

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 1 OCTOBER 2015, IN THE OCULUS, AYLESBURY VALE DISTRICT COUNCIL, THE GATEWAY, GATEHOUSE ROAD AYLESBURY HP19 8FF, COMMENCING AT 2.30 PM AND CONCLUDING AT 5.05 PM.

MEMBERS PRESENT

Ms J Adey (District Council Representative), Mr M Appleyard, Mr R Bagge (South Bucks District Council), Ms J Baker OBE (Healthwatch Bucks), Mr T Boyd (Strategic Director for Adults and Family Wellbeing), Mr R Corbett, Mr N Dardis (Buckinghamshire Healthcare Trust), 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 J O'Grady (Director of Public Health), Ms L Patten (Aylesbury Vale Clinical Commissioning Group), Dr J Sutton (Aylesbury Vale Clinical Commissioning Group) and Mr M Tett (Chairman)

OTHERS PRESENT

Mrs C Gray (Secretary), Ms K McDonald, Mrs M Moss, Ms L Perkin, Ms Y Taylor (Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust) and Mrs E Wheaton (Secretary)

1 WELCOME AND APOLOGIES

Dr Graham Jackson, Vice-Chairman of the Board welcomed Members to the meeting. He explained that the Chairman, County Councillor Martin Tett was attending a meeting in London and would be joining the Board meeting in due course.

Apologies were received from District Councillor Neil Blake, District Councillor Isobel Darby, District Councillor Graham Harris, Dr Stephen Murphy, Mr Stuart Bell and Mr David Johnston. Ms Yvonne Taylor from Oxford Health Trust attended in Stuart Bell's place.

2 ANY ANNOUNCEMENTS FROM THE CHAIRMAN

Dr Graham Jackson welcomed the new Board Members.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 MINUTES OF THE MEETING HELD ON 18 JUNE 2015

The minutes of the meeting held on 18 June 2015 were agreed as a correct record.

Matters arising

Item 4 – PSHE lessons – the guidance from Ofsted was published last week and would be circulated shortly.

Action: Katie McDonald

Item 4 – the themes from the ADASS report were covered at the Health & Wellbeing Board meeting and this action was now completed.

Members were reminded to send a glossary with their reports for future agendas to explain any acronyms within the report.

Action: Board Members

Item 8 – the action plan relating to the Mental Health Crisis Care Concordat had been circulated. Trevor Boyd mentioned that there was a partner group who meet regularly to discuss the issues around providing care for people in crisis with mental health issues. It was suggested that the Chairman write to the MHCC working group to seek assurance in relation to plan B and places of safety.

Action: Chairman

Ms Lester asked whether Debbie Richards could be invited to these partner meetings. Trevor Boyd agreed to invite her to future meetings.

Action: Trevor Boyd

5 PUBLIC QUESTIONS

There were no public questions.

6 WHOLE SYSTEM RESILIENCE - HEALTH AND SOCIAL CARE WINTER PRESSURES IN BUCKINGHAMSHIRE

Dr Annet Gamell, Chiltern CCG explained that preparation for winter in health & social care was via the System Resilience Group (SRG) with representation from key stakeholders (every part of the system involved in urgent care).

She made the following main points.

- The Self-Assurance checklist is included in the pack.
- Across Thames Valley there are four systems resilience groups.
- Urgent Emergency Care Network served a population of 2.1m with the purpose of standardising what the services mean and where people go for help. Dr Gamell is the chairman of the Network.
- Lessons learnt from last winter included looking at how the system can work together to secure a quality outcome for the patient.
- In previous years there was a feeling that when the system was under stress, it was perceived to be a Hospital problem. The Hospital, and particularly A&E was acknowledged to be a particular pressure point.
- Pressure points occur throughout the year with particular escalation points, for example over the long bank holiday weekend at Christmas.
- The system is already under pressure and the system needs to work together to manage the demand and improve flow.
- The main challenges are as follows:
 - Recruitment and retention of the workforce.
 - Increased complexity of the patients, for example, the frail and elderly with more complex long-term conditions which puts more demand on the system.
 - Lack of flexibility within the system, particularly in relation to procurement.
 - Pressure of 7 day working and ensuring outcomes are not different at weekends.

- Primary Care is critical and it sees 90% of patients every day and what becomes a pressure in the system will have been a pressure experienced within Primary Care about two weeks before.
- The funding from Government for Winter pressures went into the baseline budget for the first time this year so the funding was available in April which has helped with the planning process.
- An app had been developed which allows the patient to enter their postcode and their symptoms and it will tell them where their nearest GP/pharmacist is. A publicity leaflet has recently been distributed to every household in Bucks.
- The 111 number should be the single point of contact for people and should be seen as the front door to urgent care services rather than A&E.
- Carers and front-line staff are being encouraged to take-up their free flu jab. This should be seen as a duty rather than a “nice to have” by those people who are eligible for it.

Dr Gamell explained the escalation pathway and how the plans around the system were now aligned to a clear escalation pathway. The Board heard that the system was already showing red in Buckinghamshire.

During discussion, the following points were noted.

- Dr Graham Jackson asked whether there was anything which could be done to improve the reporting of the Primary Care pressures. Dr Gamell responded by saying that a new dashboard system called Allamac was due to be implemented (before Christmas) which would help to identify the pressures within Primary Care.
- Ms Jenny Baker, Chairman of Bucks Healthwatch, commented that she had not seen the leaflet referred to above and she was not sure that the messages around the importance of having the flu-jab for carers and Health Care Professionals was getting through. She felt this should be communicated more widely and access to the flu-jab should be made easier. Dr Gamell explained that pharmacists are now able to give flu-jabs so this has alleviated the pressure on GP surgeries.
- Ms Lin Hazell, Cabinet Member for Children’s Services, asked for an update on the recruitment of A&E consultants. Mr Neil Dardis, Chief Executive, Bucks Healthcare Trust, reported that from December there will be 10 A&E consultants. He went on to say that this issue was part of the Hospital’s Improvement Journey. The number of medical consultants at weekends has increased from 2 to 4. There has also been more investment in the Healthcare teams. Ms Jenny Baker felt that the public should know about these good news stories. Mr Dardis said that BHT is publicising this as much as it can. Whilst congratulating BHT, Dr Gamell provided a word of caution around people thinking that increased resources mean that demand for the services can be met. The pressures on services will still be there.

7 HEALTH AND WELLBEING BOARD MEMBER COMMISSIONING INTENTIONS 2016-17 & UPDATE ON BUCKINGHAMSHIRE JSNA

Katie McDonald, Health and Wellbeing Lead Officer, explained that there is a statutory duty on the H&W Board to have oversight of the commissioning intentions of Board member organisations for 2016/17. She said the whole system commissioning intentions were not available for this meeting and next year it would be useful to also see the commissioning intentions for NHS England and other specialist services. In 2016, both the JSNA (Joint Strategic Needs Assessment) and the Health and Wellbeing Strategy would be refreshed. A JSNA development group were compiling the refreshed JSNA which would be available on the website as it developed.

Ms McDonald referred Members to the terms of reference of the JSNA development group. The Board was asked to delegate responsibility for the JSNA to the development group via the Health & Wellbeing Board Planning Group, who would sign-off the JSNA but make sure that Board members had access to content before it was published. A further update on the JSNA will be discussed at the March meeting.

It was AGREED to delegate the sign-off of the refreshed JSNA to the development group.

Each organisation presented their commissioning intentions.

Lou Patten explained that AVCCG had three overarching high level strategic commissioning intentions.

- Building Place-based and integrated services for patients.
- Commissioning pathways of care – seamless across all providers. Understanding the true cost and incentivising providers. Build on the Diabetes work to set an exemplar for clearly understood care pathways.
- Establishing a system-wide approach to ensure commissioned services were as safe as possible.

Nicola Lester presented the CCCG commissioning intentions which are aligned to the Health & Wellbeing Strategy and the JSNA and focussed on:

- Prevention – self-care, self-management
- Piloting locality, integrated care teams
- Stay Well, Live Well Strategy
- Care planning
- Improve access to patient records
- Implementing 1001 days local strategy to support families and children.

Dr Jane O'Grady asked whether there is a real document relating to the 1001 days strategy. Nicola responded by saying that it is one of the CCGs intentions so she is not aware that there is a document yet.

Trevor Boyd presented the overview of the commissioning intentions for the Joint Commissioning Team explaining that some of the posts were jointly funded by CCGs.

- Prevention – review of Prevention matters including recommissioning Home from Hospital service.
- Adult Mental Health – ongoing implementation of Crisis Care Concordat.
- Dementia – including development of dementia friendly communities.
- Carers and Service User Support Services – review and develop carers assessment process.
- Physical and Sensory Disabilities and Long-term neurological conditions – looking at a future commissioning plan for stroke support services.
- Older people – have a real challenge around nursing home places in Buckinghamshire.
- Learning Disabilities and Autism.
- Assistive technology – new products on the market. Mr Boyd confirmed that the Council had a specialist commissioner for this area who works closely with a nominated GP.
- Transformation of Day Opportunities.
- Domiciliary Care – looking to move towards outcome-based contracts.
- Partnership Boards.

During discussion, the following main points were made.

- Concerns around the visibility of the word “integration”. Trevor Boyd confirmed the council’s commitment to integration and informed the Board that there was an integrated locality workshop on 19th October.
- There was an opportunity to look at different ways of procuring the contracts.
- Dr Jackson commented that listening to these sets of commissioning intentions it would be very easy to feel that these are all very different. Only those familiar with them will be able to understand the alignment and synergy. Lou Patten offered to construct a document that amalgamated commissioning intentions from different organisations to demonstrate the aligned strategic intent.

Action: Lou Patten

8 ANNUAL REPORTS FROM THE BUCKINGHAMSHIRE SAFEGUARDING ADULTS BOARD AND BUCKINGHAMSHIRE SAFEGUARDING CHILDREN'S REPORT

The Chairman welcomed Matilda Moss, Business Manager (Buckinghamshire Safeguarding Children’s Board) to the meeting.

During her presentation, Ms Moss made the following main points.

- The notes following a recent event on Female Genital Mutilation would be circulated shortly.
- The recently agreed Joint Protocol was facilitating closer working relationships across the Safeguarding Adults and Children Boards, the Health & Wellbeing Board and the Safer & Stronger Bucks Partnership Board.
- The two Safeguarding Boards were starting to work closely together around key safeguarding issues.
- Safeguarding was everybody’s business.
- A short video clip was shown to the Board Members and Ms Moss explained that the team was looking to embed this within all relevant training sessions. She encouraged Board Members to share it amongst their organisations.
- With the Care Act coming into force, there has been a considerable amount of change.
- Safeguarding needed to be considered as part of the commissioning process.
- The issues around Child Sexual Exploitation (CSE) had been in the press recently both nationally and locally. There was a need to ensure the right services were in place. There is currently a lack of services available to support families of victims of CSE.
- The Child Death overview panel was making a recommendation around enhancing data collection and targeting service improvements and Ms Moss agreed to share this information with the Board Members once it was available.

Action: Matilda Moss

During discussion the following points were made.

- Ms Hazell, Cabinet Member for Children’s Services asked whether the numbers promoted in the video were Freephone numbers. Ms Moss confirmed that the numbers were Freephone numbers.
- Mr Trevor Boyd, Strategic Director for Adults and Family Wellbeing, felt that it would be good to look for links with other organisations, such as the Community Safety Partnership. He went on to say that in terms of domestic abuse, there needed to be clarity around who was taking the Lead on supporting the victims. Ms Moss responded by saying that there were governance arrangements around domestic abuse and that a

Home Office review which was looking at ways to bring all areas of exploitation together.

- Dr Graham Jackson, AV CCG, felt that “safeguarding” was not in people’s vocabulary. Ms Moss agreed and confirmed that the team was looking at terminology and obtaining feedback from people about their understanding of the words currently being used.

9 BETTER CARE FUND PROGRESS AND IMPLEMENTATION

Lesley Perkin, Programme Director, Integrated Care referred Board Members to her paper on the Better Care Fund Metrics and made the following main points.

- The Better Care Fund s75 pooled budget had been live since April 2015. A national return had been completed at the end of Quarter 1 reporting on the national and local metrics agreed in the original submission.
- The targets were ambitious.
- The key messages were:
 - Emergency admissions across all providers are up against the plan;
 - Admissions to care homes are very low;
 - Reablement is improving;
 - Emergency admissions are up in terms of cost – actual expenditure is £1.7m over plan in Q1.
 - Whilst admissions to care homes are low, the cost of care home placements is rising and the volume and cost of packages of care at home are also rising significantly.
- The national expectation around the BCF was that it would continue next year but the details would not be known until after 25 November (Comprehensive Spending Review). There would be a lot of work to do after this announcement.

During discussion, the following points were made.

- Dr O’Grady commented that there was a move towards outcomes based commissioning and appreciated that the Patient Experience Health and Patient Experience Social Care were national metrics. She went on to say that it would be useful to have an integrated measure for this. Ms Perkin responded by saying that there has not been any guidance issued nationally on this measure. She felt that it would be good to find a measure locally and asked how we could ensure that the patient experience is consistent along the patients’ journey. Dr O’Grady cited Cumbria as an example of a place that has tried to introduce targets for the whole patient journey, using a simple scale – faces to indicate a good, average and bad experience from the GP surgery through to Hospital Discharge. Ms Perkin said that she was very happy to work with partners to develop something similar to this.
- Ms Lou Patten, AVCCG, commented on the significant difference between the target and actual figures for permanent admissions of older people to care homes. Ms Perkin explained that the difference in the metrics is likely to reduce as the year progresses with anticipated seasonal variances occurring. Ms Patten asked whether the Q2 figures could include the target figures we did not make in Q1 to show a cumulative target figure so the size of any potential problem areas can be fully understood.
- Ms Patten commented on the lack of metrics for occupied bed days and wondered when we will get these figures. Ms Perkin explained that part of the problem is around getting figures from across all the providers. These figures will be available for Q2.
- Ms Patten felt that with the targets being ambitious, it would be useful to have more detail behind the metrics so that we do not get to Q4 without reaching the targets and not understanding why. Ms Perkin explained that there is an enormous amount of work being undertaken around the impact of the targets but she felt that something could be

pulled together to detail the wider work being undertaken when the Q2 figures are available.

- Mr Trevor Boyd, Strategic Director for Adults and Family Wellbeing, asked for clarification around the performance fund element linked to non-elective admissions and what the position is in Buckinghamshire. Ms Perkin responded by saying that if emergency admissions do not hit the target then the money has been identified to be used on non-elective admissions. Mr Boyd went on to ask how much money is in the system if the non-elective admission target is not met and the implications of this. Ms Perkin said that expenditure was £1.7m over plan at the end of Q1 for non-elective admissions. Dr Gamell explained that it is not in the CCGs baseline, it is in the Better Care Fund.
- Mr Mike Appleyard queried what questions were being asked in order to get the answers and felt it was a “feeling” rather than actual specific measurement. Ms Perkin explained that the questions are set nationally and she could provide more detail on this. She went on to say that there is an opportunity for the system to ask questions in a different way to make them more “locally” focussed.
- Dr Gamell commented that the BCF is there to help the system become more integrated and we have to work out how to work in a more integrated way across the system.

Dr Graham Jackson concluded by saying that the general feeling amongst the Members was that there was a lack of confidence in the metrics and that the Board still needed to improve its understanding.

10 CHILDREN AND YOUNG PEOPLE IMPROVEMENT PLAN AND LGA PEER REVIEW

The Chairman welcomed Lin Hazell, Cabinet Member for Children’s Services. Apologies of absence for David Johnston were given and Ms Hazell then provided the following highlights.

- The Improvement Board met last week and would be looking in more detail at IT.
- A permanent senior leadership team was now in place.
- Previously, children in care were not being allocated a social worker within suitable timeframes but this had now been rectified.
- In Bucks, 450 children are in care and this is a static number at the moment.
- There had been a successful recruitment drive.
- Referrals remained high – and more work was needed to be done on the threshold document.
- Buckinghamshire County Council had asked the LGA to undertake a peer review which starts next week.

Ms Hazell concluded by saying that things were improving but there was a long way to go with no quick fix solutions.

11 UPDATE ON PHYSICAL ACTIVITY STRATEGY AND ACTIVE BUCKS

Dr Jane O’Grady, Director of Public Health, referred Board Members to her presentation and made the following main points.

- Promoting physical activity was a key priority in the strategy.
- Wycombe District Council had been instrumental in developing the strategy.
- Active Bucks project had been a huge community project involving a 4 month community engagement phase between May-August 2015.
- 2,063 residents engaged in the feedback process and 1,658 surveys were completed.
- The 19 Local Area Forums (LAFs) would now be choosing how to spend their allocated money. Recommendations were now being presented to each LAF.

- The team were looking for community champions to enable ongoing community development throughout the project. So far, 20 expressions of interest had been received.

During discussion, the following points were made.

- Mr Martin Tett, Chairman of the Board, reported that he had recently attended the Active Bucks launch event in Waddesdon which was excellent and he asked what the plans are to reach those who are not active and how confident are the team that the groups of people who are not exercising are being targeted. Dr O’Grady explained that 18% of the people who responded to the questionnaire said that they do less than 30 minutes of exercise a week and lots of people indicated that they are doing less than the recommended amount each week.
- Mr Tett went on to ask whether train commuters, as a target group have been looked at. Dr O’Grady reported that there does need to be something developed around those people who commute.
- Ms Hazell asked what the definition of “active” is and how much exercise is recommended. Dr O’Grady explained that 150 minutes of moderate exercise a week or 75 minutes vigorous exercise a week is the recommended amount. She went on to say that sitting for more than an hour is not good for your health.
- Mr Mike Appleyard, Cabinet Member for Health and Wellbeing commented that it is about getting the mindset right. He suggested encouraging commuters to walk further before they get on the train, doing parts of meetings standing up to avoid sitting for too long.
- Dr Annet Gamell, Chiltern CCG, commented that all of her sporting needs were met at school and she felt that the current curriculum is focussed on academic achievement and sports has been left behind. There should be a balance between the two.
- Dr Juliet Sutton added that Aylesbury High School came first in the country for sporting achievements so she said a balance can be struck between the two.
- Mr Martin Tett asked whether there is a difference between the level of sports at single sex schools and co-educational schools. Dr O’Grady responded by saying that active pupils do better academically and being active has a positive effect on behaviour. There is a high drop-out rate of teenage girls and efforts are being made to encourage girls to become engaged by offering dance. She mentioned a video entitled “This Girl Can”.
- District Councillor Ralph Bagge said that NICE has produced lots of guidance around why girls drop-out of sports. Dr O’Grady confirmed that some of this guidance has been used to develop the Physical Activity Strategy.
- Dr Annet Gamell asked what the H&W Board could do to help bring sports back into schools. Mr Tett asked whether the Board should commission a piece of work around this. Dr O’Grady suggested that a briefing needed to be written for schools to consider and suggested contacting Zahir Mohammed, Cabinet Member for Education and David Johnston, Director of Children’s Services. The Chairman agreed and asked Dr O’Grady to write a briefing for the next meeting.

Action: Jane O’Grady

12 CAMHS ADDITIONAL FUNDING ALLOCATION AND TRANSFORMATION PLANS

Dr Juliet Sutton, Clinical Lead for Children and Maternity, AVCCG took Members through her paper and made the following main points.

- Additional funding had been allocated to all CCGs to enhance the services for Children and Young People’s Mental Health and Wellbeing. The funding allocation for

Buckinghamshire was £886,926 of which £253,183 was ring-fenced for eating disorders.

- An ambitious five year plan has been developed on how the funding could be used.
- Oxford Health NHS Foundation Trust (OHFT) would be delivering the new contract in partnership with Barnados and BEAT (beating eating disorders). The contract going live on 1 October. The joint commissioner and CCG clinical leads had been overseeing implementation to ensure delivery.
- Buckinghamshire had also been successful in bidding for additional grants to pilot link workers and joint training across schools and CAMHS and alongside to provide specialist training in attachment to schools and children's centres.
- The plan had been shared with key stakeholders involved in the recommissioning process and sent to NHS England who had responded favourably.

Dr Juliet Sutton asked the Board to delegate the power to sign-off of the plan to her via the Children's Joint Executive Team.

Ms Hazell asked whether the redesign in the service would lead to a reduction in the waiting time for children to be seen by CAMHS. Dr Sutton explained that waiting times were expected to reduce as a result of the introduction of a single point of contact.

Yvonne Taylor, Chief Operating Officer (OHFT), added that she welcomed the launch of the new service particularly in light of the significant increase in the number of referrals and explained that there was now a focus on early intervention and access to support at the early stages. Ms Taylor noted that the increase in the number of young people with eating disorders in Buckinghamshire made it important to address issues early.

In response to a question, Dr Annet Gamell explained that the Joint Executive Team reported to the Health and Wellbeing Board.

The Chairman asked Members to consider the proposed sign-off process as detailed below.

- The draft report to be shared with the Chairman and Vice-Chairman of the Health & Wellbeing Board (HWB) and circulated to HWB Members once finalised;
- Delegated sign-off given by HWB to Dr Juliet Sutton, Clinical Lead for Children and Maternity;
- For future years, HWB would have annual oversight of the plans and progress through a report to the Board;
- Governance responsibility delegated to the Children and Young People's Joint Executive Team (CYP JET).

Board Members AGREED to the proposed sign-off process.

13 HEALTH AND WELLBEING BOARD WORK PROGRAMME

Members noted the work programme and that items currently against the December meeting will now be moved to the January meeting.

14 DATE OF THE NEXT MEETING

It was agreed that the December meeting would be postponed as a public meeting and a new date in early December would be confirmed for a private workshop session, which would be an informal meeting. A revised date would be circulated shortly.

Action: Liz Wheaton

CHAIRMAN