

Minutes

MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY 14 SEPTEMBER 2017, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 1.32 PM AND CONCLUDING AT 4.02 PM.

MEMBERS PRESENT

Dr R Bajwa (Clinical Chair), Ms J Baker OBE (Healthwatch Bucks), Ms D Clarke (Oxford Health Foundation NHS Trust), Mrs I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Dr G Jackson (Clinical Chair) (in the Chair), Ms A Macpherson (District Council Representative), Mr R Majilton (Director of Sustainability and Transformation), Mrs W Mallen, 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) and Mr W Whyte

OTHERS PRESENT

Ms K Bhanja (Secretary), Ms J Bowie, Ms R Cairns, Ms C Douch, Mr P Kelly (South Bucks District Council), Ms K McDonald, Peart (Wycombe District Council) and Ms R Shimmin

1 WELCOME AND APOLOGIES

Apologies had been received from Mr S Bell, Mr R Bagge, Lin Hazell, Ms S Norris, Ms G Rhodes-White, Mr M Tett, Ms K West and Ms K Wood.

Ms C Douch attended in place of Ms G Rhodes-Whyte, Mr P Kelly attended in place of Mr R Bagge, Ms W Mallen attended in place of Lin Hazell, Mr G Peart attended in place of Ms K Wood and Ms R Shimmin attended in place of Ms S Norris.

2 ANNOUNCEMENTS FROM THE CHAIRMAN

The Chairman welcomed everyone to the meeting.

3 DECLARATIONS OF INTEREST

There were no declarations of Interest.

4 MINUTES OF THE MEETING HELD ON 9 MARCH 2017

The minutes from the meeting held on 9 March 2017 were deemed to be an accurate record and signed by the Chairman.

5 PUBLIC QUESTIONS

There were no public questions.

6 CHILDREN AND YOUNG PEOPLE UPDATE

Ms C Douch, Service Director Children's Services and Mr W Whyte presented the report and the following points were made during the presentation:

- The Children and Young People's Strategic Partnership Board had its first meeting in August 2017 and the Terms of Reference were to be agreed. The Board would work at strategic level to identify local priorities based on need and linked to the Children and Young People Plan, the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The outcomes and achievements of the Children and Young People's Strategic Partnership Board would be reported back to the Health and Wellbeing Board.
- The Corporate Parenting Panel had been reenergised following the new Corporate Parenting Strategy that had been endorsed by Cabinet. The Panel included new Members and there had been a recent celebration event which had included young people and foster carer's.
- The Change 4 Children programme had been established for one year and included four work strands. One of the strands related to early help and a consultation had been undertaken which had received helpful feedback on the services that the council delivered and commissioned. The second phase of the consultation had been launched the previous week and the deadline for feedback would be 16 October 2017.
- There had been a review of SEND as part of the Change 4 Children programme and an Integration Board had been established to drive through the changes.
- The programme included a review of the number of placements for children available in the county and how these would be increased. The County Council had now adopted the Foster Friendly Employer Scheme.
- OFSTED had confirmed that they would not be undertaking future monitoring visits but that a full four week inspection would be due between now and November 2017.
- Ms L Patten noted that the report did not demonstrate that the Children and Young People's Strategic Partnership Board adopted a whole system approach and the key services were working collectively to deliver this. Ms Douch agreed and stated she would amend the information to evidence the collaborative working.

RESOLVED

The Board NOTED the report and accompanying updates from the Cabinet Lead for Children's Services Mr W Whyte and Ms C Douch, Service Director, Children's Services.

The Board DISCUSSED the role of the Health and Wellbeing Board in oversight of the Children's Partnership Board priorities and ensuring strong links with the Joint Strategic Needs Assessment and the Health and Wellbeing Board.

7 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr J O'Grady, Director of Public Health presented her report and the following points were made during the presentation:

- The Director of Public Health produced an annual report as per statutory requirement. Each year the report highlighted an area of particular interest and this years had focused on pregnancy and the early years of life.
- Healthy weight, eating well and good mental health along with the avoidance of maternal smoking, alcohol and drug use were all of vital importance to the outcomes for babies and young children.
- Pregnancy would impact on every aspect of life including development, social skills, levels of happiness, education and adulthood health.
- The general health of mothers in Buckinghamshire had been shown to be good however 7.6% of babies were born prematurely (before 37 weeks) and 2% of babies

born after 37 weeks had shown low birthweight which had the potential to impact on their lifelong health. Births prior to 34 weeks accounted for half of all long term neurological disabilities in children and three quarters of neonatal deaths.

- There were modifiable risk factors including maternal smoking, drug or alcohol misuse, domestic violence and maternal stress that were known factors contributing to prematurity or low birth rate.
- The ability for parents to give a child the best start in life depended on their social context. Mothers needed to be healthy before, during and after pregnancy. A third of pregnancies in this country were shown to be unplanned.
- Approximately 6,000 babies were born every year in Buckinghamshire, 25% of mothers were born outside UK (Pakistan, Poland, India, S Africa), 23% of mothers identified their babies as of non-white ethnicity. The birth rate had shown as higher in more deprived areas reflecting population profile.
- 14% of women booked late into antenatal care in 2013 which could be a potential indicator of worse outcomes for both mother and baby.
- Health of other household members would be equally important and fathers can experience difficulties during pregnancy that can impact on the child's health.
- Access to high quality services including contraception would be important for the health of the baby.
- Teenage conceptions had fallen dramatically in Buckinghamshire and were lower than both the South East and national average. The maternal age had risen and the average age of first time mothers was between 30 and 34 years.
- Those in deprived areas and ethnic groups had worse outcomes.
- Low birth rates had shown as more prevalent in certain groups and Buckinghamshire shown as performing worse in these areas compared to the national average. Buckinghamshire had the second highest birth rates alongside the county's CIPFA peers.
- Smoking in pregnancy had shown to effect the brain growth of babies. Passive smoking also harmed mothers, babies and families. 432 women had been reported as smokers at the time of booking in Buckinghamshire, with 252 of these referred to smoking cessation. Out of the 252 women, 42% had quit smoking.
- There had not been any routine data collection regarding expectant mothers that were overweight or obese but Buckinghamshire Hospitals NHT Trust had collected some statistics across Buckinghamshire and found that 27% of pregnant women had been overweight or obese at 12 weeks. Only 68 referrals had been made to the Weight Referral Programme.
- 9% of babies born every year are the child of a lone parent. Of non-white ethnic groups, about 17% of babies born to Asian parents had an increased risk of low birth weight.
- Those that live in poverty could still have positive outcomes if they received high quality parenting.
- Good PSHE in schools would increase the opportunity for a child's negotiation skills and understanding of sexual health to develop.
- Dr J Sutton noted that the results were shocking. Much of the targeted work which had been locality based had still shown on the graph as unchanged. The Premature Clinic at the hospital as well as the Health and Wellbeing Board needed to focus on the bigger picture and what could be done to help the highest areas of deprivation.
- Ms R Shimmin stated it would be important to think about defined localities and undertake some targeted work in the areas where the issues were known and use collective intervention. Ms Shimmin suspected that some of those children on the Child Protection Register would be from those areas of deprivation and support needed to be provided in a more holistic way.

- Ms J Baker stated that Healthwatch Bucks had produced a report on fathers and the maternity process. Buckinghamshire Hospitals NHS Trust had taken on board the recommendations and put an action plan in place.
- Ms I Darby stated that the District had undertaken a lot of work on homelessness and it was important that these be linked with health and the Health and Wellbeing Board. .

The following actions were agreed from the presentation:

- Dr J O'Grady would look at life expectancy figures for specific ward areas.
- Dr J O'Grady would bring a proposal back to the next Health and Wellbeing Board following the Maternity Workshop on what could be done in specific localities to tackle some of health inequalities raised in the report.

ACTION: Dr O'Grady

- Ms K McDonald to add housing needs to the Health and Wellbeing dashboard.
- Ms K McDonald to inquire whether a representative from the Police and Crime Commissioners Officer available to attend a future meeting item related to domestic violence.

ACTION: Ms K McDonald

RESOLVED

Board members CONSIDERED and ENDORSED the Director of Public Health's Annual Report.

Board members DISCUSSED how their constituent organisations would support the recommendations set out in the report to improve outcomes for babies, mothers and families in Buckinghamshire.

Board members AGREED to disseminate the Director of Public Health's Annual Report through their organisations.

Board members ENDORSED the partnership workshop planned for October to improve outcomes for families, mothers and babies in Buckinghamshire.

Board members AGREED to bring a proposal back to the next meeting on taking forward the recommendations from the DPHAR and local approaches.

8 BUCKINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY THEMED AGENDA ITEM ON PERINATAL MENTAL HEALTH

The Chairman welcomed Dr N Widginton, General Practitioner and Ms Ruth House, Health Visitor, Perinatal Mental Health Project Manager to the meeting. Dr Widginton and Ms House presented their report and highlighted the following:

- The Charlotte Bevan case brought attention to the significant mental health problems suffered and the coroner had highlighted the significant failings in the months leading up to the death of her and her baby.
- An important contributory factor had been the lack of a multi-disciplinary care plan. NHS England agreed they would act on the coroner's findings to ensure those mothers with mental health needs, and their babies, had access to the services and professionals they needed to keep them and their babies' safe during pregnancy, and following the birth.

- Medical and midwifery school taught students about the physical complications of pregnancy, but depression was the most common complication. 12% of women were shown to have depression during pregnancy and 13% displayed anxiety.
- Depression and anxiety also affected 15-20% of women in the first year after childbirth.
- The consequence of perinatal mental health could cause immense distress for women and their partners and families and an adverse impact on the interaction between mother and baby. This would affect the child's emotional, social and cognitive development. The first two years of baby's life would be the building blocks of their long term health and development and long term effects last into the teenage years.
- A study had shown that every 16 year old with depression had a mother that had suffered with depression at some point (mostly perinatally).
- The economic impact of untreated perinatal depression, anxiety and psychosis showed a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. Two-thirds of the cost were linked to short and long term problems for the child. £1.2 billion was the cost to the NHS; this was equivalent to £10,000 for each birth.
- Strategic level meetings had been put in place to address these issues and GP's were the key to the success of the overall pathway. It had been helpful to have GP commissioners, midwifery specialist and psychological services on board, along with others, to engage in the process.
- Women with mild to moderate depression could also be referred to Healthy Minds and fathers would be asked if they have a baby at home to help assess their needs.
- There had also been a postnatal wellbeing group established for those with mild to moderate depression and/or anxiety. A risk assessment would be undertaken to establish if the group was the most suitable service for the mother (or father) and if not, the client would be referred to a more appropriate service.
- There had been a lot of positive feedback from both men and women who had attended the group and had highlighted that they may not have attended if crèche services had not been available.
- The service linked to safeguarding and Thames Valley Strategic Network and considerable progress had been made to date.
- Perinatal Mental Health Community Services had applied to receive part of the £365m development fund. The service had not been successful in securing funding in the first round, but were putting together a bid for the second round of funding.
- Ms Shimmin highlighted the need for broader awareness across partner organisations such as the Buckinghamshire Safeguarding Children's Board and working with the business community to distribute messages.
- Ms Baker stated that Healthwatch assisted by pointing families in the right direction of appropriate services.

The chairman welcomed Ms Andrea McCubbin, Chief Executive of Buckinghamshire Mind to the meeting. Ms McCubbin presented her report and highlighted the following:

- Mind assisted people with mental health issues across the county and continued to build on the learning to deliver support. Peer support groups delivered by Mind were hosted in Berkshire, with support groups in the Marlow, Wycombe and Chesham areas.
- Peer support groups were non-judgemental. Funding had previously been supplied to support these groups but this had now ceased and therefore Mind had taken over the financial support to fund the programmes.
- The groups had been slow to start with difficulty engaging with women. Social media had been used to spread the word and currently 10 women with the diagnosis of post-natal depression had attended the group in Marlow.
- There had been challenges with encouraging different ethnic groups to attend the support groups, but two Pakistani women now attended.

- The groups were supported by one paid member of staff and one volunteer and take a holistic approach and undertake activities such as crafts. There was not a set agenda but the sessions do link with parenting skills.
- Feedback had been positive and had stated that the sessions gave individuals the space to talk and be heard about the issues they had been experiencing.

RESOLVED

The Board DISCUSSED the presentations and how their organisations would support this priority and what actions the Health and Wellbeing Board would take collectively to promote perinatal mental health and wellbeing.

It was SUGGESTED that Dr Nicola Widginton and Ruth House share their presentation and signposting information with the Safeguarding Boards. Ms K McDonald to facilitate sharing of information between Boards.

ACTION: Ms McDonald

9 UPDATE ON HEALTH AND CARE SYSTEM

Ms L Patten, Chief Accountable Officer, Clinical Commissioning Groups, Mr N Dardis, Chief Executive, Buckinghamshire Healthcare NHS Trust and Ms R Shimmin, Chief Executive, Buckinghamshire County Council presented the report on the Buckinghamshire Accountable Care System and highlighted the following

- Buckinghamshire had been announced as being one of the first wave of Accountable Care Systems (ACS) with the aim of delivering improvements to local health and care by connecting up services that had already been in existence.
- The Health and Social Care Integration Roadmap to 2020 for Buckinghamshire had been agreed by the Health and Wellbeing Board in March 2017.
- The previous Healthy Bucks Leaders Group had become the Accountable Care System Partnership Board in June 2017. The members of the Board include the Chief Executive of the Clinical Commissioning Groups, NHS providers and Buckinghamshire County Council.
- The group had already made good progress in joining up GP, community, mental health, hospital and social care services.
- The Terms of Reference for the Partnership Board would be agreed through the Clinical Commissioning Groups and Buckinghamshire NHS Hospitals Trust's governing bodies and Buckinghamshire County Council's Cabinet.
- The Partnership Board would only be able to undertake functions that had been delegated. The different partners' statutory functions remained and would deliver the legal obligations.
- There had been a number of achievements to date and the Partnership Board recognised that the successes had been brought about due to the relationships that had been developed and strong governance.
- There would be a need to bring regular updates to the Health and Wellbeing Board in relation to progress of the ACS as there were a number of groups undertaking different work in the system.
- A communications plan had been included in the Partnership Board's work and a Health and Social Care Integration Summit had been organised for 16 November 2017 which would bring together colleagues from the Board and 200 key stakeholders. Duncan Selby the Chair of Public Health England would be attending.

RESOLVED

The Board NOTED the report and discussed its contents and accompanying presentation.

The Chairman welcomed Ms J Bowie, Director of Joint Commissioning and Ms R Cairns, Programme Manager of Integrated Care to the meeting and they updated the Board in relation to the Better Care Fund and highlighted the following:

- The Better Care Fund (BCF) had been introduced as part of the Care Act in 2014 to align the integration between health and social care.
- The BCF budget had been further extended to include new money to be used specifically for meeting adult social care needs and reduce pressure on the NHS.
- The Board needed to be sighted to the plan that had been submitted to NHS England on 11 September 2017. The BCF had last been reported to the Board in March 2017.
- The feedback from NHS England had been positive of the local progress and specific comments made relating to particular issues had been addressed.
- NHS England had requested that the Clinical Commissioning Groups' CHC plan be attached to the submission.
- Ms Patten noted that the Integrated Commissioning Executive Team provided joint accountability and oversight of the strategic direction budget and performance of the BCF.

RESOLVED

The Board APPROVED retrospectively the Better Care Fund Plan for 17-19.

The Board AGREED to continue with the governance and sign-off arrangements in place.

10 FORWARD PLAN

Ms K McDonald, Health and Wellbeing Lead Officer highlighted the following items from the Health and Wellbeing work plan:

- Due to the items that had been discussed at the Board today the 7 November 2017 themed meeting would be changed so that the Board had the opportunity to discuss the Health and Wellbeing Board dashboard in more detail and the proposals that had been recommended from the Director of Public Health's Annual Report.

11 DATE OF NEXT MEETING

The next meeting will be held on 7 November 2017 at 2.30pm in Mezzanine Room 1, County Hall, Aylesbury.

CHAIRMAN