Minutes

Health & Wellbeing Board
Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 18 JUNE 2015, IN MEZZANINE ROOMS 1 & 2, COUNTY HALL, AYLESBURY, COMMENCING AT 2.00 PM AND CONCLUDING AT 4.20 PM.

MEMBERS PRESENT

Ms J Adey (District Council Representative), Mr M Appleyard, Mr R Corbett, Ms I Darby (District Council Representative), Dr A Gamell (Chiltern Clinical Commissioning Group), Lin Hazell (Cabinet Member for Children's Services), Dr G Jackson (Aylesbury Vale Clinical Commissioning Group), Ms N Lester (Chiltern Clinical Commissioning Group), Dr S Murphy (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group), Mr M Tett (Chairman) and Dr K West (Aylesbury Vale Clinical Commissioning Group)

OTHERS PRESENT

Mr A Baldwin (Thames Valley Police), Mrs C Gray (Secretary), Ms K McDonald, Mr E McLaughlin (Oxford Health NHS Foundation Trust), Mr K Moxley, Ms L Perkin and Mrs S Yapp

1 WELCOME AND APOLOGIES

Apologies were received from Mr G Payne, Mr T Boyd and Mr D Johnston.

2 ANY ANNOUNCEMENTS FROM THE CHAIRMAN

There were no announcements from the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 30 APRIL 2015

The Minutes of the Meeting held on 30 April 2015 were agreed as a correct record.

The following points were discussed arising from the Minutes and the Action Notes:-

PSHE lessons
There would be a further update circulated in September/October 2015 once the new guidance from Ofsted had been published.

Action: Katie McDonald

Dr Gamell, Chiltern CCG would provide an update on the Natural Environment Partnership at a future meeting. This would be scheduled into the Work Programme.

Action: Katie McDonald

Bucks Physical Activity Strategy

A presentation had been given by the Director of Public Health at the last meeting on the Strategy and on Active Bucks. An update from the Active Bucks Team would be provided for information at the next meeting on 1 October 2015. The Director of Public Health would also include any examples of best practice in her Annual Report focusing on Physical Activity which would be published in the Autumn.

Action: Dr Jane O'Grady/Katie McDonald

CCG's were already using TV screens in GP waiting rooms to put across key messages in relation to physical activity and Active Bucks.

There had been no further feedback on the Draft Safeguarding Protocol regarding relationships and therefore this action was complete.

The ADASS report had not been discussed at the last meeting due to limited time and Mr Trevor Boyd had given apologies for this meeting. It was agreed that this should be addressed at the next meeting on 1 October 2015 or picked up at the September Development Day.

Action: Katie McDonald

Members agreed that it would be helpful to include a glossary with the agenda to explain any acronyms used within reports.

Action: Katie McDonald

5 PUBLIC QUESTIONS

There were no public questions.

6 HEALTHWATCH REPORT FOCUSING ON ENTER AND VIEW

Richard Corbett commented that Jenny Baker, Chairman was unable to attend the meeting as she was at a Healthwatch England meeting.

During his presentation the following points were outlined:-

- Healthwatch can sometimes be viewed as a tick in the box in terms of consultation rather than contributing to good outcomes.
- Healthwatch is involved in a large number of meetings and it is important that time is given to understanding what is happening to a broader base of the local population.
- There are currently 4 members of staff (2 part time) with 25 volunteers.

Current work:-

- A Transport Report has just been published to show there are issues in rural areas but also the lack of awareness of transport provision came out as a key message. For non-emergency transport for hospital services there were confusing messages about who to phone; some areas were informed to contact the GP; in other areas it was different. Parking issues at hospitals were also a problem; often people did not mind paying for parking as long as they got a space and this increased anxiety levels for patients before they entered the Hospital. It was often the practical issues that the patient remembers.
- A video had been produced by young people so that they could give their views on health and social care. One main concern for young people was mental health issues.
- Visits to care homes included enter and view powers. They had visited 15 care homes in Bucks as part of the Dignity Strategy to see how people are treated. These visits were not clinical in nature and also were not inspections. They would sit, watch and talk to people. Some care homes welcomed this visit and have actively asked to discuss particular projects. There were some misconceptions held by people on these visits and

one visitor had been turned away at the door. It was important to see Healthwatch as a critical friend.

Healthwatch has five aims:-

- Influence in commissioning – seek public views, consult and influence selection process
- Signposting – website and phone line.
- Hold organisations to account – statutory powers to enter and view premises
- Compliments and complaints. Dignity Awards were held earlier in the year to demonstrate good practice. Healthwatch were part of the Judging Panel.
- Organisational Development – Healthwatch is two years old and still in its infancy with poor brand recognition. This needed to be developed with greater public contact, increased credibility with commissioners and providers.

Engagement Options
Healthwatch Torbay had a trip adviser option where people could rate individual services. Torbay Hospital had 4 stars with 108 reviews. Healthwatch Bucks wanted to see more engagement across different providers and valued having third party feedback. Sandwell and West Birmingham Hospitals have Healthwatch as a link on the front page of their website. If this approach was valued they were happy to work in partnership on this area.

During discussion the following points were made:-

- Dr Jane O'Grady referred to the mental health issues experience by young people and the need to explore and obtain views. She expressed concern about duplicating and over consulting on similar areas and how to find out information on what other organisations were doing. Richard Corbett reported that they worked in partnership with Oxford Health Trust and they would undertake research before looking into an area in depth to see how well this issue had been covered in other areas and to ensure proactive views with a wider input as possible. He also commented that the voluntary sector was a key gateway which people usually access first to obtain information or to run a project. There were not enough resources to duplicate projects.
- Ms Isobel Darby, District Council representative asked what the powers were in relation to enter and view. What happens if Healthwatch were turned away? Richard Corbett reported that where they were turned away they would return at some point as they would not force entry. The Chairman reported that it was important to inform commissioners of this.
- Members welcomed the development of Healthwatch. A Member asked about the flexibility in resources and was informed that temporary resources could be employed to work on particular projects. Richard Corbett commented that the primary resource was volunteers and they would look to increase the base of volunteers to offer a greater variety of roles. Healthwatch had membership on Health and Adult Social Care Select Committee.
- Ms Lou Patten, AV CCG referred to engagement with the public and the five year strategy of Healthwatch. Engagement would be maintained to a high level and an assurance framework would be set up to continue to improve delivery.
- Dr Annet Gamell Chiltern CCG referred to the importance and difficulties of engaging with the wider community rather than it being a tick box exercise and the ability to have a broader inspection. Partnership with voluntary sector partners was key as Healthwatch had important links. Leaders of organisations needed to be clearly linked with people at the coalface with a clear flow of information.
- The Chairman asked about recommendation monitoring and emphasised the importance of this. Reference was made to the improvements in parking particularly parking at Stoke Mandeville and Wexham Park Hospitals. Recommendations needed to be smart. The Chairman reported that Select Committees have a six monthly review on

implementation of recommendations. Richard Corbett reported that one of the difficulties was looking at recommendations across organisations and ensuring ownership of those actions.

Members welcomed the report.

7 INTEGRATED CARE - BETTER CARE FUND UPDATE

Lesley Perkin, Programme Director Integrated Care reported that there were two key issues relating to the Better Care Fund which was the pooled budget (S75) for commissioning of services across health and social care and initiatives to be taken forward.

The Metrics Framework was attached to the agenda. There are five national indicators which are whole system indicators which include rate of emergency admission, number of permanent admissions to care homes, reablements and delayed transfer of care and patient experience.

With emergency and care homes admissions the local targets were steady against rising demand. The national target for emergency admissions was 3.5% but as Bucks County Council already benchmarks well in this area there is a target of 1.6%. With care homes, holding steady on the national indicator would be an achievement. Early indications showed that the targets with emergency admissions and care homes would not be met in April and would involve a lot of work to recover the position which was going in the wrong direction.

Improvements to reablement services were being prioritised in terms of service change and were being aligned between adult community health care teams and Bucks Care. By the end of April both services had been brought together to create a place where staff could sit together to triage referrals and agree the best pathway for individuals including a joint response. Front line staff have started discussions on how to use the same assessment tools and paperwork.

The Metrics Framework has links to national indicators and the reablement target which the service can directly influence. It would also measure levels of independence. This will be reported on a monthly basis. In addition stories and experiences from frail older people on their user experience would be of benefit to illustrate how services were improving.

During discussion the following points were noted:-

- Dr Annet Gamell, Chiltern CCG reported that the whole system needed to be resilient in terms of demographics. When they went live in April it was still winter which had not happened before and this had an impact on the measures recorded for A and E. The Urgent Care Resilience Group involve all parts of the system including ambulance and mental health. It was important to develop innovative ways of delivering metrics to help provide a good measure.
- The Chairman commented that it was important to clarify the Board’s role in terms of taking action when targets were not met or whether this was for another Board to monitor. Dr Annet Gamell reported that the resilience urgent care group and the Adult Joint Executive Team look at metrics on the frail elderly pathway but it was important for the Health and Wellbeing Board to have oversight of these figures. Representatives from those Groups did attend this meeting and could report any concerns.
- Lesley Perkin reported that it was a complex system and it was important for a number of bodies to monitor the BCF. The Adult JET monitor metrics line by line and also receive clear information on improvement.
- Reference was made to the BCF Template Measures (page 27 of the agenda) with a comment that the rate of emergency admissions was staggered for seasonal variance. In April there was a concern about the general activity increase. The target was 697 and

the actual 533 for permanent admissions to care homes. It was important to get the data right to give a robust description of what was happening. The seasonal variance would impact on the May figures if targets were not met. It was also important to have a measure for the overall effect on projects.

- Dr Karen West, AV CCG commented that the risk register was more robust and at a future meeting this would be looked at in more depth. The risk register may be split on risks between the BCF as a whole and local risks.

In terms of the HWB Board, it was agreed that HWB would receive a high level report outlining the national indicators alongside a flash report providing a narrative on any exceptions or high risks for concern where the Board could consider blockages and intervention solutions.

Action: Katie McDonald/Clare Gray

8 MENTAL HEALTH CRISIS CARE CONCORDAT

Susie Yapp, Service Director for Commissioning and Service Improvement provided an update to the Board. Attendees also included Kurt Moxley, Senior Joint Commissioner, Alan Baldwin Assistant Chief Constable Neighbourhood Policing and Will Hancock Chief Executive South Central Ambulance NHS Foundation Trust and Eddie McLaughlin, Service Director for Adult Mental Health Services on behalf of Yvonne Taylor.

Kurt Moxley reported that the Mental Health Crisis Care Concordat brought together a number of organisations that were involved in providing care to a person in a crisis with mental health issues. This was a Government initiative which was implemented at the end of the last financial year. An Action Plan was tabled and would be circulated via email.

Action: Kurt Moxley

During discussion the following points were made:-

- Dr Graham Jackson asked whether the support service included 30 people in total not just those in crisis. This was confirmed.
- Dr Karen West referred to the increase in ambulance use and whether this put any pressure around response times. In response it was noted that there was a much greater awareness by officers and that the front line ambulance was better than a police car for people with mental health problems. Further down the line this would move to more appropriate vehicles such as ambulance cars.
- Dr Stephen Murphy referred to the street triage. Alan Baldwin mentioned the Oxford pilot which had reduced the number of people in custody and this was being implemented in Aylesbury; the feedback was already good. This was also being introduced in the South of the County, in Berkshire and Milton Keynes. This was a health issue not enforcement.
- The Chairman asked a question on behalf of the public in terms of safety and protecting residents. The individual needs to be taken to a place of safety where their mental health issues can be dealt with properly. The responsibility for the police comes where there is a serious and imminent risk to the public. Health care professionals can access records on individuals which is of benefit in terms of assessment and knowing how to respond whereas the police are often unaware of how the individual will respond. The Chairman referred to a small number of high profile cases where individuals had been injured and killed and the public needed reassurance that the police would still provide assistance. Alan Baldwin reassured Members that the police were still investing time, vehicles and training but wanted to make sure that people with mental health issues were looked after in the most appropriate setting.
- Dr Juliet Sutton commented that primary care representatives had very limited training in restraint and dealing with violent patients. If they were concerned at any point they

could phone the police who would response in a timely manner - 15/20 mins for situations that were serious or imminent.

- Lou Patten complimented the work at Whiteleaf Centre in Aylesbury which was considered the best response having dealt with up to 300 cases as a place of safety. Police custody was the last resort. The partnership needed to focus on what Plan B was if Whiteleaf was not available. There had been 19 occasions when Whiteleaf was not available and they had been taken to Accident and Emergency. Further work needed to be undertaken on alternative services to commission the right level of service. There was no reason not to use facilities across the border if appropriate. Dr Annet Gamell commented that Accident and Emergency was not the most appropriate place of safety as the patient could be waiting for hours to be seen which would increase anxiety levels. It was often also a crowded environment. Similarly, concern was expressed that a police cell is not the best place of safety for an individual with mental health needs.
- Mental health was a priority in the NHS and work was being developed across the Country on access and parity of esteem. NHS England had an ambitious challenge with the reshaping of the provision of services and were at the early stages of their journey.

The Chairman commented that Plan A had been implemented very successfully but Plan B was still a concern. In response it was noted that the majority of Section 136 cases were not violent. It was appropriate that violent individuals were taken to police cells. If it was not appropriate then it was important to minimise the impact on police activity. Only 19 cases could not be referred to Whiteleaf Centre which was a small number.

An update would be submitted to the Board on progress in six month's time.

Action: Katie McDonald

9 OFSTED IMPROVEMENT PLAN

Hannah Dell, Programme Manager reported that the Improvement Board had met that morning which was good timing for providing an update to this Board Meeting. There were green shoots of progress. Critical measures were starting to change from red to amber. They were pleased with key measures and putting resources into early help such as the Multi Agency Safeguarding Hub and early triage and referral. Lou Patten reported that the health strands of the work had been well received but there was further work to be undertaken.

The Cabinet Member for Children's Services, Lin Hazell reported that for any weaknesses identified, staff were undertaking 'deep dives' to identify action that needed to be taken forward. 16 full time staff had now joined the service with positive external interest.

Ms Isobel Darby commented on the need for less reporting and undertaking action. The Improvement Board had an independent chairman which met monthly. Reports were also submitted to key partners through the Health and Wellbeing Board and senior officers through the One Council Board. There was also monitoring by the Select Committee which was looking at workstreams. A quarterly report was submitted to Cabinet and a report had been submitted to full Council twice.

Dr Graham Jackson commented that if any Boards met in public the information submitted was difficult to read with many acronyms and emphasised the importance of plain English. He commented that a glossary would be very helpful. He also expressed concern that there was a lot of scrutiny but not enough clarity. An Executive Summary would help with an overview and high level summary to assure Members that improvement was being taken forward. Lou Patten reported that the main aim was improved outcomes for children and this Board should be focusing on health and wellbeing outcomes.

Dr Jane O'Grady referred to the Bucks Safeguarding Board and the importance of not duplicating reports. Nicola Lester reported that a simple balanced scorecard would provide key information. At the next meeting there should be a report outlining the key performance indicators.

Action: Hannah Dell/Katie McDonald

10 HEALTH AND WELLBEING BOARD WORK PROGRAMME

The following areas would be included in the Work Programme:-

October meeting
ADASS report (the planning group would clarify whether this would be an update for information)

December
Six month update on the Mental Health Concordat
A detailed look at the implementation of the Better Care Fund (risks and performance)
Natural Environment Partnership – October/December.

Regular Update
Ofsted Improvement Plan balanced score card specific for the HWB.

Areas to consider
Suicide Prevention Plan – this would be submitted first to the Adult JET for consideration. This included adults and children.
JNSA progress – round table event in July and the Development Day in September. A short update early October with an update on the planned refresh for December.

The planning group would look at the Work Programme at their July meeting to confirm items.

11 CHILTERN AND AYLESBURY VALE CCG QUALITY PREMIUM INFORMATION UPDATE

The report was noted.

12 DATE OF THE NEXT MEETING

1 October 2015 – 2pm. Future dates for next year would be circulated by email.

Action: Clare Gray

Health & Wellbeing Board
Buckinghamshire

Title	Healthwatch Bucks update
Date	18 June 2015
Report of:	Richard Corbett – Chief Executive, Healthwatch Bucks
Lead contacts:	Richard Corbett – Chief Executive Jenny Baker - Chair

Purpose of this report:
The report provides an update on the operational plans of Healthwatch Bucks, outlines the statutory powers it holds and looks to see how by working with partners we can further engage the public in the development of health and care services.
The report will be supplemented by a presentation table on the day.

Summary of main issues:

1. Provide an update on Healthwatch Bucks plans for 2015/16.
2. Outline the statutory powers of Healthwatch with a specific focus on the power of 'Enter and View'.
3. To acknowledge the key challenges we face and to consider how the Health and Wellbeing Board can support Healthwatch Bucks to maximise our value to the Board.

Recommendation for the Health and Wellbeing Board:
- Members are asked to note the plans of Healthwatch Bucks for 2015/16
- Members are asked to consider how they can work with Healthwatch Bucks to build public trust and confidence to engage with health and care services

Background documents:
Health and Wellbeing Board report – Healthwatch Bucks