Agenda

Health & Wellbeing Board Buckinghamshire

Date: Thursday 18 September 2014

Time: 3.30 pm

Venue: Jubilee Room, Aylesbury Vale District Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF

Agenda Item		Page No
1	**WELCOME AND APOLOGIES**	
2	**DECLARATIONS OF INTEREST**	
3	**MINUTES OF THE MEETING HELD ON 24 JULY 2014**	**3 - 8**
4	**PUBLIC QUESTIONS**	
5	**DISCUSSION RE: OFSTED REPORT** Angela Macpherson, Cabinet Member for Children's Services *Attached: Ofsted Report, 8 August 2014*	**9 - 42**
6	**HEALTHWATCH ANNUAL REPORT** Jenny Baker OBE, Chair of Healthwatch Bucks *Attached: Healthwatch Bucks Annual Report 2013-14*	**43 - 70**
7	**BETTER CARE FUND** Leslie Perkin, Programme Director, Integrated Care, Buckinghamshire	
8	**HEALTH AND WELLBEING BOARD WORK PROGRAMME** Kate McDonald, Health and Wellbeing Lead, Buckinghamshire County Council *Attached: Forward Plan 2014-15*	**71 - 76**
9	**DATE OF NEXT MEETING** 16 October 2014, 2:30pm, Mezzanine Rooms 1 and 2, County Hall, Aylesbury	

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

For further information please contact: Helen Waillling on 01296 383614
Fax No 01296 382421, email: hwailling@buckscc.gov.uk

Members

Ms J Adey (District Council Representative), Ms J Baker OBE (Healthwatch Bucks), Mrs P Birchley (Cabinet Member for Health and Wellbeing), Mr T Boyd (Strategic Director for Adults and Family Wellbeing), Ms I Darby (District Council Representative), Mr C Etholen (Deputy Cabinet Member for Health and Wellbeing), Dr A Gamell (Chiltern Clinical Commissioning Group), Mrs S Imbriano (Strategic Director, Children and Young People), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Ms N Lester (Chiltern Clinical Commissioning Group), Ms A Macpherson (Cabinet Member for Children's Services), Dr S Murphy (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr G Payne (Medical Director, NHS England Thames Valley Area Team), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

Minutes

Health & Wellbeing Board Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 24 JULY 2014, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.30 AM AND CONCLUDING AT 11.53 AM.

MEMBERS PRESENT

Ms J Baker OBE (Healthwatch Bucks), Mrs P Birchley (Cabinet Member for Health and Wellbeing), Ms I Darby (District Council Representative), Mr C Etholen (Deputy Cabinet Member for Health and Wellbeing), Dr A Gamell (Chiltern Clinical Commissioning Group), Mrs S Imbriano (Strategic Director, Children and Young People), Ms A Macpherson (Cabinet Member for Children's Services), Dr S Murphy (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Dr G Payne (Medical Director, NHS England Thames Valley Area Team), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

OTHERS PRESENT

Ms H Llewelyn-Davies (Chair, Buckinghamshire Healthcare NHS Trust), Ms K McDonald (Health and Wellbeing Lead Officer), Ms A Molagoda (Central & South East CMHT), Ms J Prosser (Chiltern Clinical Commissioning Group), Ms R Rothero (Service Director, Commissioning and Service Improvement, Adults and Family Wellbeing), Mr P Simey (Consultant in Public Health) and Ms H Wailling (Democratic Services Officer)

1 WELCOME AND APOLOGIES

Apologies for absence were received from Julia Adey, Trevor Boyd, Dr Graham Jackson, Nicola Lester and Louise Patten.

Dr Karen West was in attendance in place of Dr Graham Jackson.

The Chairman welcomed Hattie Llewelyn-Davies, Chairman of Buckinghamshire Healthcare NHS Trust, who was present as a guest of the Board.

The Chairman also welcomed Jenny Baker OBE, who was Chairman of Healthwatch Bucks and would now be representing Healthwatch Bucks on an interim basis while a new Chief Executive was recruited.

The Chairman welcomed Jackie Prosser (Chiltern CCG) and Aruni Molagoda (Central & South East CMHT), both of whom were in attendance as observers.

2 MINUTES OF THE MEETING HELD ON 26 JUNE 2014

The Minutes of the meeting held on 26 June 2014 were agreed and signed with the following amendment:

- Page 6, 1st line, to be amended to read, “Dr Annet Gamell said that it had to be a whole-system approach. *The commissioning of* primary care was currently fragmented…”

3 PUBLIC QUESTIONS

There were no public questions.

4 JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN - FOCUS ON EVERY CHILD HAS THE BEST START IN LIFE

Presentation from Sue Imbriano (Strategic Director for Children and Young People), Dr Jane O'Grady (Director of Public Health) and Dr Juliet Sutton (Aylesbury Vale Clinical Commissioning Group).

Joint Health and Wellbeing Strategy:

- All work was measured against the United Nations (UN) Convention on the Rights of the Child.
- Priorities in the Joint Health and Wellbeing Strategy included support for young carers (to be looked at in more detail at a future meeting).
- The Strategy also had a focus on early intervention and prevention.
- Evidence and research was embedded to inform commissioning decisions.
- The Strategy had a focus on early years, including children's centres.
- There was national and international evidence regarding parenting programmes. Recently around 200 parents in Buckinghamshire had undertaken a parenting programme. The challenge would be to create a more universal parenting programme.
- The Reconnect Programme had been set up to look at disorganised attachment and the damage it did to young children. Intervention was needed at an early stage.
- The Catch Programme supported young children and their parents in the Community. There was a Junior Catch programme and also one for older children.

Outcomes achieved:

- Children's Centres – so far they had been able to maintain investment in these, but it was becoming increasingly difficult. Children's Centres continued to work with families most in need.
- Early Years – the quality of provision was very important. Three and four year olds now had free places, and more schools could take younger children. Statutory organisations needed to be very clear about what they were expecting from providers.
- Educational attainment - in 2013, 55% of children in Buckinghamshire aged 5 achieved a 'good level of development' at the end of the Early Years Foundation Stage (68% in the most affluent areas and 40% in the least affluent areas). Work was being carried out to look at what could be done to improve this figure, including work on phonics.
- 'Narrowing the Gap' – in the previous year, the Key Stage 2 gap had narrowed. The Key Stage 4 gap had also narrowed but was still too large. Every year's cohort was different and this affected the figures.
- There had been engagement with schools and early year settings to review the School Improvement Strategy, with a focus on narrowing the gap.
- Families First was a really good example of how partner organisations had positively changed the way they worked together.

Challenges:

- A greater proportion of births were occurring in deprived areas. This increased demand on Children's Social Care Services.
- Encouraging young people to be involved in physical activity (this was also an issue nationally).
- The voice of the child needed to come through in all work carried out.
- Transition between Children's Social Care services and Adult Social Care services was still a challenging area.

Work being carried out:

- Public health work with Clinical Commissioning Groups to achieve healthier pregnancies. There was a focus on smoke-free work and improved rates for smoking cessation. The cost of a pre-term birth up to the age of 18 was £51k.
- Regular meetings were held with maternity colleagues on improving referrals to smoking-cessation services, which used carbon monoxide monitors. They were looking at how they could reach out to people instead of people having to come to them.
- Improved support for teenage mothers and Asian mothers.
- Introduction of a maternity needs assessment.
- Public Health commissioned a Cut Films youth prevention project for a third year, which resulted in 52 short films being made by local young people on the harm caused by tobacco. A total of 46 participative workshops were held involving 537 young people as part of this project.
- The Five Ways to Wellbeing Programme had now been adopted for children.
- Unique statistics on teenage activity had been obtained through a 'Social Norms' programme. A Facebook campaign had also provided advice and facts on sexual health.
- The Director of Public Health's Annual Report this year has been developed with young people from Buckinghamshire schools. It addresses the areas the schools and young people identified as the most important and relevant.
- Work had been carried out on urgent care pathways for 0-5 year olds.
- Leaflets were being prepared about fever, gastro-enteritis, head injury and asthma.
- Leaflets on bronchiolitis and jaundice would be re-launched in September 2014.
- Work was being carried out to produce an 'app' so that sexual health information would be available through smart phones.
- Research showed that people placed trust in services which carried the NHS logo / endorsement.
- Multi-agency work to address self-harm, including work with schools, headteachers and CAMHS, to increase skills in this area of work. A pilot was currently being run with 16 schools (primary, secondary and special needs, both upper and grammar schools). There was very positive feedback so far.
- Work on health needs in different localities. Educational sessions on minor illness and self-care had been carried out, which had been very well-received.

Member comments:

A member asked if there was joint working with colleagues in Oxfordshire. Dr Juliet Sutton said that they were working with services in Berkshire and Oxfordshire on the urgent care pathway.

A member said that from a resident's point of view, they needed to assure themselves that they were communicating services. How accessible were the services? Sue Imbriano referred to the Family Information Service website which had received 193 000 hits in the previous year.

A member referred to the Director of Public Health's Annual Report and said that self-worth and self-esteem were linked to many other behaviours. Dr Jane O'Grady said that they had looked at emotional wellbeing with young people. Winners of a competition were working with a design company to make a film on emotional wellbeing. Mental wellbeing had also been addressed in the 'Social Norms' project.

A member said that they were very concerned about looked-after-children, of whom 50% were located outside Buckinghamshire, and noted that it was a tough task to join up with other CCGs.

A member asked about the success of each intervention. Dr Jane O'Grady said that there was more work they needed to do so that the interventions were systematic. Work with schools was individual to each school, but they had data for which schools had rolled out the emotional resilience training. Much more could be done by joining up (e.g. Public Health was developing a sexual health app with young people and it would be good to have NHS endorsement for that).

Jenny Baker said that Healthwatch had focused on youth in its priority plan.
Jenny Baker said that Healthwatch had commissioned a survey of looked after children experiences of healthcare and had attended a conference earlier this year where I was felt that there was a gap between commissioners and other groups, such as the Health and Wellbeing Board, on the flow of information.

Dr Juliet Sutton said that Action for Youth had presented at the last AV CCG community meeting. Some of the action points from that were already being actioned.

The Board agreed a Health and Wellbeing Board meeting or workshop session focussing on children should form part of the forward plan.

The Chairman thanked Dr Jane O'Grady, Sue Imbriano and Dr Juliet Sutton.

5 UPDATE REPORT ON BUCKINGHAMSHIRE'S PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

Presentation by Piers Simey, Consultant in Public Health.

Overview:

- The Pharmaceutical Needs Assessment (PNA) for Buckinghamshire would be brought to the Health and Wellbeing Board meeting in October 2014. Over the next two months they would be going through a range of data to inform the PNA.
- The PNA was a statutory requirement, to be delivered by the Health and Wellbeing Board.
- The PNA was being developed by Primary Care Commissioning, who had been through a tender process (this had been done in partnership with Oxfordshire).
- A PNA Steering Group had been set up.
- Regulations specified that the Health and Wellbeing Board area needed to be divided into localities for the PNA.
- A Pharmacy Survey would be carried out on how the public used pharmacies and on what else might be needed. This would be going out to 11 000 homes via the 'My Bucks' e-newsletter, as well as through a number of other routes.

Member comments:

Dr Stephen Murphy declared an interest as his GP practice had a dispensing pharmacy.

A member asked if it was too costly to advertise the Pharmacy Survey on the paper bags use for prescription medicines. Piers Simey said that he had taken advice from the Local Pharmaceutical Committee, which had suggested advertising via posters.

A member noted that 15 minutes was a long duration time for a survey. Piers Simey said that they had considered this, but that all the information contained in the Survey was relevant.

A member asked how many pharmacies there were in Buckinghamshire and if the number was growing. Piers Simey said that there were 96 pharmacies in place. Consideration would

need to be taken regarding the 7500 new homes in Aylesbury. Change in population and demographics were core factors.

A member suggested that information on the Survey could be printed on the prescription slips used by GPs. Dr Juliet Sutton suggested that this could be done by approaching practice managers.

A member asked who commissioned pharmacies. Piers Simey said that NHS England commissioned pharmacies. The member asked if NHS England would use PNA data to develop its commissioning plan. Dr Geoff Payne said that he thought they would.
The member asked if there was a budget for NHS England to expand the number of pharmacies. Dr Geoff Payne said that there was not.

A member said that in other Healthwatch areas, they had a stall once a month in pharmacies to gather data from customers. The members also said that text messages could convey information about the Pharmacy Survey.

A member said that pharmacies often saw patients more often than their GPs, and that pharmacists needed to be integrated into joined-up care.

An update on the consultation process would come back to the Board in October.

The Chairman thanked Piers Simey for attending.

6 WORK PROGRAMME

Katie McDonald, Health and Wellbeing Lead Officer, thanked members who had sent her comments on the Forward Plan. The Forward Plan was now published on the BCC website: https://democracy.buckscc.gov.uk/documents/s50705/HWB%20Forward%20Plan%202014-2015.pdf

The Cabinet Member for Children's Services said that there would need to be an agenda item to discuss the Ofsted inspection results in September.

7 AOB

The Chairman told members that she had lent her support to a pilot health survey being carried out by HS2 Action Alliance.

8 DATE OF NEXT MEETING

18 September 2014, 3:30pm, Jubilee Room, Aylesbury Vale District Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF

16 October 2014, 2:30pm, Mezzanine Rooms 1 and 2, County Hall, Aylesbury

20 November 2014, 2:30pm, The Oculus, Aylesbury Vale District Council, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF

29 January 2015, 10:30am, Mezzanine Rooms 1 and 2, County Hall, Aylesbury

CHAIRMAN

Buckinghamshire County Council

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the Local Safeguarding Children Board[1]

Inspection date: 3 June – 25 June 2014

Report published: 8 August 2014

The overall judgement is that children's services are <u>inadequate</u>		
It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.		
The judgements on areas of the service that contribute to overall effectiveness are:		
1. Children who need help and protection		**Inadequate**
2. Children looked after and achieving permanence		**Inadequate**
	2.1 Adoption performance	**Requires Improvement**
	2.2 Experiences and progress of care leavers	**Requires Improvement**
3. Leadership, management and governance		**Inadequate**

The effectiveness of the Local Safeguarding Children Board (LSCB) is **inadequate.**

The LSCB is not demonstrating that it has effective arrangements or the required skills to discharge its statutory duties.

Contents

Section 1: The local authority - Summary of findings

Children's services in Buckinghamshire are <u>inadequate</u> because:

1. Political leaders and chief officers state that children's social care is not in the top two priorities for the Council. This limits the effectiveness of those with lead responsibility for Children's Social Care to drive up standards and sustain longer-term change.

2. Failures by Buckinghamshire's safeguarding services are widespread and serious. The result is that children are not being effectively protected. Children and young people do always not receive help when they need it.

3. For some months, leaders in Buckinghamshire, including elected members, have had concerns about the quality of services delivered by some social work teams. However, there has been too little analysis of where problems lie and, as a result; remedial action and investment have not led to improvements.

4. Failures in some parts of the service are serious, particularly in assessing and responding to children and young people in need of help and protection. At the time of this inspection, a high number of children in need of statutory intervention and protection were without an allocated social worker. As a result, too many of them are at risk of harm. The level of unallocated work is a long-standing problem.

5. Arrangements to prioritise unallocated work are unsafe. Some children who require continuing help and protection are not allocated to a social worker. Responses to them are piecemeal, with tasks allocated to different social workers. Decisions to close cases without social workers seeing and speaking to children exacerbate risks.

6. Case loads are too high in some areas of the service and this means that social workers are unable to do their jobs effectively. Agencies do not agree about the threshold for intervention by children's social care.

7. Many case records are poor. They do not accurately reflect the child's experiences and important documents are left blank.

8. Care for some looked after children is not good enough. Managers do not know if all statutory visits are completed because performance information is missing. Over 50% of looked after children are placed outside Buckinghamshire and this affects the availability and timeliness of services to meet their needs.

9. Not all young people leaving care have an up-to-date plan. For some, preparation for leaving care starts too late. In addition, the proportion of care leavers who are not in education, employment or training (NEET) is significantly higher than that for Buckinghamshire's young people as a whole.

10. Supervision of social workers is of poor quality and managers' oversight of practice in many teams is inconsistent. At all levels, too many managers are temporary.

11. The system for quality assurance and performance management is ineffective. A number of internal and external audits of social work practice have identified concerns but managers have not taken effective action to address these.

What does the local authority need to improve?

Priority and immediate action

12. Review all unallocated cases that have been closed without the child's needs being assessed and ensure that any necessary action is taken to meet them.

13. Ensure that the local authority as a whole takes responsibility for and prioritises the improvements needed in children's social care.

14. Ensure that all partners understand and agree on the multi-agency thresholds document, that it is implemented and monitored effectively, and that it is supported by clear guidance.

15. Ensure that there are enough suitably qualified and skilled social workers and first-line managers to provide services that are safe, responsive and effective.

16. Ensure that, when children and young people are referred to children's social care, there is sufficient capacity in this part of the service to undertake the work effectively, and that children are assessed swiftly so that their safety is secured.

17. Ensure that suitably qualified staff undertake assessments, that these focus on the needs and wishes of the child, provide a thorough assessment of parental attributes, consider historical factors, and analyse risk and resilience factors in detail.

18. Ensure that information about children and families is shared and recorded in line with legislation and case law, with consent obtained except in circumstances where it would heighten risk of significant harm to a child or young person. Ensure that historical information is included so that risks can be better analysed and understood.

19. Ensure that children and young people are visited regularly, seen alone by their social workers, and have enough time with them to build and maintain positive relationships.

20. Ensure that case records contain an accurate account of the child's experiences, an analysis of their cultural, religious and diversity needs, and detailed reasons for key decisions.

21. Ensure that child protection strategy meetings, discussions and conferences consider the views of all relevant agencies and professionals when determining how to proceed.

22. Ensure that all plans for children and young people focus on their assessed needs, with clear timescales and outcomes by which progress can be measured.

23. Ensure that core groups consistently review progress in achieving the aims of the child protection plan and that escalation processes follow if parents fail to engage.

24. Undertake timely statutory visits to all looked after children and record on the children's case files whether they are spoken to alone.

25. Ensure that managers' decisions for children to return to their families are clearly recorded and supported by a risk assessment and support plan to enable them to be reunited successfully.

26. Ensure that allegations of abuse, mistreatment or poor practice by professionals are dealt with promptly and recorded accurately.

Areas for improvement

27. Ensure that the local authority and partners coordinate and target early help effectively, so that families receive support when their need is first identified.

28. Ensure that social work reports presented at reviews for children looked after include an updated assessment and analysis of the child's progress since the previous review to inform future planning.

29. Review and improve the electronic recording system to ensure that information about children is contained in one place and can be easily accessed by staff.

30. Ensure that children's records are accurate and up to date including ensuring that records of looked after reviews meetings, reports and minutes are on the child's case file.

31. Ensure sufficient Independent Reviewing Officer capacity exists for them to undertake their statutory responsibilities, including monitoring children's care plans and visiting children between statutory reviews.

32. Improve the quality of information about individual children in their permanence reports (CPRs) and about prospective adopters in adoption assessments and ensure that a senior manager agrees the reports before they go to the panel.

33. Ensure that all care leavers have a pathway plan to guide their transition to independence. These should include contingency arrangements, take account of their education and health history, and be updated promptly as circumstances change.

34. Improve the timeliness of initial health assessments for looked after children who live outside Buckinghamshire.

35. Ensure that sufficient foster carers and children's home placements are available in Buckinghamshire to meet needs, and that children are placed out of area only when it is part of their care plan.

36. Review all foster carers annually to determine their continued suitability as carers and to identify their support needs.

37. Strengthen work to close the gap in educational attainment at secondary school between looked after children and other pupils in Buckinghamshire and make sure that looked after children have access to 'good' and 'outstanding' schools.

38. Strengthen the representation of care leavers in the Children in Care Council (We Do Care) and ensure that they are influential in revising the Care Leavers' Pledge.

39. Increase awareness and take-up of the 'staying-put' arrangements for young people to remain with foster carers beyond the age of 18 and develop more choice for care leavers' accommodation, including when they need or wish to settle outside the county.

40. Develop further opportunities for care leavers to take up work experience, apprenticeships and work-based learning.

41. Raise the proportion of children in care and care leavers who are in education, employment or training and close the gap between them and other children and young people in Buckinghamshire.

42. Raise awareness of private fostering and assess and support all privately fostered children in accordance with regulations and guidance.

43. Embed the new performance management framework so that managers at all levels have timely, relevant and accurate performance and quality assurance information to enable them to do their jobs effectively and deliver improvements.

44. Review governance arrangements between the Children & Young People's Partnership Board, the Buckinghamshire Safeguarding Children Board (BSCB) and the Health and Well-being Board so that improved outcomes for children and young people are prioritised, tracked and evaluated across the partnership.

The local authority has the following strengths:

45. Many social workers and their managers are committed to the children of Buckinghamshire. Very recent caseload reductions in some teams are making a positive difference. In some cases, feedback from parents and children showed that social workers had made a real difference to their lives.

46. The out of hours Emergency Duty Team (EDT) is well managed. Children's work is supported by ten sessional workers and a duty rota for senior managers.

47. Identification, tracking and risk assessment processes for young people who go missing or are at risk of sexual exploitation are effective.

48. The local authority has sound working relationships with the Children and Family Court Advisory and Support Service (Cafcass) and the district judges. The work of the Family Court team is well regarded by the judiciary. It is helping to reduce court time and leading to timely decisions for children.

49. The local authority is investing in developing the country's third Family Drug and Alcohol Court (FDAC). This is an example of good, innovative practice.

50. The local authority has jointly commissioned a range of services to support vulnerable children and their families. Children and young people are consulted on these and influence their design.

51. Youth services target their work successfully and commission a good range of services, including drug and alcohol outreach. Young carers have access to an array of support services and take-up is high. Support services for disabled children are also good in terms of choice and quality.

52. Eleven per cent of care leavers go on to higher education and are encouraged to do so throughout their school careers. The After Care team supports them well.

53. For most children, adoption is considered at the earliest stage, in case a return to their family would be unsafe or would not meet the child's needs satisfactorily.

54. Disruptions to adoption placements are low (two in the last year) and excellent analysis of these incidents has been used to improve the service.

55. A training programme for 25 newly qualified social workers is comprehensive and well-established, and there is investment in on-the-job-training for 17 staff.

Information about this inspection

The inspectors have looked closely at the experiences of children and young people who have needed or still need help, protection or both of these. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of social work and the difference adults make to the lives of children, young people and families. They read case files, watched how professional staff worked with families and each other and discussed the effectiveness of the help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand to what extent the local authority knows how well it is performing and what difference it makes for the people it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. The report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

The inspection team consisted of six of Her Majesty's Inspectors (HMI) and one additional inspector.

The inspection team

Lead inspector: Brenda McLaughlin

Team inspectors: Sean Tarpey, Carolyn Spray, Fiona Parker, Neil Penswick, Chris Davies and Dominic Porter-Moore.

Information about this local authority area[2]

Children living in this area

- Approximately 117,900children and young people under the age of 18 live in Buckinghamshire. This is 23% of the total population in the area.
- Approximately 11% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
  - in primary schools is 7.2% (the national average is 18.1%)
  - in secondary schools is 5.7% (the national average is 15.1%).
- Children and young people from minority ethnic groups account for 20.9% of all children living in the area, compared with 21.5% in England as a whole.
- The largest minority ethnic groups of children and young people in the area are Asian or Asian British at 12%.
- The proportion of children and young people who speak English as an additional language:
  - in primary schools is 16.1% (the national average is 18.1%)
  - in secondary schools is 13.6%% (the national average is 13.6%).

Child protection in this area

- At 31 March 2014, assessment had identified 2,428 children as being formally in need of a specialist children's service. This is an increase from 1,973 at 31 March 2013.
- At 31 March 2014, 263 children and young people were the subject of a child protection plan. This is an increase from 190 at 31 March 2013.
- At 31 March 2014, three children lived in a privately arranged fostering placement. This is the same as at 31 March 2013.

Children looked after in this area

- At 9 June 2014, 444 children were being looked after by the local authority (a rate of 38 per 10,000 children). This is an increase from 400 (34 per 10,000 children) at 31 March 2013. Of this number:[3]
  - 231 (or 52%) live outside the local authority area

[2] The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where these were available.
[3] The categories below may overlap.

- 68 live in residential children's homes, of whom 69% live out of the authority area
- 12 live in residential special schools,[4] of whom 75% live out of the authority area
- 330 live with foster families, of whom 52% live out of the authority area
- six live with parents, of whom 17% live out of the authority area
- 13 children are unaccompanied asylum seekers.

- In the last 12 months
  - there have been 30 adoptions
  - 14 children became subjects of special guardianship orders
  - 130 children have ceased to be looked after, of whom 6% subsequently returned to be looked after
  - nine children and young people have ceased to be looked after and moved on to independent living
  - one young person has ceased to be looked after and is now living in a house of multiple occupation.

Other Ofsted inspections

- The local authority operates one children's home. It was not judged to be good or outstanding in its most recent Ofsted inspection.
- The previous inspection of Buckinghamshire's safeguarding arrangements / arrangements for the protection of children was in January 2011. The local authority was judged to be good.
- The previous inspection of Buckinghamshire's services for looked after children was in January 2011. The local authority was judged to be good.

Other information about this area

- The Director of Children's Services has been in post since January 2006.
- The Chair of the LSCB has been in post since 2006.

[4] These are residential special schools that look after children for fewer than 295 days.

Inspection judgements about the local authority

The experiences and progress of children who need help and protection

Key Judgement	Judgement Grade
The experiences and progress of children who need help and protection	Inadequate

56. Failures by Buckinghamshire's safeguarding services are widespread and serious. The result is that children are not being effectively protected. Children and young people do always not receive help when they need it.

57. At the start of this inspection, 261 children of those who met the authority's threshold for statutory intervention by the First Response Team (FRT) did not have an allocated social worker. In March 2014, the number of unallocated cases was high. The local authority commissioned an external agency to work with these children. Many were living in neglectful and unsafe circumstances and had waited months to receive a service.

58. Key areas of social work practice have fundamental weaknesses, including assessment, child protection, management oversight and supervision. This leaves children and young people at risk of harm.

59. Thresholds for services are not understood. Professionals from other agencies report high levels of concern about intervention by children's social care. Referrers are not responded to routinely, communication is poor and professionals are worried that children are at risk.

60. The absence of coordinated, early, multi-agency arrangements to support universal services, such as health and schools, is leading to increased referrals to social work services. Recent serious case reviews identified these concerns but they have not been addressed.

61. Referrals made by the police about domestic violence when children are present do not contain enough information for an appropriate assessment of risk to be made, resulting in additional work for frontline children's social care teams.

62. Although there are some examples of good work with children and their families, a significant proportion of work is seriously inadequate and it takes too long for social workers to see vulnerable children.

63. Children's services have been completely reorganised in the past year. They have focused on implementing new systems and, in doing so, have failed to recognise that the requirements of basic social work practice were not being met. Caseloads in many teams are too high, meaning social workers cannot do their job effectively. As a result, some children at risk and in care are not visited regularly by their social workers. The quality of assessments is poor.

64. Over one third of referrals are re-referrals. Most of the children whose cases inspectors tracked and sampled showed a history of repeat referrals, with the unresolved concerns being re-presented. The child's history is not taken into account routinely when determining whether a child needs help. The result is that decisions are based on incomplete risk assessments.

65. There have been some recent improvements in the First Response Team. A revised duty system is improving the response to referrals. The timeliness of child protection strategy discussions has improved, although these are normally telephone conversations only between the social care manager and the police. This therefore excludes other professionals known to be involved with the child and limits the effectiveness of the discussions.

66. Buckinghamshire commissions and manages a wide range of early help services. Families first (troubled families initiative) is a cross agency collaborative approach that has identified 417 families at the end of June 2013. They worked with 261 families and successfully helped 35 families to meet their goals. It's Family Resilience Service and children's centres use evidence-based tools, such as the Family Star and Graded Care Profile. This assessment and planning tool replaces the Common Assessment Framework, but it is applied only by local authority services and those commissioned by them. There is little evidence that the wider partnership understands and applies it. This seriously diminishes the critical role that agencies such as health, schools and adult services play in helping children. It also leads to inadequate co-ordination of early help services. This means that children do not always receive help early enough to ensure that their needs are met and do not escalate.

67. Youth services target their work successfully and commission a good range of services, including drug and alcohol outreach. Young carers have access to an array of support services and take-up of these is high. Support services for disabled children are also good in terms of choice and quality. Feedback from parents and young people provides some evidence of their positive impact and improved outcomes.

68. Too many managers at all levels are temporary and this leads to inconsistent management oversight. There is an over-reliance on locum social workers. This workforce instability means frequent changes of social worker for children and makes it harder for them to build meaningful and trusting relationships with them.

69. Managers do not routinely audit case file records and so do not secure an accurate view of the quality of practice. Individual performance management is poor, levels of supervision are inconsistent and management oversight is lacking. All this means that social workers lack the support they need to safeguard children effectively.

70. The number of children subject to child protection plans has increased since March 2013 from 190 to 263. Of these, 23% had a repeat child protection plan

compared with 11% during the preceding year. This indicates that children are being taken off child protection plans too early and before risks have been reduced effectively. There is no 'step down' protocol with universal services to ensure that children coming off child protection plans continue to receive structured help.

71. Police and health staff do not attend case conferences regularly.

72. All child protection plans sent to parents' state what needs to happen to enable the plan to end. However, most of the plans simply list tasks: they are not specific, do not have clear timescales and do not specify what the intended outcomes are. Most core group meetings review a family's circumstances rather than measure progress, leading to drift and delay. The core groups do not act or escalate matters where parents are not cooperating.

73. Social workers understand the wishes and feelings of children, but this is not always reflected in case records. There is little evidence of social workers working directly with children. This is largely delegated to other services such as Senior and Junior Catch or Women's Aid refuge support.

74. Too many case files lack chronologies and, even when they do include them, the chronologies are incomplete or not up to date. Records of management decisions and weekly unit meetings are not comprehensive. Some records, such as core group minutes are duplicated to sibling case files, which mean that they are not always personal to the child. This prevents new workers and managers from swiftly understanding when they take over a case or when the allocated social worker is absent. It also reduces the value of the records to children when they read them.

75. Weekly meetings provide a forum for all team members to become familiar with the cases allocated to the team and for group reflection. Such meetings are less effective in the children in need teams because of the complexity of the work and poor staff retention.

76. The diverse needs of children arising from culture, religion, ethnicity, gender, gender identity or sexuality are not detailed enough in assessments or addressed in plans. This information is critical in helping children understand their experiences.

77. Assessments in most tracked and sampled cases identify when poor parental mental health, domestic violence or substance misuse are adversely affecting children. The county commissions a wide range of preventive and support services to work with families.

78. Multi-Agency Risk Assessment Conferences (MARAC) are attended by the relevant agencies, enabling information about vulnerable children to be shared effectively and for action planning to take place for high-risk cases. The appointment of two domestic abuse advisors in children's services ensures that

all decision-making and planning about children at risk of harm from domestic abuse is informed by good-quality information and multi–agency working.

79. The out-of-hours Emergency Duty Team (EDT) is well managed and children's work is supported by ten sessional workers and a senior manager duty rota. The relationship with the police is good. Day-time managers in children's social care confirm that the interface with the EDT works well.

80. A well-regarded family court assessment team is staffed by experienced social workers. They undertake assessment work under instruction from managers and the family court. They also assist with viability assessments of family and friends as potential carers, and welfare reports ordered by the courts. The judiciary and legal services praise the quality of the team's court reports and confirm that it has contributed significantly to ensuring that the average length of court proceedings is 26 weeks. This reduces delay for children in achieving permanence.

81. Identification, tracking and risk assessment processes are currently protecting 91 children who go missing or are at risk of child sexual exploitation. The Multi-Agency Risk Management (MARM) meeting and Sexual Exploitation Risk Assessment Conference (SERAC) have good multi-agency attendance and share information about young people. RUSafe, a Barnardo's service jointly commissioned by health, the local authority and police, visits all children on their return after they have been missing and provides a range of support services. The launch in schools of *Chelsea's Choice* (a theatre production that is raising awareness of child sexual exploitation among young people in the UK) has led to increased referrals, including self-referrals, to RUSafe.

82. The Child and Adolescent Mental Health Service (CAMHS), provides an outreach service for 'hard to reach' young people.

83. The system for managing allegations against professionals and the lack of resources has resulted in the Local Authority Designated Officer (LADO) not being able to respond promptly to allegations of harm or potential harm caused by professionals. Records are not always accurate. In one case seen, unsafe recruitment practice was evident but the recording of the LADO's actions was unclear. The LADO remains without an adequate database and this affects how managers' record and quality assure the work.

84. The local authority has a lack of focus on children who are privately fostered. The capacity of the team has been reduced and it is not always meeting regulatory requirements. The number of privately fostered children is low at only three. There is a lack of awareness across the county about the importance of notifying the authority of such arrangements.

85. Children missing from education are identified, tracked and responded to effectively. However, case files of the small number who cannot be traced are closed without ensuring that they are safe from harm.

The experiences and progress of children looked after and achieving permanence

Key Judgement	Judgement Grade
The experiences and progress of children looked after and achieving permanence	Inadequate

86. Some children now in care remained in harmful situations for too long and came into care too late. This was the result of poor practice and poor assessments, resulting in delayed decision-making by managers. However, when children's needs and risks are assessed appropriately, decisions to look after them are timely. Inspectors did not find any children who were in care unnecessarily.

87. The local authority is currently assessing all young people who are looked after on a voluntary basis to determine whether their circumstances have changed sufficiently for them to return to their birth families. Inspectors saw a number of cases where children had recently returned home, but none of these young people had had a risk assessment to consider whether previous concerns had been ameliorated. For a small number of children this led to continued instability and further periods in care. Managers' decision-making was not clear.

88. The local authority is not effectively monitoring the well-being of all children in their placements. A number of sampled cases showed that social workers do not visit their looked after children often enough. In some cases, statutory guidance setting out the minimum frequency of visits is not followed. Managers' ineffective oversight of this work and poor-quality recording mean that they do not know how prevalent this is or the impact it may be having on children and young people.

89. The Public Law Outline (PLO) is used effectively to make timely decisions to initiate care proceedings. The Court Social Work Team provides a specialist service to assess children's needs, avoid delays and prepare court care plans in care proceedings. In the last quarter, the local authority has met the 26-week national target for completing care proceedings. Family group conferences are used to identify how extended families can support parents to provide care for their children and to consider suitable alternatives where this is not possible. If family and friends are potential carers, they are assessed without delay to determine their viability to provide care and permanence for children via increased use of Special Guardianship orders.

90. In the majority of cases, a plan for permanence is considered at the second review. Parallel planning addresses contingencies and helps to avoid delays.

91. The local authority is taking action to ensure that arrangements for children living long-term with their foster carers are formalised. This is being achieved through formal matching agreements. These include the wishes of the

child/young person and are ratified at a permanence panel. This is important to help children and young people feel secure about where they will be living if they cannot return to their families. For the majority of children, placement stability is good.

92. Some social workers are able to talk about the children they work with in a way that shows they know the children better than the case records reflect. Children's views, wishes and feelings are not always evident in case records, so it is not clear how well they are able to contribute to their plans. Care plans prepared for the courts, however, represent children's views well and their wishes are clearly influential in shaping their futures.

93. Social workers carry out life story work at different stages of children's lives. This helps children to understand and deal with their difficult experiences, make sense of their complex feelings and explore their identity. The availability of this resource has recently increased, with specialist workers undertaking it, but not all looked after children are yet benefiting.

94. Looked after children have ready access to independent advocacy. This helps them to express their views and so inform decisions about them. However, those placed out of area do not always have timely access to independent visitors. Currently, 30 children are waiting for this support.

95. The Independent Reviewing Officers (IROs) do not have enough time to meet all their statutory responsibilities, including monitoring children's progress and visiting them between reviews. They prioritise the children who are most in need of visits, routinely see all children alone before their reviews and challenge poor practice on behalf of individuals. However, a lack of capacity in the Children in Need teams means the challenge from IROs is not having a significant impact on overall practice for looked after children.

96. The quality of care planning and reviews is inconsistent. Of particular concern is the number of reviews which take place without a social work report. This means that children's progress and changing needs are not always considered. Although IROs provide a safety net in these cases, there is a risk that important information will be missed and plans not tailored to meet changing needs.

97. The majority of case records are poor. The electronic social care record shows blank plans and review reports entered on the system and key documents stored in other systems. Case records do not accurately reflect the child's journey and the reasons for key decisions. This limits social workers' ability to talk to children in the future about their lives and new social workers' understanding of the case. This also limits the capacity of IROs and managers to track young people's progress effectively.

98. Looked after children do well at primary school. The large majority make better than expected progress from their starting points and, overall, they are doing almost as well as other children in the same age group by the end of Key Stage

2. However, the gap between their attainment and that of all children in Buckinghamshire has widened by the age of 16. As is the case nationally the worst performing group comprises those who become looked after in their teens.

99. In 2013, only 4% of looked after pupils who are eligible to sit exams achieve five GCSEs at A* to C including English and mathematics. This is in stark contrast to the 71% rate for all children in Buckinghamshire and to the 15.3% for all looked after children in England.

100. 70% of looked after children are currently in good or outstanding schools, many of which are selective. School placements and moves for looked after children are managed well and, although choice is problematic in rural areas, the county provides good additional support and seeks to minimise disruption to the children's education. Many children who move live with carers outside of the county's boundaries are able to maintain their school placement.

101. The virtual school, Education of Children in Public Care (ECPC) team, tracks the progress and attendance of all children looked after and reviews their Personal Educational Plans (PEPs). The virtual school also provides pastoral and behavioural support. Monitoring by the ECPC underpins decisions about how best to support each child, including through direct teaching, commissioned tuition, mentoring and enrichment activities. For some children with high aspirations, trips to universities and 'taster' days are very effective in helping them to progress to higher education. Teachers, carers and pupils regard the ECPC's tailored support and challenge very positively. The ECPC is also monitoring closely the use of the Pupil Premium, although it is too soon to measure impact.

102. At the time of the inspection, all looked after children either had full-time school places or were on the roll of a school part time and also with an alternative education provider. Five pupils were on a school's roll but not attending for 25 hours; they had tuition and youth provision brokered and monitored by the virtual school ECPC, both in the county and in other local authority areas.

103. Whether the bullying of looked after children is monitored. In the past two years, 18 incidents have been logged. Looked after children's absence from school overall is low at less than 5%.

104. Children and young people do not have enough choice about their placements. The local authority provides six residential beds in the county and 111 local authority foster carers. This means that over 50% of looked after children are placed out of the county. For particular reasons, some children need to live away from their home area, but most do not. The majority of placements out of the county are the result of insufficient resources within it and not because of assessed needs. For children placed out of area, distance adversely affects their relationships with family, the frequency of their visits home, the ability to maintain continuity of school place and access to health assessments.

105. As part of a consortium of local authorities, Buckinghamshire has undertaken some good work to increase access to placements that support children and young people's cultural needs. Through the consortium, work has been done with a mosque to provide placements for seven children. Placements are also arranged for young asylum seekers in communities that meet their needs. Young people with specific cultural needs receive well-coordinated, tailored support.

106. Initial health assessments take too long, an average of 62 days from when the child becomes looked after, so any health needs are not tackled early enough. This is particularly worrying in cases of long-term neglect where information about health is needed to inform assessments and long-term plans.

107. Insufficient capacity in the fostering team means that approximately 25% of foster carers did not have annual reviews last year. The result is that oversight to confirm their continuing suitability and identify any support, training and development needs is insufficient, although foster carers say they are well supported. Supervising social workers do not always visit them often enough and do not provide sufficient support and supervision.

108. A range of training is available for foster carers, who report favourably on its quality and usefulness in helping them to support children and young people, as well as manage and understand their behaviour.

109. Agencies monitor young people who are at risk of child sexual exploitation and children are taken into the care of the local authority if risks cannot be safely managed at home. The majority of young people at risk of child sexual exploitation are placed out of the area for their own protection. When necessary, in a very few cases, secure accommodation has been used to ensure their safety. Senior managers monitor children who go missing effectively and they are subject to ongoing risk assessments.

110. The Children in Care Council, 'We Do Care', does not represent looked after children as a whole, including those placed out of area. It is underdeveloped and the pledge has not been updated since 2012. Senior managers are insufficiently involved and fail to drive support for this work. The few members who attend have pursued areas of particular interest and have contributed to small but significant improvements in services, including the website for 'We do care' which is about to be launched. However, the impact and reach of the Council overall are minimal.

111. Young people in care are supported by the council to access a wide range of leisure activities.

The graded judgement for adoption performance is that it is requires improvement

112. Adoption is considered at the earliest stage in case planning for most children, where a return to their family would be unsafe or would not meet their needs satisfactorily.

113. Buckinghamshire now tracks looked after children whose plan is likely to become one of adoption. The average time between children entering care and moving in with their adoptive family is 474 days, a significant improvement on the average of 649 days over the last three years. The time between Buckinghamshire receiving court authority to place a child and the authority deciding on a match to an adoptive family averages 200 days. This is better than performance nationally but not as good as that for similar authorities (at 162 days).

114. Forty nine per cent of children wait more than 20 months following court proceedings before their adoptions are completed. This is just above the national figure (45%) and that for similar authorities (41%).

115. The numbers of adopters awaiting assessment (40) and children awaiting adoption (43) are in line with national figures and those for similar authorities.

116. The timeliness of work to prepare and support individual children for adoption has improved recently, but overall performance is not as good as that of similar authorities. Some children experience unnecessary delays in finding a permanent home. The delays investigated by inspectors were because some social workers had not completed work in a timely manner and because 'family finding' was not sufficiently robust. Although, rightly, temporary staff have been taken on to add capacity, the quality of their work is inconsistent.

117. The majority of potential adopters to whom inspectors spoke described good support from social workers. However, they were critical of the timeliness of adoption work, with many describing delays. Almost 80% of approved families, experienced delays, performance which is worse than for similar authorities (71%) and the national average (58%). However, performance in placing babies for adoption is better.

118. The local authority has identified and is tackling problems of capacity in the Permanency and Children in Care Teams. This is improving management oversight and ensuring that cases are allocated appropriately: some managers had been carrying out direct work, limiting their own capacity to manage.

119. In the majority of cases inspectors saw, children awaiting adoption have experienced changes of social worker, meaning they lack important, continuing support from one individual. This is a particular problem for children who have

already experienced significant and traumatic changes. Adoption assessments are not always of good quality and this has led to unnecessary delays for a small number of children and adopters. Ofsted's last inspection of adoption services in October 2011 identified the quality of assessments as a weakness. This has not been rectified. Inspectors came across a small number of examples of distressed children and their adoptive families who had to cope with further delays because the adoption panel had rejected poor-quality reports.

120. The quality of case recording by social workers is variable. Child Permanence Reports are not consistently satisfactory, yet these are essential to ensure that children are matched with the right adoptive parents and to give prospective adopters the information they need.

121. An experienced adoption panel and agency decision maker are effective in scrutinising proposals to match children with adoptive parents, with evidence of good challenge by the chair and the agency decision maker. The part-time panel advisor, legal services and the panel's medical experts provide good support.

122. Disruptions to adoption placements are low (two in the last year) and excellent analysis of these has been used to improve the service. For instance, children are now not placed at the beginning of the summer holidays.

123. Adopters are positive about the quality of preparation, training and support they receive. The range of pre- and post-adoption support, including advice lines, surgeries, and family and friends groups, is good. The local authority employs two clinical psychologists to support families and help prevent adoption placements breaking down. This work is of a high standard. The authority also provides a post-adoption letter box service to enable children to receive agreed correspondence from their birth families.

The graded judgement about the experiences and progress of care leavers is that it requires improvement

124. Care leavers are helped to keep themselves safe, and to feel safe where they live, through effective direct work from the After Care Team.

125. The vast majority of care leavers (135 of the 142) keep in contact with their personal advisers in the After Care team. Staff assess young people's changing needs effectively and, as a result, are able to provide the necessary help and support. The team's successful outreach support to raise care leavers' expectations is attracting increasing numbers to come back to ask for support up to the age of 26, when they are either still in education or need assistance.

126. Personal advisers are allocated to all care leavers and, despite staff shortages, they make direct contact with and support for care leavers a priority, allowing

them to build good, purposeful relationships with them, and to understand and respond to young people's aspirations and feelings.

127. A high proportion of care leavers (70 of 142) do not have a current, complete pathway plan or equivalent. This means that managers do not have an explicit record of the young person's views and assessed needs for review and quality assurance. However, plans that are in place reflect and are shaped by young people. The absence of personal advisers as a result of sickness and long-term training in the After Care team means that many young people have too short a time to prepare for leaving care. Young people who spoke to inspectors confirmed this; they said that such work starts too late.

128. Senior managers are aware of, and are tackling, problems of a lack of capacity. They are collaborating with other agencies (health and education) to ensure that young people's needs are prioritised. Supervision and a team approach help practitioners to manage their work, and some are now updating plans. However, workloads in the team remain high and more work is required to sustain improved practice.

129. Services are tailored to meet care leavers' needs. Partnerships with health, youth offending teams, and drug and alcohol services to support young people who need these services are good. Young people receive accurate information and guidance about their rights and responsibilities. Support for young parents is particularly well established. Services for the few asylum seekers and refugees known to the After Care team support them well across a broad range of legal, financial and health matters.

130. The proportion of care leavers who are not in education, employment or training (NEET) is too high at 25%. Although this is lower than the national average for care leavers, the rate is much higher than that for their peers in Buckinghamshire (6%).The figure of 25% represents 38 care leavers between 18 and 24 years of age. It is a continuation of the gap in achievement seen for older looked after children, with too few gaining useful qualifications, skills and experience for work. Provision for care leavers to take up vocational training and work-based learning is insufficient. Very few care leavers are currently in apprenticeships and only one of these is within the authority's services.

131. Personal advisers are successful in encouraging a small number of care leavers who are without qualifications, including some young parents, to return to flexible learning in colleges. These young people make good progress from a low starting point. The challenge remains for the service to expand its impact to encompass the majority of young people who are not currently engaged in education and training.

132. A growing number of care leavers achieve highly and are supported financially, practically and through the option of remaining with their foster carers to go on to higher education. Currently 17 are at university and 10 more are on track to

go in the near future. While this is positive, it represents only 11% of care leavers.

133. The lack of a published 'staying put' policy means that not enough care leavers are aware of the possibility of remaining with their foster carers beyond their 18th birthday.

134. Young people have access to a good range of accommodation in supported lodgings and, for most, in their own tenancies. Some housing options offer young people bespoke guidance on practical and financial skills to maintain their tenancy. Personal advisers play a big part in helping care leavers to manage independently.

135. The majority of care leavers move into suitable, permanent housing of their choice. Seven are currently in houses in multiple occupation and one young person is in bed and breakfast accommodation. In all such cases, the accommodation is assessed for suitability and risk assessments developed in relation to the young person's needs. The range of accommodation is being expanded further. This benefits those who are able to live in Buckinghamshire. However, staff reported that the choices for those who wish to remain living outside of the county are more challenging. Care leavers know about advocacy, access to interpreters, bursaries for further and higher education, and how to complain. Their feedback to the After Care team shows that they are happy with the range of services and the level of contact offered by most personal advisers. Managers have responded appropriately to complaints by young people.

136. Practitioners and managers routinely listen to care leavers about the services that are provided for them, but representation of care leavers on 'We Do Care' is low and continuity is fragile. At a time when the authority is considering revising the Care Leavers' Pledge, care leavers have too little opportunity to exchange their views and have a say.

Leadership, management and governance

Key Judgement	Judgement Grade
Leadership, management and governance	Inadequate

137. Leaders, including elected members, have known about the concerns in children's social care over the past 12 months. They have consistently agreed to additional funding to increase capacity. However, there is insufficient analysis and understanding of the issues, underlying complexities and continuing risks to children's services, leading to reactive or retrospective council responses rather than those based on effective strategic planning. Responses include injections of cash to cover overspends. As a result, any sustainable impact in tackling the longstanding weaknesses is limited and too many vulnerable children in Buckinghamshire remain at risk of harm.

138. Political leaders and Chief Officers state that children's social care is not the highest priority for the County Council. This limits the opportunity for those with lead responsibility for children's social care to tackle deficiencies effectively, drive up standards and achieve sustainable improvements.

139. Arrangements across the Children & Young People's Partnership Board, the Buckinghamshire Safeguarding Children Board (BSCB) and the Health and Well-being Board to make outcomes for children a shared priority are not aligned. This means that the collective accountability of these boards in helping and protecting vulnerable children is inhibited.

140. The Corporate Parenting Panel is constituted appropriately, chaired by the Lead Member for Children's Services, with cross-party member engagement, district councillors, officers of the County Council and a representative from the independent advocacy service. However, the panel's work is underdeveloped. Members of the panel do not have sufficient knowledge and understanding of their roles and responsibilities to make critical enquiries about the quality of services for looked after children. This is essential if outcomes for all children in care and care leavers are to improve.

141. Buckinghamshire council has constructive relationships with Cafcass and the district judges, and attendance at the Family Justice Board is good. The work of the Family Court team is well regarded by the judiciary and by solicitors acting for parents. This is helping to reduce court time and leading to timely decisions for children. In addition, there is financial commitment from and investment by children's services for creating the Family Drug and Alcohol Court (FDAC). This will be the third in the country and is an example of innovative practice.

142. There is a comprehensive and well-established training programme for 25 newly qualified social workers. This is linked to local universities and moderated in partnership with other local authorities. Positive investment in a 'grow your own' approach through the Frontline initiative has recruited eight staff to begin

work and on-the-job training in September 2014. Nine staff members are undertaking social work training with the Open University. While these developments are welcome, their potential impact is some way from realisation.

143. The local authority has had difficulties in recruiting experienced social workers. All levels in the organisation rely too much on locum staff. Managers and social workers come and go, leading to significant instability in the workforce. Children and their families experience frequent changes in social workers, often at short notice. This has a negative impact on children developing meaningful relationships with their social workers and leads to drift and delay.

144. At all levels, managers and partners lack a sense of critical enquiry about the impact of poor performance on vulnerable children. Performance management information and effective quality assurance are not established. As a result, senior leaders have not analysed, in detail, the deep-seated problems, the findings from which could drive improvement. Internal or external audits that have taken place have identified concerns, but subsequent action has been limited and ineffective.

145. Management oversight of cases, including scrutiny by senior managers, is ineffective and not systematic. Supervision does not occur in accordance with the local authority's own policy. As a result, managers do not routinely monitor and assess progress and risk to children.

146. At the time of the inspection, management arrangements to monitor the risks to children with no allocated social worker were unsafe. Some children, including those who had alleged physical abuse, were not seen, and some remained in neglectful and unsafe circumstances after they were referred to children's social care.

What the inspection judgements mean: the local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after, and the welfare of care leavers is safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place. However, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services in which widespread or serious failures create or leave children being harmed or at risk of harm or result in looked after children or care leavers not having their welfare safeguarded and promoted.

Section 2: The effectiveness of the Local Safeguarding Children Board

The effectiveness of the Local Safeguarding Children Board (LSCB)
The arrangements in place to evaluate the effectiveness of what is done by the authority and board partners to safeguard and promote the welfare of children are **inadequate.**

Priority and immediate action:

147. Ensure that all partners are fully engaged in the delivery of the Prevention and Early Intervention Strategy so that children and their families have timely access to early help and support.

148. Ensure that the multi-agency thresholds document is agreed and understood fully by all partners, supported by clear guidance, including on partners' roles and responsibilities, and implemented and monitored effectively.

149. Ensure that the leadership role of the BSCB in safeguarding is clearly established across Buckinghamshire, and that governance arrangements within the Board and with other key strategic bodies are effective in identifying and prioritising work to meet the needs of children, young people and their families.

150. Ensure that a funding formula is developed, agreed and implemented to provide sufficient resources for the Board to undertake its core business.

151. Ensure that staff in all agencies are aware of the escalation policy within and between partner agencies and how to use it.

152. Ensure that the Board evaluates its effectiveness and provides challenge when necessary.

Areas for improvement

153. Ensure that operational staff are included in a programme of routine multi-agency audits of front-line practice to provide rigorous scrutiny of work in this area. Individual agencies must own the findings of audits and use this information effectively to promote improvement.

154. Ensure that young people's views routinely inform service improvement.

155. Ensure that more privately fostered children and young people are identified and supported by promoting awareness of private fostering.

156. Ensure that the BSCB undertakes effective monitoring and quality assurance of multi-agency safeguarding practice. This should include robust analysis of

safeguarding data, including information from all key partner agencies so that issues and implications for multi-agency safeguarding practice are identified and addressed.

Key strengths and weaknesses of the BSCB

157. Clear protocols describe the relationship of the Board with other key partnerships. However, partnership working is undeveloped and ineffective. Recognition of responsibilities and the sharing of accountabilities for helping and protecting children are limited.

158. Accountabilities between the independent chair of the BSCB, the DCS and the Council's Chief Executive are defined and include formal regular meetings. However, these arrangements have not led to the serious and widespread risks to children in social care being fully understood, addressed or prioritised.

159. The Board engages District Councils and has appointed two lay members as required.

160. The Board has not been effective or robust in assessing whether agencies are fulfilling their statutory duties to help and protect children. This fundamental failing has delayed the recognition of deficits in services. Consequently, some children and young people at risk of harm and requiring statutory services from children's social care have not received them in a timely manner. Assessments of risk and need have been delayed. The BSCB has not been effective in ensuring that partners work together to reduce risk for all children who are identified as needing assessment, support and intervention.

161. The BSCB does not monitor and evaluate the quality and effectiveness of multi-agency safeguarding work systematically or robustly. Although the Board and the Monitoring and Evaluation sub-group undertake some monitoring of performance, this is too restricted to children's social care data. The Board does not have a performance dataset from across the partnership. The focus of the information presented is too narrow and the Board members are not sufficiently enquiring to understand and challenge day-to-day practice. As a result, practice and performance remain poor.

162. In response to concerns following Jimmy Saville enquiries the LSCB led a review of the safeguarding arrangements across the hospitals within the Buckinghamshire Healthcare Trust. This complex review was effective as it worked across both adults' and children's services. More recently the BSCB has considered the findings of a recent audit in relation to the appropriateness of referrals to the sexual abuse referral centre (SARC). This has uncovered poor practice in relation to the recording of S47 strategy meetings. The BSCB has failed to ensure that all key partners contribute fully and actively to improving the delivery of prevention and early help services. Partners have been too slow to take on full responsibility for their roles in promoting children's welfare. The Early Help Strategy and offer is a very recent development. The capacity of the

Board to progress its ambitious work plan faces significant difficulties. Buckinghamshire County Council's proposed budget cuts and agencies' reluctance to commit resources have contributed to financial pressures. This has led to the postponement of the Annual BSCB Conference. Due to issues of capacity some partner's agencies are unable carry out individual agency safeguarding audits under section 11 of the Children Act 2004.

163. The work of the Board and the Child Death Overview Panel is compromised by funding cuts. The appointment of a BSCB Training Manager is for one year only as funding is not assured beyond this. Frontline auditing activity has not occurred as agencies report that their capacity is not sufficient to release managers or practitioners to undertake such work. Attendance at some sub-groups is variable. Some sub-groups lack vice-chairs and there are too many changes in membership.

164. External audits have been helpful in identifying practice strengths or deficits, such as poor partnership knowledge and compliance with the 'Harder to Reach' protocol, but they have not focused on front-line practice.

165. The Board continues to develop a range of appropriate policies and procedures. However, review of their impact is not undertaken routinely or systematically. The BSCB therefore cannot be assured that these policies and procedures have improved practice to safeguard children. Inspectors found variable knowledge, for example, about compliance with and the use of the child protection, medical and escalation policies.

166. A threshold document has been refreshed very recently, but its launch was piecemeal and the accompanying guidance has not yet been published. Similarly, the information-sharing protocol to govern work within the proposed Multi-Agency Safeguarding Hub (MASH) is yet to be finalised and formally agreed. This results in confusion and poor practice in relation to consent and confidentiality issues.

167. The BSCB has recently worked to raise awareness among children, young people and professionals of issues relating to missing children and those at risk of child sexual exploitation. A variety of approaches has been used to raise young people's awareness of sexual exploitation and to minimise risk for those at risk. *Chelsea's Choice*, a drama piece on this topic, has been shown to young people in secondary schools across the county. Evaluation highlights much evidence of positive feedback from these initiatives. A strong feature is that all RUSafe staff attend performances to give opportunities for young people to discuss concerns and use the service.

168. The number of children known to be privately fostered remains extremely low. Actions to promote agency and public awareness of private fostering arrangements have not led to more children being identified. The BSCB needs to do more to promote such awareness so that children, young people and carers can be assessed and offered support.

169. Throughout the past 12 months, the BSCB has delivered against a number of objectives. A system for sharing electronically with all schools all notifications from the police of domestic violence has now been re-established. The E-Safety group has been effective in engaging positively with children and young people to raise awareness of risks when using the internet. A new initiative deals with gang-related issues, and a further initiative contributes to the Prevent agenda through work with the police and local communities to identify young people who are at risk of being influenced by extremists. However, some statutory requirements in safeguarding practice remain unmet.

170. The BSCB Learning and Improvement Framework outlines processes for challenging partners through Section 11 audits and for contributing to learning. These processes have been broadened to include scrutiny of single-agency training. Arrangements for peer scrutiny and quality control of the Section 11 audits are effective in demonstrating challenge and impact. For example, District Councils' environmental health staff have now received training in recognising neglect.

171. Serious case reviews (SCRs) are initiated in line with statutory guidance. The progress of reviews and the implementation of recommendations that arise are monitored and reported to the Board. In the last 12 months, the BSCB made two new notifications to Ofsted, both of which led to SCRs. Five SCRs have been concluded, of which four have been published. One is not yet published because of current court proceedings.

172. Events to disseminate learning from SCRs are arranged for practitioners. These have been effective in raising their awareness of key issues such as teenage suicide; harder to reach young people; domestic abuse and risk to babies and those unborn.

173. The events have been less effective in tackling a common theme within Buckinghamshire's SCRs, namely the need to promote escalation and challenge within and between partner agencies. Work in this area must be a priority.

174. The BSCB has continued to provide core multi-agency training. This covers a broad range of safeguarding issues. To some extent the training has been developed to tackle local and national issues that emerge, including learning from SCRs. All courses are evaluated on the day and efforts are also made to contact the participants later to consider the longitudinal impact of training. All BSCB courses have been modified to reflect the requirements of Working Together to Safeguard Children 2013. New courses have been developed on child sexual exploitation, escalation, conflict resolution and challenge. However, the Board's capacity to maintain breadth in its training activity is significantly compromised, both by funding restrictions and because some agencies do not release staff to participate.

175. The Board's annual report provides information about its activity over the year 2013–2014, including lessons learnt from SCRs and CDOP. The report includes

performance data, but it lacks analysis of key themes, such as the increasing population of looked after children or the high percentage of re-referrals. The report makes no reference to privately fostered children and young people other than to say that they are a priority. These are significant deficits.

176. The Chair of the Board challenges strategic partners appropriately on key issues. For example, the Health and Well-being Board has been asked to develop a suicide prevention action plan and there has been challenge to the authority on budgetary cuts to children's social care. However, the Board remains concerned about the lack of police representatives at initial and review child protection conferences, attendance by health professionals and input from them to strategy discussions. As a result, the LSCB has not been able to demonstrate effective influence on agencies in terms of addressing deficiencies in practice.

What the inspection judgements mean: the LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Its evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and its impact is evaluated regularly. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics above.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made

Any complaints about the inspection or the report should be made following the procedures set out in the guidance 'raising concerns and making complaints about Ofsted', which is available from Ofsted's website: www.ofsted.gov.uk. If you would like Ofsted to send you a copy of the guidance, please telephone 0300123 4234, or email enquiries@ofsted.gov.uk.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, work based learning and skills training, adult and community learning, and education and training in prisons and other secure establishments. It inspects services for looked after children and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 4234, or email enquiries@ofsted.gov.uk.

To receive regular email alerts about new publications please visit our website and go to 'Subscribe'.

Piccadilly Gate
Store St
Manchester
M1 2WD
T: 0300 123 4234
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.ofsted.gov.uk

healthwatch Bucks

Healthwatch Bucks
Annual Report 2013/14

Contents

Any enquiries regarding this publication should be sent to us at enquiries@healthwatchbucks.co.uk

You can download this publication from www.healthwatchbucks.co.uk

Message from the Chair

I feel privileged to have been appointed as Chair of Healthwatch Bucks in August 2013 and now to be presenting our first Annual Report.

As well as meeting a statutory need this report illustrates how Healthwatch Bucks has progressed since we started from scratch in April 2013. By the end of March 2014, our new Board, team of staff and volunteers and delivery partners were in place to implement an initial strategy and engagement plan.

Constructive relations were established with a range of stakeholders including statutory and local government partners. Other important collaborations were formed with voluntary and community sector groups to help reach out to seldom heard groups and make change happen. Foundations were solidly laid to enable anyone in Buckinghamshire to tell their stories and shape their local and national health and social care services.

In our second year, we will learn from our experiences and continue to build on the growing strength and impact of Healthwatch Bucks through a mixture of support, engagement and influencing. We will deliver our operational plan for the year and collect evidence, using our enter and view powers as needed, to uncover trends, identify areas for improvement, and make recommendations for change based on grass roots experiences.

On behalf of the Directors of Healthwatch Bucks I gratefully acknowledge our foundation grant from our commissioners, Bucks County Council, for the financial years 2013-2014 and 2014-2015.

I also warmly thank our dedicated team of directors, staff, volunteers and partner organisations for their steadfast support during our first year. Ours is a virtuous circle and we look forward to stepping up activity together in the second year of Healthwatch Bucks to unlock the potential of a loud and effective voice for everyone who lives in Bucks.

> "...we will learn from our experiences and continue to build on the growing strength and impact of Healthwatch Bucks through a mixture of support, engagement and influencing."
>
> **Jenny Baker OBE,** Chair of Healthwatch Bucks

Easy read summary

Healthwatch Bucks helps you say what you think about health and social care services. We pass on your views to the people in charge so they can make services better.

We started Healthwatch Bucks from scratch in April 2013 and this is our first Annual Report. We are funded by a grant from Buckinghamshire County Council but work independently in the best interests of everyone who lives in the county.

Why this report matters

In this report we tell you what we have done in our first year and how we intend to do more in 2014/15 to make health and social care better for the people of Buckinghamshire. Many people and groups are helping us to do this so we tell you all about us and our partners. We also tell you about how Healthwatch Bucks is run and how we spend our money.

Some of the things we have done

healthwatch Bucks

We introduced Healthwatch Bucks at public meetings in February and March 2013 and were ready to start within two months of being appointed by the County Council.

We have attracted directors, panel members and volunteers from all parts of the county to support a small staff team.

We have helped shape the way services are designed by playing our full part in the county's Health and Wellbeing Board as well as working closely with many of those who plan and run services here.

Our Helpline provides free and impartial advice to anyone who needs it. Over 600 people have called or emailed us in our first year.

Through our partnership with Patient Opinion and Care Opinion, we have heard directly from those who have used health and social care services and passed on their views and ideas to those in charge.

We have personally visited and heard the opinions of local communities all over the county including those who may find it hard to get their views across.

Through our partners at Community Impact Bucks, we brought together people from charities and community groups to show how they could help improve services.

We worked with people with learning disabilities to help them have a real say about the way services are provided to them.

In partnership with Child Bereavement UK we supported young people who have lost someone close to them to talk about their experiences with health professionals.

We have trained volunteers to carry out 'Enter & View' visits to hospitals and care homes. Their first task will be to work with us on the 'Dignity in Care' project about people's experiences in care homes across the county.

We have started a number of projects which will be completed in 2014/15 including work about transport, urgent care, looked after children, gypsy and traveller communities as well as helping to ensure that the hospitals live up to their promises to improve in the months ahead.

The context in which we work

Healthwatch Bucks came into being at a time of major changes in the health services. Its first year has been one of considerable challenge for our local hospitals.

The national picture

Healthwatch Bucks was formed on 1 April 2013 on the same day as the launch of widespread changes in the NHS.

At the centre of these reforms was the intent to put the voice of the public at the heart of health care in England by adopting a new approach built around the rights of those who use the services.

Nationally, Healthwatch was established by the Health and Social Care Act 2012 to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided.

Healthwatch England has the national leadership role and is accountable to the Care Quality Commission. Locally across England, unitary authorities have commissioned 152 local Healthwatch organisations, including ours here in Buckinghamshire.

The Healthwatch idea came about because a number of health and care issues had arisen in recent years but there was no strong voice to represent the voice of individuals.

This gap was being made worse by the separation between health and care services which meant that individuals often fell through the cracks between services.

At the same time, there were many other changes:

- Clinical Commissioning Groups replaced Primary Care Groups
- Responsibility for Public Health moved from the NHS to Local Authorities
- The Care Quality Commission was given increased inspection powers.

Each of these bodies has set up 'patient' or 'service user' panels and routes to collect information and learn from experiences. In some ways, these new panels cover part of the role intended for Healthwatch but they still don't talk to one another.

New ways of collecting the evidence have also been developed nationally using on-line portals to collect and publish individuals' stories that can be seen by area or by hospital.

New ways of providing care, with Personal Budgets being more widely used, mean that Care Advocates now provide signposting routes, with increased information to carers with the result that information about what is available is more easily found by those who need it. In Buckinghamshire the Prevention Matters programme adds further to the dissemination of information.

There were also other important national developments in the period leading up to and soon after the time of our launch:

- Funding pressures on all public services
- NHS England's review and recommendations to improve the NHS 111 service in May 2013
- Publication of important reports pointing up challenges for NHS hospitals such as the Francis Report and Keogh Review in June 2013
- NHS England's Urgent & Emergency Care review in July 2013
- State of Health of Black And Other Minority Groups, published by the BHA in July 2012
- New inspection regime announced by the new Chief Inspector of Hospitals in July 2013.

Buckinghamshire

The national changes impacted the planning and delivery of health and social care services in our county.

1 April 2013 was also the date when Buckinghamshire County Council assumed responsibility for public health in the county.

In Buckinghamshire, as in other local authority areas, The Health and Wellbeing Board, which had been in shadow form for a year, became a statutory body where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Health and Wellbeing Board members collaborate to understand the local community's needs, agree priorities and encourage commissioners to work in a more co-ordinated way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future. Healthwatch Bucks has a seat on the Buckinghamshire Health and Wellbeing Board.

On the same day as Healthwatch Bucks started, responsibility for commissioning, planning, designing and paying for health services was transferred to two new Clinical Commissioning Groups (CCGs): Chiltern CCG in the south of the county and Aylesbury Vale CCG in the centre and north.

At the same time, Bucks Healthcare Trust (BHT), which manages Stoke Mandeville, Wycombe, Buckingham and Amersham Hospitals, was under investigation by the Keogh Mortality Review which set out to review the quality of care and treatment provided by those NHS hospital trusts with the least satisfactory mortality indicators.

On 16 July 2013, the Keogh Review identified a number of shortcomings and agreed with the Trust a comprehensive action plan for improvement including a more effective approach to gathering and reviewing patients' views about their experiences of care.

Following the Keogh review, the Trust was put into special measures by the Secretary of State for Health.

In the same month, the Care Quality Commission issued a formal warning to Wexham Park Hospital following its inspection of the hospital in May. Following further inspections, Heatherwood & Wexham Park NHS Foundation was also put into special measures.

The pressure on the health services in the county was intensified by the decision by NHS Direct on 29 July 2013 to withdraw from its contract to provide the service in Buckinghamshire and 10 other areas.

This decision from NHS Direct followed considerable levels of criticism aimed at the 111 service in the media and from the British Medical Association. The contract was subsequently awarded to South Central Ambulance Services.

More positively, Oxford NHS Health Trust which is responsible for mental healthcare services in Buckinghamshire opened the doors of its well-equipped and extensive centre at Whiteleaf in Aylesbury in March 2014.

Strategic plan 2014 -17

Our Vision is that everyone who needs them experiences high quality health and care services in Bucks

Our Vision statement was the starting point for the Healthwatch Bucks Strategic Plan 2014 – 17 which was issued in January 2014. Here are some of the other main elements in the plan which has been published in full on our website.

Our Mission

To ensure that the collective voice of people accessing health and care services is heard, considered and acted upon to improve the quality of health and care services.

Our Values

- Place people's experiences and needs at the heart of all that we do
- Be open, helpful and positive in our dealings to influence service development
- Be supportive, enabling, empowering and inclusive to give any person a voice about health and care services
- Uphold independence whilst working collaboratively
- Decision-making and priority setting processes will be clear and transparent.

Our Aims

Healthwatch Bucks has five specific aims:

- To influence - use people's experiences and observations to improve health and care service design, commissioning and delivery of services to individual recipients
- To signpost - respond to people's enquires about health and care services
- To hold to account - feedback to service providers and commissioners on quality, standards and delivery based on people's experiences and Enter and View investigations
- To celebrate - recognise and credit good practice, sharing what we find and using these examples to improve practice
- To develop - Healthwatch Buckinghamshire to be effective and sustainable.

Activities

Our activities to meet these aims will include:

- **To influence**
  - Analyse people's experiences to inform commissioning strategies, service provision and areas for Healthwatch Buckinghamshire investigation
  - Map engagement activities undertaken by Bucks health and care services and identify gaps and underrepresented groups in those activities
  - Target promotional activity towards underrepresented groups, specific services being commissioned and/or implementation of recommendations from previous inspections seeking people's experiences.
- **To signpost**
  - Enable access to information about health and care services via our website, telephone and email or through intermediaries.
- **To celebrate**
  - Capture and acknowledge good practice when identified from people's experience or Enter and View
  - Disseminate and encourage the incorporation of identified good practice.
- **To hold to account**
  - Analyse people's experiences to inform commissioners, service deliverers and others
  - Use Enter and View powers to seek information about service delivery – adopting a coordinated approach with other inspectors when appropriate.
  - Target priority areas for re-commissioning and services that have been required to make improvements following previous inspections as highlighted by people's experiences.
- **To develop**
  - Develop a strong Board and Advisory Panel to govern and support the work of Healthwatch Bucks
  - Progress value for money for our funders, partners and county wide health and service users
  - Develop a sustainability plan for year 3 onwards.

Our Priorities

Allocation of available resources will be determined by annual priorities agreed by the Board. These decisions will be informed by the Panel, Strategic Partnerships, Care Quality Commission / Healthwatch England but primarily from people's experiences.

Priorities agreed for 2014-15 include:-

- Building strong partnerships with key stakeholders
- Target the collection of experiences from people using mental health services
- Target the collection of experiences from children and young people's experience of health and care
- Target hard-to-reach groups for their experiences of health and social care services
- Investigate access to health services.

The activities will be planned to meet these priorities and detailed in annual Operational Plans and reflected in the budget and human resource allocation.

Our work in year one

Healthwatch Bucks has reached out to all sections of the public in the county. It provides essential information and has started work on a number of important issues.

Our first year has been all about setting up an effective organisation from scratch. After a competitive tender, Bucks County Council commissioned Community Impact Bucks in February 2013 to set up the local Healthwatch which had to be up and running within two months in order to have the organisation in place by 1 April. Healthwatch Bucks Ltd was set up as a not-for-profit company, registered number 08426201.

Healthwatch Bucks is part of a national network of independent local Healthwatch organisations, guided by the national body, Healthwatch England. Healthwatch Bucks has a statutory seat on the Buckinghamshire Health and Wellbeing Board. It is required to provide information and advice about local health and social care services as the independent consumer champion for health and social care in the county.

All of our work is based on evidence. By collecting data and stories of people's experiences from a variety of sources, we can give everyone a say in influencing the way health and social care services are designed and delivered in the county.

Unlike predecessor organisations, Healthwatch Bucks has the legal right to "enter and view" health and social care services to see and talk to those are giving and receiving those services. The previous organisation, the Buckinghamshire Local Information Network (LINk) produced a report 'The LINk Legacy' which provided us with initial evidence to inform planning.

Our Partners

Community Impact Bucks put together the bid to launch Healthwatch Bucks. It has provided support with implementation, governance, process, policies and back-office administration as well as community engagement work during the first year.

Community Impact Bucks is the Rural Community Council, Council for Voluntary Services and Volunteer Centre for Buckinghamshire. It delivers comprehensive support and a strategic voice for the voluntary and community sector and rural communities across Buckinghamshire and rural Milton Keynes.

Community Impact Bucks was supported in the bid by partner organisations with specific interests and capabilities in various aspects of health and social care across the county. The other partners in Healthwatch Bucks are:

Buckinghamshire Citizens Advice Bureau, (CAB) which provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities.

Age UK Buckinghamshire, which has been caring for vulnerable and isolated older people throughout the county for nearly 70 years.

Carers Bucks, which supports carers of all ages and in different caring roles, including young carers, parents of children with a physical or learning disability, older carers, carers from the black and minority ethnic community and those looking after someone with mental health problems.

Action4Youth, the leading coordinating body for voluntary organisations that work with children and young people in Buckinghamshire and Milton Keynes.

People's Voices, which offers a range of advice and information services for people with disabilities, mental health service users and older people.

The partners used pre-launch meetings to explain the shift from the previous **Local Involvement Network (LINk)** to the new national and local Healthwatch structure and to attract interest from volunteers to govern and support the new organisation.

Advocacy Services are provided to individuals in Buckinghamshire by SEAP and POhWER under a separate contract. We have developed productive working relationships with these organisations.

SEAP provides advocacy services to help resolve issues or concerns people may have about their health and well-being or their health and social care services.

POhWER provides independent mental capacity advocacy including deprivation of liberty safeguards and paid relevant persons representative services.

Getting started

Healthwatch Bucks was introduced at public meetings and through an information campaign managed by Community Impact Bucks during February and March 2013. These meetings explained the shift from the previous Buckinghamshire Local Involvement Network (LINk) to the new national and local Healthwatch structure and were a successful way to attract interest from volunteers.

By the launch date, Healthwatch Bucks had in place a founding Board of three directors from Community Impact Bucks. The founding directors gave early attention to the recruitment of additional board members through an open and transparent process.

Early work of the Board included:

- review of the work carried out by Buckinghamshire LINk
- adoption of a Code of Conduct and a comprehensive set of policies and procedures
- definition of the responsibilities of the Board and individual directors
- selection of a chief executive to lead a small staff team.

Alex Hannaford was appointed as the chief executive in March 2013.

An Advisory Panel was also recruited and began to form as an active body in July 2013. Communications, Finance and Strategy Groups were also appointed as Board sub-committees, with an advisory role in each area.

A number of people from a variety of backgrounds have become Healthwatch Bucks volunteers in different roles such as Enter & View, Administration and Marketing and Communications.

To read more about the people who make Healthwatch Bucks work please see the section in this report entitled ***Who we are***.

Through 2013/2014, we focused on identifying the most valuable contributions which Healthwatch Bucks could make within the complex and fast-changing provision of health and social care in the county.

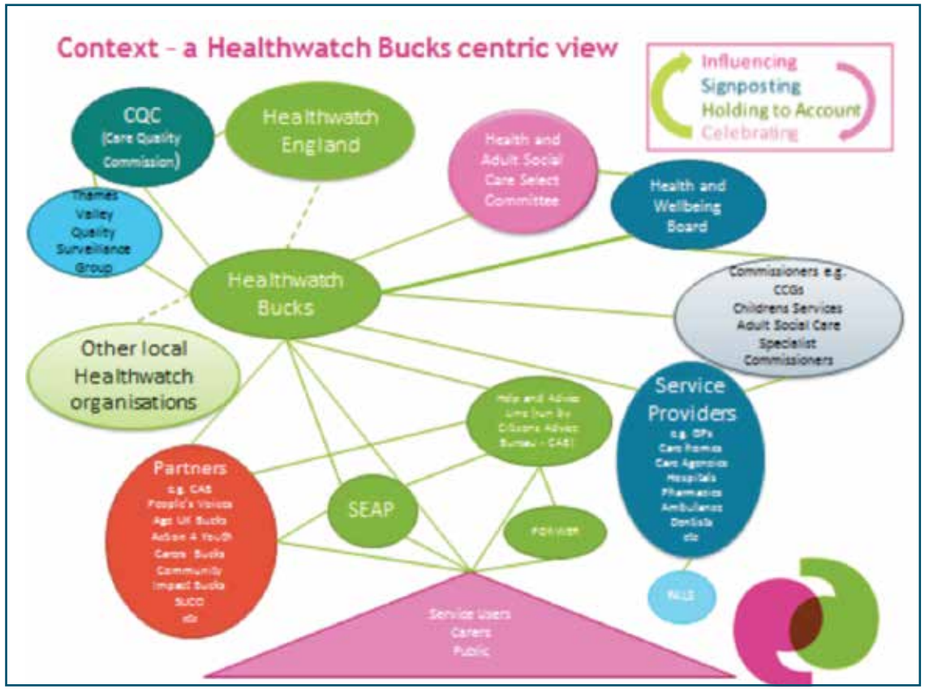
We have been determined not to duplicate the work of other organisations and to ensure that Healthwatch Bucks provides additional or complementary services to other publicly funded initiatives to gather feedback from local users of health and social care services.

We have worked within the principle that our work should be based on evidence and consistent with our agreed strategy.

Stakeholder Engagement:

The pre-launch meetings with stakeholders enabled the development of the strategic plan for Healthwatch Bucks which included this stakeholder map to clarify the role of Healthwatch Bucks.

Figure 1: The context for Healthwatch Bucks



Regular review meetings between the manager of Healthwatch Bucks and its County Council commissioner have ensured that Healthwatch Bucks is fulfilling the contract requirements.

These meetings have contributed to the development of the Healthwatch England Outcomes and Impacts Tool which is designed to provide a framework for best practice and sustainable development over several years. It also establishes the criteria against which Healthwatch Bucks will be measured.

Health and Wellbeing Board

As a member of the Buckinghamshire Health and Wellbeing Board, we aim to support its strategic aims:

- Every child has the best start in life
- Everyone takes greater responsibility for their own health and wellbeing and that of others
- Everyone has the best opportunity to fulfil their potential
- Adding years to life and life to years

We have begun outreach work with children and young people to ensure they can make their voices heard, through the establishment of an outreach worker and by working with partners who are specialists in working with young people.

We have developed our website and regular e-bulletins to enable sharing of useful information about events and services.

Our outreach work targets seldom-heard groups

We have talked about the work of Healthwatch Bucks to many groups who represent older people.

We have developed our 'Partners' network, and engaged with the voluntary and community sector about the Better Care Fund.

Influencing

One of the aims of Healthwatch Bucks is to influence and shape the design of health and social care services and in our first year we have done this through our active engagement with a number of bodies with leading roles in making policy and monitoring performance.

This work has included:

- Feedback on the 2013 Quality Accounts of Heatherwood & Wexham Park NHS Foundation Trust
- Feedback on the 2013 Quality Accounts of Buckinghamshire Healthcare NHS Trust
- Contribution to the commissioning specification of a new continuing care service in Oct 2013
- Contribution to the tender evaluation for an orthodontics service in Jan 2104
- Response to consultation on Objectives for the NHS: April 2014 - March 2015
- Joint work with the Buckinghamshire County Council Health & Social Care select committee (HASC)
- Contribution to the Buckinghamshire Health and Wellbeing Board (HWB)
- Active engagement with Healthwatch England (HWE).

Our work in year one

Advice and information

Healthwatch Bucks operates an information helpline to give people the opportunity to contact us for advice and signposting as well as raising concerns. We log people's experiences to help identify common issues we can action and to discover problem trends in the Health and Social Care in Buckinghamshire.

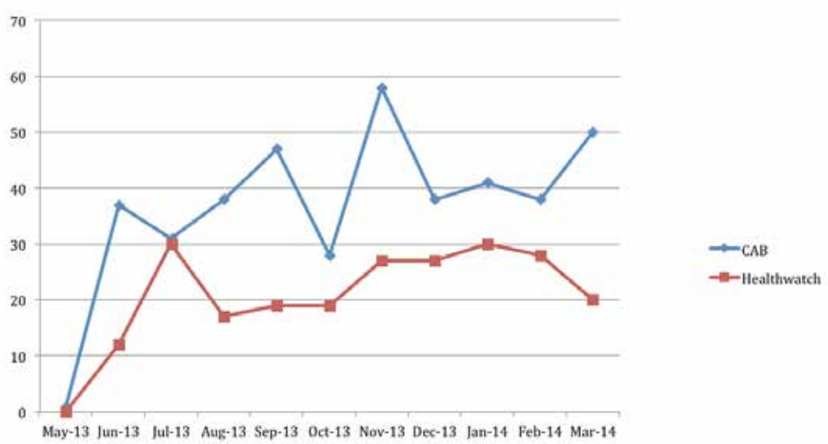
Our information line is staffed by people from High Wycombe & District Citizens Advice Bureau (CAB). As part of our contract with CAB we have access to their information systems to identify concerns or questions relating to the Health and Social Care systems which have been raised in the calls they receive.

Here's one example:

"Mrs E found the helpline most useful as she wanted to know whether she could stay with her GP if she moves to the other side of town. She found out that if you live outside the practice boundary, the GP has reasonable grounds to refuse you, but that this is changing from October 2014 when you will have the right to register with a practice that is most convenient for you, subject to the practice participating in this scheme."
(Helpline Assessor)

We recorded 636 contacts from people either by telephone or email between May 2013 when the service began and 31 March 2014. The numbers of contacts per month is shown in Figure 2.

Figure 2 Numbers of contacts per month: May 2013 – March 2014



"Healthwatch Bucks and the Citizens Advice Bureau (CAB) have a great synergy in terms of evidence gathering and social policy work which are fundamental to both organisations."

Mary Nash CAB Development Manager

The top five issues raised by callers to Healthwatch Bucks and CAB in this first year of joint work were:

1. **Residential Care**
   Residential/nursing home charges
   Availability of care/treatment
2. **Community Care (non-Mental Health)**
   Availability of care/treatment
   Charges & payments
3. **Hospital Services (non-Mental Health)**
   Complaints
   Quality: diagnosis/care/treatment
4. **Community Care - Mental Health**
   Availability of care/treatment
   Liaison with other agencies
5. **NHS costs/charges**
   NHS Low Income Scheme
   NHS Dental charges

Figures 3 and 4 show the percentage analysis of issues raised by those calling the separate Healthwatch Bucks and CAB numbers. Both are managed by High Wycombe & District CAB.

Figure 3: Calls to Healthwatch Bucks May 2013 - March 2014

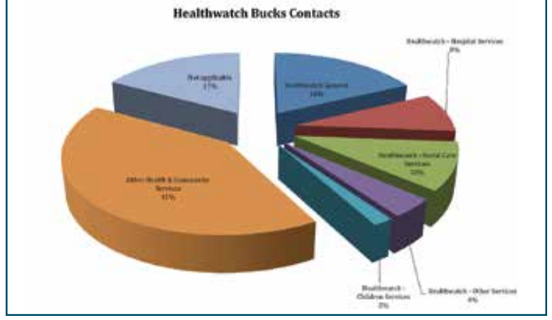
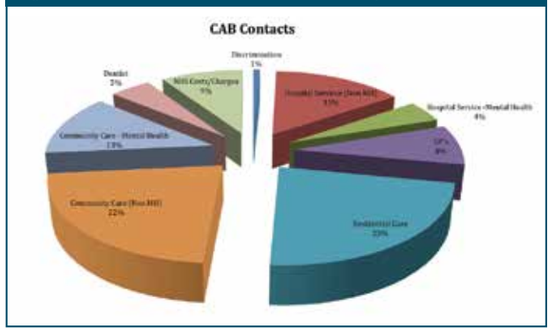


Figure 4: Calls related to health and social care to CAB May 1013 - March 2014



The practical collaboration between CAB and Healthwatch Bucks has built a firm basis for collecting and making use of the experience of people across the country. Here's what Mary Nash, the CAB Development Manager, has to say about our partnership:

"Healthwatch Bucks and the Citizens Advice Bureau (CAB) have a great synergy in terms of evidence gathering and social policy work which are fundamental to both organisations. In my role as manager of the CAB partnership with Healthwatch Bucks, it has been very exciting to see how CAB workers are able to engage with Healthwatch activities as we recognise the value of getting grass roots evidence and stories about issues affecting people's lives, and then being able to take action to change policies and practices to improve people's health and wellbeing."

Gathering evidence

To assist us in gathering evidence about patients' experience of health service and to capture individual stories, Healthwatch Bucks has partnered with Patient Opinion, the UK's leading independent non-profit feedback platform for health services. We also benefit from the use of Care Opinion, the newer service from the same organisation. Together, these websites enable people to share their experiences of the Health and Social Care system.

Each story received by Patient Opinion and Care Opinion is sent by its moderators to the staff or group involved in the service who may reply to the person direct or take other appropriate action.

We introduced Patient Opinion on our website in September 2013 so people could easily access the service via our Speak Out tab. In 2013/14 167 stories from people in Buckinghamshire were posted to Patient Opinion.

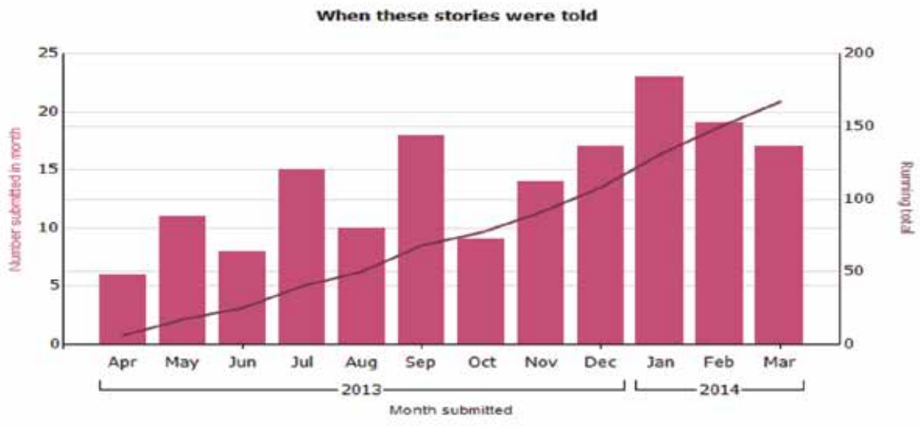
The numbers of stories posted was evenly split between Aylesbury Vale Clinical Commissioning Group (CCG) (84) and Chiltern CCG (83)

Of the 167 stories posted about hospitals, approximately three-quarters were positive

- 84 were about Stoke Mandeville Hospital of which 74% were positive.
- 83 were about High Wycombe Hospital of which 81% were positive.

Figure 5 shows the number of posts to the Speak Out section of our website and Patient Opinion through the year.

Figure 5: Patient experiences submitted through the Healthwatch Bucks website and Patient Opinion



Collecting all this data has been a large part of our work in 2013/4. It has been used to feed into Care Quality Commission reviews, risk summit meetings and the Health and Wellbeing Board to inform decision makers.

In 2014/5 a paid data analyst will produce monthly evidence reports for escalation and to inform the Healthwatch Bucks work programme.

Meeting people

As part of our partnership work with the CItizens Advice Bureau, which also runs our Help, Advice and Information service, a programme of outreach work began in January 2014.

The Healthwatch Bucks outreach workers have specific targets to engage with children and young people, the homeless, people with mental health issues and with under-represented ethnic groups including gypsies and travellers. They are regularly out and about to meet with Buckinghamshire residents and collect stories about their health and social care experiences.

They made a great start in 2013/14. In the first three months. They visited 80 different places, told 529 people about Healthwatch Bucks and collected 61 stories about individual experiences of the health and social care services. This work continues and we'll use these stories as part of our evidence base to decide on key issues to investigate further in year two. The table below shows the groups they met between joining us in January 2014 and the end of the year being reported.

Table 1: Healthwatch Bucks outreach Jan - March 2014

Date	Location	meeting/event
28/01/2014	High Wycombe	Action4Youth
31/01/2014	Aylesbury	Dignity And Wellbeing Event
04/02/2014	Burnham Library	Healthy Living Event
05/02/2014	Burnham Library	Healthy Living Event
07/02/2014	Hazlemere Library	Action On Hearing Loss
12/02/2014	Aylesbury	Healthwatch Conference
14/02/2014	Burnham	Padstones
18/02/2014	High Wycombe	Job Centre Plus
18/02/2014	High Wycombe	NHS Health Check
19/02/2014	Micklefield Library	Healthy Living Event
21/02/2014	High Wycombe	Yes
24/02/2014	High Wycombe	YMCA
24/02/2014	High Wycombe	Padstones
25/02/2014	Buckingham Library	Healthy Living Event
26/02/2014	Christ The Servant Church, High Wycombe	Healthy Living Event
26/02/2014	High Wycombe	Youth Services Forum
28/02/2014	High Wycombe	British Legion
04/03/2014	High Wycombe	Sheila Bees
04/03/2014	High Wycombe	Child Bereavement Uk
07/03/2014	Aylesbury	Oasis
10/03/2014	Aylesbury	Healthy Living Centre
10/03/2014	High Wycombe	Wycombe MIND
11/03/2014	Chesham Library	NHS Health Check
13/03/2014	High Wycombe	Wycombe Youth Action
14/03/2014	High Wycombe Library	Healthy Living Event
17/03/2014	Aylesbury Library	NHS Health Check
18/03/2014	High Wycombe	Wycombe Homeless Connection Night Shelter
19/03/2014	Aylesbury	Lynn Maddocks
19/03/2014	High Wycombe	Terrance Higgins Trust
21/03/2014	High Wycombe	Connexions
26/03/2014	Aylesbury	Over 50s Information Fair
29/03/2014	Aylesbury	FACT Bucks Transitions Information Fair

Project work

Although much of the first year has been dedicated to identifying how we can most effectively champion the rights of everyone in our county to receive the health and social care they deserve, we have also been active in delivering a considerable amount of work, particularly in the second half of the year.

The outcomes from much of work in Year 1 will be achieved in 2014/15 but here are examples of where Healthwatch Bucks has been active in 2013/14.

Voluntary & Community Sector (VCS)

We work collaboratively with the voluntary & community sector and that's why we asked Community Impact Bucks to organise a conference for voluntary sector organisations to engage with us and explore where connections could be made for the benefit of Buckinghamshire residents.

VCS Conference February 2014

The Conference attracted around 40 senior managers, volunteers and practitioners from across the voluntary sector in Buckinghamshire on 12 February 2014. The event covered a wide range of topics which could lead to greater effectiveness and cost efficiency in delivering care:

- Exploring VCS user issues and priorities
- How VCS can contribute to the delivery of integrated services
- How Healthwatch Bucks can help VCS organisations achieve their aims and objectives
- Experiences of VCS organisations in reaching the key decision-makers.

This conference proved important in beginning work to develop ways in which the voluntary sector can collaborate with national and local care providers by offering additional skills and specialist services.

We have also used the work of the conference to grow our 'Partners network' of organisations we we work with, and have held quarterly partners meetings. These meetings have enabled networking, awareness of other organisations and their roles, sharing of information about health and social care in Buckinghamshire and explaining the work of Healthwatch Bucks.

> "Healthwatch Bucks has been really helpful and supportive in establishing Lindengate as a Social and Therapeutic Horticulture (STH) charity in the county. Opportunities to network with other charities/organisations has been invaluable and Healthwatch Bucks is fully supporting a fundamental aim of Lindengate, which is to change attitudes of GPs so that STH becomes a first stage intervention in the treatment of people with mental health issues."
>
> **Sian Chattle** - Lindengate Trustee

People with learning disabilities

Healthwatch Bucks worked with Talkback to commission a report about the experiences of people with learning disabilities of health & social care services

The project ran as a series of three focus groups with people with learning disabilities. It will report in June 2014 and the outcomes will be included in our 2014/15 annual report.

The project has provided insights into what people with learning disabilities need from local health and social care services and learning about their experiences of the services, particularly with regard to urgent care.

The work will enable this group of people to have a real say about the services that are provided for them and to give them confidence that they are part of their local community and that their ideas and opinions do count.

This group used their experience of contact with health professionals during the illness, around the time of death, or since the death of the person who died, to feedback their views.

The film resulting from the project is in production for distribution early in 2014/2015.

Bereaved young people

Working with Child Bereavement UK (CBUK), we commissioned a short film entitled 'Supporting bereaved young people: What health professionals need to know'

CBUK's Young People's Advisory Group (YPAG) in Buckinghamshire is attended by 16 young people aged between 11 and 25, who have been bereaved of a parent, sibling, friend or someone important in their life.

Projects planned in 2013/14 for following year

Through the last quarter of 2013/14, the Board considered and approved a number of projects proposed by its partners and by its Panel. Among those which will be carried out in the first half of 2014:

- Transport: to help improve people's access to services from those parts of the county from where it is most difficult to travel to doctors, hospitals or other health services
- Urgent Care: to assess patient and carer views on emergency, urgent care and out-of-hours services for residents of Bucks
- Dignity in Care: to assess service users and their carers' experiences of Dignity in Care and to share feedback with care providers and the Council.
- Report on Looked After Children: to obtain the views of looked after children about their needs for and experience of local care services.
- Collecting the voices of gypsies and travellers around health issues and access to health services in Buckinghamshire.

Engagement and Communications

From the very beginning, it has been our intention to work in closely with the many different organisations with an interest in improving health and social care services in Buckinghamshire.

Rather than duplicate existing services, we prefer to work in partnership with others to achieve the best results for the people of this county.

In Table 2 below we set out a list of the many organisations with whom we have engaged during our first year. Here's what one of them says about our approach:

"I think you should be very proud of your Healthwatch partners group as it has certainly brought some useful partners and dialogue together and it's always a good thing when people get to actually talk to each other and learn more about what each other does. It's been really valuable and thank you for letting me be a visitor to the group."
Tracy Underhill, Bucks Healthcare NHS Trust.

Table 2: Healthwatch Bucks engagement with stakeholders 2013/2014

Nature of Involvement	Purpose	Key Stakeholders
Health and Wellbeing Board (HWB)	Strategic meeting of commissioners	HWB members
Health Overview and Scrutiny Committee (HASC)	Local Authority scrutiny function for health and social care	HASC committee
Thames Valley Quality Surveillance Group (QSG)	Collate early intelligence about concerns about quality of NHS commissioned services	Thames Valley QSG members
Partners Forum	Share information on issues and trends for influencing function	Healthwatch Bucks VCS partners
Dignity in Care Strategic Group	To promote a 'dignified' health and social care economy for Bucks	People in care; relatives
Oxford NHS Trust AGM	AGM	Oxford NHS Trust
Aylesbury Vale Clinical Commissioning Group (AVCCG)	Stakeholder input to Healthwatch plans and vice-versa	AVCCG; patients
Buckinghamshire Healthcare Trust (BHT)	Stakeholder input to Healthwatch plans and vice versa	BHT; patients
Chiltern Clinical Commissioning Group (CCCG)	Stakeholder input to Healthwatch plans and vice versa	CCCG; patients
Bucks Quality Surveillance Group	AVCCG and Chiltern CCG review of the quality of services they commission	CCGs
Local Account Plan Meetings	Key priorities for Adult Social Care	Adult Social Care
Care Quality Commission (CQC) teleconferences	Update and Info sharing	Local Healthwatch
Regional Healthwatch Conferences	Networking, benchmarking, best practice sharing	Local Healthwatch
Meeting with Local Area Forum (LAF) Localities Managers	Info sharing and collation of health and social care issues highlighted by the LAFs	LAFs
Meeting with District Council Community Engagement Officers and Community Links Officers (CLOs)	Update and Info sharing	CLOs
Patient Led Assessments of the Care Environment	Patient led assessments of the care environment (working with Buckinghamshire NHS Hospital Trust)	BHT
Action4Youth Conference	Info sharing	Young People
CCG/BHS and CQC open meetings	Information Sharing	Bucks Residents
Out of Hours Pathway	Input to commissioners	CCGs
Safeguarding Vulnerable Adults Board	Information Sharing	Adult Safeguarding Board
Long term condition workshop	Aylesbury Vale Clinical Commissioning Group is developing new approaches to support people living with long term conditions	CCGs
Thames Valley Professional Nursing Network	Thames Valley Professional Nursing Network Workshop about Patient Experience in the Thames Valley, Fri 6 Sep, 09.30-12.30 in Oxford.	NHS
Quality review of Southern Healthcare services for people with learning disabilities	17 Sep 13, Amersham	CCGs
BHT Being Open Policy Review input	6 Sep, Feedback from the panel sent to BHT	BHT
Physical Activity Strategy Workshop	Strategy development	Bucks Residents
AVDC Transport Meeting	Meeting to discuss county transport issues	Bucks residents
Older People's Partnership Board	Healthwatch Bucks input	OPPB
Give a Lift Week	Combined work with Community Impact Bucks, Healthwatch Bucks transport survey at various locations around the county	Bucks residents
Flu Clinic Buckingham	Stand to share info about Healthwatch Bucks with public	Bucks residents
Integrated Public Access to Care and Treatment (InPACT)	NHS Central Southern Commissioning Support Unit	NHS
Equality and Human Rights Commission (EHRC)	How EHRC can support equality and human rights obligations	EHRC
Older People's Action Group (OPAG)	Chalfont St Peter	Bucks residents
BHT Patient Engagement Group	SMH	Patient Reps, Voluntary Organisations, BHT staff
Chiltern CCG Patient Engagement Steering group	CDC Chambers	Launch event
CQC VCS meeting	High Wycombe	CQC listening events with voluntary groups
Aylesbury CCG schools competition	Aylesbury Vale CCG, Aylesbury	Aylesbury CCG schools competition
National Survivor User Network for Mental Health	Launch of handbook - Improving mental health with your community.	Bucks residents

Website

Our website went live on our first day at www.healthwatchbucks.co.uk. It is regularly updated and is under constant development as a source of up-to-date information on the latest news about Health and Social Care in Buckinghamshire.

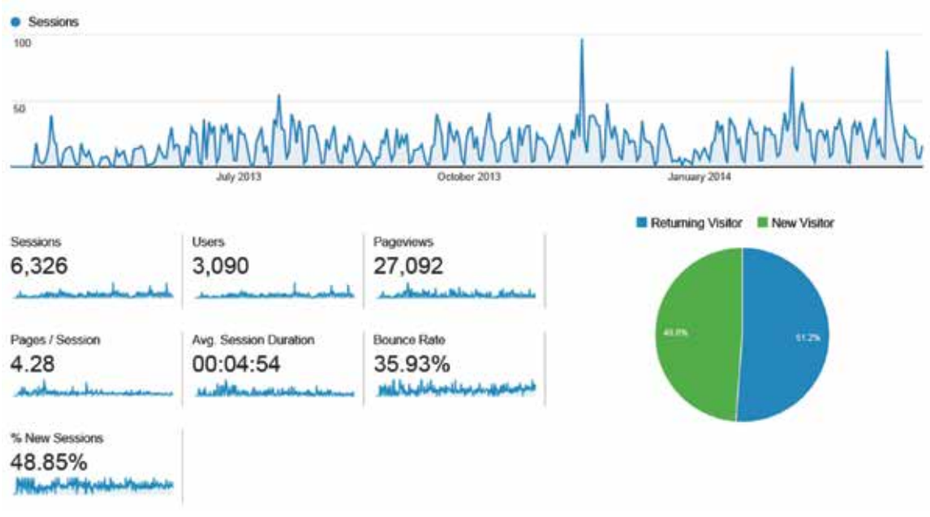
The site provides readers with:

- Frequent updates on news related to health and social care in Buckinghamshire
- A directory of services provided by NHS Choices, the online 'front door' to the NHS. It is the country's biggest health website and provides all the information which our readers need to make choices about their health. It gives information about hospitals, urgent care, pharmacies, and dentists as well as providers of social care and support.
- A calendar of events related to health and social care
- A Speak Out space where readers can post their comments and opinions about services they have used as a patient, carer, friend or relative
- Advice on how to complain
- Volunteer opportunities and recruitment.

In its first year, the Healthwatch Bucks website had 3,090 visitors, split almost evenly between new and returning visitors.

On average people spent nearly five minutes per session each viewing just over four pages. In total there were 27,092 page views.

Figure 6: Numbers of contacts per month: May 2013 – March 2014



Media

Healthwatch Bucks has developed its communications through digital and traditional media throughout the year.

Regular update newsletters were sent to members of the public who had previously registered an interest in receiving LINk newsletters. In February 2014, we changed to an e-bulletin format to allow people to interact with our articles and news items. At present we have 1340 people on our mailing list.

Our Twitter account was launched in July 2013 and since then we have attracted 582 followers and are following 139 other Twitter users. We set up a Facebook page during the year and are currently reviewing its development.

Our limited budget has restricted our investment in paid advertising but we have established relationships with local broadcast and print media. We have been interviewed on BBC 3 Counties Radio to publicise Healthwatch and discuss issues of importance such as the change of service provider for the NHS 111 service and the Keogh report.

Our press releases have led to wide coverage in the county's largest circulation newspapers including the Bucks Free Press and the Bucks Herald as well as community and parish magazines serving local areas.

Healthwatch Bucks is advertised in council offices, GP surgeries and some car parks.

Plans for 2014/15

The plans and priorities for 2014/15 were developed in the previous year and aim to deliver work in those aspects of health and social care where Healthwatch Bucks can make a real difference.

Training volunteers for their work in 2014/15

Operational Plan

The development of the Operational Plan for 2014/15 has been based on the Healthwatch Bucks Strategic Plan 2014 – 2017 which was agreed by Board in January 2013. It takes into account the statutory requirements for all local Healthwatch organisations and on the evidence that we and our partners have gathered and analysed through our first year.

This Operational Plan describes the planned delivery of the key outcomes and measures for the year ahead. It is a living document which will be regularly updated and used as a tool for monitoring progress and ensuring effectiveness. It also aims to be flexible to allow for new priorities within the context of the overall strategic aims.

2014/15 Healthwatch Bucks' priorities have been refreshed to align with the evidence gathered from Healthwatch England's emerging work and priorities, local strategic plans such as the Health and Wellbeing Board's strategy and the plans of local commissioning groups and local strategic Health Trusts. In addition, the inclusion of feedback though data capture, projects and intelligence is aiding the scoping of future priorities.

Much of the work envisaged in the Operational Plan was begun in 2013/2014 and we describe briefly below some of the projects initiated before the end of our reporting year on 31 March 2014 to be completed in 2014/15. The outcomes of this work will be provided in subsequent annual reports.

Planned projects

Urgent care

This project aims to assess patient views on emergency, urgent care and out-of-hours services for residents of Bucks.

This should complement other reviews conducted by Chiltern Clinical Commissioning Group and the Buckinghamshire County Council Health and Adult Services Select Committee (HASC).

Working closely with the NHS England South Central Commissioning Support Unit, we will also attempt to obtain and review data on appropriate patient usage of the services where applicable and possible.

The outcome from this work is intended to be a report and recommendations on ways to both improve the services and to increase awareness of patients on the appropriate provider. We aim to make recommendations in the third quarter of 2014.

Transport for healthcare

We have seen considerable evidence to suggest that transport to and from hospital, doctors and other healthcare appointments can be a challenge for some of us in Buckinghamshire, particularly for vulnerable people in need of health care.

There are various transport options but these are often difficult to access, not well publicised or are only available within a small locality.

Our work in 2014/15 will explore the views and experiences of service users in respect of their travel experiences to health appointments.

This project will enable us to understand the availability of suitable schemes of transport and to identify those areas of the county that are not covered by a recognisable form of public transport and where difficulty may be experienced in using health care services.

Our work will also cover issues that may exist within volunteer/community transport schemes. We also aim to understand and report on how missed appointments impact on the cost of service delivery.

We'll use what we learn to provide guidance to service users during the third quarter of 2014 and make practical recommendations for improvement to the County Council and to the Health and Adult Social Care Select Committee.

Discharge Procedures

We will participate in the Healthwatch England Discharge Inquiry, through running a survey which we will publicize widely through our voluntary, community and statutory group partners.

Although the emphasis will be on the views and experiences of older people, the homeless and those with mental health conditions, we will also reflect the views of all Buckinghamshire residents who contact us.

We will produce a report with recommendations for hospitals, commissioners and the Healthwatch England Inquiry. During the fourth quarter of the year, we'll discuss those findings and recommendations with those who can bring about change for the better.

Dignity in care

In the second half of 2013/14, Healthwatch Bucks was pleased to be invited to join the Buckinghamshire County Council Dignity in Care Strategy Group.

The purpose of this group is to promote a dignified health and social care culture for Buckinghamshire, by championing the rights of service users to expect high standards of dignity and respect across the services and care they receive.

In 2011, a Bucks Older People's Champions Forum carried out a small scale research project with 26 social care service users in a variety of settings in Buckinghamshire to learn about their experience of being treated with dignity and respect. Building on the findings of this work, Healthwatch Bucks has successfully bid for funding to run a three-year project on a larger scale.

It is intended that more than 150 service users, their carers and care professionals will be interviewed over the life of the project. The outcomes from this work will be shared widely across the sector as well as with the public and with national bodies such as Healthwatch England.

We'll be partnering with Bucks New University on this project. We aim to engage Bucks postgraduate students to work with our Enter and View volunteers as a means of contributing to systemic, long-term service improvements in Care homes in the county.

The findings will be used to improve the experience for service users, improve practice across care settings and inform commissioning decisions. Details of progress will be reported in the 2014-15 and subsequent annual reports

The project will evaluate the standard of Dignity in Care provided by Buckinghamshire's Care Providers during 2014 and 2015 by engaging directly with those who use the services as well as their families and carers. We'll be able to do this by using our enter and view powers to visit care homes and have private conversations with those who are there.

Hospitals

Both of the county's acute hospital trusts are in special measures and have been subject to intensive scrutiny by the Care Quality Commission (CQC). As a consequence, Buckinghamshire Healthcare Trust and Heatherwood and Wexham Park Foundation Trust are each committed to comprehensive improvement plans to be delivered through 2014/15.

We do not intend to duplicate the work of the CQC but we will focus on the specific areas where we can provide a distinctive patient viewpoint though the work of our volunteers who are being trained to enter hospitals and interview patients and their carers to find out what is happening in the wards.

Partner projects

We will continue our successful approach of supporting our partners with small grants that can make a big difference for people in our county who are sometimes considered hard to reach to talk about health and social care.

Among those in progress before the end of 2013/2014:

- Looked after children, carried out by Action4Youth: to obtain the views of looked-after children and their youth workers/ carers on needs/ experiences of H&SC services.
- People with learning difficulties, carried out by Talkback: to obtain views of people with learning disabilities on their experiences of H&SC services
- Bereaved young people, carried out by Child Bereavement UK's Young People's Action Group: to create a short film 'Supporting bereaved young people: what health professionals need to know'.
- Gypsy & Traveller community work, carried out by SEAP: to provide advocacy support for health and social care work with gypsies and travellers from two Bucks sites to understand and report on their experiences of local H&SC services This report from our Outreach Worker, Kieran O'Connor, explains why we regarded this as a priority:

"When I visited a local Gypsy and Traveller site in April, I discovered that they have been suffering from health problems such as headaches and nausea, due to increased odours from the neighbouring landfill site caused by the heavy rains. This was affecting adults and many young children.

A local forum on the matter had taken place, but the residents from the site, who are the people closest to the landfill and most likely to be affected by it, were not invited. We took up this issue with the Bucks health protection team, who contacted Environmental Health and the Environment Agency, and as a result, residents on the local site are now being included in communications about the issue, so they have better access to services to help improve their health."

We will report on this and all our partnership projects in our Annual Report 2014/15.

We have also reserved up to £21,000 in the 2014/15 Operational Plan to support and report on projects to help improve services for those whose opinions are seldom heard with regard to the way services are planned or provided. We want to work with qualified partners in the voluntary and community sector in our county and are particularly interested in those who are involved with mental health, black and ethnic minorities and young people.

We spent a great deal of time during 2013/2014 getting to know the people most actively involved in trying to make a difference in health and social care in Buckinghamshire. We now plan to develop some of those relationships in order to achieve better outcomes for the people of this county.

We want to work more closely with the two Clinical Commissioning Groups to develop an effective joint communications network with Patient Participation Groups across all doctors' surgeries in Buckinghamshire.

We also plan to work with voluntary and community organisations to hear what their supporters and clients have to say about their experiences of health and social care services. Our Voluntary & Community Sector Conference in February 2014 laid the foundations on which the public sector could draw value and expertise from closer involvement with the voluntary sector.

At the same time, we will have to make calculated judgements about which partnerships are most likely to help us achieve our aims for the people who live here. We'll focus our efforts where we have most to contribute.

Learning from experience

We are setting out to achieve a great deal with limited resources and so there is much more we can do to become more effective as we gain experience. During this year, we have to build on the learning of our first year.

In addition to the project work described above we will need to:

- work hard to attract, train and make good use of a sufficient number of volunteers
- ensure diversity in our board and panel
- continually develop our access to information so that we have reliable evidence on which to base our work and that of those who provide social and health care services in Buckinghamshire
- continually improve the way we are organised and the way we work.

Who we are

Enter & View training for volunteers

Getting started

Healthwatch Bucks was formed by Community Impact Bucks on 1 April 2013 as a not-for-profit limited company.

We are funded by Buckinghamshire County Council. However, other than having scrutiny over our operational procedures and ensuring compliance with legal requirements, the Council fully respects our position as an organisation representing the best interests of Buckinghamshire people.

The structure of the company has been appropriate to its responsibilities and resources. There are four main groups of people responsible for the work of Healthwatch Bucks:

- Staff team: we started with the appointment of a manager and have increased staff to the equivalent of 2.6 full time people
- The Board of directors: nine individuals from across the county with a wide mix of skills and experience who come together to set policy, determine strategy and monitor performance
- Panel: six experts in specific aspects of health and social care who identify needs, lead key projects and provide guidance to the Board
- Volunteers: by the end of the year, we had recruited 38 volunteers, 16 of whom are trained Enter and View volunteers
- Citizens Advice Bureau (CAB): : through our contract with the CAB, staff and volunteers employed by the CAB manage our helpline, carry out outreach work for Healthwatch Bucks and in 2014/5 will also provide a data analysis function.

Staff team 2013/14

One of the first pre-launch priorities was to advertise for, interview and recruit our first Chief Executive and only member of staff in position at the beginning of the year.

Alex Hannaford
Chief Executive

Alex has led the organisation through the year and has worked hard to build awareness of Healthwatch Bucks and to design the plans that will enable us to meet the needs of the people of Buckinghamshire.

Alex's background includes programme and project management experience in global communications companies. She has also worked as a science teacher and an engineer in the Armed Forces. She has a keen interest in supporting young people and is also a governor at a local academy school.

Bill Dempsey
Administrator

Bill joined Healthwatch Bucks from Community Impact Bucks with responsibility for administration and communications.

Bill had a long career in BT starting as an engineer and finally in account management for their global sales operations. With the formation of Community Impact Bucks Bill became the Volunteering Brokerage Manager matching people's interests in volunteering with organisations looking for volunteers

Alison Holloway
Volunteer Coordinator /Relationship Manager

Alison helps recruit the volunteers who are essential for Healthwatch Bucks to achieve its goals and also manages our relationships with the partners which work with us to make a difference in the county.

Alison joined Healthwatch Bucks from Community Impact Bucks where she encouraged people with business skills to volunteer their expertise for the benefit of not-for-profit organisations in Buckinghamshire.

Board of directors

We recruited directors before and soon after the launch of Healthwatch Bucks and had built the following leadership team by the end of our first quarter.

Jenny Baker OBE: Chair

After a life-long career as a senior manager in the voluntary sector, Jenny retired in 2013 as Chief Executive of the national charity, Brain Tumour UK. With a keen interest in public health and patient involvement, Jenny is passionate about quality standards and people receiving best possible treatment and care. Previously working for the National Trust as its national lead on volunteering, community and diversity, Jenny was appointed OBE in 2005 in recognition of her services to voluntary action in the heritage and environment sector. Jenny is also a trustee of Community Impact Bucks.

Andrew Walker

Andrew is a Trustee of Community Impact Bucks, Governor of a primary Academy and a special primary school for children with behavioural, emotional and social difficulties. He is currently Chairman of Buckinghamshire Association of School Governors and represents Special Schools on the Policy Committee of the National Governors Association. With a background in the motor industry, Andrew has worked at local, national and international level in a variety of organisations before becoming the Managing Director of a consulting firm.

Barry Clarke OBE

Barry is the Vice-Chair of Community Impact Bucks and was one of the team which contributed to the launch of Healthwatch Bucks. He has served on the board of Community Impact since its inception and is a governor of John Hampden Grammar School. In his business career, Barry is a strategic consultant working primarily on sustainability initiatives. His voluntary work has included serving on the International Advisory Group for Innovations in Maternal, Newborn and Child Health and two terms as chair of Save the Children, for which he was appointed OBE in 1999.

David Pugh

David is a member of the Employment Tribunal, sitting mainly on cases brought under the Equality Act. He is also vice-chair of Buckinghamshire Mind and a member of the Independent Monitoring Board, Aylesbury Prison, monitoring fairness and respect for people in custody. Since retiring from his role as a trade union official, he has developed his interest and activities in disability policy and advised on mental health and employment to the Prime Minister's Strategy Unit. He was the Chair of a national mental health charity for some years.

Howard Mordue: Chair of Finance Committee

Howard Mordue chairs the Healthwatch Bucks board committee responsible for finance and business development. He is a District Councillor on Aylesbury Vale Council and a Buckingham Town Councillor. For many years he has been involved with charity organisations including the Citizens Advice Bureau and its fundraising arm BACAB of which he is a Vice President. He is also Chair of the Swan Community Hub and supports many other charity groups. His work experience has been at director level within the printing industry.

Jonathan Fairley

Nottingham born, Jonathan has lived in Marlow, South Bucks, for almost 20 years; both daughters working in the voluntary sector. His career includes Managing Director roles in pharmaceutical and medical device companies, more recently working with start-up organisations. His philosophy has always been to put the consumer at the centre and then deliver what they want, how and when they want it.

Katharine Woods

Recently retired from a long career in local government, Katharine has worked in the fields of adult learning, human resources and policy development. Most recently she was responsible for corporate policy and organisational development. Her early voluntary work with adults has given her insight into the difficulties facing people in making their voices heard and ensuring their views are taken into account when accessing services. Katharine is also a trustee of Community Impact Bucks.

Mike Coote

Mike has been chair of Community Impact Bucks since its beginning. He was previously CEO of Fujitsu's defence business and later of its UK service organisation. He is active in the local community and has been a school governor for the last five years at St Bernard's Catholic Secondary School, High Wycombe. He chaired the steering group that managed the merger of St Bernard's with the adjacent primary school in September 2011. He is now Vice Chair of the resulting school (St Michael's Catholic School) which has 1100 students aged between 4 and 18. He is also chair of the school's Personnel and Resources Committee.

Shade Adoh

Shade is a registered nurse who has lived in Wycombe District since 1996. She has been a full time mother, the chair of a parent teachers association and parent governor at a local school. She volunteered her time for almost two years at the Citizens Advice Bureau where she learnt a lot about local residents' issues and where to refer people for support. Shade is a member of a local Patients Experience Group and volunteers as a lay assessor visiting local practices and is a local Parish Councillor.

Healthwatch Bucks Panel

The Panel is a group of representatives and interested people who volunteer to oversee the work of Healthwatch Bucks. The Panel members may be drawn from service users, partner organisations or stakeholder groups. The Panel's main responsibility is for driving and monitoring Healthwatch Bucks work programme, ensuring that the data captured is used to inform the work programme and that the public is properly engaged in the monitoring the health and social care services in the area.

Barbara Poole

Barbara Poole has been working in user and carer involvement and advocacy for over 20 years. She has worked for national and local voluntary organisations including MIND, Contact a Family, Carers UK and the MS Society, providing training for service users and for carers. For the last eight years she has been Chief Executive of a local voluntary organisation providing advocacy, advice and information for people with disabilities in Buckinghamshire and Milton Keynes.

Deborah Sanders

Deborah Sanders has lived in Beaconsfield for 30 years and has been involved with many community groups. Over the last 14 years she has been active in a number of patient involvement groups including the PPI Forum and Buckinghamshire LINk. Her particular interests within Healthwatch are care of the elderly and maintaining links with Wexham Park Hospital and Clinical Commissioning Groups (CCGs). Deborah works part time as a radiographer in local hospitals and is president of a new Women's Institute branch.

Janice Campbell

In her career Janice had extensive experience of working in social care services in a number of roles, from social worker and psychotherapist up to Chief Executive level. She has been a member of a number of NHS and Local Authority strategic groups and managed integrated health and social care services. Janice is chair of a self-advocacy organisation for people with learning disability and of a joint venture social enterprise providing domiciliary care. She is a board member of Relate and a volunteer for Rennie Grove Hospice Care.

Jenese Joseph

Jenese Joseph comes from a human resources background and is a licensed Member of the Chartered Institute of Personnel and Development. She is active as a performance coach working with schools and the private sector on building leadership, confidence and self-management. She is currently the Chairman of Amersham & Wycombe College; a governor at one of the local Academy schools; a management committee member of HM Jaguar Sea Cadet unit in High Wycombe. She recently served as as Ward Councillor for Totteridge in High Wycombe.

John White

John White has lived in Buckingham for 30 years. He is now retired but previously worked for BT. He has a significant amount of general management experience derived from the numerous change management scenarios of a major communications provider. His knowledge of social care and health has been obtained from various administrations in obtaining help and support for an elderly relative. He is a Parish Councillor and was a School Governor for many years.

Ron Newall

Ron is a retired medical scientist, having spent many years working in NHS and academic laboratories before moving to a major international healthcare company, where he stayed for almost 30 years. A passionate advocate of patient and public involvement in health since the early 1980s, Ron has progressed locally through the Community Health Council (CHC), Patient and Public Involvement in Health Forum (PPIF) and Local Involvement Network (LINk), having served as Chair and Vice-Chair in the latter two.

Volunteers

Healthwatch Bucks attracted 38 volunteers in 2013/14 and will need many more in 2014/25. We asked them to tell us how much voluntary time they had given during the year and it amounted to over 3,100 hours or 443 days. Even at quite a modest day rate, this 'free' time was worth over £155,000 across the year – a really important addition to our income of £210,000. Here's how the volunteer time was spread among the different types of volunteer:

Table 3: Volunteer time analysis 2013/14

	Hours	Days
Directors	1315	188
Panel Members	1242	178
Administration	200	29
Other volunteers	295	42

Figure 7: Ethnic background of Healthwatch Bucks volunteers

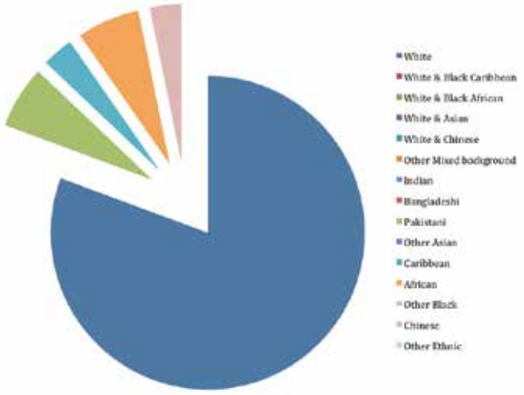
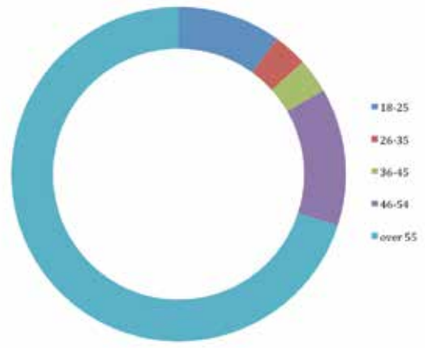


Figure 8: Age profile of 30 Healthwatch Bucks volunteers

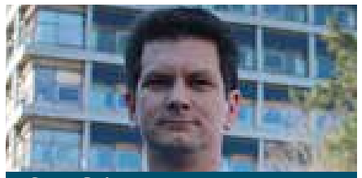


With regard to age, two-thirds of our volunteers said they were over 55 but we have attracted volunteers in the other ranges as well. We also have a reasonable gender balance among the volunteers who responded to our survey with 13 male and 18 female.

Who we are

Healthwatch Bucks could not function without is skilled and energetic volunteers. We would like you to know about three of them: why they have supported Healthwatch Bucks and what it means to them.

MP's Support



Steve Baker

We were very pleased to welcome Steve Baker, MP for High Wycombe, as one of our Enter and View volunteers. Steve has a great interest in health and social care and his support at both local and national levels for Healthwatch is greatly appreciated.

Jan: administration volunteer

Jan Atkins

Jan Atkins was one of our first volunteers and started very soon after Healthwatch Bucks was created in 2013. She has volunteered over 250 hours for us.

"Initially, I thought I would be practising my IT knowledge but I soon realised that in such a small organisation, everyone needed to get stuck in to whatever needed doing that day."

Jan has undertaken a range of activities from helping with surveys to undergoing Enter & View training.

Raising the profile of Healthwatch Bucks by phoning GPs and contacting the local press was just one area of her involvement at the start.

"It was a challenge to get some people interested in what Healthwatch does but it has been satisfying to see how, through perseverance, surgeries have put out our leaflets and partners have linked to our website to publicise our activities.

I am proud of the part I have played to increase awareness in Buckinghamshire."

We have appreciated all of Jan's efforts about which she says "I have enjoyed making a difference using my skills. I feel valued and love coming into the office...it's like my little family. I work to the best of my ability and feel what I do helps others feedback their views about their health and social care.

After several years of self-employment, this role has boosted my confidence and enabled me to get back into employment. It has made me feel useful again. I would not have got my new job without my volunteering experience. I would definitely recommend others volunteer for Healthwatch Bucks".

Emma: communications volunteer

Emma Low

I have volunteered for Healthwatch Bucks pretty much since its inception. Having worked for national and international charities in a fundraising and marketing capacity for the past twenty years, I felt it was time to make a commitment closer to home and get involved with making a difference in Buckinghamshire.

I chose Healthwatch Bucks specifically because I'm passionate about patient engagement. Having worked for a range of specialist health charities (including Asthma UK, Diabetes UK and The British Society for Haematology) and listened to the stories of people who have suffered or lost loved ones unnecessarily, I have learnt that health and social care can only be serving its beneficiaries well, if it is listening to its 'customers' effectively and practically responding to and building improvements based on feedback.

I have also seen the evidence that, when a healthcare professional performs brilliantly well and in excess of expectations, the power of the resulting positive patient feedback can shift attitudes, increase motivation and re-energise staff across entire hospital departments.

The NHS structural changes which were implemented in 2013 intended to put 'users' at the heart of service delivery. I think that a chance to air your view, whether a great experience or a terrible one - just like TripAdvisor for the leisure industry - is an absolutely essential ingredient to optimising health and social care. Without it, services are likely to be falling short of beneficiary needs and expectations.

Gone are the days of being 'grateful and subservient' to one's GP. If hospitals are failing to meet our needs, we can make choices and express our concerns freely. Healthcare and Social Care users are an equal partner in their care planning and all the evidence points to improved health outcomes where this equality exists. These are the things I believe in, hence my commitment to Healthwatch Bucks.

Healthwatch, as a champion for the consumer voice in health and social care provides an invaluable bridge between people navigating the complex web of local services but like most engagement devices, feedback forms and evaluation questionnaire, users need to be cajoled and encouraged to take up opportunities to share their view.

This is where I hope I have been useful to Healthwatch Bucks. I offered the organisation my experience of generating engagement and building support for a host of charities and volunteered for the Communications Group. This has resulted in providing the team with support for a range of tasks, such as writing magazine articles, generating press and publicity, speaking about the role that Healthwatch Bucks plays to different stakeholders and getting involved with some of projects to support with maximising outcomes.

I'm particularly proud to have introduced Healthwatch Bucks to one of my charitable clients in the region, Child Bereavement UK, resulting in a very significant piece of work engaging young people bereaved of a parent or sibling, about how health and social care professionals should best support them in grief.

As well as working with a great team of skilled and dynamic individuals, the key benefit I receive from volunteering with Healthwatch Bucks is seeing my skills contribute to the organisation's effectiveness, which in turn results in giving people a forum for their views which will directly improve local services and make a different to people's health and welfare in Buckinghamshire.

Well done Healthwatch Bucks for a great first year and I'm looking forward to working with you all to continue amplifying the voices of even more people who want to give an opinion - whether about their parent's care home, their sibling's weekly transport to hospital, or their child's experience in A+E - in the coming twelve months.

Managing scarce resources

Healthwatch Bucks manages its scarce resources through careful planning, rigorous controls and involving partners and volunteers to achieve our aims.

Through careful management of resources and in order to build capacity for a well-considered but ambitious plan for 2014/15, total expenditure in 2013/14 was lower than income and consistent with our financial plans. The Finance and Business Development Committee of the Board, chaired by Howard Mordue, meets regularly to review income, expenditure and forecasts, ensure compliance with the financial policies and to advise the Board on financial issues.

Howard Mordue, Chair of Finance & Business Development Committee

Total income for the year was £230,000 made up solely of funding from Buckinghamshire County Council for statutory Healthwatch functions. Total expenditure for the year was nearly £200,000 with more than half of the total costs allocated to the advice line, outreach activities and volunteer and community engagement. The summary financial information presented below in Table 4 is taken from the full financial statements which are subject to approval by the Board of Directors in September 2014 and appropriate company audit requirements

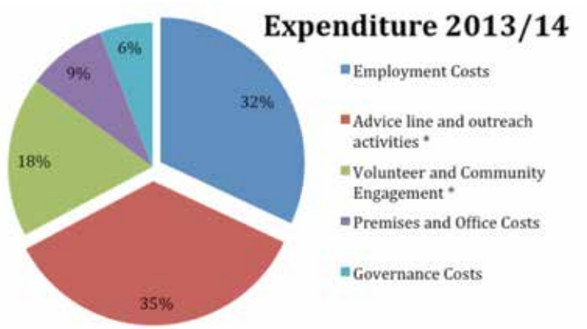
Table 4: Healthwatch Bucks expenditure 2013/14

Hours	Amount
Employment Costs	£63,397.56
Advice line and outreach activities *	£69,929.00
Volunteer and Community Engagement *	£35,459.98
Premises and Office Costs	£17,814.20
Governance Costs	£11,776.14
Total expenditure 2013/14	£198,376.88

*These comprise payments to partner organisations of £95,046, principally to the Bucks CAB Consortium and Community Impact Bucks.

Figure 8 below illustrates this expenditure by activity through 2013/14

Figure 9: Expenditure analysis 2013/14



Through the year, the average number of full and part time employees was 2.6, and no employee earned more than £40,000. Employment costs represented approximately 35% of total expenditure for the year.

Healthwatch Bucks also depended to a considerable degree from the unpaid services provided by its 38 volunteers who contributed more than 400 days of their time through the course of the year.

In order to gain a full understanding of the financial affairs of Healthwatch Bucks Ltd the full audited financial statements and auditor's report should be consulted when they are available. Copies of the financial statements will be available from our website www.healthwatchbucks.co.uk

Meeting our commitments

Healthwatch Bucks has met the statutory requirements set by Bucks County Council

Healthwatch Bucks is required to account for its performance with regard to its statutory activities. Here's how we performed in our first year.

Involving Local People

What's required: promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

What we've done so far:

- Set up a Helpline accessible by phone or on-line from day one
- Set up, managed and regularly updated a fully interactive website which provides information, guidance and access to any member of the pubic who wants to share their experiences or opinions
- Made our services fully accessible to the public by phone, e-mail and social media
- Promoted the importance of hearing the views of service users in media releases, public meetings and by working with commissioners to promote patient engagement in commissioning activities e.g. continuing healthcare, orthodontics
- Worked as a member of the Buckinghamshire Health and Wellbeing Board.

Monitoring standards

What's required: enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.

What we've done so far:

- Worked with the service providers to publicise and promote public engagement in a wide variety of events
- Begun work on mapping the different ways in which members of the public can feedback about health and social care services in order to make it easier for Bucks residents to make use of the different ways to express their satisfaction, concerns and questions
- Published relevant Patient Opinion details on our website
- Regularly published on our website reports on Care Quality Commission inspections of our hospitals
- Initiated several partner projects to hear the ideas and opinions of 'seldom heard' groups whose views we will report to the commissioners during the first half of our second year.

Views of local people

What's required: obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.

What we've done so far:

- Talked personally and directly to community groups all over the county to ensure we can gather information face-to-face about what's working well for them and what's not
- Set up a telephone and on-line Helpline to gather opinions and evidence on which to base future work or guide that of those commission or deliver services
- Set up a productive partnership with the Citizens Advice Bureau which enables us to share and combine their learning from calls to them about health and social care issues
- Worked with commissioners to promote patient engagement in commissioning activities
- Contributed the views of local people as a member of the Health and Wellbeing Board.

Recommendations for improvement

What's required: making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

What we've done so far:

Healthwatch Bucks, like all local Healthwatch organisations, is required to base all its recommendations on evidence. Our focus during year one has been on identifying the issues that are within our mandate and which really matter to the people who live and work in this county.

Our work in our first year has been gathering the evidence on which we can make soundly based recommendations in 2014/2015. These will include topics such as:

- Care in residential homes
- Transport to hospitals
- Hospital discharge procedures
- Improving access to health and social care for groups who, for different reasons, feel that the services do not adequately meet their needs.

Advice and information

What's required: providing advice and information about access to local care services so choices can be made about local care services.

What we've done so far:

We have been delivering on this requirement since our very first day.

- Our website contains a comprehensive guide to health and care services throughout the county and draws on the resources of NHS Choices
- We provide information by phone or e-mail through the Helpline facility on our website and the personal service provided by our partners at the Citizens Advice Bureau.
- The constantly updated News service on our website brings our readers up-to-date on national and local issues that may be important to them e.g. dementia services, travel to hospitals, free healthchecks, prescription costs etc…

Views on local standards and making recommendations

What's required: formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England; making

recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

What we've done so far:

- As with our requirement to make recommendations for improvement, we see this is a priority for our second year based on solid evidence gained in our first twelve months.
- There are significant questions about the standards of care in our two NHS hospital trusts and the full-scale Keogh and Care Quality Commission investigations have resulted in extensive improvement programmes. Rather than duplicate the inspectors' comprehensive work with our limited resources, we believe our best role will be to monitor delivery of the improvement plans from the point of the patients and to use our enter and view powers to focus on specific issues as they arise.
- Thanks to careful preparatory work in Year 1, we expect to formulate views and share them with commissioners and Healthwatch England during 2014/2015.

Providing Healthwatch England with intelligence and insight

What's required: providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

What we've done so far:

Healthwatch Bucks has collaborated with and contributed to the national organisation from the pre-launch stage. Examples of our engagement with Healthwatch England include:

- Participation of three founding directors in a pre-launch workshop
- Detailed feedback on the draft Healthwatch England strategy
- Active participation by one of our directors in the Thames Valley Healthwatch and Quality Support Group meeting
- Attendance by our chair and/or chief executive in Healthwatch England national, regional and online conference
- Appointment of our chair, Jenny Baker, to the National Committee of Healthwatch England early in 2014/15.

Getting in touch

Healthwatch Bucks and its partners are easy to reach - in person, over the phone, through social media or online. We want to hear from you in the way that suits you best.

This Annual Report is freely available to anyone with an interest in what we do as a downloadable pdf document through our website. Printed copies are available on request to Healthwatch Bucks by phone or e-mail to the number and address given below.

Healthwatch Bucks wants to hear from anyone in the county with ideas and opinions about health or social services.

Our office is easy to reach from Wycombe or Aylesbury at the heart of a local community. We are out and about in Bucks throughout the year at public events and for meetings with community groups.

You can reach us by phone, through Facebook and Twitter, through the Speak Out page of our website or by posting your experience on the Patient Opinion site. Here's everything you need to know about how to reach us and our partners.

Recognising us

We are one of 152 Local Healthwatch affiliated to the national body, Healthwatch England. That's why we use the Healthwatch Trademark (which covers the logo and the Healthwatch brand) when undertaking work on our statutory activities as covered by our licence agreement with Healthwatch England.

How to reach us

Our office
6 Centre Parade
Place Farm Way
Monks Risborough
PRINCES RISBOROUGH
HP27 9JS

Write to us:
Freepost RTHU-UKBE-YELG
Healthwatch Bucks Ltd
6 Centre Parade,
Place Farm Way,
Monks Risborough,
PRNCES RISBOROUGH
HP27 9J

Send us an email
info@healthwatchbucks.co.uk
Call us
O845 260 6216 or 01844 348849
Our website
www.healthwatchbucks.co.uk

@HW_Bucks

Our main partners

Community Impact Bucks
6 Centre Parade, Place Farm Way,
Monks Risborough, Bucks, HP27 9JS
Tel: 0845 3890389
info@communityimpactbucks.org.uk
www.communityimpactbucks.org.uk

Buckinghamshire Citizens Advice
8 Easton Street, High Wycombe,
Buckinghamshire, HP11 1NJ
Tel: 0844 2451289

For a full current list of all the partner organisations we are working with, please see the 'Partners' section on our website.

Officially

Healthwatch Bucks
Healthwatch Bucks is registered in England as a Company Limited by Guarantee no. 08426201. Our VAT Registration number is 166 3949 69

Community Impact Bucks
Community Impact Bucks is registered as Charity no 1070267 and as a Company Limited by Guarantee no. 3508718

Citizens Advice Bureau
High Wycombe & District Citizens Advice Bureau is registered in the UK as a Company Limited by Guarantee no. 3931507 and as a Charity no. 1080161

Healthwatch Bucks
6 Centre Parade,
Place Farm Way,
Monks Risborough, HP27 9JS
Tel 0845 260 6216
info@healthwatch.co.uk
www.healthwatchbucks.co.uk

Healthwatch Bucks Ltd is a
company limited by guarantee
No.08426201 registered in England

Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board Forward Plan 2014 – 15

HWB Meeting Date and Venue	Item	Lead Officer(s)	Final Report submission (Submit to H Wailing by 12 noon)	Purpose of item and recommendation for the Board	Outcomes and actions
15 May **AV District Council** **10:30** **12:30**	**1.Physical Activity**	Jane O'Grady (Piers Simey)	**7 May**	• To endorse the strategy and action plan • To note the actions relevant to your individual organisations and ensure contribution to delivery.	*The Board endorsed the Strategy and action plan and committed to a follow up report against delivery of the action plan next year.*
	2. Better Care Fund Outline Business Case	Trevor Boyd (Lesley Perkin)		• Approve direction of travel	*Board agreed direction of travel. Agreed for BCF to be a standing item at all meetings to make sure HWB can input to mitigating risks of not delivering against the plan*
	3. Update on the Care Bill	Rachael Rothero		• For Information	*The HWB requested further updates as the work evolves.*
26 June Chiltern CCG	**1.Transfer of Social Care Money from NHS (S256) 2014/15**	Trevor Boyd (Rachael Rothero)		• Formal Sign off	*The Board agreed the transfer of monies*
	2.Joint Health and Wellbeing Strategy – Long Term Conditions	Nicola Lester (Dr Stuart Logan)		• What are the main issues for LTC in Bucks? • What have we delivered this year against the JHWBS? Where are the gaps?	*Recommendations from the report would be considered by the HWB planning group as recommendations for the 2014/15 JHWBS Action Plan.*

			18 June	• What can the HWB do – areas of future focus	*The Board requested that the care in Buckinghamshire for Children with Long Term Conditions be considered as a future item.*
	3.Standing Item **5 Year Plan and System Alignment**	All		• HWB oversight of local strategic priorities and alignment	*The Board will look at the emerging detail of the 5 year plan and the relationship with all the partner strategies in more detail at the September and October meetings.*
	4. Standing Item **Better Care Fund**	Trevor Boyd (Lesley Perkin)		• Approve direction of travel of Outline Business Case for Older People • Mitigate Risks and Issues	*The Board agreed with the four tiered model presented in the outline business case and the scope of the next phase of activity.* *There will be further reporting in September.*
24 July **BCC**	**1.Championing Better Outcomes for Children**	Sue Imbriano	**16 July**	• What have we delivered this year against the JHWBS? Where are the gaps? • What can HWB do – areas of future focus?	The board received an update on the outcomes achieved against the Joint Health and Wellbeing Strategy, along with current work being carried out and the challenges. Members wanted further details on the success of interventions and agreed that a special HWB meeting focusing on Children was required in the future.

	2.Pharmaceutical Needs Assessment	Lou Patten (Piers Simey)		• HWB to approve direction of travel and comment on proposals	Members were given an update on the Pharmaceutical Needs Assessment. This item would return in October.
	3. HWB Forward Plan			• Updates and suggestions to work programme	Members agreed the forward plan.
18 Sept **Aylesbury Vale District Council**	**1. Update on response to OFSTED report**	Trevor Boyd	**10 September**	• Verbal update	
	***2.* Healthwatch Annual Report**	Jenny Baker		• To look at Healthwatch Bucks achievements over the last year • Make recommendations to the HWB on future work programme from resident engagement and local intelligence.	
	3. Standing Item **Better Care Fund**	Trevor Boyd (Lesley Perkin)		• Update on process and template for submission on 19 September	
	4. HWB Forward Plan	KM		• Updates and suggestions to work programme	
16 October 2014	**1. Developing a Primary Care**	Lou Patten		• Update on development of Primary Care Strategy	

BCC	**Strategy**				
	2. Pharmaceutical Needs Assessment	Lou Patten Piers Simey		• Pre-Consultation update	
	2.Standing Item **5 Year Plan and System Alignment**	All		• HWB oversight of local strategic priorities and alignment	
	4. Standing Item **Better Care Fund**	Trevor Boyd (Lesley Perkin)		• Approve direction of travel • Mitigate Risks and Issues	
	5. HWB Forward Plan	KM		• Updates and suggestions to work programme	
20 November **Aylesbury Vale District Council**	**1.HWB Annual Report**	*Cllr Birchley*		• *Launch and publication of HWB Annual Report*	
	2 .Standing Item **5 Year Plan and System Alignment**	All		• Whole System 5 Year Strategy update	
	3. Standing Item	Trevor Boyd (Lesley Perkin)		• Approve direction of travel • Mitigate Risks and	

	Better Care Fund			Issues	
	4. HWB Forward Plan	KM		• Updates and suggestions to work programme	
29 January 2015	**1.Standing Item** **5 Year Plan and System Alignment**	All		•	
	2. Standing Item **Better Care Fund**	Trevor Boyd (Lesley Perkin)		• Approve direction of travel • Mitigate Risks and Issues	
	3. HWB Forward Plan	KM		• Updates and suggestions to work programme	
5 March 2015	**1.Pharmaceutical Needs Assessment**	Lou Patten Piers Simey		• Final Sign Off before 1 April 2015	
	2.Standing Item **5 Year Plan and System Alignment**				
	2. Standing Item	Trevor Boyd		• Approve direction of	

	Better Care Fund	(Lesley Perkin)		travel • Mitigate Risks and Issues	
	3. HWB Forward Plan	KM		• Updates and suggestions to work programme	

Other Items:

- **2014/15 Joint Health and Wellbeing Strategy priorities**
- **Health Inequalities**
- **HWB Engagement**
- **Children with Long Term conditions**