Agenda

Health & Wellbeing Board Buckinghamshire

Date: Tuesday 7 November 2017

Time: 2.00 pm

Venue: Mezzanine Room 1, County Hall, Aylesbury

1.30 pm Pre-meeting Discussion

This session is for members of the Committee only.

2.00 pm Formal Meeting Begins

WEBCASTING NOTICE

Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

If you have any queries regarding this, please contact Member Services on 01296 382343.

6	**HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD** **Presenter:** Dr Jane O'Grady, Director of Public Health	**14:05**	**To Follow**
7	**HEALTHWATCH BUCKS ACHIEVEMENTS 2016/17** **Presenter:** Ms Jenny Baker OBE, Chair of Healthwatch Bucks	**14.35**	**13 - 66**
8	**PHARMACEUTICAL NEEDS ASSESSMENT** **Presenter:** Mr Robert Majilton, Director of Sustainability and Transformation , Aylesbury Vale and Chiltern Clinical Commissioning Groups	**14.50**	**67 - 74**
9	**UPDATE ON HEALTH AND CARE SYSTEM PLANNING** The Accountable Care System leads will provide a verbal update at the meeting. Mr Robert Majilton, Director of Sustainability and Transformation, Aylesbury Vale and Chiltern Clinical Commissioning Group.	**15.00**	**Verbal Report**
10	**THE BETTER CARE FUND** **Presenter:** Ms Jane Bowie, Director of Joint Commissioning, Buckinghamshire County Council	**15:15**	**75 - 88**
11	**CHILDREN'S SERVICES UPDATE** **Presenter:** Mr Tolis Vouyioukas, Executive Director, Children's Services	**15.30**	**89 - 92**
12	**FORWARD PLAN** **Presenter:** Ms Katie McDonald, Health and Wellbeing Lead Officer	**15.45**	**93 - 96**
13	**DATE OF NEXT MEETING** The next meeting will be held on 7 December 2017 at 10.30am.		

REPORTS FOR INFORMATION

Joint Chairs meeting update.

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: Sally Taylor on 01296 531024, email: staylor@buckscc.gov.uk

Members

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), Mrs I Darby (District Council Representative), Mr N Dardis (Buckinghamshire Healthcare Trust), Lin Hazell, Dr G Jackson (Clinical Chair), Ms A Macpherson (District Council Representative), Mr R Majilton (Director of Sustainability and Transformation), Ms S Norris (Managing Director, Communities, Health and Adult Social Care), Dr J O'Grady (Director of Public Health), Ms L Patten (Accountable Officer (Clinical Commissioning Group)), Ms G Rhodes White, Dr S Roberts (Clinical Director of Mental Health), Dr J Sutton (Clinical Director of Children's Services), Mr M Tett (Buckinghamshire County Council) (C), Mr T Vouyioukas, Dr K West (Clinical Director of Integrated Care), Mr W Whyte and Ms K Wood (District Council Representative)

Minutes

Health & Wellbeing Board Buckinghamshire

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 Bhania (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 AGRERED 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 Widgington, General Practitioner and Ms Ruth House, Health Visitor, Perinatal Mental Health Project Manager to the meeting. Dr Widgington 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 Widgington 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

Health & Wellbeing Board
Buckinghamshire

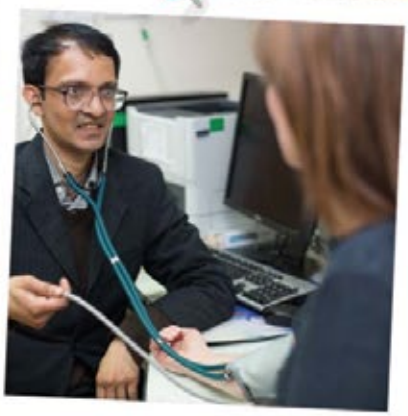
Title	Healthwatch Bucks Achievements 2016/17
Date	7 November 2017
Report of:	Healthwatch Bucks
Lead contacts:	Jenny Baker OBE (Chair of the Board of Directors)

Purpose of this report:
To update the Board on the achievements of Healthwatch Bucks during 2016/17 and strategic priorities for 2017/18. An overview will be provided on these key achievements and priorities at the meeting as well as an insight into Healthwatch Bucks' activities in 2017/18 so far.

Recommendation for the Health and Wellbeing Board:
That the Health and Wellbeing Board should note the work of Healthwatch Bucks and look to identify opportunities individually, and as a collective, for promoting and supporting Healthwatch Bucks with a view to helping to sustain its mission "to ensure that the collective voice of people using health and social care services is heard, considered and acted upon".

Background documents:
Healthwatch Bucks Annual Report 2016/17 (attached)
Dignity in Care Annual Report 2016/17 (attached)
Healthwatch Bucks Achievements 2015/16 presentation (tabled)

healthwatch Bucks



Healthwatch Bucks
Annual Report 2016/17

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

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

Contents

Message from our Chair

Jenny Baker looks back on another year of progress for Healthwatch Bucks.

Jenny Baker OBE
Chair, Healthwatch Bucks

As I look back proudly on our work over the last year I am inspired by all the hard work, enthusiasm and success.

While our service will face funding cuts in the year ahead, this Annual Report speaks for itself in giving voice to the people of Buckinghamshire.

This report highlights the very real impact on local health and care services now resulting from Healthwatch Bucks' activity.

Our vision 'that your experiences, ideas and opinions make a positive difference to the way health and social care is provided in Buckinghamshire' is at the heart of everything we do and we remain committed to delivering a local Healthwatch service that offers local people the opportunity to do exactly that.

With another year of increasing success under our belt, this report contains many examples of the excellent work undertaken.

> Our team has worked unceasingly to juggle a busy schedule of engagement, partnership work, representation and reporting.

Some of our work is also ongoing and about building relationships thus inevitably taking a little longer to mature.

But we couldn't achieve any change for local people without your voices, your views, your volunteering efforts and the important contributions of our Chief Executive, staff, directors, and partner organisations.

We also couldn't have made the impact we have without the willingness of statutory and health and social care organisations to listen, work with us and respond positively to the issues we raise on behalf of local people.

We hope you will enjoy this summary of our past year's performance and will join us in celebrating the undoubted achievements of Healthwatch Bucks.

Message from our Chief Executive

Healthwatch Bucks is making a difference in health and social care across the county.

I was pleased to take over the leadership of Healthwatch Bucks in June 2016 and to inherit a skilled and committed team of staff and volunteers.

We have successfully delivered on all the plans we outlined in last year's Annual Report and have a clear strategy to fulfil our unique role as the voice of patients and service users throughout Buckinghamshire.

> We are here to ensure that local decision-makers and health and social care services put the experiences of people at the heart of their work.

Our social marketing campaign has significantly increased awareness of what we do and has helped us attract more feedback from patients and users across a wide range of health and social care services.

Our project work has covered several different services including transport, partners' experience of birth, dentists, general practitioners and mental health peer support.

Looking ahead, we have a clear strategy to hear what people have to say and to influence policy and practice in the county.

Thalia Jervis
Chief Executive, Healthwatch Bucks

We will continue to focus our work on the services which most people use, but will also make sure that decision-makers understand the experience and needs of those groups whose opinions are not often heard. We want to ensure that as many people as possible are able to express their views about the proposed changes in the way services are delivered.

We will continue to prize our independence and run our organisation professionally and with integrity. As always, we will remain open and transparent and will welcome anyone who wants to come to one of our board meetings which we hold in public at different places across the county

Highlights from our year

We have 413 followers on Facebook – far more than any comparable local Healthwatch

Our volunteers contributed over 437 days – an increase of 53% on the previous year

Since we started we have received over 1500 comments about health & care services

Our reports have tackled issues ranging from community transport to GP waiting rooms

We've attended over 100 meetings to represent user views on health and social care

We visited and reported on 24 care homes in Bucks

Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us – both good and bad. We use your voice to encourage those who run services to act on what matters to you.

> Healthwatch Bucks is one of 148 independent local organisations set up by government to ensure that decision-makers and health and social care services put the experiences of people at the heart of their work.

Our vision

Our vision is that your experiences, ideas and opinions make a positive difference to the way health and social care is provided in Buckinghamshire.

Our mission

Our mission is to ensure that the collective voice of people using health and social care services is heard, considered and acted upon.

Our objectives

We have three main objectives:

- to **listen** to you, the residents of Buckinghamshire, so we understand what you think about health and social care;
- to **influence** the right people so that your views make a difference to health and social care services;
- to **change** for the better the way health and social care services are commissioned and delivered.

> We always ask ourselves "what difference does this make for patients and other service users?"

The way we work

Everything we do is guided by our principles. We will be:

Independent: we are independent of those who buy, design or deliver health and social care services.
Listening: we focus on understanding what your views are on health and social care services.
Active: we get out and about and make things happen.
Focussed: our delivery is targeted on our priority areas.
Balanced: we work across the health, wellbeing and social care agendas.
Volunteer based: volunteers are at the heart of Healthwatch Bucks.
Collaborative: we work with other people to extend our reach.
Sustainable: we will support our core business with additional income streams.
Signposting: helping you work out where you need to go to get the services you need.

What you told us about what you think of services

Listening to local people's views

Healthwatch Bucks has made huge strides in listening to local people.

Our website now enables everyone to rate and review services: www.healthwatchbucks.co.uk

We ran a social media campaign to raise awareness of Healthwatch Bucks and to ask for feedback. This campaign resulted in a significant increase in public awareness and participation, and has been short-listed for a national marketing award.

We have also been out and about to hear from you. We went to over 40 events and have run projects to hear the views of underrepresented groups.

We talked to mental health service users about peer support and we heard the views of young people on social media.

We worked with Healthwatch Windsor, Ascot & Maidenhead to understand patient views around discharge from Wexham Park Hospital.

We talked to over 275 people who live and work in care homes through our Dignity in Care project.

> By the end of December 2016, we had received over 1500 pieces of feedback on over 170 named services.

We got the most comments about:

Appointments: 63% of our feedback is negative with a focus on the way appointment booking works.
Quality of treatment: 68% of our feedback is positive – you appreciate your care professionals.
Staff attitudes: 62% of our feedback is positive, although 31% of feedback shows you do encounter unhelpful staff.
General compliments: some people just tell us they like the services they get generally. We received more than 150 comments like this.
Waiting times: the fifth most common area with most of the feedback being negative.

What we've learnt from visiting services

We have used our Enter and View powers to visit 24 care homes to look at whether residents were being treated with dignity. After each visit we make recommendations about how their services could be improved.

We have prepared two good practice guides – on meaningful activities in care homes and on the use of visual cues. We have prepared an overarching report which has been sent to Buckinghamshire County Council.

> "I decided to volunteer as the Dignity in Care project seemed so valuable. Visiting residential and nursing homes unannounced is a useful way of highlighting issues and good practice."
>
> Joy Johns,
> Healthwatch Bucks volunteer.

We also visited 47 GP surgeries to look at their waiting rooms and find out how easy it was for patients to find information.

We wrote to each GP practice visited with recommendations about how they could improve the waiting room for their patients and published a good practice checklist for GPs to use on an ongoing basis.

Helping you navigate local services

We help you find the information you need to find the right care

We know that getting the right care can be complicated, so we have different ways to help you.

Our telephone line: We speak to people and offer help and advice where we can, we direct them to our partners when they need specialist or one-to-one support.

Our website: we have a special section on our website which tells you who to talk to about what. We have added a directory of services for young people with mental health conditions. Over 120 people have visited it so far. We produced a true story film to go with the directory – Abbey's story was about her friend Ben who lived with a mental health condition.

Our email address: we also respond to queries via email – so get in touch at **info@healthwatchbucks.co.uk**

We provide information to help you find the right care

Our Dignity in Care reports: we visited 24 care homes in Buckinghamshire last year. If you are looking for a care home for you or a loved one, our reports will help you decide on the right one.

> "For me, the experience showed that the Dignity in Care project really is working in the community. The information on the website was easy to access."
>
> Member of the public

Our Guides: sometimes making the most of an appointment can be difficult but getting your message across is important if you are going to receive the care you need – so in March, we published a very short guide to help people when they visit their GP.

Our staff team (from left to right): Thalia Jervis, Phil Thiselton, Alison Holloway, Belinda Burke, Karmen Ivey and Helen Smith

We help improve the information available

We knew that sometimes it can be difficult to work out what NHS services a dentist delivers so we phoned every dentist in the county to find out what they offered, and compared this to the information on their website and on other websites such as NHS Choices.

We discovered that it is not easy to find accurate information about NHS Dental Services and have told each practice individually what they need to do to update their information.

We have also been working with GPs to help them improve the information available to patients in their surgeries and on their websites.

How we have made a difference

How your experiences are helping influence change

We work hard to make sure that what we do has an impact. We always ask ourselves "what difference does this make for patients and service users?" We know that our reports have brought about change. This is some of the work we did this year.

Dentistry

We told Buckinghamshire County Council and NHS England, South Central Commissioners about the findings of our survey of 77 dental practices in the county.

We asked the Commissioners to follow up on our findings that information about NHS services was often inaccurate or not up-to-date. We also contacted each dental practice to tell them what they needed to do to provide more useful information.

Our report also contributed to the national Healthwatch England work on dentistry to improve communication with patients.

We will want to make sure that, in the future, NHS Choices has correct information about dental services.

General Practitioners

We visited GP waiting rooms to see if we could find information easily. We also checked the websites and out-of-hours telephone messaging system of all GPs in the county. We found lots of examples of good practice.

We wrote to all 52 GPs with their results in February. So far twenty of them have got back to us.

Patient Participation Groups

We have entered our second year of working to support the development of Patient Participation Groups (PPGs). These groups are a valuable way for GPs to hear what their patients think.

We have focused on helping surgeries where the patient group is at an early stage in development.

We have also worked to build the strength of the PPG network across Buckinghamshire. That's why we ran a workshop to help set up area networks so that patient groups can help and support each other. Two patient group networks have been launched so far.

> "Healthwatch Bucks have played a crucial role in developing and supporting PPGs. They are now building self-sustaining PPG networks."
>
> Paul Henry,
> Chair CCG ESG

Dignity in Care

We visited 24 care homes to ensure that they treat their residents with dignity.

We have followed up with the care homes to establish what they have done with our recommendations. Fourteen got back to us with progress reports.

These included updates telling us that they now:

- make pureed food more appetising by using piping techniques
- publish a weekly activity schedule in word and pictorial format
- use pictorial menus for residents
- make daily activity schedules available with menus on the dining room tables
- make subtitles available on some TVs
- use liquid level indicators that attach to teacups for residents with a visual impairment.

The Quality in Care team at Buckinghamshire County Council built on our recommendations around meaningful activities for residents by creating a workshop on Person-Centred Activities.

They have also followed up our recommendation to support those with macular degeneration by adding a study day on Sight Loss Awareness to their training directory.

> "The independence and lay perspective brought by the Healthwatch volunteers is important to the CQC."
>
> Daniel Lloyd,
> CQC Inspection Manager

Care Quality Commission

We know that the Care Quality Commission listens to what we say and encourages people to look at the feedback on our website.

They make use of our Dignity in Care reports and consider comments on our website when planning their inspections.

Healthwatch England

We share all our information with Healthwatch England and have fed into their reports on Dentistry, Dementia Services and Social Care Assessments.

We have been active across a number of Healthwatch England reference groups, including those for Research and for the development of the Customer Relationship Management System.

Working with the community

Jenny Baker, Chair of Healthwatch Bucks, is our statutory representative on the Health and Wellbeing Board where leaders from the local health and social care systems come together.

One of our directors asked them for clarity on the funding arrangements for the Disability Support Grant which was reinstated in full.

Volunteers are essential to the way we work and help us in many different ways:

Making decisions and providing insight:
our Board and Advisory Panel lead on planning and decision making.

Enter and view:
our trained volunteers visit and review local health and social care services throughout the county.

Engagement and delivery:
our volunteers represent us at events and meetings and provide specialist support to some of our projects e.g. by running workshops and providing data analysis.

> "I was struck by the fact that Healthwatch Bucks was going to listen to people, take note of their comments and do something about them."
>
> Elizabeth Abbott,
> Volunteer and Vice Chair
> of the Local Eye Health Network

Representation:
we are represented by our volunteers on local boards and partnerships including:

- Local Eye Health Network
- Bucks Adult Safeguarding Board
- Quality and Performance Meeting
- Transforming Care Partnership
- Bucks Local Pharmaceutical Committee.

We have been increasing the number of volunteers and have recruited several new roles, including a Healthwatch Bucks photographer and a sustainability expert.

Further growth in our team of volunteers will continue to be a priority.

Healthwatch Bucks volunteers take a break in a meeting with the staff team

Making people's voices heard

Case Study 1: Abbey's story

Abbey featured in our video about her friend Ben, a young man with mental health issues.

Abbey told us how difficult it was for young people who had a friend with mental health issues to understand what was happening and reach out for support.

We worked with her and talked through her experiences with her friend Ben. Ben was a talented young man whose mental health issues ultimately resulted in him taking his own life.

We created a film about Abbey and Ben's story. In it, Abbey explains how things might have ended differently but for so many ifs:

If things had been done differently
If help had been available earlier on
If she had known what to do to help him

We showed their film at our public board meeting and extensively through social media.

After helping Abbey to tell her story we put together a mental health directory to enable young people and their friends and families to access help more easily. More than 170 people have accessed that information.

We are also working with Bucks MIND to ensure that our directory is incorporated into their guide for mental health services for Buckinghamshire. Mental health remains a top priority for Healthwatch Bucks as an organisation.

You can see the true story of Abbey, Ben, and his mental health illnesses at *https://www.youtube.com/watch?v=cqMLMpg00bg*

Case Study 2: Dignity in Care Meaningful Activities

A great example of activity planning in one of the care homes we visited.

When we visited care homes as part of our Dignity in Care Project, we talked to residents and staff; it became clear that there was an opportunity to do more to make life more meaningful for individuals.

We not only shared this information with those in charge of funding places in care homes but also published a good practice guide on meaningful activities. This highlighted some of the great work we had seen in care homes to enable each resident to lead as fulfilling a life as possible.

We went back to the care homes who attended the workshop to find out what they had done differently as a result.

Care homes told us they had made lots of changes including:

- Engaging with the local library and setting up a reminiscence box activity for their residents.
- Making links with some other homes local to them and networking with managers there.

> "We had a lunch meeting where we shared ideas."

- Holding a Christmas bazaar for the first time at the end of November.
- Having a local school with 30 children visit for the first time.
- Having about 20 twiddle muffs knitted for residents by the local knit and natter group.

Our plans for next year

What next?

We are clear about our priorities and plans for the year beginning 1 April 2017.

Our priorities for 2017 – 18 are:

- **Mental Health and Wellbeing**
- **Prevention and Primary Care**
- **Transition to and within Social Care**

These priorities will guide all aspects of our work which will include:

- Engagement with those groups who are under-represented when opinions are sought or decisions made.
- Staying involved with key healthcare developments that will affect the lives of people in this county.
- Attending the most important meetings where the future of health and social care is discussed and where we hear about how services are performing.

Our projects

At our Board Meeting in Public in March 2017 we agreed an ambitious but realistic programme of projects for 2017–18 over and above our ongoing work in listening, signposting and bringing issues to the attention of those responsible for our health and social care services.

We'll be following up on the work we have done in previous years and completing reports in progress at the end of March 2017 on access to services for those with learning disabilities and those with hearing loss. We will also continue to visit and report on care homes until the Dignity in Care funding ends on 31 October 2017.

In addition, our new projects include:

Change in the health and care system: to ensure that patients and service users have a voice in the changes to services proposed in the Sustainability and Transformation Plans for the county.

Dignity, respect and self-harm: to look at the experiences of adults who have self-harmed, during treatment at primary and urgent care services.

Community pharmacies: to find out what people know about what they offer and to understand why people access different services.

Telecare: to learn about the experience of telecare from those who receive it.

Access to doctors: to what extent are people of no fixed abode able to access GP services?

Hospital pharmacies: using our right to Enter and View to understand patients' experience of Stoke Mandeville hospital pharmacy and make practical recommendations.

Patient Groups: to engage with Patient Participation Groups to create an additional route for gathering patient insight for the health and social care system as a whole.

Future funding: we need to find new ways to generate funding so that we can continue to improve the range and quality of services we provide.

Our people

Decision-making

> Healthwatch Bucks holds all Board meetings in public. Each meeting focuses on a particular priority area followed by a decision-making Board Meeting.

In order to prioritise issues for the Board Meetings we also have a Chief Executive's Advisory Panel.

This panel of volunteers takes the evidence collected by Healthwatch Bucks and acts as an advisory group to help focus on key issues to be presented to the Board for final decision-making.

The Board and Advisory Panel are made up of volunteers with a wide range of background experience.

Using this process, we are able to link the feedback we receive on a day-to-day basis through to the prioritisation of our work programme.

Our professional team

We have a small staff team, supported by a large and growing number of volunteers.

Our professional team of two full-time and four part-time staff members is based at Monks Risborough and is led by Chief Executive Thalia Jervis who took over the leadership in June 2016.

Thalia is supported by Phil Thiselton, Head of Research and Intelligence; Karmen Ivey, Communications and Engagement Lead; and two Project Managers: Alison Holloway and Helen Smith, who is replacing Victoria Young whilst she is on maternity leave.

Our Administrator Bill Dempsey, one of the founder members of the team, retired in March 2017 and was replaced by Belinda Burke who joined us in May.

Board and Advisory Panel

Volunteers carry out a wide range of different roles in Healthwatch Bucks. Policy and direction are set and overseen by a Board of Directors, led by Jenny Baker OBE who has completed three years as Chair.

The other members of the Board are:

Shade Adoh, Barry Clarke OBE, Graham Faulkner, Nicola Grimshaw, Jo Fairley, Howard Mordue, Chris Purves, David Pugh, Jackie Westaway and Katharine Woods.

Our Advisory Panel members in 2016/17 were:

Janice Campbell, Graham Faulkner, Ron Newall, Barbara Poole and Deborah Sanders.

Volunteers

Directors and Advisory Panel members also carry out programme work along with other volunteers including those who have been trained to Enter and View health and social care facilities:

Elizabeth Abbott, Liz Baker, Jean Button, Jenny Cassidy, Sheila Cotton, Pauline Garmon-Jones, Joy Johns, Janice Milsom, Alison Lewis, Diane Rutter, Deborah Tymms, Judith Vivis, Judith Young.

How we involve the public and volunteers

We aim to involve the public in all stages of our work. Our agenda is driven by the 'voices' we receive and the recommendations of our Advisory Panel.

We make all key decisions in public and aim to be fully transparent by maintaining a commentary of our activities through social media. Our Twitter feed offers a timeline of activity during the year.

Our finances

The table below shows the provisional position for year-end 2016/17 with a surplus of £29,043 in line with Board expectations. At the year-end, this was committed to contingency provision and project spending and carried forward into 2017/2018. The summary information from the full financial statements is subject to audit and approval by the Board of Directors in September 2017.

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	200,000
Additional income	34,636
Total income	234,636

EXPENDITURE	
Operational costs	83,988
Staffing costs	160,540
Office costs	26,966
Total expenditure	271,494
Balance brought forward from 2015/16	-65,901
Balance carried forward	29,043

healthwatch Bucks

Contact Us:

Address: Healthwatch Bucks
6 Centre Parade,
Place Farm Way,
Monks Risborough,
Buckinghamshire HP27 9JS

Phone number: 0845 260 6216
Email: info@healthwatchbucks.co.uk
Website URL: www.healthwatchbucks.co.uk
Twitter: @HW_Bucks
Facebook: HealthwatchBucks

Governance:

Healthwatch Bucks Ltd. is a company (Registration number 08426201) which is a wholly owned subsidiary of Community Impact Bucks, a Charity (Registration number 1070267).

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, Care Quality Commission, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and Buckinghamshire County Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

Dignity in Care Annual Report

Enter & View Visits to Adult Care Homes

April 2017

What was the project about?

We wanted to talk to those who live and work in care homes about whether they felt that dignity was at the forefront of life.

> *Dignity in care means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference. Or, as one person receiving care put it more briefly, 'Being treated like I was somebody'*
>
> **Policy Research Institute on Ageing and Ethnicity/Help the Aged, 2001**

Our project manager, along with a team of volunteers, looked at dignity from a lay person's point of view and observed and listened to what dignity meant to different people and how it could be improved.

Why did we do the project?

Healthwatch Bucks were commissioned by Buckinghamshire County Council to report on the way dignity is considered in Buckinghamshire adult care homes between April 2016 – March 2017. We looked to:

- give service users and their carers a voice about their views and experiences of dignity
- make recommendations for improvements and highlight good practice
- publicly share information to help people make choices about the care they may need

What did we do?

We made 24 unscheduled Enter and View visits to individual care homes looking to evaluate Dignity in Care across 5 categories – how people are treated, personal choice, like being at home, privacy and personal choice.

Each care home received a letter, giving up to 14 days' notice of our intention to visit, but not the date or time. We spent up to 2.5 hours observing what when on and talking to staff, residents and carers about dignity in care. Overall we spoke to 275 individuals and observed nearly 400 residents, staff and visitors; without our visits some of these residents, especially those who receive no visitors, may not have had this opportunity. After the visit, we wrote an individual report on each care home, which normally included a set of recommendations. This

was then sent to the care home manager, who had the opportunity to provide a response to our recommendations prior to publication. The report was then published on our website. At the end of the year we followed up with each care home to find out what had changed as a result of our recommendations.

Individual care home reports can be read here: http://www.healthwatchbucks.co.uk/dignity-care-reports-0/. More details about the project can be found in Appendix 1 and a high level summary of each report, individual recommendations and subsequent action by each care home in Appendix 2.

What did we discover?

This section looks at our findings against each of our report categories in turn.

Overall

Our observations were generally positive:

- 70% of the care homes visited were rated 4 and 5 stars, with the rest receiving 3.
- No challenging behaviour was seen or issues raised necessitating any calls to the Adult Safeguarding Board.
- There were some excellent examples of dignity in care which are reflected in the sections below.

We did also find some poor examples – these were often linked to low staff numbers, a high proportion of agency staff who did not know the individuals in the care home, or a lack of knowledge or interest in maintaining individual's independence or self-esteem.

Key findings about how people are treated

- Many staff are relaxed, confident and gentle, knowing residents' names and all about their lives. We heard staff explain what would happen next and ask individual's opinions as well as checking residents were comfortable.
- Many homes have residents' and relatives' meetings with staff and the manager.
- However, sometimes, in certain units, we heard and saw no interaction between residents and staff and in others little interaction.

Key findings about personal choice

- Most care homes allow residents to spend their time wherever they would prefer to be including where they would like to eat their meals.
- Some homes have an extensive range of options especially regarding how individuals can spend their time. Others have few or no options and in several homes, we were told there were meal options but menus either showed no alternatives or residents said there were none. Access to a range of drinks was an issue in some homes.
- Several homes did not display enough pictorial options to empower those living with dementia, acquired brain injury, sight loss or learning disability. For example, written menus were available for relatives to read but did not aid the independence of some of the residents.

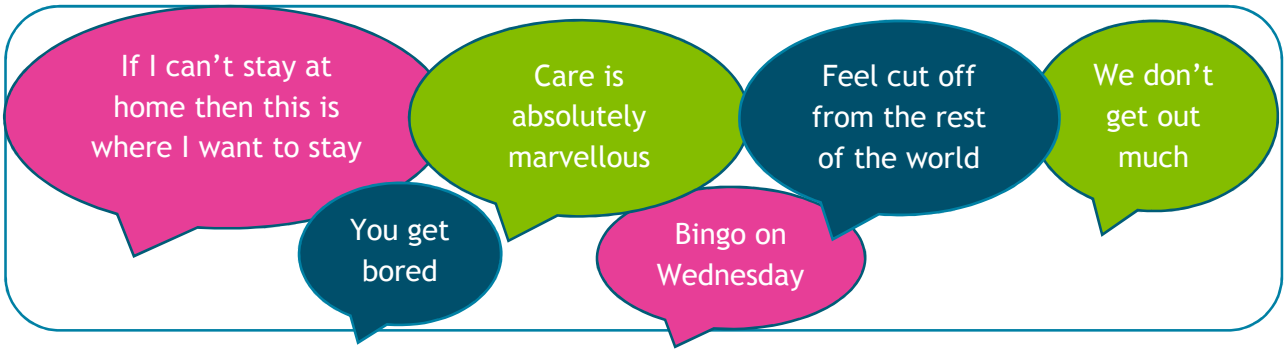
Key findings about just like being at home

- Overall, we found homes clean, tidy and well decorated with nice outdoor spaces.
- All allowed relatives and friends to visit when they liked.
- Many residents living with a learning disability often went out of the homes to day care centres. However, in several homes where older people lived, some residents were totally dependent on visitors and/or taxis to take them out. This was often impractical if they needed a wheelchair so the residents became house bound.
- Some care homes embrace the involvement of residents in everyday or past activities like laying the table, baking, gardening etc. whilst others seemed to find this too time consuming or are too risk averse.

Key findings about privacy

- Personal care took place behind closed doors.
- Staff asked residents to accompany them to their rooms if they wanted to discuss something in private.
- Overall, staff remembered to knock on doors and wait for an answer before entering.
- Most residents told us their privacy was respected but some felt they had no privacy.

Key findings about quality of life



- Many homes seem to depend on activity coordinators doing all the activities rather than just coordinating them. This was a problem where the post was empty or only filled part-time. Some care homes had no activities going on when we visited and some seemed to have very little to stimulate individuals on a weekly basis.
- Whilst some residents wanted to keep to their own company and others such as those who were bed-bound could only manage one to one activities, many residents we spoke to wanted more going on. We recommended 11 care homes increase the range of activities on offer.
- However, some care homes are very creative e.g. an impromptu campsite set up in the foyer, wedding day photo noticeboards to encourage conversations amongst residents living with dementia, bringing in local community groups.
- Most care homes had visiting opticians and GPs but accessing NHS dental care for some residents was difficult either because of financial issues such as paying for transport or because they are house bound.

What has been the impact of these visits so far

Over the last 12 months, change has already occurred because of our recommendations.

What we've done

- We have written and distributed copies of two good practice papers "Deciding for Yourself" (using cues to help care home residents retain independence) http://www.healthwatchbucks.co.uk/2016/09/deciding-for-yourself/ and "Maintaining Self Esteem" (using meaningful activities to promote the health and wellbeing of care home residents) http://www.healthwatchbucks.co.uk/2016/11/good-practice-guide-meaningful-activities/.
- Having been told of activity coordinator posts being empty or staff off sick, we held a networking event on meaningful activities to support care home activity coordinators (Oct 2016). "I am going to encourage & concentrate on care staff moving away from tasks" (attendee)
- We facilitated a workshop for care home staff working with residents who live with complex needs. Attended by 25 staff from 18 care homes, 86% of them said they would make changes because of the workshop. "Thank you for hosting the meaningful activities workshop. I think we all had a great day. We went away with lots to think about and it was nice to meet other people who are like minded"
- Copies of our reports have been sent to 38 GP surgeries across Buckinghamshire. We have also spoken at Carers Bucks Hub meetings and on Wycombe Sound.

What care homes have done

- Most care homes appreciate independent visitors trying to help them improve their service: "We would like to thank Healthwatch for their tactful and respectful approach with our residents and can say that it was not an intrusive process and very helpful."
- Some have made significant changes because of our reports (Appendix 2), for example:
  - ✓ 4 homes have introduced pictorial menus and 2 others pictorial weekly activity charts to aid those who cannot, or can no longer, read.
  - ✓ 2 care homes have improved access to drinks between meals and 1 has improved the appearance of pureed foods
  - ✓ 4 care homes are now engaged with third party groups such as Bucks Vision to enable residents to lead a more fulfilling life
  - ✓ 4 new activity coordinators have been appointed
  - ✓ 2 care homes are considering ways to finance a minibus
  - ✓ 2 care homes have redecorated parts of their buildings
- Changes are more far reaching than just one year. Avondale care home was visited in July 2015 "Since our visit we have implemented a sit and see service, where once a month one of our relatives, who is a trained sit and see volunteer in the hospital, visits a unit and observes care in relation to dignity and respect; so continues the great work started by Healthwatch Bucks." (Shaun Canavan, manager)

What others have done

- The Quality in Care team at Buckinghamshire County Council have, this year, added a workshop on Person-Centred Activities and a study day on Sight Loss Awareness to their training directory

- Members of the public have told us how our reports have helped them find suitable care for their loved one. “For me, the experience showed that the Dignity in Care project really is working in the community. The information on the Healthwatch Bucks website was accessed easily by everyone. Also, knowing that volunteers, with no specific care home expertise or agenda, had visited (x care home) and written an informed, but impartial report, was a valuable addition to the more formal CQC reports.”
- “The CQC really appreciate the dignity in care reports produced by Healthwatch Bucks following their visits to local care homes. The reports offer a valuable additional source of information for us, as well as for those looking for care homes, and we make use of them as part of our scheduling and inspection process. The independence and lay perspective brought by the Healthwatch volunteers is important to CQC.” (Daniel Lloyd, Care Quality Commission Inspection Manager)
- More relatives are feeding back their experiences about care homes on our website

What our volunteers say

- “What I like about being part of the DIC project is that it is interesting but also the training is good and there is a real sense that we should be continuing to widen our horizons/learn”
- “In anticipation of my retirement I began to think about what area of meaningful and interesting work I could do. I was struck by the fact that Healthwatch Bucks was going to listen to people, take note of their comments and do something about them. Happily, I was accepted as a volunteer and joined a group of enthusiastic and very supportive staff and volunteers. The projects I have been involved with have been rewarding and interesting and have given me a greater understanding of issues faced by people in all walks of life. It has been and continues to be a role I value and very much hope I can do more in the future.”

Our recommendations

Each care home has been given its own set of recommendations based on what we saw and / or heard. The action taken because of these, can be seen in summary in Appendix 2.

However, there are also some areas where we believe improvements could be made across several care homes. To improve the dignity of those living in adult care homes, we would recommend all care homes:

1. Adopt a culture of collective responsibility for residents living a meaningful life whilst living in any care home. It should not just the responsibility of the Activity Coordinator to provide meaningful activity within a care home but part of the mindset of all staff.
2. Ensure residents are involved in the care home in small ways such as laying the table but also in more wide reaching ways such as being actively encouraged to lead residents’ meetings and feel their involvement is welcome, needed and helpful in all areas.

We would also recommend that Buckinghamshire County Council:

1. Creates more opportunities for care home staff to network on particular topics in medium size groups. When asked what an activity coordinator was going to do following our meaningful activities workshop, one piece of feedback was “Network more, be less risk averse, be more creative and work with staff to be less helpful”. After our workshop on the same subject another activity coordinator said it was “nice to talk to others who are working

for different companies" Networking enables staff to bounce ideas off others, challenge thought and practice as well as reinforce when they are doing a good job and where they could improve.

2. Compiles a directory of third sector and other groups who can offer support to care homes e.g. Bucks Libraries who lend books and reminiscence boxes, the local Macular Society groups, Bucks Vision etc. as we frequently recommend care homes contact a similar set of community and support groups.
3. Produces a guide for those looking for care, including the process of what to do and what to look for including signposting to our Dignity in Care reports, Age UK, Alzheimer's Society etc. Independent Age found that "(22%) of all British adults say they wouldn't know where to look first if they needed to find information on a care home. … Not knowing where to start can increase the pressure even more at a time when other parts of the health and care system are expecting families to make a speedy decision."

What are we doing to ensure these are delivered?

We will:

- Follow up with care homes we have visited recently by 30th June, to see what action has been taken because of our reports.
- Continue to write good practice papers and organise networking events and training opportunities where we identify a need
- Send our recommendations to Buckinghamshire County Council and work with them to ensure actions are taken

Appendix 1 - More details about the project

We visited 24 adult care homes across the county, which provide care for individuals with learning disabilities and/or epilepsy (5), acquired brain injury (1), and others providing residential (6), or nursing (12) care for older people including those living with dementia. Over the year we spoke to 137 residents, 32 visitors and 106 staff and observed further 262 residents, 13 visitors and 112 staff.

On arrival, we asked to see the person in charge before we spoke to anyone and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. Between 2-4 authorised representatives observed and talked to residents, visitors and staff and at the end of the visit, we asked any questions if a senior member of staff was available. We have ensured that views have been reported anonymously and where this was not possible we have not included the response in any report. We only report what we see or hear during the time of our visit and no CQC or other reports are read prior to any visit. Following the visit, the draft report was sent to each provider and their comments included in the final report. For all homes visited in 2016, we have also asked for further feedback to highlight what changes have been made subsequently.

Out of the 24 care homes visited, we found:

	3 star		4 star		5 star	
How People are Treated	6	25%	12	50%	6	25%
Personal Choice	10	41.5%	10	41.5%	4	17%
Just Like Home	10	41.5%	12	50%	2	8.5%
Privacy	3	12.5%	11	46%	10	41.5%
Quality of Life	9	37%	11	46%	4	17%

- The best performing categories, we found, were Privacy and How People are treated
- However, there are opportunities for improvement in Personal Choice, Just Like Home and Quality of Life. Sometimes there was little evidence seen that individuals were being encouraged to participate in the life of the home and little thought was being put into how to improve the self-esteem or independence of individuals.

Acknowledgements

We would like to thank all the residents, their visitors and staff in every care home we visited for sharing their experiences of care with us and allowing us into their home. Our thanks also extends to the 13 Enter and View volunteers for their time, thought and all their hard work on this Dignity in Care project.

Appendix 2 – Summary of Findings, Recommendations and Action Taken to Date by Care Homes

Care Home & date visited	Findings	Recommendations	Immediate Impact (Manager's response often précised)	Further Impact 6 months on (Manager's response often précised)
Ashley Drive 01.08 & 19.08.16	★★★★ -empathetic staff and good eye contact -good range of activities in the community and a sensory room in the care home	-encourage visits from organisation such as Pets as Therapy -explore ways of attracting more permanent staff and reduce the use of agency staff	"… have successfully recruited two full time staff … and will continue to actively recruit candidates with the right attitude and skills … We had not previously considered 'Pets as Therapy' or similar … but are happy to trial this …"	"We discussed Pets as Therapy at a families meeting and … are now on the waiting list. We have recruited 2 full time support workers and are waiting for their recruitment checks to be completed so that we can arrange a start date. One of them is already doing bank shifts with us."
Burnham Lodge 26.05.16	★★★★★ - long term staff interested in working as a team with each other and the residents -extensive activities which were integrated into the fabric of the day	- recruit volunteers to help residents go out more - contact groups that are knowledgeable about visual impairment e.g. Bucks Vision, the Macular Calibre Audio Library etc. - switch on speaking subtitles on TVs in bedrooms where residents have any visual impairment	"Thank you very much for the fantastic report we received from Healthwatch. The staff are well pleased about the report and we will continue to work hard to preserve and maintain the dignity, individuality and privacy of all our residents. Once again, thank you so very much!"	"Someone (from Bucks Vision) will be visiting the home within 2- 4 weeks … to see what support and equipment is needed… We have (put) subtitles on TV's of the residents who agreed to have this done. I have also contacted RNIB for products that we can purchase for our residents who are visually impaired and have purchased a liquid level indicator that is attached to the resident cups of tea. We have recruited another activities coordinator…".
Ceeley Road 25.07.16	★★★★ -good variety of opportunities at the weekend and at the MacIntyre Lifelong Learning Centre -only one staff member left to look after four residents	- has more staff on duty to enable more one-to-one interaction with those residents not out at the Lifelong Learning Centre - recruits volunteers to help free up staff time -have a pictorial weekly menu	"The people we support have been assessed for their support needs and funding agreed to support the assessment… We shall explore the use of volunteers as suggested."	"…MacIntyre has worked closely with local agencies to ensure that we support vacancies with consistent agency staff in order to lessen any anxiety… Senior staff ensures that staff are engaging with the people they support to involve them in daily tasks therefore improving group interaction and

	as well as prepare food, amongst other tasks.			increasing independence skills…. We are working with our Interaction team to identify a range of methods that will aid the people we support to choose and recognise daily/weekly meals and menus."
Chandos Lodge 28.02.17	★★★ -well meaning, busy staff who seemed to have little time to interact with residents beyond their physical needs - few activities	-ensures new staff are quickly aware of the wide-ranging needs of their residents to avoid upset -shows a lunch menu (inc. pictorial one) with more than one option. -serves tea in china cups / mugs wherever possible -invests in fiddle muffs and boards … as well as reminiscence boxes and other activities for those living with dementia -encourages all staff to engage with residents in activities such as dominoes, board games or cards -encompasses the community more in the home	No comments received	
Freemantle Court 19.01.17	★★★★ - in most areas, staff treated residents as equals although we observed no interaction initially in the dementia nursing unit -very relaxed, friendly atmosphere and a willingness to help -a range of activities in the home but limited	- in the dementia nursing unit, ensure staff interact with residents, appropriate activities occur (borrowing reminiscence boxes from Bucks Libraries, getting more fiddle cuffs and fiddle boards and more exercises and singing) and drinks are easily accessible	"We … intend to buy some more coffee tables … so that drinks are more easily accessible. We will also be getting some more activity items that are suitable for (those living with dementia). Also we have taken up a place on the Healthwatch training in meaningful activity provision and 2 of our activity staff will be starting the BTech in Activity	

	opportunities to go into the community	-reduces the room temperature -schedules more activities on 1st floor & ensures residents are aware that they can move floors using a walker and don't always need to be moved by wheelchair. -books the minibus on a regular basis more trips into the community	Provision in March. We have also just taken on a 3rd activity organiser and we plan to reorganise activity provision which will mean that more is available on the first floor. However it is worth noting that all residents are offered and encouraged to attend activities where ever they are provided and on the day that Healthwatch visited there were 5 residents from the dementia care nursing wing in the activity downstairs…Our activity organisers also visit people in their bedrooms in between activities … When we now book an entertainer in they do their act both downstairs and upstairs … The temperature may seem too warm for visitors but there are individual thermostats on every radiator so people may choose to have the temperature they prefer in their own rooms…Considering the frailty of most of our residents, it is not always practical to take people out into the community so we encourage the community to come into the home …Our residents are consulted regularly, both individually and through meetings, about all aspects of their daily lives and we strive to act on their wishes. If outings are requested we will do our best to accommodate this. We	

			would like to thank Healthwatch for there tactful and respectful approach with our residents and can say that it was not an intrusive process and very helpful.	
Greene House 30.08.16	★★★★ - a relaxed staff who interacted well with residents -support was given where needed but independence was also encouraged	-gives additional dignity and respect training to agency staff -clean the easy chairs in the lounge / diner and replace any torn tablecloths -encourage more of the residents to participate in activities	No comments received	In-house dignity in training was attended by two staff identified as dignity champions… New tables cloths bought in Sept. For one resident, whose relatives live a long way away, staff arranged to share the drive to enable them to spend Christmas away from Greene House. At the beginning of 2017, each resident will be asked what they would like to achieve in the year, and staff will identify how they can support them to achieve this.
Hamilton House 25.04.16	★★★★ -a generally pleasant care home where residents said they were happy to be -whilst residents were encouraged to be mobile, there seemed to be little to maintain independence in other ways. -a limited range of activities and food which appealed to some but not all	- ensures the lift is more reliable to allow residents to access services easily - looks at resident's hobbies & aligns activities with these - looks into arranging baking sessions, planting seeds indoors, etc, so residents might feel more involved in the life of the home - recruits volunteers in Buckingham to befriend residents - reminds residents on a periodic basis of activities such as worship, exercise etc.	"Thank you for our Dignity in Care report … It is always helpful to have another pair of eye looking at our home to help us improve… Our residents will certainly be involved in the garden and we have plans to start a herb garden in the conservatory…. We do have a mini bus and trips have been arranged…. our activities co-ordinator … takes them into the town centre for tea, just a look around, bit of shopping. With regards to the lift. We had problems with the lift in Jan /Feb. These have all been resolved. We had a temporary stair lift for emergencies which	No response received

		- ensures leg bags and the like are discretely hidden when individuals are seated	the residents didn't like; understandable..."	
Hampden Hall 20.12.16	★★★★ -a good number of staff present who seemed to have a good rapport with residents -many of the more able residents really enjoyed the activities they had done when they were young e.g. cooking, shopping etc. -the absence of a minibus restricts residents' ability to leave the home	-encourages more staff interaction with residents -ensures chilled water is available in the lounges as well as squash -encourages those who are able to participate more in their home and maintain their independence. -contacts Bucks Libraries about borrowing reminiscence boxes -supplements their dementia resources with 'fiddle trays' & specifically designed board games to stimulate conversation with those living with dementia -invests in a minibus to enable more residents to go out. -phones CIB about community transport schemes -replaces written menus with pictorial ones where residents live with dementia & puts up pictorial weekly activity schedules on the two lower floors. -continues to build their relationships with local Scouts, Girl Guides, to enhance local community involvement	-staff were helping residents wash & dress at 10.30am but were engaged with residents 2 hours later - we have reminded staff to offer water alongside squash - ground floor residents have responded well to participating in simple domestic activities. - we are enquiring about reminiscence boxes - mini bus provision will be discussed with the directors of Westgate Healthcare Transport schemes – email from - Community Impact Bucks say only RVS could help with transportation in volunteers' cars. -pictorial folders of menus are held on each floor & pictorial weekly activities schedules are now used on all units -we will continue to build on relationships with the community, and act upon relatives and visitors suggestions -there are singing activities weekly on the ground floor. We will explore more movement and musical options.	

		-increases activities e.g. singing, chair based exercise and walking		
Hazelmere Lodge 29.11.16	★★★ -experiences of dignity in care seemed to be inconsistent across units -wide range of meaningful activities available although not everyone seemed to know about all of them	- puts up written menus in every unit and picture menus where residents live with dementia -ensures lounge chair cushions, perhaps cleaned by night staff, are put straight first thing in the morning - remind residents about activities close to when they are about to occur and which floor - encourages all staff to interact actively, not just reactively, with residents - ensures all toilets have accessible emergency pull cords - makes use of the reminiscence resources at Bucks Libraries - reminds those who have difficulty with their sight that they might be able to read on a tablet where print can be enlarged, subscribe to Talking papers and/or Calibre Audio Library or borrow audio books from Bucks libraries	-we have reintroduced weekly written menus on dining tables but have found pictorial menus were not very successful in the past - we will distribute monthly activity programmes … along with the monthly Hazlemere newsletter - night staff are now placing cushions back on the chairs when dry - staff have been asked to be extra vigilante regarding drinks being available day and night -pull cords are in place for all communal toilets - residents are invited to discuss any concerns, (including menus,) at residents' forums and are allocated individual keyworkers - we have discussed with staff the importance of positive interaction with residents and have reminded them of the "Butterfly Approach" (dementia training). - we will encourage staff to seek further resources from the Bucks libraries	
Hillside 20.09.16	★★★ - some residents are very independent and involved in the home but others seemed disengaged	- reinforces training about privacy and involving residents in any decisions made about them	- Chiltern dial a ride stated that they do not cover Aylesbury; (CIB) also stated they could not support us	The home … are looking in to fundraising options for (a minibus)… Since December, 3 full time & 1 part time nurse have been recruited, 9 full time care assistants

	-good ratio of staff to residents and we found them very welcoming -a wide range of activities were occurring but no outings, organised by the home, especially for those needing wheelchair assistance	- purchases a minibus and trains volunteer drivers to enable trips outside the home to occur on a more frequent basis - investigates hiring Chiltern Dial-a-Ride minibus and driver at weekends for trips and Community Impact Bucks regarding any community transport schemes in Aylesbury -ensures the home's PC's can access the internet and encourage wider usage of I-pads and other computer tablets - ensures everyone is aware of wifi access across the home - looks to all avenues to advertise volunteer opportunities e.g. for befrienders	- Residents' meetings are advertised in advance and minutes shared with those unable to attend - staff have been reminded about the importance of appropriate communication and demonstration of dignity and respect - we do not force residents to go back to bed, we appreciate that not everyone enjoys care being provided but often understand the need for it. - The home's WIFI is accessed by a range of people and residents are made aware of this on admission.	and 1 bank care assistant are at varying stages of background checks… (Many) residents have previously (declined to) sit on interview panels… Residents remain involved in the staff probation reviews. Communication … remains at the forefront of any staff meetings and is raised as a regular point with senior staff to share within supervision. Residents continue to be offered a choice, staff are reminded that … if a resident declines a particular element of their care then staff honour that request …and return later in the day to offer the same choices again… The chef team are now using a piping method to present (puree) food on the plate. This makes it more appealing visually and feedback has been very positive. … Staff continue to assist residents with IT access where possible.
Keep Hill 21.09.16	★★★ – Small, friendly home where long term staff are able to offer continuity of care --Residents and visitors could not tell us of any activities that had taken place in the home recently	- increases choice of activities and entertainment e.g. singing / activities to assist with mobility and health - makes more use of pictures to help non-verbal residents make choices, for example, with food preferences	No response received from care home	No response received from care home

Kent House 17.11.16	★★★★ - a relaxed atmosphere with a good ratio of staff present - no weekly schedule of activities in the home	-ensures a daily picture menu is always available near to where residents eat to assist those who have difficulty reading -makes sure activity schedules for inside the home and in the community are again available in picture format to enable residents to access this information themselves -ensures there is a range of activities on offer to residents inside the home -serves some vegetables or salad with evening meals to add colour and obvious health benefits	… disappointed that my catering staff had failed to highlight choice of all meals … We have spent a great deal of time devising some splendid coloured menus, but acknowledge that this still requires further work…. new chef starting … 28th December. … We pride ourselves on our family atmosphere, which we were pleased you identified… New Activities Co-ordinator starting 12th December Many thanks for the feedback you have given us, which we really appreciate and for the relaxed fashion in which you conducted your visit, thereby putting both service users and staff at ease.	All service users have access to a daily picture menu showing meal choices … (we) have been working together …on a new spring menu … based on service user feedback... (Our) new chef who has over 5 years of experience … in settings where needs of the service users and their diets are very complex. We regularly review what is on the menu in the evening and portions of fruit and veg … (We will as of today be aiming for the 10!!)… Our new Activities Co-ordinator has attended a couple of courses locally lately on Dementia and also a course looking at activities on offer within and outside the home. We have service users enjoying floristry, painting groups, reminiscence groups, brain gyms, falls prevention groups, cookery groups. Externally, we hold walking groups, voluntary work placements in charity shops… others attend Lindengate, Singing for the Brain
Mulberry Court 24.06.16	★★★★★ -Caring staff who, we were told, 'go above and beyond' -A bright care home which is very aware of the needs of those living with dementia	- Replace the white grab rails in the toilets to ones of a contrasting colour and ensure pull cords can be reached from the floor if a resident fell. -Lower some of the hallway pictures so those using a wheelchair, walking frame or stick can better see them.	Personal Choice: You arrived at 12.30 pm so missed (a pampering morning), as we were getting ready for lunch. The afternoon was for a sing song also on the schedule. … The residents and staff are pleased to receive such a positive report. A plan has been activated to address the recommendations raised in the report.	The pictures are being lowered as we redecorate as it looked untidy when we simply moved them down and left holes in the wall. We have the new coloured grab rails and are just waiting for these to be changed over.

Oakmead 08.02 .17	★★★★ - everyone treated each other as equals and staff and residents have good rapport. - staff seemed to encourage residents to be as independent as they could be. -activities were scheduled in the evenings as well as during the day	- uses picture cards to enhance communication with those residents less verbally able -ensures there are activities, in addition to watching TV, for all residents to do together in the evening or rainy days when they can't go out -increases the range of meals served; perhaps try themed evening meals such as Mexican where several communal dishes could be served for residents to try -invests in the greenhouse mentioned; look at adding more interest in the large garden e.g. a bird table, BBQ, coloured pots to extend the range of use	Staff …build a relationship with (residents) and …see that they can clearly communicate what they need, want or desire. One resident … uses Makaton... Every Service User has activities every day, … (they) do not want the evenings that are free (Monday and Thursday evening are already booked with activities) to be filled with other activities. … The Service Users are aware of/and offered, cards and a choice of boards games, for group relaxing time … Any meals offered are gauged around a list of likes and dislikes that has been built up over the years and added to when Service Users try something new and like it… all choices are wide and varied… A greenhouse has been allocated into the budget ... There are already two bird boxes … an extremely large BBQ in the shed. Coloured pots … are round the front of the house.	
Russell House 20.07.16	★★★ -most permanent staff seemed to know residents but Russell House didn't seem to maximise the presence of agency staff -some residents' noticeboards were out-of-date and not much information was in pictorial format	- ensures all noticeboards are kept up-to-date and that staff know what activities are available and encourage residents to participate in these -introduces pictorial menus and post them for example on the kitchen wall so they are easily accessible and could be	Communication … is a key focus ... Although for some residents a verbal exchange is their preferred or chosen method of communication staff need to develop a greater understanding of meaningful interactions. … RH has one trained 'communication link worker', and one undertaking the training at present… Where possible residents will also be	We have made some progress in the overall approach, and have recruited some fantastic new staff including a new team leader who brings with him a wealth of experience and enthusiasm for moving us forward in every aspect, especially those areas where we currently have gaps and weaknesses.

		discussed more easily and frequently with residents -give some staff more training on personalised care especially in terms of actively engaging with individual residents on a day to day basis	encouraged to take an active part in (staff) induction, i.e. showing them the notice boards, to ensure they understand the purpose. The staff boards in the entrance of each flat were implemented at the request of family feedback, there are also boards in each kitchen designed for a pictorial reference for residents describing who is on duty, day of the week, weather …	For example, the house recently won a society wide competition for producing a communication profile, we devised a very simple profile for one of our residents who is non verbal, so a huge achievement for the service and a step in the right direction.
Ryeview Manor 13.12.16	★★★★ - Relaxed confident staff with good interaction in the dementia units although many staff we saw in the residential areas were completing paperwork -Creative décor and activities in the dementia area	-ensures the picture menus are up outside the dining room in each dementia unit and either written menus on the wall or on dining tables in the residential units -considers picture and/or large type menu for those living with reduced vision -ensures water is always offered alongside juice at mealtimes as well as coffee with tea -contacts Bucks Libraries to borrow their reminiscence resources and adds to their resources, specifically designed board games for those living with dementia -looks at taking on an allotment next door to the home to involve them with the local community. -makes sure that staff interact with residents in the lounges rather than all staff	The Rhys Hearne Staff Tool is used on a weekly basis to ensure that we are adequately staff in relation to resident's changing needs. Each day staff speak to residents in regards to plans for the day, on the day of the visit the residents were happy to have a quiet morning in preparation for the big Christmas party in the afternoon. We encourage to staff to complete paperwork in the communal areas to ensure they are available should residents require them… Regular in-house audits are carried out to ensure that choices are available to drinks. A computer is available in the activities room for residents to use … Following your visit, we are looking for more innovative ways to use the Ipad. (The) activity board …is only as a guide – we seek opinions each day to see if there is anything else the	

		completing paperwork at the same time -puts activity schedules in all units ensuring that those in the dementia areas display pictures -considers further use of their computer tablet, perhaps more on a one-to-one basis, e.g. reminiscing about an individual interest or Skyping loved ones. -develops tool tray boards based on the wall tool board for chair based residents.	residents would particularly like to do instead. Written menus will placed on all tables on the dementia unit. The chef is now exploring large print and picture based menus for residents who have reduced vision. We have contacted Bucks Library who are now offering a service within the home.	
Sir Aubrey Ward 13.04.16	★★★★ -very calm and relaxed atmosphere -low turnover of staff seems to result in good relationships in the home -extensive and creative range of activities which are, on the whole, very personalised	- ensure clothing is returned to residents as quickly as possible and in good condition. -ensure urine odours are eliminated as quickly as possible -reinforce options such as talking books especially those with sight limitations. Talk to groups such as Bucks Vision and the local Macular Society group. -look at the use of tablets such as I-pads as possible alternative forms of entertainment or to maintain interests.	"The service welcomed the visit by Healthwatch to identify dignity in care. I was pleased to receive such a positive report. An action plan has been developed to respond to the four areas that have been raised in the report to ensure that the people living at Sir Aubrey Ward continue to receive a very good service."	There does appear an improvement to the laundry issue… We are recruiting for additional household support … also changing suppliers of household cleaning chemicals … beginning of February. New residents who have sight limitations will be identified on admission and the option of choosing talking books will be offered. I-pads are being considered. We need to resolve wi-fi issues with our IT department to ensure that this available throughout the home. We are also looking at the possibility of visual reality headsets as an alternative form of entertainment …
Stone House 05.07.16	★★★★ -well maintained, calm and caring home with dedicated staff	-more use could be made of befrienders from local schools, churches, or voluntary organisations to	Whilst we of course respect your findings for the time you were here, we must challenge some of the findings on the presumption	Since July, …. we have employed two fantastic activity organizers …They have revamped our activity schedule …

	-variety of activities with flexibility for personal choice	provide more intellectual stimulation. -more use of visual aids be made, including picture menus, to check preferences for meal choices to assist people who cannot talk or read easily.	that the rating should be a balanced reflection of your findings both over the few hours of your visit and in correspondence with users, relatives and staff of the Home, over a sustained period. Having reviewed the common characteristics of published 'five star' ratings we feel the staff and management team genuinely deserve to receive five stars overall. I have collated specific evidence and outcomes regarding personal choice, dignity, technology, resident feedback, staff motivation and ongoing development. These particular items appear prevalent in published five star reports and we are at a minimum on par around these subject areas.	We have recently implemented a relationship with Oxford Brooke's University whereby they periodically send paramedic students… a local school … often sends some of their students to us for work experience. We have a church service at least monthly … We have also gone the extra mile for residents who wished to attend church services but were unable to do so independently. …Notices are written in large font with plenty of imagery and are well presented. There is a clear schedule for the planned activities for the week and month… we have always used picture aids for anyone who needs it. If communication becomes a problem all our staff are trained to intervene in the appropriate way …
The Leonard Pulham 14.06.16	★★★★★ -a well-staffed care home where staff know residents' past & have time to chat -a range of activities aimed at those with nursing needs and staff who try to engage residents in these -relatives are made welcome, listened to and supported	None	"Thank you for your report. It will be a huge boost to all the staff as it reminds them of the fantastic work they all do; day in, day out. I do not have anything to add other than to say, thank you for your support on the day as being inspected can be a daunting thing."	n/a
The Lindens 24.08.16	★★★ -a good number of staff but little verbal interaction	-enhance the training of staff in person-centred care -introduce pictorial menus	I must challenge one item in the report …. Staff do not ignore calls; the call mentioned in the report is a mystery as I did not hear it (my	As mentioned in my initial response, staff received Person Centred Care training from Bucks CC QiCT. Regrettably they did not impress on

	between them and residents -limited activities within the home and fewer outside	-introduce more personalised activities with an emphasis on ones planned for those living with dementia -publish a weekly activity schedule in word and pictorial format -introduce memory boxes for those living with dementia to help reminiscence -look to invest in a minibus to enable more trips out from the home -ensure residents are given access to regular NHS dental checks -ensure call bells are answered promptly at meal times when most staff may be in the dining room or completing other tasks. -recruit volunteers to help run activities and act as befrienders	office is next to the monitor / station and I always hear any calls ..). I am disappointed with some of the content of this report, which gives a slightly negative view of the home that is, in my view, unjustified and in particular that it takes comments from guests, some of whom are confused, at face value. I would simply add that The Lindens is a very friendly and welcoming home and the relationship between staff and our guests is very warm and staff are very approachable. All of our guests are very content and they are all treated with dignity and respect at all times. Our guests have the freedom to do whatever they want … My staff have completed Person Centred Care training and they constantly engage with the guests in conversation and chat with them but felt quite uncomfortable during this inspection and, unfortunately, were more minded to watch their Ps & Qs rather than behave normally. I welcome the other recommendations and some of … are planned to be introduced shortly.	your visit … Staff are very good and are very aware of and responsive to the needs and preferences of our residents. (Pictorial menus) have been done and there is a benefit for a number of residents. As always there are lots of things going on, regular one to one activities managed by activities coordinator and staff, we are making progress on the projector in our theatre and hopefully film matinees will be introduced shortly, springtime we will have a dedicated garden for residents to tend…(weekly activity schedule in word and pictorial format) is done and displayed prominently on noticeboards. (creation of memory boxes) on to do list…To be discussed in detail with team but my initial thought is to include families to take on board … (minibus) is still a nice to have… dental checks and appointments being managed but lack of dental surgeries willing to take NHS especially from Care Homes is a concern and proving challenging; being rural doesn't help as there is always a transport issue or charge to carry out domicillary visit. Liaising with surgeries and BPDS
White Hill House 02.12.16	★★★ -residents spoke positively of how they are treated by staff	-installs a stair lift to improve access for residents unable to walk so diminishing isolation -increases opportunities for activities which aid health,	- 2 quotes for stair lift obtained before the Healthwatch visit but awaiting fire officer visit and approval	

	-resident areas are in need of updating, particularly with respect to having a stair lift -a more creative use of local resources and an improved range of activities would aid quality of life and health	stimulate and interest residents -takes advantage of proximity to Chesham and local community amenities e.g. Movers and Shakers, local church, home library service, talking books… -looks for volunteers to help with running activities in the home for example, singing. -makes more use of non verbal/pictorial prompts for those who are living with increasing levels of dementia - reviews security i.e. ease of opening front door for people living with dementia on busy road	- We now distribute Weekly menus and activities lists to residents' rooms and display board in sitting room. - We will redecorate bedrooms between occupation. - We have a new clock showing the time, day and date. - We will continue to hold resident forums to capture individual requirements around personal needs and choices - We recently had CCTV and a door alarm installed to improve the security - Held staff meeting to discuss privacy and dignity and respect as a topic following Healthwatch visit and report.	
White Plains 17.06.16	★★★★★ - a spacious, well managed and maintained, bright and airy care home. - residents appear very comfortable and happy in their surroundings.	None	"Thank you for your email and compliments. I have just read the report to our Residents and staff and we are all delighted to receive such excellent feedback."	n/a
Windsor Lodge 11.05.16	★★★★ -comfortable, family-run home for 8 residents in beautiful, well kept grounds -relaxed atmosphere with good level of personal choice	-consider updating the interior decorations and furnishing -consider increasing staffing levels or consider involving local organisations/other charities to provide more personal interaction with residents, such as visits to the garden.	"As a residential home, some of our residents have periods of non-intervention to enjoy their daily lives, but we will continue to focus on dignity within the care we provide. Our staff/resident ratio will remain 3:8 as this is a very high level of support for older people in care."	I accept the first comment made by the visitors and we have decorated as appropriate in the home and there is a noticeable change. However, regarding the second point, it was factually incorrect. As I responded to the original report, there were two staff plus myself (RGN) on duty for 8 residents. This is over the

	-staff sometimes seemed too busy for high level of personal interaction with residents			recommended ratio… The ladies never asked about the activities in the home… the activity planner shows a variety of activities, visits out, activities outside the home… Of course, I will continue to try and be innovative in the development of the home…
Woodland Manor 27.09.16	★★★★ -residents are "cared for appropriately" although staffing levels could be improved -there was a lot of praise for the activities coordinator and staff openness to change -excellent modern facilities have potential for supporting good care and personal choice	-introduces pictorial menus and a weekly pictorial activity schedule pamphlet or board where residents live with dementia -increases the number of staff to facilitate greater interaction between staff and residents -involves more volunteers in roles such as befriending, specific activity assistants etc. -looks to building relationships with local schools, The Scouts and Girlguiding, Duke of Edinburgh etc. to facilitate regular intergenerational activities	We were quite concerned to read about the incident with the resident on the dementia unit doing the music activity, so have spoken to their private carer. They have informed me that they offered for the resident to go and sit in the dining room which was a more peaceful environement and this is what happened. The staffing levels, at the time of the Healthwatch Bucks visit, were correct for the number of residents.	

If you require this report in an alternative format, please contact us.

Address: Healthwatch Bucks
6 Centre Parade,
Place Farm Way,
Monks Risborough,
Buckinghamshire
HP27 9JS

Phone number: 0845 260 6216

Email: info@healthwatchbucks.co.uk

Website URL: www.healthwatchbucks.co.uk

Twitter: @HW_Bucks

Facebook: HealthWatchBucks

Governance: Healthwatch Bucks Ltd. is a company (Registration number 08426201) which is a wholly owned subsidiary of Community Impact Bucks a Charity (Registration number 1070267).

Health & Wellbeing Board
Buckinghamshire

Title	Buckinghamshire's Pharmaceutical Needs Assessment 2018
Date	Tuesday 7 November 2017
Report of:	Lou Patten, Chief Officer, NHS Aylesbury Vale and Chiltern CCG Buckinghamshire Health & Wellbeing Board Lead Member for the PNA
Lead contacts:	Jane Butterworth, Head of Medicines Management, NHS Aylesbury Vale and NHS Chiltern CCG Emily Youngman, Consultant in Public Health, Bucks County Council

Purpose of this report:

Since April 2015, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The statutory guidance stipulates that PNA's should be refreshed and published every three years.

PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs help the NHS decide if new pharmacies are needed.

In order to assess the provision of pharmaceutical services against the needs of the population and update data for 2015, the Buckinghamshire PNA steering group was reformed in April 2017.

The key findings of the report are presented to the Health and Wellbeing Board to approve the start of the 60 day consultation on 14 November 2017.

Summary of main issues:

The PNA steering group are responsible for planning the process and producing the PNA report that complies with the 2013 regulations and the Health and Wellbeing Board have responsibility for publishing it before April 2018.

The steering group includes representatives from the, Aylesbury Vale and Chiltern Clinical Commissioning Groups, Public Health, the Local Pharmacy Committee, NHS England South East (Thames Valley), Healthwatch Bucks and the Local Medical

Committee. The steering group considered access (distance, travelling times and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.

The steering group considers the access to pharmacy of primary importance during normal working hours and at times when GP surgeries are open. Where there is no pharmacy but there are GP dispensing premises, the steering group consider the latter to mitigate against any potential gap in need for pharmaceutical services. It is important to note that dispensing practices can only provide limited essential pharmaceutical services, and these services are only for identified patients of the practice. So a community pharmacy provides a wider range of pharmaceutical services, for a broader client base. The steering group also recognise that there are some GP practices that are open at different times to nearby pharmacies.

Buckinghamshire is well provided for with respect to dispensing pharmaceutical services. There are 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area. The number of pharmacy contractors has not changed since the 2015 PNA.

Generally, community pharmacies in Buckinghamshire are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on week days and at the weekend (often until late at night) without the need for an appointment.

Reviewing pharmacy hours during evenings and weekends, particularly in regard to extended GP opening hours, the group considered that there is some 100 hour provision and a number of pharmacies providing supplementary hours into evenings and weekends. The steering group also recognised that there are some GP opening hours not directly matched by pharmacy opening hours. Whilst the steering group would wish pharmacies to mirror these opening hours they consider that people could reasonably wait until pharmacies open in the morning or that they could reasonably travel during evenings and weekends to where pharmaceutical services are provided at those times.

When reviewing locality settlements with no pharmaceutical services provision by those on the pharmaceutical list (i.e. pharmacies) – in particular where there is a GP surgery - the steering group had regard to national analysis of travel times and compared our own local analysis of travel times in Buckinghamshire. The group considered that a reasonable standard for considering a gap in pharmaceutical services provision was where the GP surgery was both more than 5 miles and greater than a 20 minute drive time from a pharmacy. Where that standard is not met, the steering group identified that an improvement or better access could and

should be achieved by a pharmacy at those locations. No areas were identified as for improvement or better access.

Recommendation for the Health and Wellbeing Board:

- **Board Members should note the key findings of the report set out in the executive summary below and agree for the PNA to go to consultation.**
- **The Chair's action will be sought before the report goes to consultation, following final approval of the report by the PNA steering group and the Health and Wellbeing Board Lead Member for the PNA.**
- **The final PNA will be presented to the Health and Wellbeing Board for approval in March 2018.**

Executive Summary

Background

From April 2015, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services for the population in its area, referred to as a pharmaceutical needs assessment.

This pharmaceutical needs assessment describes the needs for the population of Buckinghamshire and considers current provision of pharmaceutical services to identify whether they meet the identified needs of the population. The pharmaceutical needs assessment considers whether there are any gaps in service delivery.

The pharmaceutical needs assessment will be used by NHS England to determine whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant local arm of the NHS England team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision, NHS England is required to refer to the local pharmaceutical needs assessment.

PNAs are also used by the NHS to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local

health care, contribute to public health and affect NHS budgets. The pharmaceutical needs assessment may also be used to inform commissioners, such as Clinical Commissioning Groups and Buckinghamshire County Council, of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA includes information on:

- Pharmacy contractors in Buckinghamshire on the pharmaceutical list for Buckinghamshire's Health and Wellbeing area and the essential and advanced services they currently provide
- other local pharmaceutical services, such as enhanced and locally commissioned services
- relevant maps relating to Buckinghamshire and providers of pharmaceutical services in the area
- services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Buckinghamshire
- the population and health of Buckinghamshire
- potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

Overview of pharmaceutical services in Buckinghamshire

Buckinghamshire is well provided for with respect to dispensing pharmaceutical services. There are 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area.

The contractual framework for pharmaceutical services

The pharmaceutical services to which each pharmaceutical needs assessment must relate are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- a pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board
- a pharmacy contractor who is included in the local pharmaceutical services list for the area of the Health and Wellbeing Board

- a dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health and Wellbeing Board
- a doctor who is included in a dispensing doctor list held for the area of the Health and Wellbeing Board

In 2005, the national framework for community pharmaceutical services identified three levels of pharmaceutical service: essential, advanced and enhanced. The purpose of this pharmaceutical needs assessment, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework, these needs can be addressed.

Buckinghamshire Health and Wellbeing Board wishes to ensure that all the opportunities within the currently funded essential and advanced service elements of the community pharmacy contractual framework are fully utilised to ensure maximum health gain for our population.

Where there is evidence that additional pharmaceutical services may be needed, the evidence base for this is presented so that commissioners can make informed decisions for investment.

Essential pharmaceutical services

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of essential services comprising:

- dispensing medicines and actions associated with dispensing
- dispensing appliances
- repeat dispensing
- disposal of unwanted medicines
- public health (promotion of healthy lifestyles)
- signposting
- support for self-care
- clinical governance

Advanced services

In addition to the essential services, the community pharmacy contractual framework allows for advanced services which currently include:

- Medicines Use Review and prescription intervention services
- New Medicines Service
- Stoma Appliance Customisation Service

- Appliance Use Review Service
- Flu vaccination

Enhanced and Locally Commissioned Services

These are local services directly commissioned by NHS England. Service specifications for enhanced services are developed by NHS England and then commissioned to meet specific health needs. Services commissioned by CCGs or the local authority, such as public health services, are known as locally commissioned services.

There are currently no enhanced services commissioned in Buckinghamshire. Buckinghamshire County Council currently commissions five locally commissioned services from community pharmacies:

- Stop Smoking Support
- Supervised Consumption (e.g. methadone)
- Needle Exchange Service
- Emergency Hormonal Contraception
- Chlamydia Screening.

Approach to developing the pharmaceutical needs assessment

The Health and Wellbeing Board established a Pharmaceutical Needs Assessment Steering Group whose purpose was to ensure that the Health and Wellbeing Board develops a robust pharmaceutical needs assessment that complies with the 2013 regulations and the needs of the local population.

The pharmaceutical needs assessment draws significant needs and health assessment work, including the Joint Strategic Needs Assessment[1] and Joint Health and Wellbeing Strategy published by Buckinghamshire Health and Wellbeing Board, as well as other complementary data sources comprising:

- Information from NHS England, Buckinghamshire County Council, Aylesbury Vale Clinical Commissioning Group and Chiltern Clinical Commissioning Group including:
    - services provided to residents of Buckinghamshire Health and Wellbeing Board area, whether provided from within or outside of this area
    - changes to current service provision
    - future commissioning intentions
    - known housing developments within the lifetime of the pharmaceutical needs assessment

[1] http://www.healthandwellbeingbucks.org/what-is-the-jsna

  - any other developments which may affect the need for pharmaceutical service
- A public survey conducted by Healthwatch Bucks

Summary of main issues:

The Pharmaceutical Needs Assessment Steering Group considered access (distance, travelling times and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.

The steering group considers access to a pharmacy of primary importance during normal working hours and at times when GP surgeries are open. Where there is no pharmacy, but there are GP dispensing premises, the steering group considers that the latter mitigates against any potential gap in need for pharmaceutical services, although noting that dispensing practices can only provide limited essential pharmaceutical services and only to identified patients of the practice. Hence, there is a wider range of pharmaceutical services available from a community pharmacy, provided to a broader client base. The steering group also recognises that there are some GP practices that are open at different times to nearby pharmacies.

Generally, community pharmacies in Buckinghamshire are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on weekdays and at the weekend (often until late at night) without the need for an appointment.

Reviewing pharmacy hours during evenings and weekends, particularly in regard to extended GP opening hours, the group considered that there is some 100-hour provision and a number of pharmacies providing supplementary hours into evenings and weekends. The steering group also recognised that there are some GP opening hours not directly matched by pharmacy opening hours. While the steering group would wish pharmacies to mirror these opening hours they consider that people could reasonably wait until pharmacies open in the morning or that they could reasonably travel during evenings and weekends to where pharmaceutical services are provided at those times.

When reviewing locality settlements with no pharmaceutical services provision by those on the pharmaceutical list (i.e. community pharmacies) – in particular where there is a GP surgery – the steering group had regard to national analysis of travel times and compared local analysis of travel times in Buckinghamshire. The group considered that a reasonable standard for considering a gap in pharmaceutical services provision was where the GP surgery was both more than five miles and greater than a 20-minute drive from a pharmacy. Where that standard is not met, the steering group identified that an improvement or better access could and should be

achieved by a pharmacy at those locations. No areas were identified as for improvement or better access.

Key Messages

Buckinghamshire is a relatively affluent county with pockets of urban and rural deprivation.

It is well provided with pharmaceutical services. There are 91 community pharmacies, one dispensing appliance contractor, four internet pharmacies and 12 dispensing doctor practices across 16 locations in Buckinghamshire's Health and Wellbeing Board area. The number and location of pharmacy contractors has not changed since the 2015 PNA.

Buckinghamshire is not in need of further pharmaceutical services.

All pharmacies should make full use of NHS Choices and other internet-based information sources to promote their services, to improve communications so patients and carers are aware of the range and availability of all services.

When local housing developments are considered over the next three years it is concluded that, in relation to the current provision of pharmacies, a gap in pharmaceutical services is unlikely to exist during the lifetime of this PNA.

Health & Wellbeing Board
Buckinghamshire

Title	Better Care Fund 17-19
Date	7 November 2017
Report of:	Jane Bowie, Director of Joint Commissioning
Lead contacts:	Jane Bowie; Susie Yapp

Purpose of this report:

To update the Health and Wellbeing Board on the Better Care Fund plan for 17-19, which was submitted to NHS England on 11 September 2017. Delegated authority for finalising and submitting this report was granted to the Integrated Commissioning Executive Team.

Summary of main issues:

The Better Care Fund (BCF) plan for 17-19 was submitted to NHS England on 11 September 2017.

It was expected that all areas would receive a letter informing them of the decision to approve or not approve BCF plans by 5 October.

Those areas who have submitted non-compliant plans were first informed that they were progressing to the escalation stage. Buckinghamshire was informed its plan had been approved on 27 October (attached).

Secretaries of State for Health and Communities and Local Government have issued letters to upper tier authorities setting out their perception of DToC performance in relation to the Government expectations set out in July 2017. 32 authorities have been placed on the Government's 'watchlist' and are at risk of possible financial sanctions if their performance does not improve.

The letter received by Buckinghamshire County Council (attached) states that Buckinghamshire is not on the watchlist, however, the Leader will receive another letter in six weeks that will confirm whether or not Buckinghamshire will be included in the review.

NHS Provider Trusts and CCGs have received a letter from the National Urgent and Emergency Care Director (attached) which states that in areas that do not meet the DToC reduction target, NHS-sourced BCF funds will be deployed on social care for these delayed patients and in exceptional cases will be used to source additional home care and care home places over winter.

The first of the 20 Care Quality Commission targeted reviews looking at how people move through the health and social care system on Halton local authority was published on 12 October https://www.cqc.org.uk/news/releases/first-cqc-local-system-review-published-halton

The Q2 return on iBCF, monitored by DCLG, was submitted on 19 October.

ADASS and the County Council Network (CCN) have written to the Secretary of State to highlight concerns regarding both the threat of BCF funding being withheld as a result of DToC targets in plans not aligning with Government expectations, as well as the impact of iBCF funding in 2018/19 potentially being withheld if DToC expectations are not met by November 2017.

ADASS and the CCN have requested information from member authorities regarding their DTOC plans and whether or not these plans are considered to be achievable.

The Buckinghamshire system missed the performance target for DToC in August.

Buckinghamshire had 1579 delayed days – target is 1194

Social care delays 303 – target is 317

NHS delays 1271 – target is 874.6

Delayed days have reduced from July which had 1713 system delays.

Recommendation for the Health and Wellbeing Board:

To note the update
To support continuation of governance and sign-off arrangements in place

Background documents:

2017-19 Integration and Better Care Fund Policy Framework :
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/607754/Integration_and_BCF_policy_framework_2017-19.pdf

Buckinghamshire Roadmap to Integration:
https://democracy.buckscc.gov.uk/documents/s94866/Health%20and%20Social%20Care%20integration%20report%20for%209%20March%20HWB.pdf

NHS England
Skipton House
80 London Road
London
SE1 6LH

27 October 2017

To: *(by email)*

Martin Tett	Leader, Buckinghamshire County Council and Chair, Buckinghamshire Health and Wellbeing Board
Rachael Shimmin	Chief Executive, Buckinghamshire County Council
Sheila Norris	Managing Director, Communities, Health and Adult Social Care, Buckinghamshire County Council
Louise Patten	Chief Officer, NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups

Dear Colleagues

BETTER CARE FUND 2017-19

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. The Better Care Fund is the only mandatory policy to facilitate integration of health and social care and the continuation of the BCF itself. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. For the first time, this policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

Your plan has been assessed in accordance with the process set out in the *Better Care Fund 2017-19: Guide to Assurance of Plans.*

In determining and exercising further powers in connection with your application, NHS England has had regard to the extent to which there is a need for the provision of health services; health-related services (within the meaning given in section 14Z1 of the NHS Act 2006); and social care services.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. In summary, the assurance team recognises your plan has been agreed by all parties (local authority(s), Clinical Commissioning Group(s) (CCGs), and your Health and Wellbeing Board), and the plan submitted meets all requirements and the focus should now be on delivery.

High quality care for all, now and for future generations

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, and the funding being transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

Amounts payable to the CCG in respect of the BCF are subject to the following conditions under section 223GA of the NHS Act 2006:

1. That the CCG will meet the performance objectives specified in its BCF plan; and
2. That the CCG will meet any additional performance objectives specified by NHS England from time to time.

If the CCG fails to meet those objectives, NHS England may withhold the funds (in so far as they have not already been paid to the CCG) or recover payments already made; and may direct the CCG as to the use of the amounts payable in respect of the BCF.

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant, to ensure it is included in the BCF at local level and will be spent on adult social care.

You should now progress with your plans for implementation. Ongoing support and oversight with your BCF plan will be led by your local better care manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours faithfully,

Simon Weldon
Director of NHS Operations and Delivery and SRO for the Better Care Fund
NHS England

Copy (by email) to:

Rajni Cairns	Programme Manager for Integrated Care, Buckinghamshire County Council
Debbie Richards	Director of Commissioning and Delivery, NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups
Jane Bowie	Director of Joint Commissioning, Buckinghamshire County Council
Jo Farrar	Director General, Department for Communities & Local Government
Jonathan Marron	Director General, Department of Health
Sarah Pickup	Deputy Chief Executive, Local Government Association
NHS England South	
Anne Eden	Regional Director
David Radbourne	Director of Commissioning Operations
Jo Cogswell	Regional Lead
Kevin Johnson	Better Care Manager
Better Care Support team	
Anthony Kealy	Head of Integration Delivery
Rosie Seymour	Deputy Director

NHS Improvement NHS England

Pauline Philip
National Urgent and Emergency Care Director
Wellington House
133-155 Waterloo Road
London, SE1 8UG

12 October 2017

To: NHS Provider Trust CEOs
CCG Accountable Officers
CCG Clinical Leads
Cc: Local Authority Chief Executives and Directors of Adult Social Care

Gateway ref: 07331

Dear all

Winter readiness in the NHS and care sectors – next steps

I am writing to set out more detail on plans to manage winter pressures. As you know, we go into this winter under real operational pressure, but also having put in place concrete action to seek to improve overall resilience. Since last winter the NHS has now:

- Substantially upgraded the NHS 111 advice and treatment service so that more than a third (36%) of calls are now dealt with by nurses, paramedics and doctors, compared with 22% last winter.
- Extended GP access, with over half of the population covered by evening and weekend GP appointments by Q4 this year, including everyone in major conurbations such as Greater London and Greater Manchester.
- Overhauled ambulance response protocols so that the whole of England (bar the Isle of Wight) will be operating to more clinically precise 999 response standards, freeing up an estimated 750,000 ambulance responses.
- Deployed £100 million of capital upgrades in A&Es across England.
- Brought on line front-door clinical streaming in every major A&E by October 2017, to ensure that patients with more minor illness are appropriately cared for by GPs.

Today we are setting out four further actions together we are taking to provide the best possible care for patients during the winter months.

1) **Expanding the flu vaccination programme to additional patient groups, NHS staff, and care home staff**

As you will be aware, Australia and New Zealand have had a challenging flu season. Were we to face similar flu levels we would clearly come under substantial additional pressure. Going full speed at flu vaccination is therefore an obvious ‘no

regrets' move. This year 21 million people are eligible and being offered the vaccination across England. For at risk patients and the public, new for this year, for the first time we are:

- Vaccinating 8-9 year old children in school year 4 (as well as those in school years reception to year 3)
- Vaccinating children at their school (as well as through their GP)
- Expanding access to vaccinations for pregnant women and the morbidly obese.

In addition, we are asking you to intensify staff vaccination across the NHS and care system as follows:

- The NHS will for the first time nationally fund the vaccination of care home staff

We are announcing today our intention to commit £10m to expand the GP and national pharmacy service so that care home workers are able to access the flu vaccine via local GPs and pharmacies free of charge. This will supplement the existing responsibility of employers of these staff to ensure that they are vaccinated. This considerable investment is to recognise the vital role all staff play in helping our most vulnerable patients and how important it is they do not carry and pass on flu.

- Further improvements in frontline NHS staff vaccination.

Last year saw the highest level of NHS employee flu vaccination – reaching nearly two thirds of staff – since the programme began fifteen years ago. But that rate varies far too much - from over 90% in some trusts to under 20% in others. Today the NHS National Medical Director Sir Bruce Keogh, the Chief Nursing Officer Jane Cummings, and the Chief Allied Health Professions Officer are writing to every member of staff pointing out the patient safety case for staff flu vaccination given that a third of flu can be transmitted by asymptomatic individuals. Their letter is attached. We are therefore this year expecting *all* NHS organisations to ensure that it is easy for your staff to be vaccinated, so that having your vaccination is the default position, and that not being vaccinated is a conscious, considered and explicit decision by the individual. As part of this, we therefore require each NHS organisation to ensure that each and every eligible member of staff is personally offered the flu vaccine, and then either signs the consent form to do so, or states if they decline to do so this not because they have not been offered the opportunity to do so. Payment of this year's flu CQUIN will require this record collection.

2) **Extra hospital bed capacity by reducing delayed transfers of care**

The NHS is planning to go into this winter with more acute hospital beds available than last winter. Hospitals report they will be opening significant extra beds over the December-February period. But we have been clear from the start of the year that additional capacity over and above this has to come from freeing-up 2500 of the

beds occupied by delayed transfer of care (DTOC) patients, not only because this is the right thing to do for those patients, but because hospitals rightly tell us there simply are not 'surplus' non-employed nurses available to open yet further hospital beds to compensate for the failure to sort DTOCs.

The Secretary of State for Health and the Secretary of State for Communities and Local Government have set clear DTOC reduction targets for each local area of the NHS and for every local authority, summing to 2500 beds freed up across England, split half and half between the NHS and social care. These targets are evidence based reflecting each area's performance and opportunity.

Figures published at 9.30am this morning show some progress – with 180,065 delayed days in August 2017, compared to 187,851 in August 2016 – a decrease of 4.1%. But that means there are still over 5,000 beds in our system occupied by patients whose discharge is held up by delays.

The secretaries of state have therefore this week written to local authorities reminding them of the formal requirement they have set for 2017/18 BCF plan approval - and resultant funds transfer from the NHS to councils. This year they include a requirement that each council commits to meeting its DTOC reduction target. More than four fifths of councils have now agreed to do so. The Government has further stated that it will consider linking an individual council's share of next year's extra £1 billion for social care to actual delivery of these DTOC targets this year.

For the small minority of councils that have not yet committed to ensuring that appropriate BCF resources are directed to the unmet social care needs of their frail older residents in hospital, they have an opportunity to do so through the BCF escalation process that will run over the next 10 days. Either way, we are determined to ensure that NHS-sourced BCF funds in these parts of the country are indeed deployed on social care for these vulnerable patients, and would exceptionally consider authorising hospitals in areas without an approved BCF plan next month to use NHS-derived BCF funds to source additional home care and care home places over the winter period.

3) **Increasing our emergency care workforce**

We recognise there are significant workforce challenges in urgent and emergency care. Today NHS England, NHS Improvement and Health Education England in partnership with the Royal College of Emergency Medicine are announcing the biggest expansion in the ED consultant trainee workforce ever. This comprehensive plan backed by new investment (attached) includes:

- Increasing the number of people starting Emergency Medicine training to 400 a year for four years compared to 300 this year and 225 previously;
- Investing in the growth of the Advanced Clinical Practitioner (ACP) workforce in Emergency Care and expanding the Physician Associate training pipeline

- Investing in a leadership/personal development training programme for every emergency medicine trainee in England to help reduce attrition and improve the support for trainees in this intense and pressurised specialty
- Developing and implementing Clinical Educator Programme (CEP) strategies in trusts where the GMC training survey highlighted the greatest training needs.

4) **Clinical oversight and risk management**

We know that we will face increased clinical risk as a result of the pressure in winter. Local systems are developing clinically-led escalation plans, which should be agreed at Board level, setting out the actions that will be taken to manage clinical risk. Regional teams will provide support where needed in the development of these plans.

This year we are introducing a new element into the national winter patient safety oversight, with a new system of escalation levels, based on learning from previous years. A new National Emergency Pressures Panel – to be chaired by Sir Bruce Keogh, with Kathy McLean as deputy chair - and comprised of senior medical, nursing and other clinicians from the NHS, Public Health England, CQC and royal colleges, will identify levels of system risk and recommended contingency responses, graded to reflect levels of pressure regionally and/or nationally. Details of the Panel's operation will be released following the panel's formation this month.

Thank you again for your continued effort and dedication to providing high-quality care for patients.

Pauline Philip
National Urgent and Emergency Care Director

Department for Communities and Local Government

The Rt Hon Sajid Javid MP
Secretary of State for Communities and Local Government

Department of Health

The Rt Hon Jeremy Hunt MP
Secretary of State for Health

10 October 2017

Dear Leader

As you will know, the NHS is making strenuous preparations for the challenges it expects to face this winter. We are writing to underline once again the importance we place on local authorities playing their part in preparing for winter pressures – specifically, by taking urgent action to reduce Delayed Transfers of Care.

We recognise the wider pressures on adult social care; and we understand that DTOC is only part of what you do, and only part of the patient flow story. Collaborative working between local authorities and the NHS is key to our success on improving patient flow.

NHS England and NHS Improvement are taking a range of measures to ensure that NHS Trusts and CCGs are taking the necessary action to reduce Delayed Transfers of Care attributable to the NHS. However, we do also need local authorities to play their part in this work to prepare for winter. That is why we set out expectations for DTOC reductions for each local authority - as well as each NHS organisation - on 3rd July.

While some local authorities are meeting and even exceeding the expectations we set out in the summer, others are struggling to meet them in time for winter. Today, we are writing to all local authorities to re-affirm that Government will consider, in November, reviewing 2018/19 allocations of the adult social care funding provided at Spring Budget 2017 for councils that are performing poorly. The funding will remain with local government, to be used for adult social care. But, for the worst performers, we reserve the right to direct how a proportion of the 2018/19 funding is used.

In particular, we are writing to 32 local authorities whose current DTOC rates per 100,000 of the adult population, and performance improvement since February 2017, currently identifies them as the poorest performers, to advise them that they would be highly likely to feature in the review and are at risk of possible financial sanctions if

their performance does not clearly improve. All iBCF funding will remain in local government to be used for adult social care. At this stage, we can confirm that we favour options that place conditions on these local authorities use a proportion of the additional 2018/19 iBCF funding to support DToC performance. None the less, we reserve the right to reduce the published allocation for a council should performance continue to fail to improve.

Your current performance does not place you in that group of 32 authorities. However, we will be writing to you and other authorities in six weeks (once we have further months' data on which to base our assessment – which will in part be based on the DTOC rate per 100,000 of adult population; distance from the DTOC expectation set in July; and performance improvement since February) to confirm which local authorities will be included in the review.

RT HON SAJID JAVID MP
Department for Communities and Local Government
2 Marsham Street
London SW1P 4DF
Tel: 0303 444 3450
E-Mail: sajid.javid@communities.gsi.gov.uk

RT HON JEREMY HUNT MP
Department for Health
Richmond House 79 Whitehall
London SW1A 2NS
Tel: 020 7210 3000
E-Mail: healthsofs@dh.gsi.gov.uk

Title	Children's Services Update
Date	7 November 2017
Report of:	Tolis Vouyioukas - Executive Director Children's Services Cllr Warren Whyte - Cabinet Member for Children's Services
Lead contacts:	Carol Douch – Service Director, Children's Social Care Sarah Callaghan – Service Director, Education

Purpose of this report:

1. To provide the Health and Wellbeing Board with an update on current priorities within Children's Services.

Recommendation for the Health and Wellbeing Board:

1. To note the report and the specific issues identified in relation to children's health and wellbeing.

Preparation for Ofsted

1. The re-inspection of children's safeguarding services under the Single Inspection Framework is due before December 2017. The inspection will last for four weeks and lead to judgements on the following areas:

    - Overall effectiveness
    - The experiences and progress of children who need help and protection
    - The experiences and progress of children looked after and achieving permanence including adoption performance and the experiences and progress of care leavers
    - Leadership, management and governance

2. The lead inspector will phone the Director of Children's Services before 9.30am on the Monday morning to inform him that the inspection will start and the inspection team will be onsite on the Tuesday morning.

3. A significant amount of work has been undertaken over the last few months to ensure Buckinghamshire County Council and partner agencies are prepared for the inspection.

4. All partner agencies will be involved in the inspection both through multi-agency case tracking audits, interviews and focus groups.

5. A 'welcome presentation' has been developed to give the inspectors an overview of Buckinghamshire and the improvement journey we have been on since 2014.

6. A series of 'storyboards' have also been developed for staff and partners setting out the improvements at each stage of the child's journey, impact on outcomes for children and areas for further development.

7. An independent improvement consultant is currently working with senior managers in children's social care to provide external scrutiny, challenge and support in key areas of practice identified through a self-evaluation process.

Social Care Update

1. On average, there are 780 referrals for statutory social care in Buckinghamshire each month. Of these, around 67% progress into social care.

2. There the table below shows the number of children and young people open to social care services compared to a year ago.

	Sept 2016	**Sept 2017**
Number of Children in Need	1695	1407
Number of children on a Child Protection Plan	535	579
Number of Children Looked After	442	455
Number of Care Leavers	188	204

3. There are a number of specific issues in relation to the health of our looked after children which are currently being reviewed by a multi-agency working group to ensure clear processes are in place to assess and monitor the health of our looked after children across the agencies. This includes improving performance against the following KPIs. This work is being overseen by the Corporate Parenting Panel.

	Current performance*
% initial health assessments are completed within 28 days of becoming looked after	79% (Aug 2017)
Current looked after children, who have been looked after for at least 12 months, with an up to date health assessment (in the last 6 months for CLA aged under 5, and in the last 12 months for CLA aged 5-plus)	65% (Sept 2017)
Current looked after children, who have been looked after for at least 12 months, who have had a dental check in the last 12 months	44% (Sept 2017)

*based on BCC performance data from children's social care system (LCS)

4. There are robust arrangements in place, both in terms of actions to improve our overall performance for Health Assessments, and in terms of oversight of this work. This includes:

   - An improvement action plan overseen by the Joint Commissioners to drive performance, which is supported by the multi-agency Working Group.
   - The Corporate Parenting Panel receives and scrutinises regular performance reports and updates against the improvement action plan.
   - The Named Nurse for Children in Care at Buckinghamshire Healthcare NHS Trust (BHT) has implemented robust tracking of all Initial and Review Health Assessment pathways. Escalation processes are invoked where there is delay or potential delay to ensure consent/ documentation in a timely way. Weekly reporting for Initial and Review Health Assessments support effective escalation.
   - An action plan has been formulated to improve headline reporting around Review Health Assessments.

- The Clinical Commissioning Groups (CCGs) have led the recruitment/ training of a small pool of GPs to supplement assessment capacity for children and young people who meet agreed criteria. This pool has been used to good effect to complete assessments, when children are placed out of county or on our boarders.
- In relation to Review Health Assessments specifically, a process for enduring consent is being developed, which will reduce the need to seek consent again at each Review Health Assessment.

5. The Working Group is also looking more broadly at how the Health Assessment process can be used to support improved outcomes and access to services for children and young people. In particular joint working between Children's Social Care, Child and Adolescent Mental Health Services and BHT has led to the development of a revised pathway to enable consistent and timely early identification of mental health needs through the use of the Strengths and Difficulties Questionnaire as part of the Health Assessment process.

SEND Update

1. Buckinghamshire is due a Local Area SEND inspection undertaken by Ofsted and the Care Quality Commission (CQC). It will cover all services for SEND across Health, Education and Social Care and will focus attention on 3 key questions:

    - How effectively do we identify children and young people with SEND?
    - How effectively do we assess and meet the needs of children and young people with SEND?
    - How effectively so we improve outcomes for children and young people with SEND?

2. The inspection team will be made up of Ofsted and CQC inspectors including a specially recruited and trained SEN Ofsted Inspector, usually a serving practitioner in another local authority. The local authority will receive 5 days' notice of the inspection and the inspection itself will last for 5 days.

3. In Buckinghamshire we have clearly identified areas requiring development and these are reflected in our Improvement Plan. Delivery against this plan is monitored through weekly touchdowns, and a monthly core group meeting, as well as an overarching scorecard that provides statistical data for ongoing monitoring.

4. The strategic oversight of the implementation of the SEND reforms sits with a newly established Integrated Services Board (July 2017) and this has been integral to creating shared ownership and accountability across the local area. An integrated dashboard is under development to support continuous improvement. Currently the dashboard focuses primarily on local authority services; however, work is underway to extend this across Health to ensure a fuller data set is informing developments. Data relating to timeliness of Education Health and Care needs assessments and waiting lists has been requested from health services including community Paediatricians, mental health services, occupational therapy, speech and language therapy, and Physiotherapy.

5. Whilst there is more to do to ensure children with SEND and their families receive a high quality and timely service, we are confident that appropriate action is taking place to move forward. We are working very closely with both the SEND Youth Forum and FACT Bucks (parent/carer forum) to ensure that the child and parent

voice is integral to all developments.

6. A pilot project, due to launch in November 2017, will roll out a new approach that fulfils all requirements of the SEND reforms. This aims to ensure children receive the appropriate support from an early stage without the need for an Education Health and Care Plan (EHCP) or specialist placements where possible, ensuring access to specialist advice and support without an EHCP. Focusing more resource on early identification and support will free up capacity to enable our children with the most complex needs who do need an EHCP to have their needs met in a timely way, including specialist placements and care packages as appropriate.

7. An overview of some of the key data relating to SEND is provided below. It clearly identifies the significant crossover between Education and Social Care and the need for all services to be working together. For example, of the 3656 children with EHCPs/Statements, 778 are also known to Social Care. Children with SEN support are overrepresented in exclusion figures (45 out of 119 exclusions in 2016/17 academic year).

8. A commitment to joint working, co-production, the pooling of budgets and development all age pathways are key aspects that the Integrated Service Board will be taking forward in the coming weeks.

SEND and Social Care

September 2017 data

Number of Statements and EHC Plans Maintained by BCC	3606
Number of Statements and EHC Plans Financed by BCC	3656
Number of Children in Need with a Statement/ EHC Plan either financed or maintained by BCC (includes Looked After Children and Child Protection)	589
Number of Looked After Children with a Statement/ EHC Plan either financed or maintained by BCC	130
Number of Children on a Child Protection Plan with a Statement/ EHC Plan either financed or maintained by BCC	59

Health & Wellbeing Board Buckinghamshire

Draft Health and Wellbeing Board Forward Plan 2017/18:

Date	Item	Lead officer	Report Deadline	Further Information
14 September 2017	Director of Public Health Annual Report	*Dr J O'Grady*	Monday 4 September 12 noon	HWB to endorse DPHAR report and co-ordinate forward planning
	Buckinghamshire Joint Health and Wellbeing Strategy themed agenda item on Perinatal Mental Health	*N Widgington R House*		
	Update on Health and Care System - Accountable Care System - Better Care Fund Update	*Lou Patten/Neil Dardis, Sheila Norris* *Jane Bowie*		To provide an update to the Board on progress
	Children and Young People update	*Gladys Rhodes White*		
7 November 2017	Draft Health and Wellbeing Board Performance Dashboard	*Jane O'Grady*	Thursday 26 October	Format and priority indicators to be agreed by the Health and Wellbeing Board.
	Healthwatch Bucks Achievement 2016-7	*Jenny Baker*		Health and Wellbeing Board to note the work of Healthwatch Bucks and look to identify opportunities to support Healthwatch in its mission "to ensure that the collective voice of people using health and social care services is heard, considered and acted upon".
	Update on Health and Care System Planning	*Lou Patten/ Neil Dardis and Sheila Norris*		Verbal update to the Health and Wellbeing Board.

Health & Wellbeing Board Buckinghamshire

	Pharmaceutical Needs Assessment	*Lou Patten*		Draft Executive Summary to be agreed by the Health and Wellbeing Board prior to 60 day statutory consultation
	Better Care Fund Update	Jane Bowie		To include update on the progress of the Better Care Fund.
	Children and Young People	Tolis Vouyioukas, Executive Director Children's Services		Update to the Board
7 December 2018	Joint Health and Wellbeing Strategy Priority updates Mental Health	*K.McDonald to co-ordinate*		Follow up from the mental health themed meetings and feedback on the mental health JHWBS priority.
	Update on Health and Care System Planning	*Lou Patten*		To provide an update to the Board on progress
	Better Care Fund Update	Jane Bowie		To include update on progress of BCF and Scorecard
	Children and Young People update	Tolis Vouyioukas, Executive Director Children's Services		
	Safeguarding Boards Annual Reports	Frances Gosling - Thomas, Marie Seaton		
	Female Genital Mutilation update	Katie McDonald		
18 January 2018	Buckinghamshire Joint Health and Wellbeing Strategy themed agenda item	K McDonald to co-ordinate	Monday 8 January	To be agreed
	Update on Health and Care System Planning	Lou Patten/Neil Dardis and Sheila Norris		
	Better Care Fund	Jane Bowie		To include update on progress of BCF and Scorecard
	Children and Young People Update	Tolis Vouyioukas,		

Health & Wellbeing Board Buckinghamshire

		Executive Director Children's Services		
29 March 2018	Buckinghamshire Joint Health and Wellbeing Strategy themed agenda item	K McDonald to co-ordinate	Monday 19 March	
	Update on Health and Care System Planning/ Sustainability and Transformation Partnership and Accountable Care System	Lou Patten/ Neil Dardis and Sheila Norris		
	Better Care Fund Update	Jane Bowie		
	Pharmaceutical Needs Assessment	Emily Youngman		
	Children and Young People update - To include update on FGM	Tolis Vouyioukas, Executive Director Children's Services		

Update to All Board Members following Joint Chairs Meeting

Buckinghamshire is committed to working in partnership. There are a number of strategic partnership boards looking at how together we can achieve better outcomes for all residents. This is the first in a series of regular updates on how all these boards are progressing in key areas of work.

The chairs of the Buckinghamshire Safeguarding Children Board, Buckinghamshire Safeguarding Adults Board, Buckinghamshire Health and Wellbeing Board and the Safer and Stronger Bucks Partnership Board met on 27 September 2017. This is a regular meeting chaired by the Chief Executive of Buckinghamshire County Council.

The meeting is an opportunity for the board chairs to come together to share information; gain a common understanding of key areas of work and the inter-connectivity between the boards; highlight cross cutting themes of interest; and evaluate the impact of work programmes.

Essential meetings

The group felt that these are extremely helpful meetings and, given the pace of change and significant common themes, meetings should be twice yearly in future. It was felt that membership of the meetings should be extended to chief officers, in particular Frances Habgood (TVP) and Lou Patten (NHS Clinical Commissioning Groups), and the county council's Directors of Children's Services (Tolis Vouyioukas) and Communities, Health and Adult Social Care (Sheila Norris).

In addition, an officer group (the key officers supporting each of the boards) will meet quarterly to share information and horizon scan to ensure effective forward planning. This group will escalate any significant issues to the chairs, who will then decide if additional joint chairs meetings are required to explore specific issues.

Protocol and governance

The existing joint protocol will be reviewed as planned for a January 2018 refresh and chairs will input into this document. It was agreed that in addition to this, it was timely to review the impact of all the partnership boards and that a short audit tool would be developed to help understand how partnerships are currently working. The outcome from this audit will be discussed within each partnership board together with appropriate action planning and next steps.

Updates

Each board briefly outlined their journey over the last six months, current work programme and priorities. This included updates on exploitation, female genital mutilation, domestic abuse (including the development of a revised domestic abuse strategy and action plan for Buckinghamshire), gangs and youth violence. It was agreed that the details of key events were to be circulated to the board chairs for onward distribution.

Date of next meeting: 25th April

To feed into this group please contact the chairs of the partnership boards or Claire Hawkes, Strategy and Policy Manager chawkes@buckscc.gov.uk

Buckinghamshire Safeguarding Children Board (BSCB)
The Buckinghamshire Safeguarding Children Board is a statutory body established under the Children Act 2004. It is independently chaired and consists of senior representatives from the key agencies and bodies which have regular contact with children and young people or responsibility for services to them.

The statutory objectives of the BSCB are to:

- coordinate local arrangements to safeguarding and promote the welfare of children
- ensure that these arrangements are effective.

Further details on the role and work of the BSCB can be found here:

Buckinghamshire Safeguarding Adults Board (BSAB)
The overarching purpose of the Buckinghamshire Safeguarding Adults Board is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- assuring itself that safeguarding practice is person-centred and outcome focused
- working collaboratively to prevent abuse and neglect where possible and holding partners to account for their activity in relation to the safeguarding of vulnerable adults.

Further details on the role and work of the BSAB can be found here:

Health and Wellbeing Board (HWB)
The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Its focus is on securing the best possible health outcomes for all local people.

Further details on the role and work of the HWB and the Joint Health and Wellbeing Strategy can be found here:

Safer and Stronger Bucks Partnership Board (SSBPB)
The SSBPB is the key partnership for promoting safer and stronger communities and crime and disorder reduction at the county level. It is the strategic body through which partners work to address those issues which affect residents across the whole of Buckinghamshire and which are best addressed together from the perspective of strategy, economy and efficiency.

The Safer Stronger Bucks 2017 – 2020 Plan can be found here: