgery wards at Stoke Mandeville Hospital.

- We have established a Community Assessment and Treatment Service at Amersham two days a week. This service assesses frail elderly patients in the community and puts in place additional support to enable them to remain independent and at home, avoiding a hospital admission.
- We have extended the hours that GPs and other health care professionals can contact a specialist geriatrician and receive immediate advice and support to help patients receive appropriate care in the community.
- We have recruited to one of the two additional physiotherapist posts to enhance the Early Supported Discharge Orthopaedic Service and are actively recruiting into the second post.
- Community ward staffing has improved:

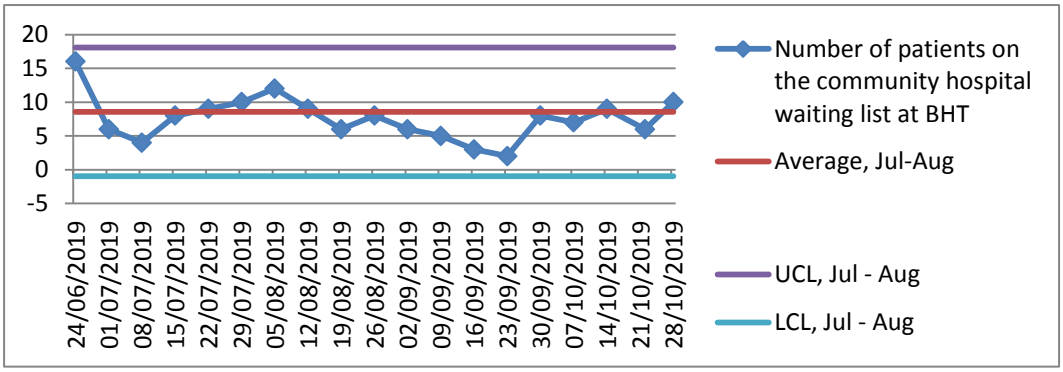
Amersham Hospital community wards budgeted establishment and in post.						
	Waterside			Bucks Neuro Rehab Unit		
Bands	**Establishment**	**In post May 2019**	**In post October 2019**	**Establishment**	**In post May 2019**	**In post October 2019**
7	1	1	1	1	1	**1**
6	1	1	1	2	2.61	1.61
5	10.07	8	8.6	8	2.07	4.88
4	2.54	2.81	2.2	2.54	3	3.39
3	10.64	4.93	10	1.73	1.73	1.31
2	10.14	11.21	10.14	11.96	9.63	11.91
Totals	**35.39**	**28.95**	**32.94**	**27.23**	**20.04**	**24.1**
Vacancy Factor %		18.20	8.46		26.40	15.62

What impact have these changes had?

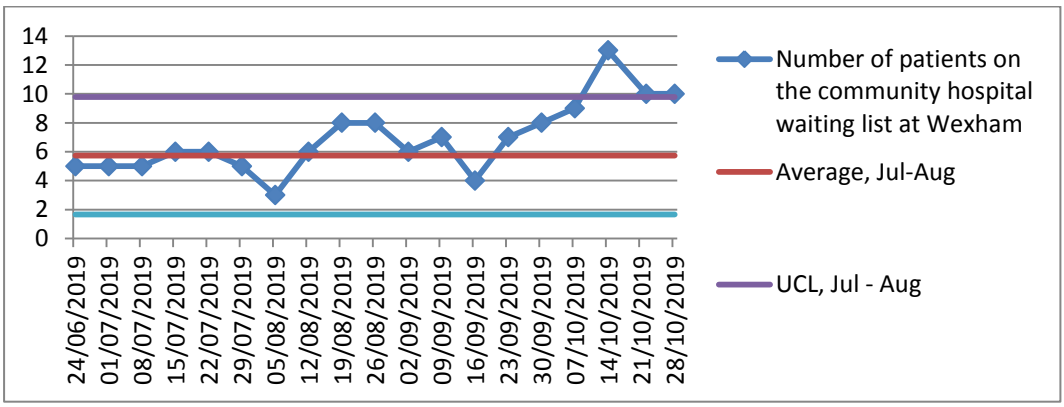
- Patients admitted to Waterside Ward in Amersham are now staying for fewer days. The average length of stay for our patients in July was 52.00 days, and the average for October was 28.75 days. The average length of stay on the ward on 28 October 2019 was 23 days.



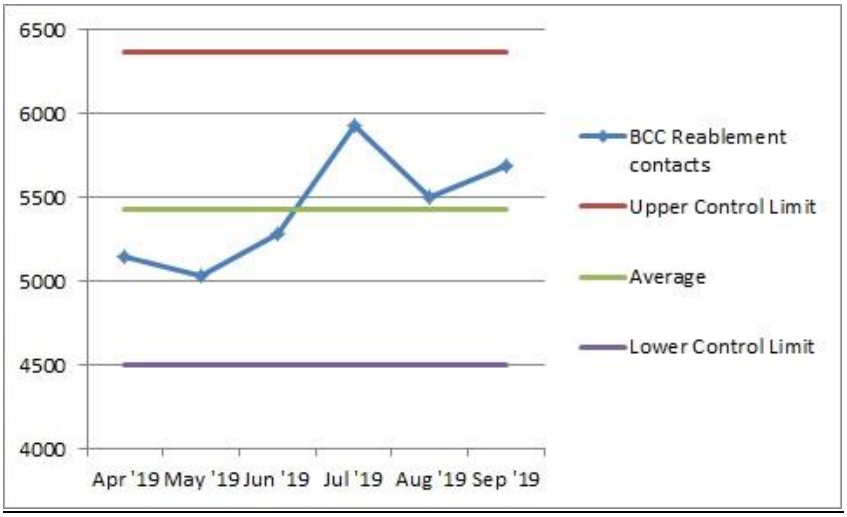
- The number of patients in our acute hospitals waiting for community beds has decreased from 16 (24 June 2019) to 8 (30 Sept 2019):



- The average time patients waited to be transferred to a community bed was 7.5 days over this period, compared to 17.25 over the same period in 2018. There was no significant change to the number of Buckinghamshire patients in Wexham Park waiting for community beds, which was 8 (30 Sept 2019) compared to an average of 6 over the period since Chartridge Ward was closed. There has been a slight increase in the second half of October, although it is too early to say whether this is a trend or whether there is a causal link with the temporary closure of Chartridge:



- The number of Buckinghamshire patients in other hospitals, including Milton Keynes and Oxford, waiting for transfer to community beds was 3 on 22 Oct 2019, compared to an average of 4.7 since Chartridge Ward was temporarily closed.
- More therapy is being provided to patients undergoing rehabilitation. The number of patient falls at Waterside Ward has decreased from 11 in June 2019 to 5 in September 2019.
- There has been no increase in the number of incidents or formal complaints.
- Readmission rates among the group of patients who would most likely be referred to a community inpatient ward as part of their care have shown a downward trend from 17.7% in the three months prior to the temporary closure of Chartridge Ward, to 15.7% in the three months since the closure.
- The number of Buckinghamshire County Council reablement contacts has shown no special cause variation since the ward closure, but has shown a general increase in activity.



3. Recruitment

In order to provide the level of staffing required to reopen Chartridge in a safe and sustainable way, we have been actively trying to recruit staff, using a mix of traditional and modern recruitment methods – jobs advertised through usual online applications, as well as social media - and by creating roles that offer better professional development and more opportunity. This includes creating hybrid nursing and therapy support posts, which allow junior members of staff to get a wider range of experience, and appointing a matron to Amersham, who can provide more senior leadership and development to staff. We have held two 'open day' recruitment events in 2019. However, none of these have been sufficiently successful to allow us to re-open Chartridge with its previous model of care.

4. Stakeholder involvement

4.1. Work with health and social care partners

Our aim is to help patients to return home as quickly as it is safe to do so following an inpatient stay. A Discharge Coordinator and Social Worker attend the Daily Facilitated Meetings (DFMs) on the ward – a forum where doctors, nurses, therapists and social care staff meet to plan each patient's care and discharge arrangements. Actions are reviewed in weekly meetings along with the next steps required to move the discharge plan forward. Social workers are present at Buckingham Community Hospital ward twice a week, with one of these being the weekly discharge meeting.

Waterside is covered medically by a consultant geriatrician and GP trainees and Buckingham Community Hospital ward by GPs provided by the Swan Practice. There are good working relationships between the medical and non-medical staff. Out of hours, GP cover is provided by the 24/7 primary care services across Buckinghamshire.

In addition to this work, Buckinghamshire Healthcare NHS Trust and Buckinghamshire County Council (BCC) are working closely together on a number of areas to improve services for our patients. These include:

- an Integrated Discharge Team, based at Stoke Mandeville Hospital, where the hospital social workers and BHT discharge team are working as one team to support patient discharges and flow through the hospital;

- an Integrated Single Point of Access (SPA) to make it easier for community health and social care services to work together. The team within the Integrated SPA will be staffed by Buckinghamshire Healthcare NHS Trust and Buckinghamshire County Council.

4.2. Patient Interviews

A snapshot of 13 current or recent Waterside and Chartridge patients were interviewed, to understand patient views on the current model of care and how it could be improved. Themes from patients were:

Prior to the closure

- Most patients felt that they would have benefitted from more physiotherapy.
- Patients felt that short staffing led to delays in staff responding to patients.

Since the closure

- Patients felt that the physio they were receiving was in line with their needs; some felt that a 7 day-a-week service would be better.

4.3. Work with patient groups and members of the public

33 local stakeholders attended a workshop on the 9th October, which included representatives from the Clinical Commissioning Group, GPs, Frimley, Adult Social Care, HealthWatch, Buckinghamshire County Council's Health and Adult Social Care Select Committee, Buckinghamshire Healthcare NHS Trust staff, Age UK, Buckinghamshire Older People's Action Group; along with members of the public.

The group had presentations on the alternative services in place and the impact of the changes as well as feedback from patients and families on the care received at Waterside Ward.

The consensus was that the following principles are important in the development of our community services:

- A '**Home First'** philosophy for all patients – ensuring support in the community to get patients back to their home environment as soon as possible
- **Patient expectations** – being clear with all patients at the outset of what they should expect from our services and the support available, to provide confidence to patients and families
- **Working across boundaries** – ensuring we are working with other hospital trusts such as Frimley and Milton Keynes to make sure all Buckinghamshire patients are treated equitably
- **Bridging the gap** – providing community support that bridges the gap between hospital and home
- **Virtual Ward** – explaining to the public that a 'ward' doesn't have to be in a hospital. Care and support can be delivered in a patient's own home enabling them to recover in their own bed.

- **Data and information** – we should continue to use key performance indicators to monitor how we are doing to provide confidence that we are keeping patients safe and supported
- **Engagement** – continuing engagement with stakeholders on the development of our services

At the workshop, attendees were asked to consider the challenges and opportunities of the following scenarios:

1. Continue to try to recruit staff to enable us to re-open Chartridge Ward, returning to the previous model of care.
2. Continue to develop the model of care which has been put in place since the temporary closure.
3. Open some beds on Chartridge Ward for patients who are well enough to go home but are awaiting onward care or improvements to their home.

4. Feedback on scenarios

- The consensus was that people should be supported at home and in the community. There was recognition that staffing challenges mean that reopening the ward at Chartridge is not an option at present.
- Scenario 2, enhancing the services already under way, was the preferred option. The ideal for many is the development of a fully integrated health and social care service, providing support in people's own home and beyond this into active community life. There was support for Amersham becoming a rehabilitation hub for the county including ambulatory services, additional outpatient clinics, voluntary services and support for other activities of daily living including exercise classes. However, the group wanted confidence and assurance that patients are being cared for appropriately and that the services we have introduced are having a positive impact for patients.
- Until Scenario 2 is fully up and running, there was support for a limited number of additional beds. These beds could offer some form of rehabilitation care that would require less nursing support. This could be in a community hospital but could equally be in a care home setting.

Additional concerns were expressed regarding the availability of acute beds for seriously ill patients at Stoke Mandeville and with the onset of winter, how additional acute beds could be freed up/created to relieve the pressure on A&E and mitigate the perceived impact of the loss of beds at Thame, Marlow and now Amersham.

A full report on the views gathered at the workshop will be sent to all participants in the near future.

5. Next steps

- We are unable to open Chartridge Ward as it was before because, despite our best efforts, we are unable to attract sufficient qualified nurses to safely staff the ward, and provide the best outcomes and experience for our patients.
- Feedback from clinicians, healthcare partners and patient representatives was that reopening Chartridge Ward, even if we were able to do so, would not be in the best interests of this group of patients – home first should be our guiding principle and we should use this as an opportunity to deliver service improvement.
- We propose continuing to put in place, and embedding, the additional support we have been delivering over the last few months to prevent people from being admitted to hospital in the first place and to help them return home as soon as possible if they do require a short inpatient stay.
- We would like to continue to engage with stakeholders to further explore what a rehabilitation hub at Amersham could look like.
- We will conduct further work to see how we can most effectively provide, on a temporary basis, a limited amount of bedded care until the additional community support and therapy is fully up and running.
- We are looking to see if there are ways that we can free up acute capacity at Stoke Mandeville Hospital by either relocating patients for whom being in an acute hospital is not the best place for them into a more appropriate care setting, or by providing additional support to enable them to go home.

References and abbreviations:

UCL – upper care limit

LCL – lower care limit

LOS – length of stay

*1 - NHS England Long Term Plan

*2 NHS England Long Term Plan Ageing Well

BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

The future arrangements for NHS commissioning in your area

October 2019

Engagement Document

About this document / Contents

About this document

This is the first stage of seeking feedback on the future of commissioning within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). We would like to hear your views on two new ways of working:

- local working in each of the three counties (the 'integrated care partnerships')- **See page 5**
- wider, at-scale working across the three areas (the 'integrated care system') - **See page 6**

The way in which the NHS Clinical Commissioning Groups (CCGs) in your area work together is changing. For some time, the three CCGs have been working more closely together, most notably including commissioning services such as 999 and 111. Since 2016, there has been even closer working with an agreed intention to establish joint committees and take single joint decisions on behalf of the whole population, where this is appropriate.

As these new ways of working become more established, this document aims to describe why the management and structure of the existing organisations needs to change and how it could help support all partners to work in a more efficient way which will benefit the local population.

When it was published earlier this year, the NHS Long Term Plan set an expectation that each Integrated Care System will "typically" be covered by a single CCG. By delivering this, the organisations which are part of the BOB ICS would be better able to achieve their vision of a joined up health and care system where everyone can live their best life, get high quality treatment, care, and support now and into the future.

For the BOB ICS, this would mean making sure we get the balance right to keep our focus local wherever possible, while making sure we maximise the opportunities to deliver benefits to our patients. We recognise the opportunity that exists to be more efficient by pooling our expertise and resources across the whole of the ICS and this document sets out some of these.

This engagement is aimed at key stakeholders who would be impacted by the proposed new structure and governance arrangements. However, the engagement document is a public document and we would welcome feedback from anyone with an interest in the proposals.

During this engagement period we would like to hear initial views from:

- GP Practices which are members of the CCGs
- Members of staff from the three CCGs
- Healthwatch and other patient representative bodies

We would also welcome responses from the following stakeholders:

- Members of the public
- Local authorities
- Elected representatives
- Other NHS organisations
- Voluntary and community services

Contents

Introduction

Dear Colleague,

We are asking for views on proposals about the future of commissioning arrangements in Buckinghamshire, Oxfordshire and Berkshire West.

First and foremost, our main focus will be to ensure that everyone living in our geography has the best health and wellbeing they can. To this end, each county based partnership will continue to develop its own local plans, based on local needs, for local people.

Whatever commissioning arrangements are put in place in the future, our priority is making sure local needs are addressed , that we provide people with access to quality healthcare and that we reduce the health inequalities that exist today.

We have a responsibility to make sure valuable resources are used wisely and in the best way to support people in living longer, happier, healthier and more independently into their old age.

We would like to seek your views and opinions about proposals for any new working arrangements that would help to enable this ambition.

You may be aware that health and care partners have been working more closely since 2016, culminating in our designation earlier this year as a 'wave three' integrated care system for Buckinghamshire Oxfordshire and Berkshire West.

Over the past year, we have been exploring how our organisations can work more effectively to meet our shared ambition. This work, along with the publication of the NHS Long Term Plan (LTP), has helped to shape our thinking about what any future arrangements could look like.

Our intention is to engage with you on the proposals contained within this document as a first step in a longer process, leading to a CCG member vote. We want to hear your views on our proposals and how future arrangements could be designed for the greatest benefit of local people.

We ask that you please take the time to consider the proposals set out in this document and respond to us with your views by 1st December 2019.

We look forward to hearing from you.

David Clayton-Smith
Independent Chair
BOB ICS

Dr Raj Bajwa
Clinical Chair
Buckinghamshire CCG

Dr Kiren Collison
Clinical Chair
Oxfordshire CCG

Dr Abid Irfan
Clinical Chair
Berkshire West CCG

Fiona Wise
Executive Lead
BOB ICS

Lou Patten
Accountable Officer
Buckinghamshire CCG
Oxfordshire CCG

Dr Cathy Winfield
Accountable Officer
Berkshire West CCG

Existing Commissioning Arrangements

Our three CCGs are:

NHS Buckinghamshire Clinical Commissioning Group

NHS Oxfordshire Clinical Commissioning Group

NHS Berkshire West Clinical Commissioning Group

How we are structured now

There are three Clinical Commissioning Groups (CCGs) within the BOB Integrated Care System.

Over the past six years, the number of CCGs has changed from seven to three. Each is a separate statutory organisations with the same healthcare responsibilities and the need to meet legal and NHS duties.

When CCGs were formed in 2013, the four CCGs established in the Berkshire West area - North and West Reading, South Reading, Newbury and District and Wokingham – operated as a federated group, with one Accountable Officer and a shared management team. They merged in April 2018 to become Berkshire West CCG in order to more effectively support the work towards greater integration and the development of their Wave One ICS.

Similarly, in Buckinghamshire, 2013 saw the establishment of Aylesbury Vale and Chiltern CCGs. In July 2016, the CCGs federated and went onto merge to become Buckinghamshire CCG in April 2018. Since 2017, Oxfordshire and Buckinghamshire CCGs have been led by the same named Accountable Officer.

Most recently, each of the CCGs has been working on the design of joint committees which can take single joint decisions on behalf of the whole population. This is an important step which will begin the process of taking joint decisions where it is most appropriate to do so.

Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System (ICS) will have three Integrated Care Partnerships (ICPs) delivering improved services to patients

The future development of each Integrated Care Partnership

What is an Integrated Care Partnership?

Integrated Care Partnerships (ICPs) are alliances of NHS and Local Government organisations that work together to plan and deliver care through a joint approach. These providers include hospitals, community services, social care, mental health services and GPs.

Each of our three ICPs in Buckinghamshire, Oxfordshire and Berkshire West will be covered by an Integrated care partnership (ICPs). Each of these ICPs are in different phases of their evolution and an opportunity now exists to set some common principles for their design

Our vision for the development of ICPs

We believe that each ICP should be a clinically led collaboration between the NHS and Local Government and have the following common factors:

Is a vibrant partnership with voluntary, community and the social enterprise sector

ICPs will foster partnerships to develop community assets which provide easy access to a wide range of support.

Operates within a locally designed governance framework which binds the partners

We will make the fullest use of any new, nationally designed systems for ensuring that our ICPs have decision making authority and are accountable to local people.

Will be able to direct how its resources are used to best effect

It is our intention that ICPs will be best placed to understand how resources should be utilised within each ICP and this will be reflected in how services are planned for and delivered

Acts as the main point of interface with Primary Care Networks

With 45 Primary Care Networks across the BOB geography, our three ICPs will offer a more effective interface for the planning and delivery of new services.

Availability of expert resource to ensure local delivery

ICPs will not be able to operate effectively without sufficient expertise and resources to design and embed service change. Each of our ICPs will have access to a designated workforce with a broad skill-mix and experience.

Has its own senior leadership which is represented at an ICS level

We will support our ICPs to ensure they are well led, with executive accountability for outcomes, performance and use of public money. We believe that for the ICS to be successful, representation from each ICP will be essential within the leadership and decision making structures of the ICS.

Utilises shared care records to ensure providers and practitioners have access to the information they need to provide seamless care

What are the benefits of implementing strong ICPs?

We are committed to ensuring that each ICP is well developed to guarantee that each part of our system can deliver the transformation to services required by the Long Term Plan. The NHS is stronger when it works in partnership, whether that is between NHS organisations or with our other partners such as Local Government and their social care teams. We will know that we have created the right model for ICPs when:

- Patients can more easily receive their care from a number of different organisations with no duplication or interruption to their service from crossing organisational boundaries
- Our organisations make best use of our resources, sharing expertise and budgets where appropriate to achieve greater efficiency and more streamlined working
- ICPs are able to make recommendations on how money is best spent, accountable to local people through democratic structures such as Health & Wellbeing Boards
- These local partnerships have strong leadership and governance, with an energised workforce which is committed to working for the benefit of local people
- Primary Care Networks are being well supported by their ICPs and able to implement the new models of care described by the Long Term Plan

Tell Us What You Think:

What is important for you about the development of Integrated Care Partnerships in your area?

What are your views on our vision for Integrated Care Partnerships?

In your view, what are they key features of a successful Integrated Care Partnership?

Identified drivers for reviewing our way of working across the Integrated Care System

1 We need to meet the ask of the NHS Long Term Plan

The NHS Long Term Plan (LTP) published at the beginning of 2019, set out the vision and ambition for the NHS for the next 10 years.

It states that:

*"Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level… **This will typically involve a single CCG for each ICS area**. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long-Term Plan implementation" -- NHS Long Term Plan (2019) p29*

Whilst this is a natural development of the work that we have been advancing as three CCGs, it makes our current configuration unsuitable if we are to meet this requirement.

2 Joint arrangements require leadership and management support

During 2019/20, the three CCGs have been designing a mechanism for taking commissioning decisions together. As this process continues to evolve, it is expected that by the end of the year joint decisions will be made with regard to:

- **CCG commissioned services at scale**
- **Primary Care**
- **Specialised Services (in collaboration with NHS England)**

We believe that this is a real opportunity for our patients, particularly to reduce variation between geographies and eliminate 'postcode lotteries'. This way of working will become increasingly difficult however as leadership and management resource currently resides in each of the three separate CCG organisations. To make this way of working operationally effective, we must be able to find a way to build formal organisational and management structures across the ICS geography.

3 We could provide better support for Primary Care Networks (PCNs)

In order to become the delivery vehicles for more local care services, much more will be required of PCNs than can be delivered within the current commissioning arrangements. All transformation funding for PCNs is already allocated at a BOB ICS level and this is likely to continue to be the case. PCNs will require considerable assistance in their development including leadership support and the ability to engage on an equal footing with other partners inside their ICP, some of whom will be long established and of a considerably larger scale.

It is envisaged that with regard to PCNs, stronger collaboration would:

- Support PCNs become capable providers
- Make sure that investment flows to support and maintain transformation
- Take a more rounded view on the maturity and capabilities of PCNs across a broader footprint than a single ICP

4 We need greater oversight and accountability for the ICS

The ICS is a recent development which does not currently have permanent leadership or statutory governance. Neither of these options are sustainable given the vital role it will play in the future strategic commissioning role envisioned for an ICS by the Long Term Plan. We recognise that we need to address this challenge quickly to ensure long term sustainability and effective oversight of the ICS, particularly with the expectation that future investments in service transformation will be allocated at an ICS geography.

5 We have a better opportunity to share expertise and resources

NHS organisations in the BOB geography have a long and successful history of working collaboratively. In common with other NHS organisations, our partner organisations regard workforce shortages as their greatest risk to delivering the ambitions of the NHS. As a merged organisation implemented at a larger footprint, greater support could be provided to ensure that where our providers have the most challenging shortages (e.g. dermatology, bariatrics) greater facilitation could be provided to help resolve this, matching capacity with demand and eliminating postcode lotteries.

Proposals for changes which will help us meet these challenges

1

Appoint a single Accountable Officer and Shared Management Team

We believe that a single Accountable Officer will provide a focal point for leadership and accountability within the Integrated Care System. Our expectation is that this postholder would also assume the role of the Executive Lead for the BOB ICS, enabling a greater degree of statutory authority and accountability for the role. This decision is reserved to CCG Governing Bodies and would be a critical component from which any of the other proposed changes would have to rely on to be effective. By taking this step we would:

- Have individual accountability which mirrors our news way of working
- Provide strong and consistent leadership across the organisation(s)
- Be able to establish a shared resource with significant expertise able to work at scale
- Achieve a greater level of efficiency for the taxpayer, patients and partner organisations

2

Design stronger Integrated Care Partnerships which are constituted using a set of common principles

Our three ICPs will be the main delivery function for our shared ambition to transform the services delivered to patients. A number of approaches may exist to ensure that the three ICPs can be designed to deliver this function and the previous section of this document sets out some of the potential features for your feedback. It is our expectation that each ICP would be:

- A vibrant partnership with voluntary, community and the social enterprise sector
- Operating within a strong, statutory framework which binds the partners
- Able to direct how its resources are used to best effect
- The main point of interface with Primary Care Networks
- Supported with resource to ensure the delivery of local priorities
- Has its own senior leadership which is represented at an ICS level
- Utilises shared care records to support better care across different settings

3

A proposal to create a single commissioning organisation across the BOB geography

In line with the Long Term Plan, there is an expectation that each ICS will ‘typically’ be covered by a single CCG by April 2021. To address this requirement we would like to engage with our stakeholders to explore their views on reviewing our commissioning architecture to mirror the ICS footprint. This will require the approval of the member practices of the current CCGs as set out in their constitutions. If this proposal was approved, we would:

- Operate more effectively within a statutory framework that reflects the way in which we now work
- Establish common principles to support the design and delivery of changes at a ICP and network level
- Eliminate the inefficiencies of having three separate sets of reporting and regulatory requirements
- Provide a single point of interface for partner organisations and regulators to interact with

Benefits of greater collaboration between our organisations

Better healthcare and health outcomes	Greater collaborative working would provide the best opportunity to support each ICP with its work to improve healthcare, tackle health inequalities and ensure consistency of services in terms of quality and availability across Buckinghamshire, Oxfordshire and Berkshire West.
Better use of clinical and other resource	Through the new Primary Care Networks and Integrated Care Partnerships, GPs and other healthcare providers will focus on developing and delivering services to meet healthcare needs in their neighbourhoods, whilst still being involved in strategic commissioning through their membership of a single commissioning organisation. By working more collaboratively, we could encourage closer working between NHS organisations to better match capacity with demand.
Stronger, consistent commissioning voice and leadership	Closer working would provide a stronger, single and more consistent commissioning vision, leadership, voice and approach. Clinical leadership would have a greater impact, with the development of common principles and sharing of expertise between ICPs and organisations.
Greater support for transformation and local innovation	It is likely that transformation funding will continue to be allocated at a BOB level. Working across the BOB ICS to implement a single, cohesive strategy, accompanied by speedier decision-making, would enhance the pace at which transformation can be achieved. This could deliver better patient health outcomes more quickly and effectively, and improve the consistency of services as well as the approach to commissioning.
More efficient way of working	Closer working would eliminate duplication of some current functions such as payroll and procurement. This improvement in how we work work together would enable us to be more efficient and therefore address priority activities which deliver real benefits for local healthcare, rather than duplicating activity.

These proposals will support the continuing evolution of the BOB Integrated Care System

Relationship with the BOB Integrated Care System

Should the proposal for a single Accountable Officer be supported, it is our intention that this individual would also act at the BOB ICS Lead. This does not mean, however, that the ICS and the CCG(s) are the same thing. Whilst the CCG(s) will continue to be responsible for the legal duties required of them, the ICS will play a broader role in the promotion of collaboration and integrated leadership between public sector organisations across the area. The ICS has collectively agreed the following principles:

1. Activities and decisions will occur as **locally** as they can, keeping close to patients and services.
2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes.
3. **Reduce unwarranted variation** in outcomes and value.
4. Avoid wasted effort by **reducing duplication** within the system.
5. **Drive consistency** of intent, approach and outcome.
6. Align decisions with our long term **population health outcome goals** and our **long term plans and strategy**.
7. Deliver services in a way that is **well understood by our populations and those who deliver care.**

The BOB ICS has an ICP based focus, recognising that system working at a county level is a key driver of much of the transformation across the BOB footprint. The role of the BOB ICS will therefore be to:

Take collective responsibility and secure consensus for patient experience, clinical outcomes, safety and value for money whilst fostering work with partners to design changes which improve all of these things.

Set the strategic agenda for work which develops the health and care offering in each of the three ICPs.

Define common principles of transformation for both system wide and ICP based improvement programmes which improve service delivery and value for money.

Act as a point of support and challenge to partners in the development of improvement schemes, commissioning plans and business cases.

Facilitate the sharing of best practice at ICP, system and wider level between partners.

How to share your response to this document / Next Steps

Please share your views by:

Completing the online survey via your CCG's website

Emailing us at the following addresses:

Buckinghamshire	ccgcomms@buckscc.gov.uk
Oxfordshire	OCCG.media-team@nhs.net
Berkshire West	communications@royalberkshire.nhs.uk

Sending your response by post to:

Buckinghamshire
Buckinghamshire CCG Communications and Engagement Team
County Hall, Walton Street, Aylesbury HP20 1UA

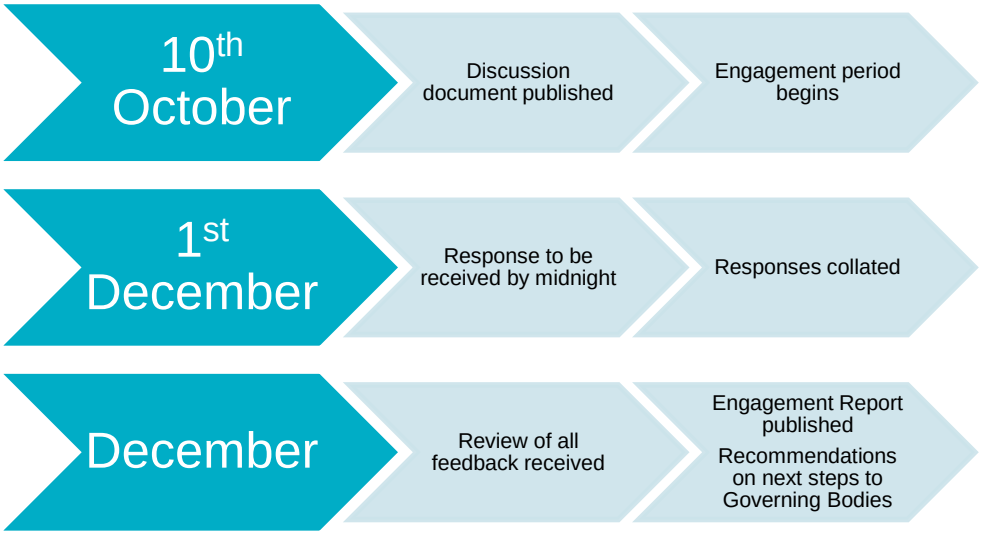
Oxfordshire
Oxfordshire CCG Communications and Engagement Team
Jubilee House, John Smith Drive, Oxford Business Park South, Oxford OX4 2LH

Berkshire West
Berkshire West CCG Communications and Engagement Team
57-59 Bath Road, Reading RG30 2BA

Next Steps

All feedback received will be fully considered by CCG and ICS leaders and will inform recommendations to CCG Governing Bodies about a single Accountable Officer/ICS Lead, associated supporting management structure and consultation with CCG members on any future possible CCG configuration.

An engagement report will be published and made available via the CCGs' websites.



We would like to hear your views by midnight on 1st December 2019. Following this we will set out our next steps in due course.