Agenda

Health & Wellbeing Board Buckinghamshire

Date: Thursday 15 September 2016

Time: 2.30 pm

Venue: Mezzanine Room 2, County Hall, Aylesbury

1.30 pm Pre-meeting Discussion

This session is for members of the Committee only.

2.30 pm Formal Meeting Begins

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Agenda Item		Time	Page No
1	**WELCOME & APOLOGIES**	**2.30pm**	
2	**ANNOUNCEMENTS FROM THE CHAIRMAN**		
3	**DECLARATIONS OF INTEREST**		
4	**MINUTES OF THE MEETING** To confirm the minutes of the meeting held on Tuesday 7 June 2016.		**5 - 16**

5	**PUBLIC QUESTIONS**		
6	**2016-2021 REFRESH OF BUCKINGHAMSHIRE'S JOINT STRATEGIC NEEDS ASSESSMENT** Presentation of the Joint Strategic Needs Assessment Development Group. Presented by Dr Emily Youngman	**2.40pm**	**17 - 18**
7	**PROPOSAL FOR THE REFRESH OF BUCKINGHAMSHIRE'S JOINT HEALTH AND WELLBEING STRATEGY 2016-2021** Report of the Health & Wellbeing Board Planning Group. Presented by Katie McDonald, Health & Wellbeing Officer	**2.55pm**	**19 - 26**
8	**BETTER CARE FUND (BCF) UPDATE** Presented by Devora Wolfson, Director of Joint Commissioning.	**3.25pm**	**27 - 34**
9	**BUCKINGHAMSHIRE HEALTH AND CARE SYSTEM PLAN & THE SUSTAINABILITY & TRANSFORMATION PLAN (STP) FOR THE BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST FOOTPRINT** Robert Majilton, Director of Sustainability and Transformation, will provide an update.	**3.45pm**	
10	**CHILDREN AND YOUNG PEOPLE UPDATE** **a) Update from David Johnston, Managing Director of Children's Social Care and Learning**; **b) Governance arrangements for the oversight of tackling Female Genital Mutilation in Buckinghamshire** Presented by Katie McDonald, Health & Wellbeing Lead Report attached. **c) Buckinghamshire Transformation Plan for Children and Young People's Emotional Wellbeing Update for 2016/17** Presented by Juliet Sutton, Clinical Director of Children's Services Report attached.	**4.05pm**	**35 - 70**
11	**HEALTH & WELLBEING BOARD WORK PROGRAMME** For Board Members to discuss the Health & Wellbeing's work programme.	**4.25pm**	**71 - 72**
12	**DATE OF NEXT MEETING**	**4.30pm**	

The next Health & Wellbeing Board meeting will take place on Thursday 15 December 2016 from 2.30-4.30pm (pre-meeting for Board Members only between 1.30-2.30pm) in Mezz Room 2, County Hall, Aylesbury.

There will be an agenda planning session on Tuesday 22 November 2016 from 10am-1pm which will be held in private.

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

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

Members

Mr M Appleyard (Buckinghamshire County Council), Mr R Bagge (District Council Representative), Dr R Bajwa (Clinical Chair), Ms J Baker OBE (Healthwatch Bucks), Mr S Bell (Chief Executive, Oxford Health NHS), Mr T Boyd (Strategic Director for Adults and Family Wellbeing), Ms I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Lin Hazell (Cabinet Member for Children's Services), Dr G Jackson (Clinical Chair), Mr D Johnston (Buckinghamshire County Council), Ms A Macpherson (District Council Representative), Mr R Majilton (Director of Sustainability and Transformation), Dr J O'Grady (Director of Public Health), Ms L Patten (Accountable Officer (Clinical Commissioning Group)), Dr S Roberts (Clinical Director of Mental Health), Dr J Sutton (Clinical Director of Children's Services), Mr M Tett (Buckinghamshire County Council) (C), Dr K West (Clinical Director of Integrated Care) and Ms K Wood (District Council Representative)

Health & Wellbeing Board Buckinghamshire

Status on Health and Wellbeing Board meeting actions:

15.9.16

Date	Action	Lead officer	Update	Status
31.3.16	NHS Colleagues and District Council Planning Officers invited to attend a workshop in July 2016. An update to be provided to the board	Dr J O'Grady	K McDonald to provide an update at 15.9.16 meeting	Complete
31.3.16	Disabled Facilities Grant	T Boyd	The meeting has taken place with the District Councils and the District Councils have written to confirm that they are satisfied with the proposed DFG allocations for 16/17	Complete
31.3.16 and 7.6.16	David Smith, BOBW STP Footprint Lead to be invited to HWB	KMcDonald	To be discussed and confirmed at the September meeting	In progress
7.6.16	Ms Wolfson to develop a dashboard report, applying it retrospectively and reporting on a quarterly basis in future.	Ms Wolfson	The newly developed Dashboard which has been developed to demonstrate the progress against targets and integration milestones is included in the BCF report to the HWB 15.9.16	Complete
7.6.16	K McDonald to add the BCF as an agenda item for all future meetings.	Ms K McDonald	Included in the 2016/17 work programme	Complete
7.6.16	Ms Wolfson to publish the review as soon as the meeting with key providers and organisations had taken place.	Ms Wolfson	The review was shared with the Stroke Association in July 2016 and is available on the BCC website at the following link: http://moderngov/mgChooseMDocPack.aspx?ID=8074&SID=25045	Complete
7.6.16	Ms McDonald to review the statutory responsibilities of the Board.	Ms K McDonald	K McDonald to provide an update at the 15.9.16 meeting	In progress
7.6.16	Dr O'Grady to speak to Ms K Wood on District Data	Dr J O'Grady	A meeting took place in July 2016	Complete
7.6.16	Dr O'Grady to circulate Active	Dr J	Promotional materials were circulated to District Council, BCC and	Complete

	Bucks Promotional materials	O'Grady	NHS colleagues following the meeting	
7.6.16	All members to think about how they can support and promote the Active Bucks projects and report back on action taken at the next HWB meeting	All HWB members	All HWB members to report back on the action they have taken to support the Active Bucks programme at the 15.9.16 meeting.	In progress

Minutes

Health & Wellbeing Board Buckinghamshire

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 7 JUNE 2016, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.38 AM AND CONCLUDING AT 12.41 PM.

MEMBERS PRESENT

Mr M Appleyard (Buckinghamshire County Council), Mr R Bagge (District Council Representative), Ms J Baker OBE (Healthwatch Bucks), Ms I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Dr A Gamell (Chiltern Clinical Commissioning Group), Mr D Johnston (Buckinghamshire County Council), Ms N Lester (Chiltern Clinical Commissioning Group), Dr J O'Grady (Director of Public Health), Mr M Tett (Chairman) and Ms K Wood (District Council Representative)

OTHERS PRESENT

Ms A Donkin, Ms K McDonald, Mrs E Wheaton and Ms D Wolfson

1 WELCOME & APOLOGIES

Apologies were received from Mr S Bell, Mr T Boyd, Ms L Hazell, Dr G Jackson, Ms L Patten, Dr J Sutton and Dr K West.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman welcomed Ms Katrina Wood who had replaced Ms J Adey as a District Council representative and Ms Thalia Jervis, the newly appointed Chief Executive of Bucks HealthWatch.

3 DECLARATIONS OF INTEREST

Ms K Wood declared an interest in item 10 as she was a Member of the County Council's Children's Social Care & Learning Select Committee.

4 MINUTES OF THE MEETING HELD ON

The Minutes of the meeting held on Thursday 31 March were agreed as a correct record.

The Chairman clarified the role of the District Council representatives on the Board and it was agreed to amend the template so that future Minutes were consistent in referencing District Council representatives.

Actions

Item 5 – Ms Wolfson explained that the allocations for the Disabled Facilities Grant had been received at the beginning of May, and that as the Cabinet Member had recently written to the District Councils with regard to their allocation, the workshops could now take place. Ms Darby stressed the importance of the grant in enabling people to stay in their home for longer. Ms Wolfson agreed to update Mr Mordue who raised the question at the last meeting.

ACTION: Ms Wolfson to contact Mr Mordue

Item 6 – Mr D Smith had been invited but was unable to attend and would be invited to a future meeting.

ACTION: Mr Smith to be invited to a future meeting (Katie McDonald)

Item 9 – Dr J O'Grady reported that NHS colleagues and District Council planning officers had been invited to attend a workshop in early July. Ms Darby stressed the importance of moving quickly as Local Plans were accelerating at a very fast pace.

5 PUBLIC QUESTIONS

Two public questions were received in advance of the meeting from Mr Bill Russell.

Q1. Could the Health & Wellbeing Board please provide the scorecard showing the performance of the Better Care Fund (BCF) during 2015/2016? I have seen the scorecard for Q1 but I have searched for those for Q2, Q3 & Q4 but have been unable to find them.

Response from Mr Trevor Boyd, Strategic Director, was sent to Mr Russell on 1 June 2016. Copy attached.

During discussion, it was agreed that Ms Wolfson would develop a Dashboard showing the performance metrics of the BCF which would be brought to the next meeting and added as an agenda item for all further meetings.

ACTION:

- **Ms Wolfson to develop a dashboard report, applying it retrospectively and reporting on a quarterly basis in future.**
- **Ms K McDonald to add the BCF as an agenda item for all future meetings.**

Q2. A review of the Post-acute Stroke support Service was carried out recently by the joint commissioners in advance of a decision to recommission the service. The report of the review was presented to the Joint executive Team on 31st March. I would like to take this opportunity, as Chairman of the Stroke Service Users group, to ask the council to publish this report.

The current contract is due to run out at the end of August and so there is little time left to redesign the service, to prepare a service specification and procure a provider. This is of great concern to members of the service user group and the stroke survivors who use the service.

Could someone please tell us what is happening, has a decision been made and what is the timetable for making a decision on the recommissioning of the service?

Responses from Bucks County Council Lead Officers on 1 June 2016:

"The County Council is currently working with partners to determine the way forward and a meeting has been arranged with Esme Mutter Stroke Association, Susie Yapp and Debbie Richards from CCCG on 15th June to discuss the position. The decision will be taken as soon as possible and will be shared with the Stroke Service User Group at the earliest opportunity, as will the findings of the review."

Ms Wolfson apologised that the report had not been published yet and assured Members that it would be published by the end of June.

The Chairman expressed his concern and asked whether there were problems with the process. Ms Wolfson acknowledged that the process had not worked correctly and assured Members that the report would be made available as soon as it had been shared with the main providers and key organisations. Mr Appleyard added this would be looked into further.

The Chairman asked that the statutory duties of the Health & Wellbeing Board be revisited.

ACTION:

- **Ms Wolfson to publish the review as soon as the meeting with key providers and organisations had taken place.**
- **Ms McDonald to review the statutory responsibilities of the Board.**

6 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT AND ACTIVE BUCKS CAMPAIGN

Dr J O'Grady took Members through the presentation which focussed on the Active Bucks campaign and made the following main points.

- Green spaces were key to boosting immunity and could help to reduce inequalities.
- Physical inactivity caused 1 in 6 deaths and was a risk factor for more than 20 diseases. Active people had 25-35% lower risk of premature death.
- If everyone walked 30 minutes a day, the death rate would drop by 14%.
- Inactive people visited the GP more often, had more nurse visits and longer hospital stays.
- Physical activity prevented disease and could also be an important treatment for many conditions.
- Physical activity reduced the risk of cardiovascular disease by 35% & cardiac rehabilitation reduced the risk of death after heart attack by 30%.
- More than 2,000 residents had engaged in the Active Bucks campaign and over 142 activities had been commissioned. The first session would be free.
- There was a drive to recruit community champions. 20 Community champions (volunteers) had been recruited so far to support the sustainability of the project.
- The website address was noted – www.activebucks.co.uk
- There was an aim to make physical activity part of the therapies available on the NHS.
- In response to a question from Ms K Wood, Dr O'Grady explained that some of the data could be broken down by District and agreed to discuss this with the Member after the meeting.

ACTION: Dr O'Grady to speak to Ms K Wood

- In response to a question about monitoring and evaluating the success of this initiative, Dr O'Grady explained that UK Active had been commissioned to monitor and evaluate and a target for engaging with inactive people was one of the measures.
- Dr Gammell reported that Chiltern Clinical Commissioning Group had won the Active Work Place Award.
- Dr O'Grady reported that she would be speaking at a forthcoming School Governor Conference and would be working hard to engage better with schools.
- Dr O'Grady asked all Members for their help in promoting Active Bucks within their work environment and directed Members to the digital toolkit, including postcards and e-flyers on the Active Bucks website which would be circulated after the meeting.

ACTION:

- **Dr O'Grady to circulate Active Bucks promotional materials;**
- **All Members to think about how they can support and promote the Active Bucks project.**

7 HEALTHWATCH UPDATE

Ms Jenny Baker OBE, Chairman of Healthwatch Bucks, presented an update and made the following main points.

- In April 2015, Healthwatch had brought delivery of information, signposting and outreach services in-house.
- Two new staff members had been recruited to build capacity for research, engagement and awareness raising.
- The Dignity in Care project had been managed by Healthwatch directly with a dedicated project manager. Healthwatch Bucks visited 20 adult care homes across the county this year in response to its BCC commission to report on dignity in care homes
- Healthwatch Bucks had represented others across the Thames Valley on the Urgent & Emergency Care Network with patient and public engagement as one of three priorities for 2016/17
- Healthwatch had brought the patient voice to many other decision-making panels, project boards and committees dedicated to people's health and wellbeing.
- The priorities for 2016/17, included:
    - GP & Dental Services;
    - Mental Health Services;
    - Community, Domiciliary and Residential Care Services.

Ms Baker was thanked for her presentation.

8 UPDATE ON THE SUSTAINABILITY AND TRANSFORMATION PLAN

The Chairman introduced the item and noted Ms L Patten apologies.

Dr Gamell provided the Board with an update, making the following main points:

- The NHS Shared Planning Guidance required every health and care system to come together to create their own ambitious 5 year local blueprint to accelerate implementation of the *Five Year Forward View (FYFV).* These plans are known as Sustainability and Transformation Plans (STPs).
- David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group, was the system leader for the local footprint which included Buckinghamshire, Oxfordshire, and Berkshire West, known as BOBW.
- The footprint covered a population of 1.8m population, a £2.5bn place based allocation, 7 Clinical Commissioning Groups, 17 Foundation Trust & NHS Trust providers and 14 Local Authorities.
- The challenge was to bring all these organisations and their plans together to ensure synergy and alignment.
- Governance would play a key part and in Buckinghamshire, the work was being driven by Healthy Bucks Leaders which reported to the Health & Wellbeing Board.
- The Local STP included key goals around prevention and self-care.
- Mr N Dardis added that on a national scale, the footprint which includes Buckinghamshire was seen as low risk in terms of its performance and financial challenge in comparison with other systems. There was, however, a need to make sure the key stakeholders were held to account on the scale and ambition of the STP.

- The Chairman felt that agreeing the footprint had been a moveable feast and the changes had impacted on the financial information which the Board had previously seen. The timescales had also changed so he asked for clarification around the key dates. The Board heard that the final submission would need to be made by mid-September and that an outline was required by June, including the key priorities, governance structures and more information on the engagement process with key stakeholders.
- The role of Ms Donkin, Programme Director, was clarified as a joint and shared post between the NHS and the County Council.
- It was acknowledged that a number of the plans were already well underway and the engagement process was more about an ongoing dialogue with key stakeholders.
- A consultation would only be necessary if there were significant changes in service delivery.
- There would be academic rigour in terms of who would be looking at the plans. The research base would be rooted in the Joint Strategic Needs Assessment led by Dr O'Grady and her team.
- One of the key challenges in Buckinghamshire was around integrating and aligning health and social care needs to address the issue of long Hospital stays and too many people in bed based care.
- A newly formed Integrated Commissioning Executive team (formerly known as the Joint Executive Team) considered the STP plan and governance arrangements. The team included senior managers from within social care.

RESOLVED:

The progress to date was noted. More details around the Plan would be available at the next meeting.

9 BETTER CARE FUND UPDATE

Ms D Wolfson presented the update report on behalf of Mr T Boyd, who sent his apologies.

The following main points were made:

- The amount in the Fund for 2016/17 had been confirmed as £30.2m which incorporated money to protect social care, formerly Section 256 funding.
- £7.79m had been allocated to 'protecting social care' in line with national conditions and funded a number of schemes, many of which had an associated health benefit.
- £2.7m for Social Care Capital Grant and DFG allocation plus £1.4m for Care Act Implementation.
- The Better Care Fund programme of work had helped manage and reduce Delayed Transfers of Care although this continued to be a key area of focus.
- Following the establishment of the integrated reablement provision, the number of people still at home 91 days following discharge from hospital had improved, however performance had dipped in the last quarter of the year. The reasons for this were being investigated.
- In the area of non-elected admissions, the performance metrics showed that the service was not doing well. This picture was replicated nationally although the service was looking into the reasons to understand it further.
- In response to a question about whether the non-elective admission figures were realistic, Ms Wolfson explained that the targets were ambitious but there was an expectation that out-of-Hospital care would get better.
- It was noted that the Q4 figure should be the 'forecast' figure rather than 'actual' figure as the actual figure had yet to be confirmed.

The Chairman reiterated that monitoring the performance metrics of the BCF was a key statutory duty for the Health & Wellbeing Board.

ACTION:

Ms Wolfson to bring an updated scorecard on the performance metrics to the next meeting.

10 CHILDREN AND YOUNG PEOPLE IMPROVEMENT PLAN

Mr D Johnston provided the Board with a verbal update on the Children and Young People's Plan, making the following points:

- The number of Looked After Children had remained static at around 450.
- There had been an increase in the number of children who needed a Child Protection Plan.
- Adoption rates in Buckinghamshire had reached their highest which was described as a very good outcome. 30 children had been placed last year with 37 being placed this year.
- In response to a question about the process for looking at successful adoption, Mr Johnston explained that the data around adoption had improved greatly and the support to adoptive parents was very good.
- There had been an increase in Special Guardianship Orders.
- The Improvement Board met quarterly rather than monthly.
- Partnership working with neighbouring authorities continued.
- Ofsted's SEND (Special Educational Needs and Disabilities) area review would be taking place soon. The guidance had recently been published and would include partners such as NHS England and Clinical Commissioning Groups.
- Kent County Council had asked each region to take a portion/percentage of Unaccompanied Asylum Seeking Children currently placed in Kent. The Council was currently being asked to support where it can by taking some of the 300 children Kent believe would be better placed elsewhere.

11 UPDATES/AOB

There were no updates.

12 FORWARD PLAN AND SUGGESTED AGENDA ITEMS FOR FUTURE MEETINGS

Members AGREED the following items for the next meeting:

- **Better Care Fund to be a regular agenda item.**
- **Sustainability and Transformation Plan – David Smith to be invited.**
- **Community Hubs – Neil Dardis to present this.**
- **Update on the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.**

ACTION: Katie McDonald and Liz Wheaton

13 DATE OF NEXT MEETING

The next meeting is due to take place on Thursday 15 September at 2.30pm in Mezz 2, County Hall, Aylesbury.

CHAIRMAN

PUBLIC QUESTIONS for the 7 June Health and Wellbeing Board Meeting

1. ***Question from Mr Bill Russell in relation to the Better Care Fund***

Could the Health & Wellbeing Board please provide the scorecard showing the performance of the Better Care Fund during 2015/2016? I have seen the scorecard for Q1 but I have searched for those for Q2, Q3 & Q4 but have been unable to find them.

Response from Trevor Boyd 1 June 2016:

Dear Bill

Thank you for your email of 18th May 2016, and your interest in the progress and performance being made in respect of the Better Care Fund. I am the Sponsor in respect of the delivery of the Better Care Fund (BCF) for the Health and Wellbeing Board. We are in the process of appointing a lead officer to co-ordinate reporting and management of our Better Care Fund and the progression of our integration journey with Clinical Commissioning Group colleagues.

The BCF Scorecard you refer to was not used to report following the meeting in June 2015. However quarterly returns have been made to the Department of Health (DH), in line with the requirements. Please note that the Quarter 4 submission has not yet been made.

Quarterly submissions have not in themselves been used to inform the Health and Wellbeing Board in respect of the success of the BCF, and reporting has variously taken the format of a written report or slide presentation, and has used the information contained in the quarterly return to the DH and has been included in the Health and Wellbeing Board papers.

As you may be aware there are a number of projects which are funded through our BCF, and the objective of these is to support the best provision for the person in the best place to meet their needs in the most appropriate and cost effective way by ensuring we work in an integrated manner, streamlining services from the perspective of the service user and avoiding duplication. We are working to strengthen our evaluations processes aligned to each of the projects and this will help us to develop a more meaningful reporting framework for the Health and Wellbeing Board, and to inform the development of a reporting framework which will detail how effective the projects are in delivering the key objectives of the BCF, namely:

- Reducing non elective hospital admission
- Reducing those over 65s who are permanently admitted to residential or nursing care homes
- Increasing the percentage who are still in their own home 91 days post hospital discharge
- Increasing the percentage of those who are discharged to the same place from which they were admitted
- The level of satisfaction of people who use services with the care and support they receive

I attach a copy of the Q2 and 3 returns and I hope my email answers your concerns.

2. **Question from Mr Bill Russell in his capacity as chairman of the Stroke Service Users group.**

A review of the Post-acute Stroke support Service was carried out recently by the joint commissioners in advance of a decision to recommission the service. The report of the review was presented to the Joint executive Team on 31st March.

I would like to take this opportunity, as Chairman of the Stroke Service Users group, to ask the council to publish this report.

The current contract is due to run out at the end of August and so there is little time left to redesign the service, to prepare a service specification and procure a provider. This is of great concern to members of the service user group and the stroke survivors who use the service.

Could someone please tell us what is happening, has a decision been made and what is the timetable for making a decision on the recommissioning of the service?

Responses from BCC lead officers 1 June 2016:

BCC is currently working with partners to determine the way forward and a meeting has been arranged with Esme Mutter Stroke Association, Susie Yapp and Debbie Richards from CCCG on 15th June to discuss the position. The decision will be taken as soon as possible and will be shared with the Stroke Service User Group at the earliest opportunity, as will the findings of the review

Health & Wellbeing Board
Buckinghamshire

Title	2016-2021 refresh of Buckinghamshire's Joint Strategic Needs Assessment
Date	15 September
Report of:	The Joint Strategic Needs Assessment Development Group
Lead contacts:	Dr Emily Youngman ecyoungman@buckscc.gov.uk

Purpose of this report:
Buckinghamshire Health and Wellbeing Board are in the process of refreshing the Joint Strategic Needs Assessment (JSNA) for 2016 – 2021.

The presentation at the meeting will provide an overview of the refresh process, a summary of the main findings and sets out recommendations for the JSNA going forward for discussion and approval by all Health and Wellbeing Board members.

Summary of main issues:
Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs, through the Health and Wellbeing Board. Local areas are free to undertake JSNAs in a way best suited to their local circumstances and to decide for themselves when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.

The JSNA assesses the current and future health, care and wellbeing needs of the local community to inform commissioning decisions with the aim of improving the health and wellbeing of the local community and reducing inequalities.

Recommendation for the Health and Wellbeing Board:
The Health and Wellbeing Board are asked to comment on the presentation at the meeting and agree any proposals for the future development of the JSNA

Background documents:
N/A

Health & Wellbeing Board
Buckinghamshire

Title	Proposal for the refresh of Buckinghamshire's Joint Health and Wellbeing Strategy for 2016-2021
Date	15 September 2016
Report of:	The Health and Wellbeing Board Planning Group
Lead contacts:	Katie McDonald, Health and Wellbeing Lead Officer kamcdonald@buckscc.gov.uk

Purpose of this report:

The purpose of Joint Health and Wellbeing Strategies as set out in the Department of Health's statutory guidance is to, 'Improve the health and wellbeing of the local community and reduce inequalities for all ages'

'The core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing'[1].

This report sets out a proposal for the refresh of Buckinghamshire's Joint Health and Wellbeing Strategy 2013-2016 for Health and Wellbeing Board member discussion and agreement.

Summary of main issues:

Local authorities and clinical commissioning groups have equal and joint duties to prepare Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, through the Health and Wellbeing Board[2]. The Strategy should set out the HWBs shared vision for Health and Wellbeing across the whole county and present the high level priorities and outcomes to be used as a basis to shape commissioning across the health and care system and coordinate action to work towards better health and wellbeing for the whole population.

Following the Health and Wellbeing Board's development sessions over the last year, the Health and Wellbeing Board Planning Group were tasked with putting forward a proposal on how the Board can build on the current Joint Health and Wellbeing Strategy 2013-16 in order to produce a refreshed strategy for the county.

The attached paper proposes additional priorities for the **Joint Health and Wellbeing Strategy 2016-21** to include and emphasis on place and mental health; and puts forward some new areas for action for all members of the Health and Wellbeing Board to discuss, agree and build on at the meeting on 15 September.

If agreed the refreshed strategy priorities will be put out to consultation in October, with a view to finalising the JHWBS before the end of the year.

[1] Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – Department of Health March 2013
[2] Strategy Guidance on JHWBS and JSNA DoH 2013

Recommendations for the Health and Wellbeing Board:

1. Board members are asked to comment on the paper and discuss how they can build on and co-ordinate action against the proposed outcomes and priority areas.

2. Board members are asked to discuss the recommendations from the HWB Planning Group in Section 3 of the paper and agree the proposed timeline for publication of a refreshed JHWBS for Buckinghamshire:

Background documents:

N/A

1. The vision for Buckinghamshire's Health and Wellbeing Strategy 2016-2021

The Buckinghamshire Joint Health and Wellbeing Strategy aims to create the best conditions in Buckinghamshire for people to live healthy, happy and fulfilling lives and achieve their full potential. Our vision is to improve outcomes for the whole population as well as having a greater impact on improving the health and wellbeing of those people in Buckinghamshire who have the worst health outcomes.

The Health and Wellbeing Board is refreshing the strategy at a time when the health and care system in Buckinghamshire is operating under significant budget pressures, combined with increased demand for local services. Buckinghamshire residents generally enjoy good health and access to high quality health and care services relative to the rest of England but the overall health profile for the county masks localised variation in deprivation and poor health as evidenced in the JSNA.

The Joint Health and Wellbeing Strategy aims to support the ambitions set out by local partners implementing the local plans for the NHS Five Year Forward View and align with the Buckinghamshire chapter of the Bucks, Oxford and West Berks Sustainable Transformation Plans[3]. It will be delivered along the same timeframes, coordinating action to rebalance the health and social care spend to increase support for living, ageing and staying well, prevention and early intervention initiatives.

The proposal for the refreshed JHWBS will continue to take the same life course approach as the previous strategy but widen its potential further through a new emphasis on place and mental health with reducing inequalities as a cross cutting theme.

The strategy aims to make an impact on five key priorities over the five years of the strategy.

1. **Ensure every child has the best start in life**
2. **Keep people healthier for longer and reduce the impact of long term conditions**
3. **Ensure everyone has good mental health and wellbeing**
4. **Protect residents from harm**
5. **Ensure our communities can thrive and Buckinghamshire remains a great place to live**

To achieve the outcomes, the strategy will highlight the need for joint working to drive forward preventative approaches at all levels across the life course, targeting services for those who are ill or most at risk; and encouraging the development of community approaches which promote social connectivity and place-level approaches with the aim of enabling an environment where people can thrive and which make healthy choices the easy choice.

3 https://democracy.buckscc.gov.uk/documents/s79982/HWB%20report%207%20May%202016_STP.pdf

2. Proposal on priorities for focus for 2016 – 2021

This section sets out the refreshed priorities and focus for action for delivering the Joint Health and Wellbeing Strategy 2016-2021.

1. Ensure every child has the best start in life

Maternity

We will improve the health and wellbeing of mothers and their babies by:

- Supporting the adoption of healthy lifestyles for the whole family
- Ensuring good support for maternal and paternal mental health
- Early detection and support for people experiencing domestic violence
- Ensuring access to high quality parenting advice and support

Early years

We will support good health and development for all children in the early years by:

- Offering high quality early years parenting programmes and advice
- Commissioning a high quality healthy child programme
- Commissioning sufficient high quality accessible early years places
- Ensuring all parents have the advice they need to keep their children healthy and safe from harm

School years

We will support the physical, emotional and social wellbeing of children and young people by:

- Promoting a whole school approach to health and wellbeing
- Commissioning programmes to support emotional resilience of young people
- Increasing the number of children and young people with a healthy weight by ensuring delivery of the national child weight measurement programme and actions to promote healthy eating
- Increasing the number of young people who are physically active through implementation of Active Bucks and the Bucks physical activity strategy and action plan
- We will help to reduce alcohol and substance misuse in younger people by providing good quality information and guidance to schools and wider actions as part of the Buckinghamshire substance misuse strategy.

Reducing inequalities:

- We will deliver targeted campaigns to raise awareness about the importance of antenatal care to all women and offer culturally sensitive information, advice and support to women from specific ethnic groups according to need.
- We will ensure that services for children are targeted to meet need.

2. *Keep people healthier for longer and reduce the impact of long term conditions*

Working age adults

We will help people stay healthier for longer and prevent the development of long term conditions by increasing levels of physical activity and healthy eating, reducing smoking and substance misuse and making healthier choices the easier choices. We will do this by:

- Continuing to implement and promote the Active Bucks programme and updating the Buckinghamshire Physical Activity Strategy and action plan.
- Implementing the Buckinghamshire Healthy Eating Strategy
- Continuing to implement multi-agency actions to prevent the uptake of smoking and supporting smokers to quit.
- Implementing the Buckinghamshire Substance Misuse Strategy
- Delivering NHS Health Checks to identify people at increased risk of long term conditions and offering support to reduce that risk
- Integrating the promotion of healthy lifestyles as part of care for people with long term conditions
- We will create health and care premises that actively promote healthy choices and behaviours

Integration

- We will ensure seamless services through further integration of services around those in need with learning disability by working across our health and social care partnerships towards an integrated model and regularly review our services
- We will ensure more people are living independently for longer by creating the best environment for people to live as independently as possible by supporting the development of high quality accommodation and premises for people with care and support needs in Buckinghamshire
- We will improve the experience of services for all residents including key transitions through the life course by working closely with Children's Social Care and Learning and early engagement with services users, carers/families and providers to facilitate planning and commissioning, manage expectations and ensure the timely sharing of data and intelligence.

Older People

We will seek to delay or prevent the development of long term conditions including dementia by supporting people to live healthy behaviours:

- We will support the care of frail older people by developing multi-speciality community provider teams based in community hubs and by redesigning community hospital care and reducing the need for acute hospitalisation.
- We will increase independence, mobility and years of active life for those aged 75+ using digital aids, equipment and adaptations and making tools for self-management available and easily accessible
- We will seek to identify/diagnose dementia at an early stage and support people, their families carers and communities to help them to manage their condition

- We will support people in residential homes to stay in touch with family and friends through the use of new technologies, for example; Face Time and Skype and other appropriate social media
- We will deliver preventive services including floating support and the provision of sheltered housing

Reducing inequalities

- We will support the delivery of the new joint Carers Strategy by encouraging our GPs to identify and support carers, especially those under the age of 16 and those over 75, and jointly reviewing the carers' pathway to ensure the provision of timely, accurate and good quality information to carers and professionals.
- We will improve outcomes for everyone particularly those with poorer health, e.g. those living in deprived areas and those from certain ethnic groups by a range of measures including prevention and management of cardiovascular disease and seeking to understand what drives high hospitalisation rates for conditions which are usually managed in the community and through self-care.
- We will carry out targeted interventions to tackle health inequalities in the uptake of healthy lifestyle services in the most deprived parts of Buckinghamshire.

3. Everyone has good mental health and wellbeing

- We will improve maternal mental health by building effective screening for mental health issues in pregnancy and maternity pathways and ensure rapid access to psychological therapies for all women who require it.
- We will improve infant, children and young people's mental health and emotional wellbeing by delivering targeted parenting programmes and ensuring rapid access to CAHMS and early intervention services
- We will promote adult wellbeing and resilience in all partner work places as part of wider workplace health initiatives
- We will promote good mental health and emotional wellbeing by working in partnership to identify and target groups who are vulnerable to poor mental health
- We will work with key partners to improve the physical health of people with mental illness and/or learning disability.
- We will review existing services for people with mental health and substance misuse problems to improve outcomes for these people
- We will implement plans to reduce the risk of suicide and minimise self-harm

Reducing inequalities

- We will improve joint working between agencies supporting people experiencing domestic violence , mental health and substance misuse

4. Protect residents from harm

- We will reduce child maltreatment by offering both universal and targeted services to address the underlying factors associated with child maltreatment and responding rapidly to address problems early. We will continue to implement our Ofsted improvement plan and Child Safeguarding Board priorities
- We will prevent Child Sexual Exploitation (CSE) by protecting those at risk and ensuring an appropriate multi-agency response through the delivery of the CSE Strategy and action plan 2016-17
- We will ensure robust safeguarding of adults

5. Ensure our communities can thrive and Buckinghamshire remains a great place to live

- We will work with communities to increase local capacity to support a thriving community life, including targeting work with the voluntary sector
- We will identify individuals who require support and engage them in locally tailored interventions that meet their health and wellbeing needs
- We will develop healthy happy communities through good design and quality homes with the provision of infrastructure to support healthy lifestyles such as safe green spaces, play areas, cycle and walking routes, flexible community facilities and physical connectivity to local and wider facilities
- We will develop co-ordinated approaches and work in partnership with local communities to deliver quality public space in the most disadvantaged communities
- We will work in partnership to deliver effective infrastructure for health and social care, which is flexible enough to meet changing needs and support new and innovative models of care
- We will support people to live independently through the provision of lifetime homes and appropriate housing for older people

3. Delivering the Joint Health and Wellbeing Strategy 2016 - 2021

The Board is asked to discuss the following proposals from the Health and Wellbeing Board sub-planning group for ensuring successful delivery of the JHWBS 2016-2021

a) A proposed timeline for the JHWBS

15 September HWB meeting	Framework and refreshed priorities for the JHWBS discussed by Board members Feedback collated from HWB members 15 – 30 September
Week commencing 3 October	A Draft JHWBS document setting out the refresh of the priorities circulated to all HWB members for any final comments before online consultation.
10 October – 18 November	6 week consultation period
22 November	HWB private meeting and agenda planning

	session – including feedback from consultation and agreement on a draft of the refreshed JHWBS
15 December	Draft JHWBS taken to the Health and Wellbeing Board for ratification before publication.

b) Health and Wellbeing Board Members are asked to confirm any stakeholder meetings and engagement platforms in the autumn for JHWBS discussion to enable a wider reach for the strategy consultation and engagement.

c) The planning group has suggested that HWB consider whether to agree in principle:

- A 'champion' or 'sponsor' for each priority area
- A 'job description' for every member of the Health and Board to play a role in making the delivery of the strategy a success.

Health & Wellbeing Board
Buckinghamshire

Title	**Better Care Fund (BCF) – Update**
Date	**15 September 2016**
Report of:	**Devora Wolfson, Director of Joint Commissioning, Communities Health and Adult Social Care**
Lead contacts:	**Susie Yapp – Strategic Commissioning Adult Social Care**

1. Purpose of the report

This report provides the Health and Wellbeing Board with an update on the performance of the Better Care Fund (BCF) and the delivery of better integrated care. The report includes the newly developed Dashboard which has been developed to demonstrate the progress against targets and integration milestones.

2. Summary of main issues:

- The Better Care Fund Section 75 Agreement has been signed
- Agreement has been reached with the District Councils on the Disabled Facilities Grant and partners are working together closely to ensure the maximum benefit from these resources
- A Dashboard has been developed which is designed to provide the Board with an assessment of our performance against the BCF objectives and targets.
- Our latest data shows that we are performing well in terms of the reduction in non-elective admissions and permanent admissions to care homes however our performance for delayed transfers of care requires improvement. This is being overseen by a multi-agency working group, the Discharge Project Group that reports to the newly established A and E Board (formerly the Systems Resilience Group).

3. Recommendation for the Health and Wellbeing Board:

The Health & Wellbeing Board is asked to note our performance in relation to the BCF Plan.

4. Update on Better Care Fund Process

4.1 Sign off of our Better Care Fund Plan and Section 75 Agreement

Following the regional assurance process, we received confirmation that the Buckinghamshire BCF Plan was approved, in July. This means that the plan meets all requirements and our focus has moved on to delivery.

The BCF Section 75 has now been agreed and signed off by the partners. The total value of the Pooled fund is £30.21million.

4.2 Disabled Facilities Grant

Agreement has now been reached in partnership with District Council colleagues on how the Disabled Facilities Grant will be deployed in the current financial year. Individual allocations have been agreed with all District Councils and there was also agreement that the County Council would retain £268,995 to be invested in areas that will support individuals to remain independent in their own homes for as long as possible. This will include capacity within our Occupational Therapy team to address delays in the pathway and support for individuals to swiftly access minor adaptations and community equipment. This will help to address the needs of 400 people waiting for an OT assessment, with the current average wait of four months.

The Disabled Facility Grant provides housing adaptations for people to enable them to remain independent in their homes for as long as possible. The types of adaptation may include (but not limited to) ground floor extensions, through-floor lifts, stair lifts and level access showers. The grant is delivered in partnership between BCC and the local housing authorities. Following the inclusion of the funding in the BCF, a project has been established to determine how the system can be improved to ensure the best outcome for the individual and maximise the use of the available funds. The aim is to streamline the process to ensure the adaptations are delivered promptly when required, reducing waiting time particularly to support hospital discharges, and ensure a consistent approach across the county leading to all users in Bucks receiving the same high quality, simple to access service

5. Update on Better Care Fund - Performance

A Dashboard has been developed to demonstrate the progress being achieved on the BCF metrics. Q1 data has been reported through the Dashboard (**Appendix 1**) based on local data and will be updated when we receive the performance report from DH.

A summary of notable areas of performance are:

- **Non-elective admissions to hospital** (general and acute) all ages - Our target is to maintain the current level of admissions avoiding any further increase. We are performing well and are on target to perform above the target.

- **Admission to Care Homes** (nursing and residential) - our performance in relation to this target is also positive. The annual performance target was set at 549. The performance in Q1 is significantly lower than the target which demonstrates that we are supporting people to live independently in the community for longer through packages of care and support. The actual number admitted in Q1 was 79.5 per 100,000.

- **Delayed transfers of care** – We are currently not delivering against this metric however we are taking corrective action to address this. The multi-agency Discharge Working Group has been established to focus on the issue and the ICET (Integrated Commissioning Executive Group) regularly reviews the performance through this Dashboard, and identifies the barriers and blockages. As we move towards the winter months the challenges can become more significant and there is daily oversight of risks and issues to keep the system working as effectively as possible

6. Update on Integration Milestones for 16/17

At the March meeting, the Health and Wellbeing Board received a report giving an overview of the Better Care Fund which included detail of the Integration Milestones for delivery by the end of this financial year. Progress is being made across the milestone areas, and two areas of current focus are reported below. Progress on the other areas will be reported at the next Health and Wellbeing Board.

Formation of the Integrated Commissioning Executive Team

A senior level commissioning group, the Integrated Commissioning Executive Team (ICET) has been set up to oversee and facilitate the delivery of the BCF outcomes and milestones, replacing the Adult Joint Executive Team. The group meets monthly and their responsibilities include facilitating and overseeing the deployment of the BCF pooled fund through appropriate approval arrangements for the BCF. A Programme Manager for Integrated Care has been newly appointed to manage all aspects of the delivery of the Better Care Fund and will take up the post in early October 2016. The post will oversee the deployment of the Pooled and Aligned Budget as well as other areas of integrated commissioning. The ICET will agree an annual performance reporting framework for the BCF and monitor performance through regular updates from the Integrated Commissioning Programme Manager.

The ICET will report quarterly as required to the Health and Wellbeing Board.

Baselining Section 117 Mental Health – progress towards Section 117 Aftercare Pooled Budget arrangements

We have developed a Joint Health and Social Care protocol for Section 117 Aftercare and are in the process of agreeing the pooled budget for this. The pooled budget will be presented for agreement to ICET in October 2016 and will be operationalised from April 2017.By pooling the budget we will streamline the process for agreeing Section 117 arrangements in a timely way and work together with the market to achieve better value for money.

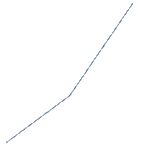
Buckinghamshire County Council

Better Care Fund Metric Dashboard

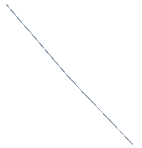
Date Published	23/08/2016

Current Year data period	Qtr1

1. Emergency Admissions
Source: NHS South, Central And West Commissioning Support Unit

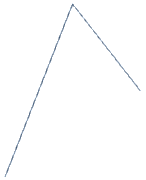
Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr1 2016/17	Qtr1 2016/17	
Total non elective admissions to hospital (general and acute) all ages		12417	12545	12801	12545	11509	11836	
Definition: Composite measure of: - unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages) - unplanned hospitalisation for asthma, diabetes and epilepsy in children - emergency admissions for acute conditions that should not usually require hospital admission (all ages) - emergency admissions for children with lower respiratory tract infection.								
Commentary: This is currently exceeding the target for 2016/17 - performance for quarter one is 2.8% lower than the target								

2. Care Home Admissions
Source: BCC Adult Social Care AIS System

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr1 2016/17	Qtr1 2016/17	
Permanent admissions of Older People aged 65+ to residential & nursing care homes, per 100,000 population		687	581	486	697	79.5	137.5	
Definition: This indicator reflects the number of admissions of older adults, aged 65 or over, to residential and nursing care homes relative to the population size of people in this age group. Numerator: Number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers Denominator: Size of the older people population in area from the latest ONS mid-year estimate. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. The inclusion of this measure in the dashboard supports local health and social care services to work together to reduce avoidable admissions.								
Commentary: This is currently exceeding the target for 2016/17.								

3. Reablement

Source: BCC Adult Social Care AIS System & Buckinghamshire Healthcare NHS Trust

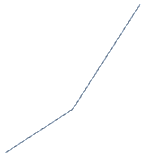
Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr1 2016/17	Qtr1 2016/17	
Proportion of people over 65 still at home 91 days after discharge from hospital into reablement services		61%	71%	66%	75%	~	75%	

Definition: This indicator measures the effectiveness of Reablement services. The figure reported represents the proportion of people discharged from hospital to reablement or rehabilitation services who are still at home 91 days after discharge.
Denominator: The number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital.
Numerator: The number of older people identified in the denominator and who are at home or in extra care housing or an adult placement scheme setting three months after discharge from hospital. This excludes those who are in hospital or in a registered care home those who have died within the three months.
Improving the effectiveness of these services is a good measure of delaying dependency and will reduce avoidable admissions

Commentary: Data collected between January and March and reported at year end only

4. Delayed Transfers of Care

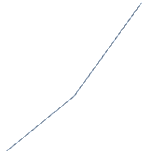
Source: NHS England, https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr1 2016/17	Qtr1 2016/17	
Total delayed transfers of care from hospital (NHS, ASC, Joint)		6.7	7.6	9.8	10	10.5	2.5	

Definition: This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. A delayed transfer of care occurs when a patient is ready for ransfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when:
(a) a clinical decision has been made that the patient is ready for transfer AND
(b) a multi- disciplinary team decision has been made that the patient is ready for transfer AND
(c) the patient is safe to discharge/transfer.
This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services.
Denominator: Size of adult population in area (aged 18 and over)
Numerator: The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report

Commentary: Performance is below target for Quarter One - however as the target is calculated as the average of a snapshot this does not imply that we will not meet the year end target. In 2015/16 our performance for Quarter One was slightly lower at 8.9 and within target at year end. Our current performance ranks as 3rd best in our comparator group

5. Patient Experience (Social Care)
Source: BCC Adult Social Care Service-User Survey

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr1 2016/17	Qtr1 2016/17	
Overall satisfaction of people who use care and support with services		56%	58%	61%	60%	~	65%	
Definition: This indicator is derived from the annual Adult Social Care Survey, Question 1: "Overall, how satisfied or dissatisfied are you with the care and support services you receive." This indicator is aligned to Domain Three of the Adult Social Care Outcomes Framework: Ensuring that people have a positive experience of care and support The survey is run annually between January and March with performance metrics available from April								
Commentary: Data collected between January and March and reported at year end only								

6. Patients aged 65+ discharged to the same address
Source: NHS South, Central And West Commissioning Support Unit

Indicator	RAG	Previous Years			Previous Target	Current Year (to date)	Current Target	Trend
		2013/14	2014/15	2015/16	2015/16	Qtr1 2016/17	Qtr1 2016/17	
Patients (65 and over) discharged to the same place from which they were admitted				92.0%	92.2%	92.8%	93.0%	
Definition: This is a local metric and the rate is expressed as a % of those admitted to hospital who are discharged to the same address from where they were admitted.								
Commentary: Q1 performance is slightly below the target of 93%, at 92.8%, but is moving in the correct direction								

Health & Wellbeing Board Buckinghamshire

Title	Governance arrangements for the oversight of tackling Female Genital Mutilation in Buckinghamshire
Date	15 September 2015
Lead contacts:	Katie McDonald, Health and Wellbeing Lead Officer kamcdonald@buckscc.gov.uk Matilda Moss, Buckinghamshire Safeguarding Children Board Business Manager mmoss@buckscc.gov.uk

Purpose of this report:
For the Health and Wellbeing Board to confirm the governance and monitoring arrangements for tackling Female Genital Mutilation (FGM) in Buckinghamshire and to comment on the draft Strategy for tackling FGM ahead of a wider consultation.

Summary of main issues

Following a joint meeting of the Chairs of the Health and Wellbeing Board, Safer and Stronger Bucks Partnership Board, Buckinghamshire Safeguarding Children Board and Buckinghamshire Safeguarding Adult Board in February 2016, it was recognised that all Boards had a role to play in effectively tackling FGM. However, in order to provide accountability, it was agreed that the overall governance and monitoring should sit with one of the Boards and that the Health and Wellbeing Board with both local authority and NHS membership would take be best placed to take the overall strategic lead on this agenda in Bucks.

This reflects the approach set out in the Joint Protocol where the Boards have agreed on a number of areas where strong partnership working and clear governance arrangements are required in order to ensure an effective local approach with no duplication of effort.

This report provides:

- A short summary on the local context relating to FGM in Buckinghamshire and the work taking place, including the development of a Bucks wide Strategy for tackling FGM
- A proposal for how the HWB will practically adopt their role as strategic lead and monitor of the effectiveness the local approach to tackling FGM in the county.

Recommendations for the Health and Wellbeing Board:

1. To confirm their position as strategic lead for FGM
2. To agree the proposals for monitoring the effectiveness of the local approach to tackling FGM
3. To comment on the draft FGM strategy ahead of a wider consultation across partners

Background documents:

Draft FGM Strategy and action plan

1. Introduction

Female Genital Mutilation (FGM) is considered child abuse in the UK and is a grave violation of the human rights of girls and women. It has intolerable long-term physical and emotional consequences for the survivors and has been illegal in the UK for over 30 years. It is estimated that 137,000 girls and women in the UK are affected by this practice,[i] but this is likely to be an underestimation.[ii]

Despite the difficulties with obtaining accurate and reliable figures on FGM, we recognise that there are girls and women who live within Buckinghamshire who are at risk of or have been subjected to FGM

While there has been some work undertaken around FGM within specific agencies in Buckinghamshire, a holistic approach has not been formally ratified across the strategic partnership boards operating locally.

If we want to ensure an approach in Buckinghamshire that is proportionate to the local prevalence of FGM, it is important that we have robust partnership approach and clear systems in place to maximise use of resources and avoid any duplication of effort.

2. The Local Picture

There is an uneven distribution of cases of FGM around the country, with more occurring in those areas of the UK with larger communities from the practising countries. Whilst this would not make Buckinghamshire an area of high FGM prevalence, there are some areas close by that are likely to have far more cases such as Oxford, Reading, Slough and Milton Keynes.

It is difficult to gain an accurate picture of how many women and girls have undergone or are at risk of FGM in Buckinghamshire. Recent work carried out for the Joint Strategic Needs Assessment estimates that there were 154 babies born to mothers who were born in a country where FGM is practised in 2014. A proportion of these women are likely to have undergone FGM, although local NHS services have so far identified very few or no women who have had FGM. Local policies and strategies need to acknowledge that most practitioners will see few or no cases of women with FGM or girls at risk. However, it is important that they are aware of risk factors, have the skills to identify them early, and knowledge of existing local and national specialist resources to provide women with advice, support and interventions when needed.

3. The Development of a Bucks wide strategy for tackling FGM and the role of the Health and Wellbeing Board

In September 2015 the Health and Wellbeing Board jointly hosted an FGM challenge event with the BSCB. This was an opportunity for agencies to share good practice in relation to FGM and highlight any challenges or barriers they were facing**.**

A report on this session can be found on the BSCB website here. http://www.bucks-lscb.org.uk/wpcontent/uploads/About%20the%20BSCB/Audits%20and%20findings/FGM_Challenge_Session.pdf.

Subsequent to this session a draft multi-agency action plan was drawn up and this has influenced the work that has been undertaken with partners over the last year. This action plan is available at the end of the attached strategy.

In particular work has focused on:

- Drafting a Bucks wide strategy for tackling FGM
- Updating the guidance for frontline practitioners on FGM and the local procedure for responding to incidences of FGM (publication due shortly)
- Awareness raising with practioners and members of the public before the summer holidays

Work against the action plan will continue but there are two areas in particular which require input from the Health and Wellbeing Board.

1. Confirming the new governance arrangements
2. Agreeing the local data set for monitoring the prevalence of FGM and confirming responsibility for the production of regular reporting arrangements.

1. Recommendation for confirming governance arrangements

- It is recommended that members confirm that the Board will act as strategic lead for this agenda in Bucks
- It is recommended that all members agree to act as champions for tackling FGM within their own organisations to ensure appropriate messages are cascaded and staff have appropriate knowledge around FGM
- It is recommended that the HWB receives an annual report showing progress against the action plan and any areas of risk or concern at its March or April meeting. The timing of this recognises that summer is a time of year when there is an increased risk of incidences of FGM and the Board would have time to influence the local approach leading up to the summer.

- The HWB receives an information report every autumn.

2. Recommendations for data monitoring around FGM

- The Board appoints a lead to undertake regular monitoring of available data sets on the prevalence of FGM in Buckinghamshire so this can be reported to the HWB and made available to the other Boards.

3. Recommendations for the FGM Strategy

- The Health and Wellbeing Board agrees the Draft Strategy for tackling FGM and wider consultation across partners over the next 6 weeks.

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[i] http://www.nhs.uk/conditions/female-genital-mutilation/pages/introduction.aspx
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

[ii] http://about-fgm.co.uk/about-fgm/world-prevalence/uk-prevalence/
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm

DRAFT

Buckinghamshire Female Genital Mutilation Strategy

Version Control			
Version number	**Date**	**Author**	**Comments and nature of update**
V 0.1	March 2016	Sandra Parsons	First draft
V 0.2	June 2016	Matilda Moss	• Alignment to format of CSE strategy and draft of multi-agency guidance and FGM pathway • Greater reference to local context
V 0.3	August 2016	Matilda Moss	To incorporate feedback from multi-agency group working on updated FGM pathway

Contents

1. Introduction

Female Genital Mutilation (FGM) is considered child abuse in the UK and is a grave violation of the human rights of girls and women. It has intolerable long-term physical and emotional consequences for the survivors and has been illegal in the UK for over 30 years. It is estimated that 137,000 girls and women in the UK are affected by this practice,[1] but this is likely to be an underestimation.[2]

Despite the difficulties with obtaining accurate and reliable figures on FGM, we recognise that there are girls and women who live within Buckinghamshire who are at risk of or have been subjected to FGM.

This strategy sets out a coordinated, partnership approach to tackling FGM in Buckinghamshire, building on work already undertaken, statutory guidance, research and good practice from other areas of the country. It includes:

- Our joint vision for responding to FGM in Buckinghamshire
- How we will work together to achieve our vision and the best possible outcomes for those who are at risk or who have undergone FGM
- The roles and responsibilities that everyone will need to fulfil to help achieve this vision, from strategic through to operational level

This strategy is overseen by the Health and Wellbeing Board (HWB), which has the overall strategic lead for FGM in Buckinghamshire. However, although the HWB acts as the strategic lead, this strategy is supported by the Buckinghamshire Safeguarding Children Board (BSCB), the Buckinghamshire Safeguarding Adults Board (BSAB) and the Safer and Stronger Bucks Partnership Board (SSBPB). The success of this strategy will depend upon the strategic support of these Boards, and on the collective action of their constituent agencies. We recognise that only a co-ordinated, multi-agency approach will be effective in tackling FGM in Buckinghamshire. **Everyone has a role to play.**

This strategy is designed for staff across Buckinghamshire at all levels from Chief Executives and strategic managers to frontline, operational staff. It is supported by multi-agency guidance and procedures which will be helpful to practitioners in their everyday working environment.

2. Our vision

In the Serious Crime Act 2015, the Government legislated to place guidance on FGM on a statutory footing, recognising that an effective response to protecting women and girls from FGM is dependent on strong multi-agency working.

Agencies in Buckinghamshire are committed to eradicating FGM by developing a co-ordinated multi-agency approach that places the woman and child at the centre. This is not a straightforward process, as cultural practices such as FGM have been ingrained for many generations. Extensive work will be required with communities to change attitudes if we are to address the issues thoroughly and effectively.

Agencies in Buckinghamshire are committed to tackling FGM through the following 3 strands of work:

- **Prevent** FGM from happening by actively seeking and supporting ways to reduce the prevalence of FGM in practicing communities.
- **Protect** victims and girls at risk of FGM by ensuring that sensitive and specialist support, information and advice is available and that professionals know how to respond.
- **Pursue** and disrupt perpetrators and support victims to safely disclose where FGM is planned or has been undertaken.

Through this approach we are seeking to achieve the following outcomes:

Prevent:

1. There is a clear strategic lead and multi-agency vision for tackling FGM in Buckinghamshire
2. Females at risk of FGM or who have undergone FGM receive early and coordinated support
3. Universal and targeted education and awareness raising activity mean that Buckinghamshire communities can easily access information, advice and support around FGM and know how to report concerns
4. FGM affected communities understand all aspects of the law regarding FGM

Protect:

1. Data around FGM, and the views of women and girls who are at risk of or who have undergone FGM are used inform our local response
2. There are effective services in place to assess the needs of and provide support to victims and families
3. Relevant and up to date training, guidance and local procedures are available to support professionals to identify FGM / risk of FGM and to take the appropriate action.

Pursue:

1. All professionals understand the law regarding FGM and know what to do when it is identified
2. Perpetrators of FGM are brought to justice.

3. What is Female Genital Mutilation?

The World Health Organisation (WHO) defines female genital mutilation as: "*all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons*".

FGM has been classified by the WHO into four types:

- **Type 1 - Clitoridectomy:** Partial or total removal of the clitoris and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well.

- **Type 2 - Excision:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are 'the lips' that surround the vagina).

- **Type 3 - Infibulation:** Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner and sometimes outer labia, with or without removal of the clitoris. This is the most extreme form of FGM.

- **Type 4 - Other:** All other harmful procedures to the female genitalia for non-medical purposes for example, pricking, piercing, tattooing, incising, scraping and cauterising the genital area. Type 4 is noted by professionals to be common among practising communities. However, it is also the type that often goes unnoticed and therefore not recorded.

FGM is known by a number of names, including female genital cutting or circumcision. The names 'FGM' or 'cut' are increasingly used at the community level, although they are still not always understood by individuals in practicing communities, largely because they are English terms. Our local multi-agency guidance on FGM provides further information to help professionals talk about FGM with different communities, including the various names that may be used for FGM across different communities.

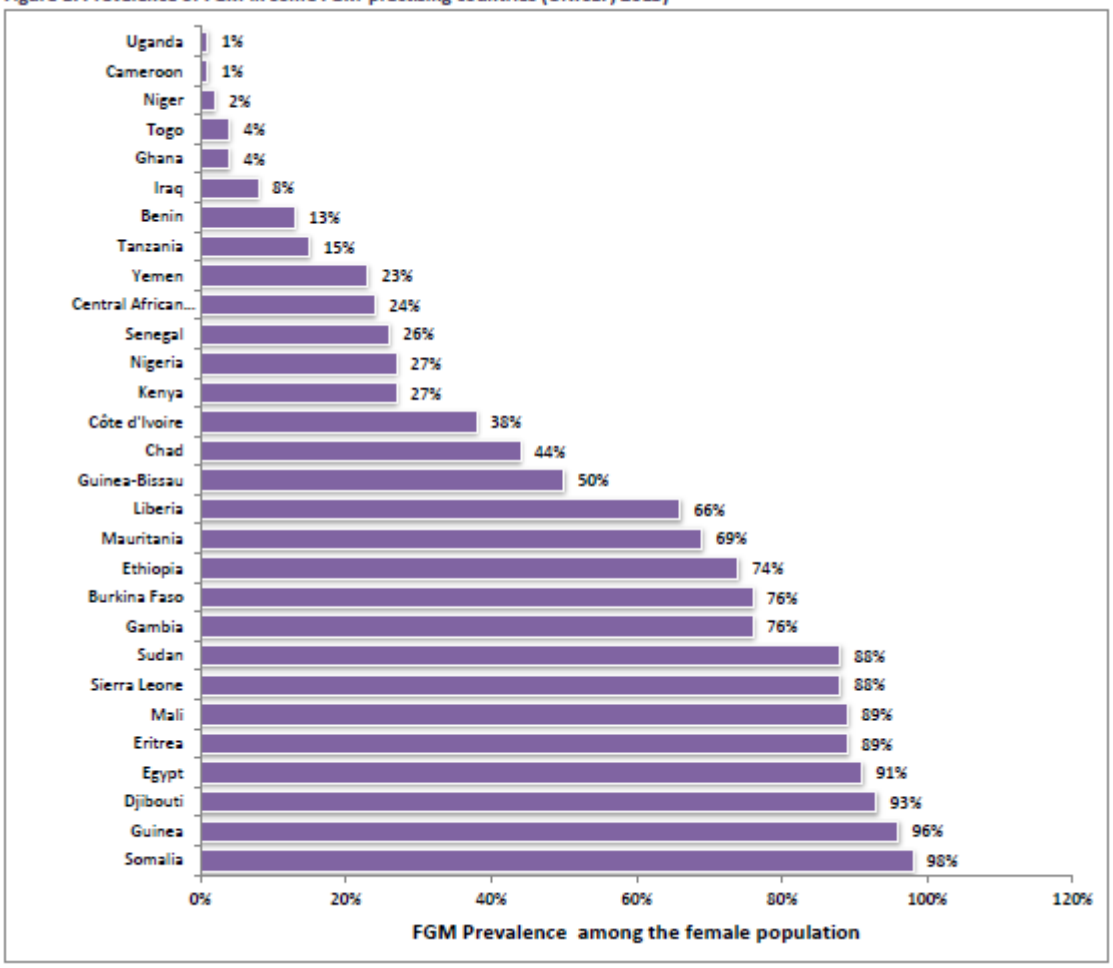
FGM has a number of short and long term consequences which are also detailed in the multi-agency guidance.

4. Prevalence of FGM

The International Picture

According to UNICEF's 2013 Statistical Survey, globally 100 – 140 million women and girls have undergone FGM and a further 3 million girls undergo FGM every year in Africa. [3] Most of the females affected live in 28 African countries, with some also from parts of the Middle East and Asia. In Somalia, Sudan, Djibouti, Egypt, Guinea and Sierra Leone, FGM prevalence rates are over 90%. In the UNICEF survey[4], FGM was conducted on girls under 5 years of age in half of the countries surveyed. In the rest of the countries, it was done between the ages of 5 and 14 years.

Figure 1: Prevalence of FGM in some FGM-practising countries (UNICEF, 2013)[3]



The National Picture

The prevalence of FGM in the UK is difficult to estimate because of its hidden nature. However, a report published in July 2014 by Equality Now and City University has estimated that in 2011:

- Approximately 60,000 girls aged 0-14 were born in England and Wales to mothers who had undergone FGM;
- Approximately 103,000 women aged 15-49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the

consequences of FGM. In addition, approximately 10,000 girls aged under 15 who have migrated to England and Wales are likely to have undergone FGM;

- Combining the figures for the three age groups, an estimated 137,000 women and girls with FGM, born in countries where FGM is practised, were permanently resident in England and Wales in 2011.

The Local Picture

There is an uneven distribution of cases of FGM around the country, with more occurring in those areas of the UK with larger communities from the practising countries. Whilst this would not make Buckinghamshire an area of high FGM prevalence, there are some areas close by that are likely to have far more cases such as Oxford, Reading, Slough and Milton Keynes.

The Buckinghamshire Joint Strategic Needs Assessment (JNSA) has used 2011 census data to estimate the number of women aged 15-49 years in Buckinghamshire and within each of the four Districts who may have undergone FGM.[5]

Table 1 shows the population of Buckinghamshire, the estimated number of females aged 15-49 who were born in a country where FGM is practised, and the estimated number of women aged 15-49 years who may have undergone FGM. It is estimated that approximately 792 (0.16% of the total population) Buckinghamshire resident women aged 15-49 years may have undergone FGM. In addition there will also be women aged 50 and over who have undergone FGM who are not included in these estimates.

Table 2 breaks this down for each of the four Districts using the same methodology. The highest number of women aged 15-49 estimated to have undergone FGM live in Wycombe District Council, although the proportion of the total population is slightly higher in South Bucks than in other Districts. In Wycombe District Council there are estimated to be 257 women (0.15% of total residents) who have had FGM, 238 (0.14% of total residents) in Aylesbury Vale District Council, 161 (0.24% of total residents) in South Bucks District Council, and 136 (0.15% of total residents) in Chiltern District Council.

Table 1 Population of Buckinghamshire (2011 Census) and estimated number of females aged 15-49 who were born in a country where FGM is practised, and estimated number of females aged 15-49 years who may have had FGM

Country of Birth	Bucks resident population[α]	Estimated number of Females aged 15-49*	FGM prevalence #	Estimated number of Females aged 15-49 years who may have had FGM
Total Residents	**505,283**			
North Africa	745	227	39.3%	89
Ghana	392	120	3.8%	5
Nigeria	731	223	19.0%	42
Other Central and Western Africa	246	75	30.9%	23
Kenya	1,423	434	32.2%	140
Somalia	42	13	97.9%	13
South Africa	3,166	966	10.0%	97
Zimbabwe	1,847	563	10.0%	56
Other South and Eastern Africa	1,630	497	43.9%	218
Africa not otherwise specified	114	35	39.3%	14
Iran	478	146	50.0%	73
Other Middle East	933	285	8.1%	23
Total (% of total population)	**11,747 (2.3%)**	**3,583 (0.7%)**		**792 (0.16%)**

Table 2 Total resident population (2011 Census) and estimated number of females aged 15-49 who were born in a country where FGM is practised, and estimated number of Females aged 15-49 years who may have had FGM, by District Council in Buckinghamshire[6]

Country of Birth	FGM prevalence #	Aylesbury Vale		Chiltern		South Bucks		Wycombe	
		Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM	Females aged 15-49*	Females aged 15-49 years who may have had FGM
Total Residents		**174,137**		**92,635**		**66,867**		**171,644**	
North Africa	39.3%	84	33	32	13	35	14	76	30
Ghana	3.8%	54	2	9	0	14	1	42	2
Nigeria	19.0%	119	23	18	3	15	3	71	13
Other Central &Western Africa	30.9%	24	7	10	3	12	4	29	9
Kenya	32.2%	87	28	93	30	149	48	105	34
Somalia	97.9%	4	4	0	0	2	2	6	6
South Africa	10.0%	283	28	195	19	152	15	335	34
Zimbabwe	10.0%	245	24	60	6	38	4	220	22
Other South & Eastern Africa	43.9%	154	67	92	41	103	45	148	65
Africa not otherwise specified	39.3%	8	3	8	3	11	4	8	3
Iran	50.0%	21	10	29	14	33	17	63	32
Other Middle East	8.1%	87	7	44	4	56	4	99	8
Total (% of total population)			**238 (0.14%)**		**136 (0.15%)**		**161 (0.24%)**		**257 (0.15%)**

Since the mandatory reporting duty was implemented in October 2015, no cases of FGM in Buckinghamshire have been reported to Thames Valley Police that could be recorded as a crime under Home Office Counting Rules.

Data on FGM prevalence can also be derived from The Female Genital Mutilation (FGM) Enhanced Dataset (and prior to that the FGM Prevalence Dataset)[7]. This is a repository for individual level data collected by healthcare providers in England, including acute hospital providers, mental health providers and GP practices. Datasets are available from September 2014 onwards. As of September 2016, all statistical releases relating to Buckinghamshire have data suppressed for statistical reasons, indicating between 0 and 4 reported cases for each reporting period.

It is important professionals understand how to follow relevant reporting procedures so that we have an accurate picture of the prevalence of FGM in Buckinghamshire. Professionals should also be aware that as the demographics of our community shift over time, it is possible that we will see an increase in residents from those countries where FGM is prevalent.

5. The Legal Framework

The momentum to end FGM has grown significantly in the last four years due to various campaigners raising awareness of the issue and the government strengthening its stance on FGM. The UK government is committed to eradicating this harmful practice within a generation and has strengthened the legal framework to help achieve this.

Mandatory Reporting Duty (October 2015): Introduced under Section 5B of the 2003 Female Genital Mutilation Act, the duty requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s to the police which they identify in the course of their professional work. See Section 12 of this guidance for further details

Serious Crime Act (2015): This strengthened the 2003 Female Genital Mutilation Act with the following measures:

1) **Created a new offence** of failing to protect a girl from FGM. Anyone with parental responsibility for a girl under 16 who was mutilated will be potentially liable if they did not take steps to prevent it.

2) **Granted** life-long anonymity for persons against whom a female genital mutilation offence is alleged to have been committed.

3) **Enabled** a court to grant an "FGM protection order" for the purposes of:
   a) protecting a girl against the infliction of a genital mutilation offence, or
   b) protecting a girl against whom any such offence has been committed.

Female Genital Mutilation Act (2003): This replaced the 1985 Act in England, Wales and Northern Ireland.[1]

Made the following an offence:
1) to aid, abet, counsel or procure a person who is not a UK national or permanent UK resident to undertake a relevant act of FGM outside the UK.
2) to aid, abet, counsel or procure a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris.
On conviction of indictment: a fine, or imprisonment for a term not exceeding 14 years, or both.

Prohibition of Female Circumcision Act (1985): It became an offence for any person:
a) to excise, infibulate or otherwise mutilate the whole or any part of the labia majora or labia minora or clitoris of another person.
b) to aid, abet, counsel or procure the performance by another person of any of those acts on that other person's own body.
On conviction of indictment: a fine, or imprisonment for a term not exceeding 5 years, or both.

6. Under-reporting of FGM

FGM has been illegal in the United Kingdom for over three decades, yet there have only been 2 prosecutions and no convictions to date.[8] The police have identified two main problems for the lack of investigations of FGM cases: a reliance on victims to report the crime and the failure of health, education, social care and other professionals to refer cases to the police where they suspect FGM to have taken place.[9] A number of identified factors that contribute to the low level of reporting by victims themselves are:[10]

- Victims are often very young, and unlikely to realise it was a crime at the time
- Older girls are normally taught that FGM is a positive thing (rite of passage into adulthood) and might not view the procedure as a crime
- The girls / women may be reluctant to give evidence against their parents and relatives
- For most the experience will have taken place in what is otherwise a loving and caring environment
- Victims may face social pressure from families and communities to remain silent, fearing reduced marriage prospects, ostracism, or violence if they try to speak out (this pressure may be increased for women who are new to the UK and so may already feel isolated)
- Language barriers
- Lack of knowledge about the legislation
- The prospect of giving evidence at trial has the potential to be hugely traumatic for the victim

- It is considered to be a once in a lifetime event with no future risk of it happening again.

Because of the lower likelihood of self-reporting, the police are reliant instead on referrals from health, education, social care professionals and others. It is therefore imperative that professionals understand the action they should take if they have any concerns that FGM is planned or has taken place.

7. Local Roles and Responsibilities

The Importance of Working Together

FGM is an unacceptable form of abuse. Working together closely with the police, health and social care professionals, voluntary organisations and local communities, we can send a very powerful message that FGM is a crime that will not be tolerated in Buckinghamshire.

All professionals have a role to play in identifying FGM or risk of FGM, sharing information and following relevant reporting and referral procedures. It is through identifying women who have already gone through the procedure that we can better help to prevent potential victims in the future from having to undergo the same practice. By reporting and sharing information, the necessary safeguarding strategies can be put in place and, when there are concerns that a child is at risk, the right action can be taken.

Information Sharing

Successfully tackling FGM requires good information sharing between professionals and agencies in order to identify victims of FGM and girls at immediate as well as future risk of FGM.

The Children Act 2014, amongst several other regulations, clearly stresses the legal duty and professional responsibility on agencies to share information. The BSCB Information Sharing Protocol outlines the principles and practice which govern the sharing of information between agencies, for the purposes of identifying, safeguarding and promoting the welfare and protection of all children and young people.

It is important that all professionals understand the importance of information sharing and are confident about when and how they can share information. All agencies are responsible for ensuring that their staff have sufficient confidence and competence in this regard.

Cascading Information

All staff working with children and vulnerable adults should be aware of and have easy access to relevant policies, procedures and guidance to support their work, including documents relating specifically to FGM. The BSCB will publish a multi-agency procedure and guidance document on their website. However, all agencies need to take responsibility for:

- cascading and embedding relevant information, including agency specific guidance or procedures on FGM
- making it easily accessible to their staff
- ensuring that further communication or awareness raising activity is undertaken within their own agency where there is an identified need.

Training

Organisations have a responsibility to ensure that all staff understand their agency's role in tackling FGM and have a level of knowledge and training appropriate to their role.

A short online awareness raising course is available free of charge via the BSCB website: www.bucks-lscb.org.uk/training/channel-e-learning-course/

Details of multi-agency training are also available on the BSCB website: www.bucks-lscb.org.uk/training/e-learning-courses-for-professionals/

Agencies should ensure they provide staff with more specialist training where this is relevant to their role.

Strategic and operational framework

1) Strategic Level roles and responsibilities

Partnership Body	Role in tackling FGM
Health and Wellbeing Board (HWB)	The action plan which accompanies this strategy includes elements which will be led through each of the strategic boards operating in Buckinghamshire. However, the Buckinghamshire Health and Wellbeing Board (HWB) is the strategic lead for FGM in Buckinghamshire and is responsible for overseeing the delivery of this strategy. This includes monitoring progress against the action plan and regular reporting to the HWB. The HWB produces the Joint Strategic Needs Assessment (JSNA) which analyses the needs of the local population to inform the commissioning process for health services, and encourages closer working between health and social care. The HWB will ensure that FGM is included as part of the JSNA.
Buckinghamshire Safeguarding Children Board (BSCB)	The Buckinghamshire Safeguarding Children Board (BSCBs) is a multi-agency partnership which is responsible for coordinating local arrangements for safeguarding and promoting the welfare of children and ensuring that these arrangements are effective. The BSCB will lead delivery against a number of areas of the action plan which focus on: • Ensuring there is an effective multi-agency response to FGM for children • Developing and maintaining multi-agency procedures and guidance
Buckinghamshire Safeguarding Adults Board (BSAB)	The Buckinghamshire Safeguarding Adults Board (BSAB) is responsible for coordinating and ensuring an effective and proportionate multi-agency response to concerns around adult safeguarding or the protection of adults at risk of harm. It can also hold partners to account for their activity in relation to the safeguarding of vulnerable adults. The BSAB will therefore have a role in ensuring there is appropriate provision in place for children as they transition into adulthood, and for adults disclosing FGM in their past.
Safer Stronger Bucks Partnership Board (SSBPB)	The Safer and Stronger Bucks Partnership Board (SSBPB) is responsible for promoting safer and stronger communities and crime and disorder reduction at the county level. The SSBP will play a key role in the 'pursue' strand of this strategy.

Police and Crime Commissioner	The Police and Crime Commissioner is a directly elected official responsible for creating a five-year policing plan based on local priorities, appointing the chief constable, deciding the police budget and council tax precept alongside commissioning for survivors of crime and commissioning groups to work on local priorities. FGM is one of the priorities for action in the Police and Crime Plan for Thames Valley Police (TVP) 2013-17.[11] Anthony Stansfeld, Police and Crime Commissioner for Thames Valley said: *"Female genital mutilation is now receiving the police action it requires. However nationally there have been no successful prosecutions for this crime. Through the Health and Wellbeing Boards, the NHS, and schools, which are the agencies that should be reporting this crime, I expect TVP to take whatever action is required to stamp out this practice in the small amount of minority ethnic communities in which it is perpetrated."* As the commissioners for victims' services, PCCs can ensure that specialist support for survivors of FGM is available. They can work with community groups on specific projects around the issues, and with community safety partnerships.

2) Operational Level – multi-agency groups

Multi- Agency Risk Assessment Conference (MARAC)	Multi-agency risk assessment conferences (MARACs) are regular meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. MARACs are attended by a number of representatives from different areas including the police, health, children's services, housing, independent domestic violence advisors (IDVAs), probation, mental health and substance misuse. They can also include other specialists from the voluntary sector. MARACs should be aware of FGM as a form of violence against women, and the possibility of adults being forced to have their children undergo the practice against their wishes.

Multi-Agency Safeguarding Hubs (MASH)	The multi-agency safeguarding hub (MASH), includes members from children's social care, the police, health and education as well as other local partners. The MASH facilitates early information sharing between agencies to help professionals identify children or vulnerable adults at risk of harm, and work together to ensure they are effectively safeguarded. Those who are at risk of FGM, or may have undergone FGM, may be referred to the MASH, and using the multi-agency protocols the MASH has in place a coordinated and cross-organisational response to FGM referrals can be made, in line with multi-agency procedures.

3) Operational Level: Single agencies and specialist services

Children's Social Care	Children's Social Care is the lead agency when it comes to safeguarding children and protecting them from harm. They therefore have a key role in leading an appropriate multi agency response for children at high or immediate risk of FGM or who have already undergone the procedure.
Health agencies	Health workers, including midwives, GPs, school nurses, health visitors etc., will have regular contact with women families and will therefore be in an excellent position to identify and support those who have undergone FGM and also those who are potentially at risk. Health principals must comply with the FGM Mandatory reporting duty which came into effect on 31st October 2015. This requires them to report all 'known' cases of FGM to the police (see Multi agency guidance for further details). Health professionals working in acute trusts, mental health trusts and GPs must also submit data on FGM to the FGM Enhanced Dataset (see Multi agency guidance for further details).
Police	The police's primary role in tackling FGM is to investigate suspected cases of FGM. The Police and Crime Commissioner has recognised that strong police action is required to stamp out FGM and that this will required partnership working through the Health and Wellbeing Board, Health, schools and other agencies.

Education	Schools, colleges and other educational establishments may be aware of pupils in their schools who are from affected communities and may have opportunities to identify those at particular risk. Educational establishments can help to make sure that pupils know about FGM and understand the legal and health implications arising from it. Educational establishments can ensure that pupils have access to information, appropriate advice and support if at risk of FGM. Teachers must comply with the FGM mandatory reporting duty which came into effect on 31st October 2015. This requires them to report all 'known' cases of FGM to the police (see Multi agency guidance for further details). Safeguarding leads should therefore be aware of the practice and the procedure for reporting.
Thames Valley Criminal Justice Board	The Thames Valley Criminal Justice Board bring together a number of criminal justice system agencies, including the police, the Crown Prosecution Service, the Courts and Tribunal Service, the Prison Service, Probation Trusts, and the Youth Offending Service. The role of the Thames Valley Criminal Justice Board is to co-ordinate activity and share responsibility for delivering criminal justice in their areas. The Thames Valley Criminal Justice Board can help to ensure that each part of the criminal justice system works closely on cases of suspected FGM.
Local Family Justice Boards	Local Family Justice Boards (LFJBs) were created in England and Wales in 2012 to develop inter-disciplinary working across the care proceedings system to implement local solutions to local problems. The overarching aim of LFJBs is to achieve significant improvement in the performance of the family justice system in their local area. LFJBs can therefore work to improve the number of prosecutions for FGM through closer working with other agencies.

DRAFT Buckinghamshire FGM Action Plan						
Desired outcome	**Action**	**Lead**	**Timeframe**	**Success Measures**	**Progress**	**RAG**
Prevent 1: There is a clear strategic lead and vision around FGM in Buckinghamshire.	1) Agree where strategic lead for FGM sits.	Chairs of BSCB, BSAB, HWB and SSSBPB	Chairs meeting	• Strategic lead agreed	At Joint Chairs meeting in February 2016 it was agreed that HWB would act as strategic lead for FGM. Further discussion needed to formalise arrangements.	**A**
	2) Develop and maintain a robust FGM strategy which sets out a clear vision for addressing FGM in Bucks and helps all agencies understand their role in this.	BSCB	Consultation to start October 2016 Publication by Dec 2016	• Strategy written • Strategy signed off across HWB, SSBPB, BSAB and BSCB. • Strategy publicised across partnership.	Bucks-wide FGM Strategy drafted through BSCB. Wider consultation period across organisations in Bucks likely to start late summer / early autumn.	**A**
Prevent 2: Buckinghamshire communities can easily access information, advice and support around FGM and know how to report concerns.	1) Targeted education and awareness raising within local communities, with emphasis on • working with women at grass roots level • utilising existing contact between professionals and women at higher risk (e.g. social workers, health visitors, children's centres) • Heightened activity ahead of the summer 'cutting season'.	TBC	July 16 for summer activity Jan 17 for forward planning	• Higher risk communities identified • Channels and contacts identified within relevant communities • Awareness raising activities being undertaken. • Feedback from community members evidences increased knowledge and confidence around reporting – clear evaluation measures to be built in as this work is planned.	Activity completed ahead of the summer by BSCB - small scale publicity using home office and NSPCC material. This included circulation of business cards and posters, production of short powerpoint for display in GP surgeries and information circulated in BSCB newsletter. Forward planning in partnership required for 2017.	**A**
	2) Ensure up to date, universally accessible information, advice and guidance is available for the public via BSCB website.	MM	May 2016 for web update May 2017	• BSCB website information on FGM has been updated in partnership and includes signposting to local and	FGM page has been drafted for new BSCB CYP microsite which is currently under construction. Updated information for parents and carers has been written and added to the BSCB website.	**A**

			for review including evidence of usage	national sources of support. • There is evidence of relevant partner websites linking to BSCB pages (e.g. Bucks Family Information Service) • There is a plan in place to review website information on a regular basis. • Google analytics used to monitor usage of information.	Google analytics starting to be used on the main BSCB website to monitor usage.	
Prevent 3: Females at risk of FGM or who have undergone FGM receive early and coordinated support.	1) Ensure up to date FGM guidance and procedure is available via the BSCB website	BSCB Policies & Procedures Sub Group	March - June2016 for procedure update Sept for publication	FGM procedure is updated to: ○ Include guidance on the language to use when talking to women and children about FGM. ○ Include course of action where a pregnant women is identified who has undergone FGM. ○ Ensure robust information around factors that indicate increased risk. • Updated guidance available via BSCB website • Updated guidance promoted to partners.	FGM pathway has been drafted by a multi-agency task and finish group and multi-agency guidance has been drafted through the BSCB. This is on target for sign off and publication in September.	**A**
	2) Research FGM screening tools available in other counties and agree in partnership whether to add a tool to the multi-agency FGM procedure.		Dec 15 for research March – June 2016 for discussion.	• Research completed. • Decision taken to implement / not implement screening tool	Screening tool adapted for Bucks and incorporated into draft guidance.	**G**
	3) Ensure consistency across	BSCB Policies	March	• Single-agency and BSCB FGM	Multi-agency procedure to be agreed before	**R**

	single agency FGM procedures and BSCB multi-agency FGM procedure.	& Procedures Sub Group	2016 in line with revisions to procedure.	procedures have been reviewed for consistency. • Inconsistencies have been highlighted and relevant amendments made.	this work can start.	
	4) Ensure BSCB website signposts professionals to up to date resources and tools around FGM and that this is tailored to the different levels of knowledge that are needed across different groups of professionals.	MM	May 2016	• Web pages updated and publicised across partnership. • Google analytics show this information is well used. • Feedback from partners is positive and used to make further improvements to the information.	FGM multi-agency guidance and procedure is being updated alongside strategy being written. Updated information and signposting to resources for professionals has been added to the BSCB website.	**G**
	5) Seek assurance that organisations that work directly with children and adults have FGM training in place that is relevant and proportionate to the role of different staff.	BSCB Learning & Development Sub Group for Children BSAB for adults?	Ongoing	• Training information collected as part of FGM challenge event • Good practice training resources to be collated / developed and shared to help organisations improve their training provision. • Dip check of FGM training by BSCB training manager shows training to be up to date, and relevant to role of staff.	FGM Challenge event provided assurance around the training provided by those agencies that attended. FGM now included for schools as part of DSL (designated safeguarding lead) and DSL refresher training. No quality assurance has yet taken place due to pressures on BSCB training manager to deliver training.	**A**
	6) Ensure multi-agency FGM training is available and impacts positively on knowledge and confidence to put into practice.	TBC	TBC	• BSCB to continue to signpost to multi-agency training provided through BCC Community Safety. • There are plans in place to ensure this training can continue. • Evaluations from multi-agency training indicate it has improved knowledge and confidence around FGM.	FGM training offered through community safety at BCC now being advertised more widely via BSCB website. FGM e-Learning (free) accessible via BSCB website. Alongside summer publicity campaign we will encourage agencies to access this resource.	**A**

	7) Additional communication around FGM is cascaded across partners before the summer holidays when there is increased risk of girls being taken abroad for FGM to be performed.	BSCB comms group, but all partners to take responsibility for cascading within their own organisation.	Plan by May 2016 Implement ation May – July 2016	• There is an annual comms plan in place. • Partner comms colleagues engaged to ensure message widely distributed. • More specific evaluation measures to be built into comms plan as it is developed.	See campaign outlined under 2.1 above. In addition, the chair of the BSCB wrote to all agencies reminding them of their duties around identifying and reporting FGM. The BSCB also reminded agencies to be alert for FGM via a newsletter article ahead of the summer.	**G**
	8) Investigate whether feeder primary schools could work more closely with secondary schools to identify children at greater risk of FGM at point of transition to secondary school.	ESAS / School engaged in FGM challenge event?	TBC	• TBC		**R**
	9) Discuss with BCC School Admissions department whether nationality information on admissions forms could be better used to help schools identify children at greater risk of FGM.	ESAS	TBC	• Discussions held • Any agreed data changes / improvements are made. • Schools feedback that these changes are helping them to identify children at greater risk. • There is evidence that this is enabling schools to put preventative interventions in place.		**R**
	10) Explore the possibility of a referral / reporting mechanism for women who underwent FGM as children.	Designated Adult Safeguarding Manager (DASM) / BSAB	TBC	• Mechanism fully discussed and either approved or rejected. • If approved, success measures to be defined alongside development of process.		**R**
Protect 1: Data around FGM, including local trends and patterns, is used effectively to	1) Identify the dataset required to enable a partnership understanding of FGM across Buckinghamshire and to	HWB / Public Health?	September 2016	• Relevant data identified		**R**

challenge and inform practice and services.	compare to other areas.					
	2) Agree how data collected from local agencies and nationally can be used to monitor levels of FGM in Buckinghamshire	HWB / Public Health?	TBC	• Agreement on who will collect and monitor this data on an ongoing basis. • Agreement on how and to whom the data will be reported. • Evidence that data is being used to influence partnership activity in relation to FGM.		R
	3) Children's Social Care and Thames Valley Police to track the journey of TVP FGM referrals to ensure an appropriate outcome achieved.	CSC and TVP	TBC	• Journey's tracked and outcomes fed back to appropriate groups including BSCB Performance & Quality Assurance Sub Group. • Any improvements or recommendations made as part of this review are implemented and there is evidence that this has improved outcomes for children.		R
Protect 2: There are effective services in place to assess the needs of, and provide support to victims and families.	1) Map services offered by different agencies that are currently available to support children at risk, children and adults who have already undergone FGM, their parents and siblings.	TBC	TBC	• Mapping completed.		R
	2) Undertake a gap analysis linked to the above to identify any gaps in provision and feed this information into commissioning plans.	TBC	TBC	• Gap analysis complete and results fed into commissioning plans. • There is an appropriate range of services available to meet the needs of children at risk, children and adults who have undergone FGM, their parents and siblings.		R

Pursue 1: Perpetrators of FGM are brought to justice.	1) The Child Abuse Investigation Units of TVP to continue to work with the CPS Violence Against Woman and Girls Coordinator to ensure that the investigation and prosecution of FGM is coordinated between agencies.					

[1] http://www.nhs.uk/conditions/female-genital-mutilation/pages/introduction.aspx
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380125/MultiAgencyPracticeGuidelinesNov14.pdf

[2] http://about-fgm.co.uk/about-fgm/world-prevalence/uk-prevalence/
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm

[3] United Nations Children's Fund (2013). Female Genital Mutilation / Cutting: A Statistical overview and exploration of the dynamics of change. UNICEF, New York.

[4] United Nations Children's Fund (2013). Female Genital Mutilation / Cutting: A Statistical overview and exploration of the dynamics of change. UNICEF, New York.

[5] Around 11,747 people (male and female, all ages) were recorded in the 2011 census as born in a country where FGM is practised. Approximately half of these residents were females and 61% of the population from the Black African/Caribbean ethnic group were in the 15-49 age group. Applying these proportions to the total residents who were born in a country where FGM is practised, the total number of females aged 15-49 were estimated by country of birth for Buckinghamshire and for each of the four Districts. The total number of women aged 15-49 years who may have had FGM was estimated by applying the FGM country specific prevalence to the above estimated number of women residents aged 15-49 who were born in a country where FGM is practised.

[6] *Source: # UNICEF global databases 2014, based on DHS, MICS and other nationally representative surveys. As there was no reported FGM prevalence data for South Africa & South Africa, an estimate of 10% has been used. Notes: [α]Census 2011 data was used to estimate the population in Buckinghamshire where the country of birth was stated as one of the African or Asian countries where FGM is practiced. *An estimate of 50% was applied to calculate the female population at County and District level. 61% of the population were estimated to be from the 15-49 age group (Census 2011). This estimate was applied to obtain figures on number of females in the 15-49 age group in Buckinghamshire at County and District level.*

[7] Female Genital Mutilation Enhanced Dataset (April 2015 onwards) and Female Genital Mutilation Prevalence Dataset (prior to April 2015) http://www.hscic.gov.uk/fgm

[8] http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm
http://www.theguardian.com/society/2015/feb/04/doctor-not-guilty-fgm-dhanuson-dharmasena

[9] http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm#n33

[10] TVP Presentation at FGM Challenge Event and
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhaff/201/20105.htm#n33

[11] http://www.thamesvalley-pcc.gov.uk/Document-Library/Police-and-Crime-Plan-2014.pdf

Health & Wellbeing Board Buckinghamshire

Title	Buckinghamshire Transformation Plan For Children and Young People's Mental Health and Emotional Wellbeing Update for 2016/17
Date	15 September 2016
Lead contacts:	Caroline Hart, Pooled Budget Manager

Purpose of this report:

Report for information as agreed at the September 2015 Health and Board

Summary of main issues

In October 2015 Buckinghamshire published its Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. The publication coincided with the launch of the new Child and Adolescent Mental Health Service in Bucks, Buckinghamshire CAMHS.

The last year has bought about opportunities for the service to develop and has seen changes across a number of areas. The transformation plans have been reviewed based on previous feedback about the services, areas that have presented as pressures and to continue to provide early advice to reduce the risk of escalation of illness.

Recommendations for the Health and Wellbeing Board:

1. To note the report

Background documents:

N/A

Buckinghamshire Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing Update for 2016/7

Caroline Hart, Pooled Budget Manager

September 2016

Background

In October 2015 Buckinghamshire published its Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing. The publication coincided with the launch of the new Child and Adolescent Mental Health Service in Bucks, Buckinghamshire CAMHS.

The last year has bought about opportunities for the service to develop and has seen changes across a number of areas. The transformation plans have been reviewed based on previous feedback about the services, areas that have presented as pressures and to continue to provide early advice to reduce the risk of escalation of illness.

Investment and Spend

Finance for CAMHS	2015-16	2016-17
Pooled Budget	£5,423,400	£6,229,562
Additional transformation funding	£806,162	£1,018,000

Time to Talk Youth Counselling Service is commissioned by Bucks County Council with a budget of £270,000 per annum. This will reduce to £200,000 in 2017/18

Resilience training is commissioned by Public Health at a cost of £58,000 per annum; this includes training, all materials to support delivery, emotional wellbeing conference and evaluation of the project. School staff are trained to deliver the resilience training programme in school.

Activity data for 2015/16

Referral Data for CAMHS	Contract year to date (9 months) October 2015 to June 2016	Compared to October 2014 to June 2015
Number of referrals received-All CAMH services	3233	2954
Number of referrals accepted-All CAMH services	2684	2477
Number of referrals signposted	523	441

Time to Talk provide counselling services to 22 out 34 secondary schools in county**.** The service received a total of 652 referrals in 2014/15 from a range of sources with the majority from young people, parents and GPs and has an average caseload of 400 young people. With waiting times maintained within 2 weeks. (Figures for 15/16 to be confirmed)

Workforce

Buckinghamshire CAMHS Staffing as at April 2016

Post	Band	wte
A&C	4	6.9
	5	1
	7	1
Consultant Psychiatrist	Consultant	7.3
Dietician	6	0.4
Family Therapist	7	0.5
	8a	1.2
	8c	0.8
Nurse	6	5.6
	7	12.16
	8a	0.5
Primary Hlth worker	5	0.7
Psychologist	7	6
	8a	5.3
	8b	2.2
	8c	2.38
	8d	1
Psychotherapist	7	0.5
	8a	1.2
	8b	0.8
Snr mgr	8a	3.6
	8b	1
	8c	1
Social Worker	6	4
Ass Psychologist	4	0.5
Barnardos		36
Grand Total		**103.54**

The Time to Talk Service is delivered by approximately 6wte, who support a trained volunteer workforce of approximately 100 staff.

What has changed over the last year?

- A Single point of access (SPA) has been established in Aylesbury and operates between 8am and 6pm Monday to Friday. The SPA accepts referrals and queries from families, young people and professionals. Feedback to date has been positive especially regarding the responsiveness and communication.
- Self-referrals are accepted directly from 16 and 17 year olds.
- The "Article 12" young people's participation group has been strengthened and the forum with parents and carers has being developed to ensure that future developments within the service meet the needs of families.
- The service is also working together to develop a volunteer workforce to support the service as well as exploring opportunities for apprentice roles to help young people into education and work.
- A new website designed with Article 12 Young people's participation group has been developed and launched http://www.oxfordhealth.nhs.uk/fresh/services/
- All primary, secondary and special schools in Bucks have a CAMHS link worker who provides a direct link for schools to the CAMHS service.
- Provision of training for people who work with young people with mental health illnesses, 7 training sessions have been provided with 226 attendees. All who completed evaluations said they would recommend the training to a colleague. Further dates are arranged for September 2016 and these events will be ongoing.
- A specialist eating disorder service has been developed in accordance with national guidance that provides assessment within 2 weeks of referral and treatments that are evidence based.
- The Barnados team within CAMHS operate the SPA, provide brief, evidence-based interventions, these may include parenting groups/support, family work, individual work and group work.
- Barnados Buddies support more complex care packages in addition to the Oxford Health CAMHS clinical staff. This may be psycho-education; promotion of wellbeing; linking the young person into support in the community; checking they understand and agree with their care plan; and helping identify goals the young person would like to achieve by the end of their treatment. They will also act a point of contact for family members, checking their understanding of the care being provided, offering support, strategies for coping and diagnosis-specific information. The Buddy helps the CYP build confidence in the Service and works to break down any barriers.
- Additional capacity has also been recruited to the Outreach OSCA Service who support young people, including outside of core hours, in times of increased need or crisis.
- A new team has been developed to support Children in Care or at risk of going into care.
- Waiting times for most of the pathways has been reduced with most young people seen within 8 weeks.

What are the priorities for 2016/17?

- To work with the services who provide assessment and support to children and young people with autism or autistic traits and their carers to ensure more timely access to services. The waiting times for assessments for autism are currently too long within the paediatric and CAMHS services, with some other support services that need a diagnosis to be able to help. The project aims to look at system wide change to enable more young people to get the help they need as soon as possible.
- To provide training and support to staff supporting young people with learning disabilities in college, who also present with mental health concerns
- To review the pathway for children and young people who have been sexually assaulted to ensure sufficient and the right support and counselling is available.
- To review the needs of young people including those with a learning disability who are moving from CAMHS to adult mental health services (AMHS) to provide a smoother transition at the most appropriate time for the young person.
- To engage in the Transforming Care agenda and its application to children and young people.
- To continue to build relationships across those providing services to children and young people to map services available and provide integrated pathways of care across services.
- To provide increased oversight to looked after children who are placed outside of Buckinghamshire and require mental health services.

Health & Wellbeing Board Buckinghamshire

Draft Health and Wellbeing Board Forward Plan:

Date	Item	Lead officer	Report Deadline	Further Information
22 November 2016	Workshop style meeting for agenda planning 2017/18 and reviewing the draft of the Joint Health and Wellbeing Strategy 2016- 21	*All*	15 November	KM to circulate papers before the meeting
15 December 2016	Buckinghamshire Joint Health and Wellbeing Strategy	*K.McDonald*	Monday 5 December 12 noon	Strategy to be ratified by all Health and Wellbeing Board members
	Commissioning Intention Plans of all Partner Organisation	*All*		KM to send agreed template in October 2016
	One Buckinghamshire, One Integrated Health and Care System – Implementing the Five Year Forward View 2016-2021	*Lou Patten*		To provide an update to the Board on progress
	Community Hubs	*Neil Dardis*		To be confirmed at 15.9.16 meeting
	Better Care Fund Update	*Devora Wolfson*		To include update on progress of BCF Scorecard
	CYP Improvement Plan	*David Johnston*		
12 January	Themed meeting from new JHWBS Workshop session? To be discussed at HWB on 15.9.16	*All*	Tuesday 3 January 12 noon	
9 March	Buckinghamshire Joint Health and Wellbeing Strategy – Theme (1 hour)	*K.McDonald to co-ordinate*	Monday 27 February 12 noon	To be agreed at 22 November agenda planning session
	One Buckinghamshire, One Integrated Health and Care System – Implementing the Five Year Forward View 2016-2021	*Lou Patten*		To provide an update to the Board on progress
	Safeguarding Boards Annual Reports	*K McDonald to co-ordinate*		
	Better Care Fund Update	*Devora Wolfson*		To include update on progress of BCF Scorecard

Health & Wellbeing Board Buckinghamshire

	CYP Improvement Plan	*David Johnston*		
15 June 2016	Buckinghamshire Joint Health and Wellbeing Strategy – Theme (1 hour)	*K.McDonald to co-ordinate*	Monday 5 June 12 noon	To be agreed at 22 November agenda planning session
	Director of Public Health Annual Report	*Dr J O'Grady*		TBC
	One Buckinghamshire, One Integrated Health and Care System – Implementing the Five Year Forward View 2016-2021	*Lou Patten*		To provide an update to the Board on progress
	Better Care Fund Update	*Devora Wolfson*		To include update on progress of BCF Scorecard
	CYP Improvement Plan	*David Johnston*		
14 September 2017	Buckinghamshire Joint Health and Wellbeing Strategy – Theme (1 hour)	*K.McDonald to co-ordinate*	Monday 4 September 12 noon	To be agreed at 22 November agenda planning session
	One Buckinghamshire, One Integrated Health and Care System – Implementing the Five Year Forward View 2016-2021	*Lou Patten*		To provide an update to the Board on progress
	Better Care Fund Update	*Devora Wolfson*		To include update on progress of BCF Scorecard
	CYP Improvement Plan	*David Johnston*		
7 December 2017	Update on delivering the JHWBS 2016-2017 And HWB Annual Report	*K.McDonald to co-ordinate*	Monday 27 November 12 noon	To be agreed at 22 November agenda planning session
	One Buckinghamshire, One Integrated Health and Care System – Implementing the Five Year Forward View 2016-2021	Lou Patten		To provide an update to the Board on progress
	Better Care Fund Update	Devora Wolfson		To include update on progress of BCF Scorecard
	CYP Improvement Plan	David Johnston		